T.Y.B.A.

SEMESTER - V (CBCS)

PSYCHOLOGY PAPER- IX

COUNSELLING PSYCHOLOGY

SUBJECT CODE : UAPS506

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CONTENTS

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Choice Based Credit System (CBCS)
T.Y.B.A. Counselling Psychology Syllabi to be implemented from 2022-2023
Paper IX: Counselling Psychology: Part I
(Major Elective; Applied Component)

Code	Sem	Course Title	Credits	Marks
UAPS506	V	**Counselling Psychology : Part I**	**3.5**	**100 (80+20)**

Learning Objectives:

1. To have students develop an interest in and an understanding of Counselling concepts
2. To have students understand counsellor's roles and responsibilities in practice environments
3. To have students build knowledge and understanding of the basic skills in practice
4. To help students understand the theoretical foundations underlying different counselling and psychotherapeutic approaches
5. To create a foundation in students for higher education in Counselling and a career as a professional counselor

Semester 5
Counselling Psychology:
Part I- Introduction and Approaches to counselling (Credits = 3.5) (3 lectures per week)

Unit 1: Introduction to Counselling: (***Egan & Resse, Chapters 1 and 3***)

a) Role of formal and informal helpers, key ingredients of successful helping, focus on client and context- what client brings in sessions, defining success in terms of outcomes with life-enhancing impact for the client, qualities of effective helper.

b) Role of beliefs, values, norms, and moral principles in the helping process. Helping clients redo poor decisions and make and execute life-enhancing decisions.

c) Developing working alliance, key values that drive the working alliance, behaviours showing disrespect & respect.

d) Appreciating the role of culture, personal culture, and values, competencies related to client diversity and culture, promoting self-responsibility by helping clients develop and use self-efficacy.

Unit 2. Psychoanalytic, Adlerian, Humanistic, Behavioral, CognitiveTheories of Counselling (***Gladding , chapters 9 &10)***

a) Psychoanalytic theories, Adlerian theory, Humanistic theories

b) Behavioural counselling, Cognitive and Cognitive-Behavioural Counselling

Unit 3 Systemic, Brief, Crisis Theories and Group Counselling*(Gladding, chapters10 &11)*

a) Systems theories, brief counselling approaches, Crisis and trauma counselling approaches.

b) A brief history of groups, benefits, drawbacks and types of groups. Theoretical approaches in conducting groups, stages in groups.

Unit 4 Counselling in Diverse Groups (*Gladding, Chapters 5 & 19)*

a) Counselling aged populations, gender-based counselling, counselling and sexual orientation.

b) Abuse & Addiction Counselling

Book for study:

Egan, G.& Reese, R. J. (2019).The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping.(11th Edition) Cengage Learning.

Gladding, S. T. (2014). *Counselling: A Comprehensive Profession.* (7thEd.). Pearson Education. New Delhi: Indian subcontinent version by Dorling Kindersley India

Books for reference:

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2. Capuzzi, D., & Gross, D. R. (2009). *Introduction to the Counselling Profession.*(5th ed.). New Jersey: Pearson Education
3. Corey, G. (2005). *Theory and Practice of Counselling and Psychotherapy* (7th ed.). Stamford, CT: Brooks/Cole
4. Corey, G. (2008). *Group Counselling.* Brooks/Cole. First Indian reprint 2008 by Cengage Learning India
5. Corey ,G (2016) . Theory and Practice of Counselling and Psychotherapy. Cengage Learning, India
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7. Dryden, W., & Reeves, A. (Eds). (2008). *Key issues for Counselling in Action.* 2nd ed. London: Sage publications
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11. Heppner, P. P., Wampold, B. E., & Kivlighan, D. M. Jr. (2007). *Counselling research.* Brooks/ Cole, Indian reprint 2008 by Cengage Learning, New Delhi
12. Ivey,A.E., Ivey M.B.& Zalaquett ,C,P. (2018) .Intentional Interviewing and Counselling: Facilitating Client Development in a Multicultural Society. Cengage, Boston M A
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20. Welfel, E. R., & Patterson, L. E. (2005). *The Counselling Process: A Multi-theoretical Integrative Approach.* (6th ed.). Thomson Brooks/ Cole.

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1

INTRODUCTION TO COUNSELLING - I

Unit Structure

1.0 OBJECTIVES

- To provide an introduction to formal an informal helping
- To provide an introduction to distinct features of helping as a profession
- To help in learning about the key elements of successful helping
- To provide a basic idea of the various factors involved in helping

1.1 INTRODUCTION: HELPING AND ROLE OF FORMAL AND INFORMAL HELPERS

Helping is a natural human tendency. It is a commonly held belief that under the right conditions, some people are effectively able to help others manage their problems in life. This idea of helping exists in different forms across cultures. Many of us are better, more effective or ‘natural helpers’ who others approach for help during difficulties. These natural helpers provide assistance in everyday life or problems of living. Since this is such a common part of our life we often do not recognise or even underestimate the value of help-giving.

Studies on natural and indigenous helpers have found that natural helpers use effective skills of helping. Their effectiveness, in part, can be attributed to possessing knowledge that is meaningful to those seeking

help. They possess the ability to communicate this knowledge with similar language and cultural values. Recall a time when you received help from someone you often turn to during distress. This helper must have assisted you by listening to your problems, encouraged you to pursue your goals or reminded you of your strengths, among other things. They may have also taken a more involved approach like giving material help. Or it could have been a combination of both of these things. Natural helpers use one these approaches at their disposal.

You might also wonder if helping is such a common phenomenon then why do we as counselors need to be trained in the basic skills of helping? What distinguishes effective, successful help-giving from non-effective attempts at help? What distinguishes professional from non-professional help-giving? We will explore the answers to these questions throughout this chapter.

1.1.1 Role of Formal and Informal Helpers:

The notion of helping is institutionalized in the form of a variety of helping professions. The formal role of these professions is to help people manage the distressing problems of life, or 'problems of living'. In western cultures, these professionals include counselors, psychiatrists, psychologists, social workers, and ministers of religion among others. Similar helping institutions and various professional helpers also exist in our culture. But the utilization of these services and attitudes towards these institutions might differ among people in our culture than those in the west. It is also to be noted that although there are some distinctions between counselor and therapist, these terms are used interchangeably along with 'helper' throughout this chapter.

Apart from helping professionals mentioned above, there are another set of professionals who may not be formal helpers, but do help people in times of crisis and distress. Think about doctors, surgeons, lawyers, nurses, teachers, managers, supervisors, police officers, and practitioners in other service industries. They are specialists in their own professions and experts at providing a set of services, like teaching, management or legal advice. There is still some expectation, at least indirectly that they will help the people they serve in times of crisis or problem situation. Hence, they can be considered indirect helpers. Consider this example by Egan and Reese (2019): 'Teachers teach English, history, and science to students who are growing physically, intellectually, socially, and emotionally and struggling with developmental tasks and crises. Teachers are, therefore, in a position to help their students, in direct and indirect ways, explore, understand, and deal with the problems of growing up.'

The last category of helpers includes anyone and all who assist others deal with problems in living: relatives, friends, acquaintances, classmates, peers, and at times, even strangers! These are the informal helpers. In fact, most of the help that we receive on day to day basis is from these informal sources and they contribute greatly to our life. We take help from friends during troubled times. Parents help their children grow and develop while

juggling through their own marital problems or financial troubles. We also learn to help ourselves in dealing with the problems and crises of everyday living. Now that we know the different types of helpers, let us look at how professional helpers whose primary role is to help people with problems of living differ from informal helpers.

There are undoubtedly some common elements of helping in professional and non-professional encounters. Think of a time you assisted a friend during time of emotional distress. The friend in question must have approached you because they share a trusting relationship with you. Your friend must have also willingly shared their story with you along with what they desire out of the situation. Knowing your friend well, you may not have just heard what they shared but also understood what they were conveying. These factors are common across professional and lay helping encounters. However, professional helping includes a range of other factors.

Professional helpers or counselors intentionally construct a helping process with their clients. This differs from a lay helper's conversation with their friends along four dimensions: (1) the formality of helping, (2) professional helping's expanded goals, (3) the process of helping, and (4) the characteristics of the helper (Parsons and Zhang, 2014). Let us now understand what each of this means.

Helping by these professionals is a formal endeavour in the sense that all professional counselors are required to follow ethical standards and guidelines set up by various professional organizations (for example, standards and guidelines of American Counselling Association [ACA]). A counselor understands the nature, process and rights and responsibilities of professional helping. Failing to adhere to these might have legal and professional implications. Formality of the helping process is distinguished by structure, which includes processes of scheduling appointments, employing referrals (that is, directing the client to another professional when necessary), maintaining documentation or records of the sessions and procedures for collection of fees. Though these are some of the things that help maintain formality of the helping relationship, counselling endeavour or sessions are not mechanical in nature. The most important element of the helping relationship is that unlike friends or relatives, the counselor maintains the role of the helper, while client remains the helpee (or the one being helped). The focus of these helping endeavours – the sessions, is to focus solely on the client and their needs. Additionally, unlike everyday conversations, counselors engage in intentional communication. That is, even though the conversations might be free flowing on the surface, the counselors focus on discussing what is essential in meeting the needs of clients and not personal needs.

Typical help-seeking encounters with lay persons might involve providing solutions, advice or answers to the problems one is facing. Counselling goals are more expansive. The counselor tries to understand client's problem from an objective perspective drawn from their experience as a reference point. They may use similar personal experiences to understand

client's situation; for instance, the loss of an important friendship. However, they recognize that every person's experience is unique and do not let their personal experiences cloud their perspective. Goals counselling focus on bringing about positive change in the clients' situation. A primary goal of the counselor is to empower the client to be able to deal effectively with life situations and demands. Their objective is not to 'fix' the client. It is to assist them in developing personal resources to achieve their goals. Change is hence an essential aspect of helping. The counselor not only assists the client in moving away from distress but also helps them build the necessary skills to prevent returning that distress. The expanded goals of counselling thus include helping the client become more independent or capable of managing life's challenges.

A counselor relies on the science of psychology and principles of human development to assist clients. They use the knowledge of human development, contributing factors and effective methods for promotion of wellness and remediation of distress in formulation of helping strategies. Counselors rely on evidence-based-practice, that is, they use knowledge derived from research to strengthen their practice. The counselor should also be skilled in adapting this knowledge to each client's situation. Counselors also draw upon various theories and approaches of therapy to design appropriate interventions for the client. Additionally, a range of characteristics and qualities set an effective counselor apart. We will shortly look at these in section 1.2.3 - 'qualities of an effective helper'.

Now that we know what professional help-giving is all about, let us look at the definition of counselling. 'Counselling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals' (Egan and Reese, 2019, p. 4). This definition highlights three key factors: the centrality of clients' need and wants; the fact that clients must be empowered by the helping process to achieve a better life for themselves; and that success must be defined in terms of life-enhancing outcomes, that is, outcomes with an impact.

1.1.2 Key Ingredients of Successful Helping:

You must have heard of many different approaches to therapy like cognitive behavioural therapy, behaviour therapy, person-centred therapy, psychodynamic therapy, rational-emotive-behaviour therapy, and many more. Each approach to therapy specifies different sets of methods and techniques of helping. There are some factors which are common across these different therapies. The key ingredients discussed here are skills that any helper needs no matter which school or approach they chooses to use.

Let us understand this with the help of an example. There are ten different therapists who might promote one of the following approaches to therapy: behaviour therapy, rational-emotive-behaviour therapy, narrative therapy, emotion-focused therapy, reality therapy, person-centred therapy, brief dynamic therapy, cognitive behavioural therapy, existential-humanistic therapy, and relational-cultural therapy. Now consider that each of these

ten therapists has ten clients. Each set of ten clients has similar problem situations with an analogous range of degrees of severity. That is, the ten groups are comparable. The common trait that these therapists share is that all ten are equally successful; that all hundred clients are successful in managing, within reason, the problem situations of their lives. All the therapeutic encounters lead to life-enhancing outcomes for the clients. If this is the case, then it cannot be said that the principal vehicle of success was the treatment approach because there were ten different approaches. This might raise such questions (Egan and Reese, 2019) as: What do these successful helpers have in common? What root factors (basics) make for their success? Their ability to use their preferred model or approach to serve the needs of their clients is one of the basics, but just one. What are the other factors?

Practitioners and Researchers have different views on what should be included as these common factors. This also highlights the fact that there no 'right' set of ingredients or a fixed checklist of things you need to do with your clients. Factors or ingredients of successful helping are ever changing. That is, depending on the situation, you as a helper must use these factors as per the needs of your client and demands of the situation.

Let us look at some of the key ingredients or basic skills useful for becoming an effective helper in the following sections.

1.1.3 Focus on Client and Context – What Client Brings in Sessions

We refer to the help-seeker as client who needs help in dealing with problems of living. The most important 'ingredient' in therapy is the client. It has been found that success or failure of any therapeutic endeavour largely depends on the client and what they bring to therapy. It is hence essential for a therapist to be able to identify and address these important factors.

Clients arrive in the sessions with a version of humanity which can be both simple and complex. They seek help with problems situations, issues and concerns which might range from mildly distressing to severely disturbing. They bring with them the previous successful or failed attempts at handling problem situations or personal experiments with unused opportunity. They come to therapy with past experiences, in the degree to which they are affecting them positively or negatively. For example, a client may have difficulty trusting people due to prior bad experiences. Clients also have general expectations and aspirations from life. These might be realistic or distorted and hence, the accompanying disappointments. Most importantly, clients have certain strengths, skills and resources. These could be personal resources like resilience or social resources like supportive family.

Clients come to the sessions with their general emotional states. Emotions are an indispensible part of our lives and each client brings with them emotional reactions about a certain situations, topics, and general ways or patterns of acting out and managing them. Therapy is a new endeavour for clients. They would have certain hopes, for instance about the possible

alleviation of distress, fears, like opening up to an unknown person or having to discuss certain uncomfortable topics and, expectations such as those regarding the outcomes or duration of therapy and so on. Even clients who have been in therapy before will bring with them experiences of their past helping encounters and certain new hopes, fears and expectations. Although therapeutic endeavours are directed towards change, clients' degree of openness or readiness for change may vary. Remember that change can also be scary at times. Clients also differ in their willingness to work at change. Clients also come to the sessions with certain reluctance or resistance they might be feeling. Therapeutic endeavour is a collaborative one. Ability to engage in these collaborative endeavours also differs from client to client.

Each person has a sense of right and wrong, what they deem acceptable or unacceptable, their personal ethics and their own way of looking at morality. Clients bring all of these personal ethics and principles which may be observed in the sessions. Similarly, culture plays a very important role in a person's life. Clients bring with them their distinct cultural beliefs, values, and norms of behaviour. A norm is 'a societal rule, value, or standard that delineates an accepted and appropriate behaviour within a culture' (APA Dictionary of Psyhology).

Relationships with other people form an important and highly influential aspect of our lives. Clients come to therapy with entire range of relationships like those with parents, peers, siblings, friends, romantic partner or any other relationship that is important to them. These are accompanied by their ups and down and especially relevant are the relationship related to the problem situation. For example, a client may be distressed due to the high expectations from their parents. Clients also vary in the level and variety of interpersonal communication skills they possess.

There might be certain factors the client is unaware of. Or the client might have certain influences which are unknown to them. There might also be a lack of insight about certain areas of their personality or behaviour. There are certain external influences that either contribute to or hinder client's progress. That is, some situational factors outside the control of client that either support constructive change or stand in the way of their progress.

Hence, clients bring with them a range of known, unknown, personal, social, attitudinal, cultural, relational and situational factors with them in the therapeutic endeavour. Since clients bring numerous complex issues to the counselor, it is important to identify which factors are more important for the client that need to be focused on. A counselor should also strive to help the client discover for themselves the key factors influencing their problem situation. Client's participation in therapeutic endeavour is highly important in determining the outcome of therapy. It is essential for clients to be the 'drivers' of their own life outcomes. That is, the therapeutic endeavour revolves around the client; it is, after all, the client who implements change in their lives. The counselor is merely a facilitator of this change.

Determine why clients seek help:

Two questions must be considered to understand the essence of helping – '(1) why people seek—or are sent to get—help in the first place, and (2) what the principal goals of the helping process are' (Egan and Reese, 2019, p. 9). Many people seek help because according to themselves or others, they are involved in a problem situation which they are unable to handle well. There are some who seek help because they feel they are not living as fully as they could. That is, they have some unused opportunity. While some others might come to seek help with a mixture of these two. Let's look at each of these in detail.

Problem situations:

Clients come to seek help with crisis, troubles, doubts, or concerns they might be facing. Problems in our lives are not always straightforward and may not have a clear-cut solution. They are complex, causing great emotional distress. Clients come to therapy with 'problem situations', the complex problems of living that they are unable to handle well. At times, client's problems might not be defined well, that is, not clearly understood. Or it could be that even though the problems are well defined, clients might not know how to handle them. Clients might also feel they do not have enough resources to deal with their problems adequately. There might be clients who have tried certain solutions which may not have worked for them. Hence, such complex, emotionally distressing problems and client's understanding, ability to deal with problems, resources, and past experiences might influence clients to seek help.

Problem situations might arise out of our interactions with oneself, like self-doubt, fears, or stress of an illness. Problems situations may also arise out of our interactions with other people, like discord with peers, failing marriages, domestic abuse, or problems at work due to office politics. Larger social environment, institutions or organizations also contribute to problems of living like economic crisis, being discriminated against as a result of caste, gender or disability, and so on. Although these and other issues might be experienced by the client, it is not always the person dealing with these problems who seeks help. At times clients might be referred – or sent to get help by teachers, supervisors and courts. For example, a child who is not able to adjust in school might be sent to see the school counselor.

It is also important to note that helping does not always mean 'solving' problems. It is to help the person in the problem situation manage them more effectively. As mentioned above, since problem situations are complex and do not always have a 'solution', one must be able to manage them in the best way they can. At times, we can even move beyond our problems and make use of new opportunities in life.

Missed opportunities and unused potential:

Not all clients come to seek help because they need assistance in managing their problems or dealing with a crisis. Some clients seek help

because they feel are not as effective as they would like to be. They would like to live more fully by making use of available opportunities or resources and create a better life for themselves. The concern in such cases is not about finding out 'what's going wrong'; it is rather, 'what could be better'. It has often been stated that we do not always live up to our full potential despite being capable of dealing much more effectively with ourselves, our situations and relationships. Take a look at this example:

Example 1.1:

Carol was experiencing burnout after working as a helper in several mental health centres for ten years. Her counselor tried to find out more about her career and the time she felt best about herself. For carol it was when she was asked to help provide help for other mental health centres that were experiencing problems or were reorganizing. The counselor helped her explore her potential as a consultant to human-service organizations and make a career adjustment. Carol enrolled in an organization development program at a local university. In this program she learned not only a great deal about how organizations work (or fail to work) but also how to adapt her skills to organizational settings. Carol stayed in the helping field, but with a new focus and a new set of skills.

{Adapted from/ Source: Egan, G., Reese, R. J., (2019) The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition), Cengage Learning, Boston}

In this example, the counselor was able to help carol deal with her problems of burnout and guilt by helping her identify, explore and develop a new opportunity – that is, a new career where she could adapt her skills.

Using positive psychology wisely to focus on unused opportunities:

Helping clients develop new opportunities can be viewed as a 'positive psychology goal'. Founders of positive psychology, Seligman and Csikszentmihalyi, posit that 'psychology is not just the study of pathology, weakness, and damage; it is also the study of strength and virtue. Treatment is not just fixing what is broken; it is nurturing what is best.' The efforts of a helping relationship must not just focus on the problems or 'fixing what's going wrong' in the client's life. They also need to be directed at helping them realize their potential, cultivate their strengths, utilize their values, beliefs and resiliencies and help clients 'design and redesign' their lives. The 'materials' or essential elements of redesigning life are overlooked resources within client. At times, it is more helpful to let clients transcend or move beyond their problems rather than working through them. Lastly, it is also important to remember that using positive psychology means valuing strengths as much as working on fixing problems and not forcing clients to 'be positive' or 'everything's going to be alright' approach.

1.1.4 Defining Success in Terms of Outcomes with Life Enhancing Impact for the Client:

Successful helping must consist of life enhancing outcomes for clients. A number of researchers and practitioners are talk about 'client-directed and outcome-informed' (CDOI) helping. In the above section, we spoke about focusing on problem management and development of opportunities. Bringing about change in these areas implies working towards life-enhancing outcomes. That is, outcomes which help clients improve their situations and lead a better life. A helper must aid their clients become 'agents of change' for themselves. Helpers may not always feel comfortable discussing some topics in sessions. Walters and Spengler (2016) have reviewed helpers' discomfort with certain topics in therapy. They also discuss the possible errors counselors might make due to this discomfort. However, if they are to help clients deal with their distress effectively, counselors would need to keep their personal views aside and help the client decide what's best for them.

In addition to working on the goal of life enhancing outcomes, effective counselling can also be used to help clients become better at helping themselves and develop an action oriented prevention mentality in their lives. Let us look at what each of these three goals means.

'Goal One: Life-Enhancing Outcomes:

Help clients manage their problems in living more effectively and develop unused or underused resources and opportunities more fully at the service of life-enhancing outcomes'. Success of the helping endeavours can be determined by the degree to which clients see the need to manage problems situations and develop opportunities through the client-helper interactions. As Egan and Reese (2019) put it, helping is an '-ing' word. That is, it is action oriented and includes a range of activities that clients and helpers undertake. Helping efforts must after all, translate into effective living for the client. Clients may learn to manage their fears, a person who kept doubting themselves may become more self-confident, some may gain control over addictions, find better jobs, a person facing domestic violence may decide to leave their abusive relationship with the necessary help and resources or a victim of institutional racism might regain their self-respect.

These changes may be observed by clients or their friends, family, peers, among others who interact with them on a daily basis. These changes must be observed in terms of behaviours rather than just 'statistically significant' results. For example, a child with conduct disorder may stop act aggressively with parents, teachers or siblings, stop running away from home and get only mildly upset while throwing a tantrum. Hence, counselling should not just be focused on having 'good sessions', but also producing effective outcomes for clients.

Goal Two: Learning How to Help Oneself:

Help clients become better at helping themselves in their everyday lives. Clients may not always be experts at problem solving. At times, they might not be able to effectively use the problem solving skills they possess during times of crisis. In everyday situations, we usually go about dealing with problems of living as they arrive. We often do not stop to ponder when a certain strategy to solving problem fails. However, during crisis situations, we might not have the option of moving on, stepping back, lowering our self-imposed standards or asking for help. An ordinary person may not always take a systematic approach to problem solving unless educated to do so. However, these skills are not usually taught. Hence, helpers need to impart a working knowledge of these skills to help clients move forward. 'Counselors are only skilled to the extent they can be successful in skilling clients' (Nelson-Jones, 2005). Hence, successful helping equips the clients with tools to be effective 'self-helpers'.

Goal Three: A Prevention Mentality:

Help clients develop an action-oriented Prevention mentality in their lives. Preventive measures are valued in every health science. To prevent disease, doctors want their patients to practice activities that improve health and be well nourished, or dentists would advise good oral hygiene practices. Similarly, skilled helpers want their clients to become better at anticipating problem situations rather than merely managing them. Benefits of prevention can be observed in healthcare, marriage and other relationships, education and many other areas. Prevention is often undervalued as we do not always see or easily notice the effects of preventions like we do for remedial actions. Hence it must be made attractive to clients. For instance many people enjoy meditation or exercise and make it a part of their routine.

To understand prevention in counselling situations better, let's take an example of a couple in crises. Each partner in the relationship may have some things they like or dislike about the other. But they might choose to ignore the things they do not like or 'save them for later'. These small annoyances, called 'pinches' might get saved up until they erupt in the form of 'crunches', that is, major blow-ups or fights. Here, a counselor can help both partners recognize the pinches that might arrive in future along with using their personal communication skills to skilfully manage these interactions.

1.1.5 Qualities of an Effective Helper:

The helper and helping relationship are an important part of the counselling process, even more so than the method of treatment. Like other professionals, some therapists are better than the others. But what makes them better? Let's look at what makes a therapist more effective than others.

- An effective helper has a strong set of interpersonal skills and uses them to expresses acceptance, warmth, and empathy towards clients.

- An effective therapist acts in ways to build trust with clients, which is an important element of treatment.
- Helping relationships require collaboration and an effective helper does their part in ensuring the same. They work with clients to develop goals based on mutual agreement.
- The therapist understands the client's condition and can provide a plausible explanation for the source of the client's distress. This can be drawn from past experience and learning.
- An essential quality of effective helpers is that they understand both the client and their problem situation in every relevant context—cultural, social, economic, political, and so forth. They are careful not to locate the reason of distress in the client when it is caused by such situational factors.
- An effective therapist has a helping approach that suits the needs of the client and educates the client about the same.
- They respect the autonomy of their client and ensure to treat them with dignity while being believable, persuasive, and convincing to bring about positive change.
- Keeping the client at the centre of the counselling process, the helper collaborates with clients in monitoring their progress and their views of the helping process.
- An effective therapist establishes a formal or informal feedback system. The therapist must tailor their approach based on the inputs of the client
- They are not rigid and make adjustments to the therapeutic process based on an evolving understanding of the client's problem situation, client feedback, and signs reluctance or resistance.
- The therapist also helps clients to develop a realistic sense of possibility, hope, and optimism.
- Does not avoid difficult to discuss issues related to the client's problems or to the client-helper relationship. The skilled helper handles these conversations tactfully.
- They have adequate self-awareness, and engage in discussing about self during therapeutic dialogue only to the degree that this helps and does not distract or take the focus away from the client. The helper is aware of their own strengths and personal and professional limitations. A therapist will not be an expert in every problem that arises in therapy. A counselor who knows the professional limitations of their practice would make appropriate referrals when necessary.

- Along with self-awareness an effective helper is aware of their personal motivations, values, worldviews, biases and their possible impact on professional decisions.
- In order to employ evidence based practice, a skilled therapist knows the best research related to the client: the client's personality, their problems, the social context, and possible treatments.
- Psychology is an ever-evolving field. And hence an efficient therapist must be committed to professional self-improvement and actively work towards updating knowledge based on current developments in the field.
- The effective helper also has adequate procedural knowledge of necessary actions to take in the situation at hand. For example, a counselor who usually greets her clients with a handshake notices that a new client appears visibly nervous, has a shaky voice, is having difficulty making eye contact and is holding a handkerchief in his hand. The counselor might consider that he may be perspiring and shaking his damp hand might make him feel embarrassed and decide to probably use a non-contractual way of welcoming him.
- An effective helper also has a solid grasp of the key ingredients of successful therapy and, knows how to tailor them to serve the clients.

These are some of the essential qualities that a therapist must possess. There is, however, no 'fixed list' or the 'right' or 'perfect' set of characteristics. The judgement of whether or not someone is a good therapist depends on the client's preferences as well. The therapist's competence does is not merely determined by their knowledge of particular theories, but is also related to meeting the needs of client. A competent therapist must also recognize that the client is experiencing certain symptoms, but needs to be careful not to misinterpret their symptoms as their identity. Being a counselor is an impactful role and comes with various responsibilities. A competent counselor is cognisant of this fact.

1.2 ROLE OF BELIEFS, VALUES, NORMS, AND MORAL PRINCIPLES IN THE HELPING PROCESS

An essential ingredient in being an effective helper is the self-knowledge that their view about a client and client problem is highly influenced by personal worldview. Our values are our core beliefs that influence how we act in our personal and professional life. These values influence how we interact with our clients and the way we see the counselling process itself. It also influences counselling procedures including approach to assessments, view on goals of counselling, choice of counselling interventions, what we choose to discuss in sessions, the way we define and understand progress and interpret of clients' life situations.

Values are pervasive and the view that counselling is to be completely objective and value-free may not prove to be realistic. Total objectivity

may not be possible to attend, but a counselor must strive to avoid being confined by their own worldviews. A person's cultural framework, their biases, attitudes, values and worldviews have an influence in the process of helping. These can negatively affect the process of counselling if left unchecked. We need to be careful to not use our power of influence to impose our beliefs and values on the client. A competent counselor is aware of this fact and works to ensure that this is not imposed on the client. Your role as a counselor is to create an environment where clients can explore their thoughts, feelings and actions and arrive at a solution congruent which with their values.

You may not always relate to or agree with your client's values and worldviews, especially if their culture and experience is distinct from yours. However it is essential for you as a counselor to respect their right to hold values different than yours. Your role is to provide them with a safe space to explore their behaviour in relation to values which are important to them. Managing your personal values from affecting the counselling process is referred to as 'bracketing'. Clients will come to you with a range of different experiences and it is essential for you to acknowledge and understand these experiences. Some clients may have felt rejected due to discrimination; they should not be subjected to further intentional or unintentional invalidation or discrimination by their therapists. For example, asking a client with disability - 'Did you try to adjust to your work environment?', when their work environment is clearly not equipped with to accommodate their needs may be invalid. It also places the blame on client for their experience. A person with disability has a basic right to employment. Needs of accessibility or assistive devices cannot be fulfilled by 'adjustment'.

Counselors may directly or indirectly impose their values on the clients. A direct attempt at defining clients' values, attitudes, beliefs and behaviours referred to as 'value imposition' is unethical. Every counselor must engage in the process of value exploration. Personal therapy sessions can be a great opportunity to understand your values and motivations to share them. The counselling relationship is based on trust and clients who come to seek help may be in a vulnerable position. Every client needs understanding and support and should not feel judged. In situations where your values differ from those of your clients, or when you are unable to agree with client values, it is essential to seek supervision and educate yourself about client's experiences. As previously, mentioned, counselling is a client-focused endeavour and their needs and goals in conjunction with their values must be at the centre of therapy.

In order to be client focused, the counselor's general goals about outcomes of therapy must be congruent with the client's personal goals. Goal setting is a value based process. It is hence essential for the counselor to work within the framework of client's worldviews. Client's expectations and goals must be adequately explored. Expectations from therapy might be different for each client. They may have a vague idea of what they want, some might be seeking solutions, and others may want to reduce distress or they may want to change themselves so others in their life can accept

them. Some clients do not have any goals and might be sent to counselling by others like parents, teachers or managers. The initial interview can be utilized to focus on client's goals, expectations or lack of them. For example, what do they want from the sessions? What do they hope to leave with? What aspects of their situation would they like to change? Thus, the client needs to be an active participant in their own therapy.

Helping professionals constantly try to demonstrate that their practice is based on scientific methods. Proving the validity of abstract factors like beliefs, values, ethics and morals pose an intellectual challenge for these professionals. However, it is undeniable that they are important and these challenges do not stop scientist from studying them. The American Psychological Association promotes the use of science based practice along with a strict ethical code. Religion and ethics provide the basis of ethics and morality for some people. All religions have moral codes and principles. Culture on the other hand can be defined as 'the interplay between shared beliefs and values that leads to shared norms of behaviour that, in turn lead to shared patterns of behaviour within members of the culture.' That is, interplay of different values and beliefs translate into the standards of desired and undesired behaviours. These can influence similar patterns of behaviour among people. Some scholars see the origins of human morality beyond culture and religion and as originating from bio-social-evolutionary phenomena. Each society has a certain set of rules that people are expected to follow and regulations to keep those who fail to abide by them in check. Handelsman, Knapp and Gottlieb (2009) have reviewed the work on 'positive ethics'. Positive ethics encourage counselors to move on from just following rules and avoiding so called 'punishment' to striving for higher ethical standards. A therapist must move beyond the bare essentials of 'doing no harm' to doing what is in the best interests of the client. There is a distinction here between the former 'mandatory' ethics and the latter, 'aspirational ethics'. On a similar note, some researchers have also written about 'non-rational' processes in ethical decision making. Note that is district from 'irrational' which is going against logical principles. Whereas non-rational or arational processes described here talk about the human factors ignored by rational or logical models. That is, contexts of decision making, people's perceptions, their relationships and emotions, which are often not taken into consideration by the rational models of decision making but have a great influence in decisions. Arationality is hence, moving beyond rational. We will look at this in more detail in next section.

Lastly, it is important to remember that helping is about managing problem situations and developing unused opportunities and not personality transformation. Every individual knows more about their own life than any effective therapist can. That is, client is a lay expert in her/his/their own life. Effective helping, must hence be about determining what works for a client using an ethical framework.

1.2.1 Helping Clients Redo Poor Decisions and Make and Execute Life-Enhancing Decisions:

Decision making is a defining part of our everyday lives. On any given day of our lives we are faced with numerous decisions. These can be of small or intermediate importance like what to eat for breakfast, whether or not to attend a class, how to talk with a child who is having problems at school. There are also decisions which would have a larger impact on our life. Decisions like should I leave an unfulfilling job? Should I get married? Should I have children? Should I choose a particular treatment for cancer that has certain side effects? Should I take a loan to buy a house? Or think of when you had to make a decision about taking this course. As evident here, decisions run on a continuum from small to life changing.

Since decision making is a part of our daily lives, it also holds a centre stage in therapy. Clients come to us when they are faced with the challenge of making difficult decisions. At times they need help dealing with the difficulties of past decisions. Or on some other occasions clients might be scared of making a decision at all. All of us are decision makers; some might do it more effectively than others. These skills can be acquired and therapy is a great facilitating process to do so.

The tasks of problem management and opportunity development both go hand in hand with decision making. Both of these situations present us with options and choosing from these options is what decision making is all about. As you read ahead you will realise that therapy is a decision rich process, that is, decision making is at the heart of therapy.

Client decision-making:

Clients are faced with many decisions while in or even before coming to therapy. Deciding to come to therapy (unless mandated to do so by court for instance), deciding about whether or not to talk about a particular issue with a counselor, determining the elements of their future goals, to plan and work on achieving these goals, telling you whether the therapeutic process is working for them or not, and choosing to continue being in therapy till these goals are achieved. Hence the client has to make a number of decisions not just regarding their lives but also the elements of therapy itself. It is essential to acknowledge and at times, even appreciate these decisions of the client. In order to make clients better problem solvers of their lives, it is necessary to help them become better decision makers.

Each client, who comes to therapy will bring with them different decision making styles. It is necessary to understand these decision making styles to facilitate change in the client's life. It is important to remember that you as a helper cannot implement client's decisions for them. Nor do you decide for a client. An effective helper assists their clients in deciding for themselves what would lead to life enhancing outcomes.

Helper decision making:

Like clients, helpers too are in a constant mode of decision making throughout the counselling process. Helpers select an approach to therapy, like behaviour therapy, for instance, and constantly make decisions to fit this approach based on their client's problem situations. Like everyday life, therapeutic encounter and process also presents us with numerous options. Understanding how you choose among them and what influences you in making decisions is an important aspect of helper self-knowledge. You might be faced with a range of options like wanting to help your clients make decisions that beneficial for them and avoid the ones that might be limiting. You might want to help them face certain decisions they have been avoiding. You might also want them to explore the possible beneficial and harmful consequences of the decisions they have made or are trying to implement. However, you would also want to do all of this without making decisions for your clients. That is, without undermining their authority as the decision maker of their own life.

Wenzel (2013) speaks about 'strategic' decision making as a helper, which according to her is, 'a flexible yet evidence based approach to working through decision points in order to move treatment forward.' Strategic here means decisions that have been taken after having a detailed understanding of the client's situation decided by client and therapist allows the client to learn something new in the session and are carefully considered before their evaluating their effectiveness. Additionally, there are certain 'decision points' which include times when an approach isn't working, when the client doesn't understand or accept the rationale for interventions or when the focus has to be shifted due a crisis. A helper needs to be flexible and prepare to choose an alternate option when things do not work out the way they planned.

A range of decisions are required on behalf of the therapist when responding to clients. To do so effectively, a counselor needs to be skilled and have adequate experience in the give and take of helping process. Lastly, decision making process will be always be marked with uncertainty. We cannot always be certain of the outcomes of our decisions, there might be some factors which we may not have foreseen or there might be influences we are unaware of. You as a decision maker are also required to be prepared for such complexities and ambiguities of situations.

The bare essentials of direct decision making:

This section includes a discussion on what is considered the basic aspects of 'rational' or 'logical' decision making. It is however noteworthy that decision making in complexities of life is not always so straightforward or simple. let us look at these aspects:

Problem Identification and Information Gathering: Since clients approach you for help with managing problems of living, these problems are the starting point of therapy. 'Framing' these problems accurately, that is

getting a clear picture of the problem and defining it accurately is the next important step. Consider the following example:

Example 1.2:

Karl feels that being disconnected from community and being a loner is a big contributing factor to his current problem situation. He needs to make a decision about the kind of social life he desires. He liked spending time with friends and family before he joined army. Karl is also an introverted person and did not feel happy about too much socialization, like accepting too many invitations to events or dinners. He also realised that he was relatively passive while socializing. This also resulted in others taking charge of the social encounter – like the topics they would discuss, deciding where to go, or how much time they would spend together and so on. Karl gathered information about various aspects of his social life including the fact that he did not like being a loner – or not associating with people. He is an introvert and prefers few interactions but does not want to have a disconnected social life altogether

{Adapted from/Source: Egan, G., Reese, R. J., (2019) The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition), Cengage Learning, Boston}.

Analysis:

Once you have all the information you need, you would have to organize this information to help you with decision making. This involves processing the information gathered. This can look like thinking about the information you have gathered or discussing it with trusted formal or informal resources, or any way you prefer. This is an important step to help you clarify the range of possible choices you have. For example, 'what advantages or disadvantages would I have in going ahead with either of these options?' similarly, Karl in the above example might think about the possible upsides of being passive in a social situation – people did not invade his space or he was free to leave when he wished. On the other hand this seemed self-centred to Karl. Being more involved or social had an upside of making intelligent contribution to conversations. Hence, Karl could decide a course of action based on what suits him best.

Making a choice:

Making a choice involves committing oneself to an internal or external course of action. It involves thinking about the possible consequences of actions. Values also play an important role in analysing options as they are the criteria and incentives for making decisions. In the above example, Karl's values about what constitutes self-centred behaviour also contribute to him choosing more others-oriented options.

Follow through:

Action is the last step of effective decision making. This means successful life enhancing outcomes in therapy. Decision making without action is just wishful thinking. The more time it takes to implement a decision, higher will be the chances of doing nothing. Counselors can help clients talk about the consequences of doing nothing or giving up. Clients would need to be supported through their process of implementing a decision. For example, Karl could start implementing his goals of being more active socially by talking to friends from army share similar experiences as him. He did not want to socialize with friends and family at a superficial level. Hence he could start small at the process of what he terms 'normalization' but in the way he prefers.

These steps mentioned above follow a 'direct' or rational approach. Kay (2011) claims that most of the times in human affairs it is better to follow an 'indirect' approach and problem management.

The Arationality of Decision Making:

As discussed in the previous section, we may not always be able to follow the rational process of choosing between alternatives. It has many pitfalls and may not be the content of everyday decision making. Yet, a lot of these decisions turn out to be effective. Social and emotional problems are not always straight forward and determining their consequences or probability is often difficult. Kay (2013) discusses the oblique or indirect decision making in such situations due to the uncertainties involved. Superior range of knowledge does not set effective decision makers apart according to Kay. Instead, he claims it is the awareness of its limitations. Effective problem solving is iterative and adaptive rather than direct (Kay 2013). As mentioned previously, beliefs and values also influence the decision process. We are often, also protective of our beliefs. Decision researchers have found that any conflicting information to personally held beliefs is 'systematically ignored', opposing evidence is denied and facts are often interpreted in favour of our beliefs. The logical or rational approach does not take into consideration these factors which underlie every so called objective decision. Additionally, decision making is not straight forward and is bundled with uncertainties and unknown challenges. Hence, it needs to be adaptive – that is effectively reactive to changes in situations. According to Egan and Reese, decision making needs to be eclectic – that is, rational as well as adaptive. Feedback must be utilized regularly to monitor progress and make necessary adjustments.

Decision making styles:

Nobel Laureate Daniel Kahneman in his book, Thinking, Fast and Slow describes two types of thinking processes. The first one is System one, or the fast, intuitive and emotional approach to decision making. He describes the potential, faults and biases of fast thinking. System two is more deliberative, logical and slow thinking. It can lead to life enhancing outcomes. However, overuse of slow thinking can bring problem management to a halt. For effective helping it is important to understand the different styles clients use and the ways in which these styles help or

hinder problem management. Counselor's self-knowledge of the same is also essential. Both fast and slow thinking are comprised of a continuum and clients' styles tend to be a mixture of both. Despite the type of decision making styles used by clients and counselors, decisions are influenced by a number of factors internal and external to them, including the helping relationship and context in which decisions are made. For example, factors such as economy, perception of the problem situation, range of options available, time constraints, fear of pitfalls of certain decisions, lost-opportunity costs, and realization that 'I'm not in control' and many more (adapted from Egan and Reese, 2019).

Hence, therapeutic endeavour consists of multiple decisions, decision styles, influences and outcomes for both clients and therapists.

1.3 SUMMARY

Helping is an innate part of human nature. Some people are more natural or effective helpers who we turn to in times of need. Helping is also institutionalized as a formal profession. Helpers can be professionals, either directly involved in helping people manage problems of living or those who are involved in different professions but provide help during crisis situations. Lastly, informal helpers are people in our lives – family, friends, peers, co-workers, who we approach to for help on a daily basis. A major part of the help that we receive in our life is from these informal sources.

Helping professionals are distinct from informal helpers on the dimensions of – formality of helping, expanded goals of professional helping, and the process of helping and characteristics of the helper.

Certain key ingredients contribute to successful helping. These are common across helping process regardless of the therapeutic orientation of the counselor. They need to be adapted according to the needs of every client.

Client is the most important 'ingredient' of therapy and the therapeutic endeavours need to be client-focused. Clients bring with them a range of known and unknown personal, social, attitudinal, cultural, relational and situational factors to therapy. Problem situations or unused opportunities may cause clients to seek help.

Life enhancing outcomes determine the success of helping endeavour. Counselors can work on these goals along with helping clients become better at helping themselves and developing an action oriented prevention mentality.

Some skills set an effective helper apart from others. These include interpersonal skills, working in collaboration with clients, being knowledgeable, understanding role of different contexts, respecting client's autonomy, inviting feedback and self-awareness among others.

Values influence how we interact with clients and our view of the counselling process. The counselor must work towards self-awareness and not let values affect the counselling process. Counselor must provide a safe space to the clients for exploring their values and beliefs. Goals of therapy must be set in consideration of client's values which are important to them.

Decision making is a defining part of our life and the process of counselling. The client and the counselor are required to make certain decisions throughout the process of therapy. Rational approach to decision making involves Problem Identification and Information Gathering, analysis, making a choice and follow through. Decision making styles may differ from person to person and styles of making decisions along with the way these decisions affect or contribute to progress must be explored.

Counselling, as Egan and Reese rightly put, is a science and an art. A counselor must possess a number of skills and knowledge along with the right attitudes to practice this science creatively.

1.4 QUESTIONS-IMPROVE YOUR GRADE

1. How is professional help-giving distinct from nonprofessional helping?
2. What are the key ingredients of successful helping? Explain any two of them
3. Explain the role of Beliefs, Values, Norms, and Moral Principles in the Helping Process
4. What does helping clients redo poor decisions and make and execute life-enhancing decisions include?

1.5 REFERENCES

1) Egan, G., & Reese, R. J., (2019) The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition), Cengage Learning, Boston

2) Parsons, R. D., & Zhang, N., (2014) Becoming a Skilled Counselor, Sage, USA. p. 3-30

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2

INTRODUCTION TO COUNSELLING - II

Unit Structure

2.0 OBJECTIVES

- To learn and understand the helping process
- To learn and understand the values that develop the helping relationship
- To learn and understand the behaviours considered as respectful and disrespectful
- To learn and understand about the counselors' competencies

2.1 THE HELPING RELATIONSHIP

Although theorists, researchers, practitioners, and clients all agree that the client-counselor relationship is crucial, there are significant variations in how this relationship should be represented and acted out in the helping process. Some focus on the partnership itself, while others emphasise the work that is accomplished as a result of the relationship. Some people call it a "partnership," while others call it a "working alliance."

2.1.1 The Value of The Relationship:

Throughout our lives, we all form relationships of some kind. Consider what each person "brings to the table," as it was, and how these offers interact in any connection, including a helpful relationship. Both the counselors and the clients have personality qualities and cultures that influence how they form and sustain relationships. If counselors and clients met at a party or conference before starting therapy, the connection would be based on what each of them "brought to the party." That is, neither would be acting from a position of help or clients. The point is that the package of human elements that each person brings to the helping encounter might influence the helping relationship.

2.1.2 As A Means To An End: The Relationship:

Some people regard the helpful connection as crucial, but only as a means to the aim. This makes sense because the goal of helping is to improve the lives of others. As Tursi and Cochran point out, the cognitive-behavioural activities of the helping process are carried out within a person-centred relational framework. In this view, a healthy connection is practical because it allows the clients and the counselors to complete the work required by the particular helping method.

Despite being sensitive to relationship concerns, they prefer to take a means-to-end approach. They argue that overstressing the relationship is a mistake because it obscures the ultimate purpose of helping: resolving problems and creating life-enhancing chances. If the relationship is bad, this goal will be impossible to achieve. However, if too much emphasis is placed on the relationship, both the clients and the counselors may become distracted from the real work at hand.

2.2 DEVELOPING WORKING ALLIANCE

The following are the guiding principles for alliance behaviour: Because "working alliance" is a concept, an abstraction, the behavioural elements that make it a reality give it life and therapeutic meaning. Here are some principles to consider when forming an alliance:

Keep track of the client's changing demands and desires:

Make an attempt to learn about the clients' preferences and adjust your behaviour accordingly. Keep in mind that one are both looking for the proper relationship together. For example, Seema does not press the

subject when Arjun dismisses the survey technique to monitor the helping process and outcomes.

> There are a variety of alternative ways to obtain input. And other clients require time to grow used to the connection before adding "extras," as they perceive it.

Concentrate on available resources*:*

Make sure you are aware of not only the clients' problems and worries, but also the resources and expectations he or she brings to the alliance effort. Effectiveness helps start by concentrating on the client's strengths right away. For example, "This guy seems to have a lot going for him," Seema thinks to herself right away, "but I'm not sure if he's in touch with his significant resources."

Don't be shocked if different people have different perspectives on the relationship:

Especially in the early stages of the connection, counselors' perspective on how the relationship is developing may differ from the clients'. Throughout the helping effort, look for indicators reflecting the state of the relationship.

There will be ups and downs. Don't be surprised if oner relationship has ups and downs:

This is something that happens on a daily basis. For instance, a client might have a distressing realisation (Example, "I have been acting like a jerk in my family life"). One might believe that one have made a mistake. Even if one is the source of a bad reaction, it does not necessarily signal the relationship is in risk. For example, Arjun is silent as Seema invites him to consider the effects of being "out of community." Both of them must strive to regain equilibrium.

According to Horvath and his colleagues, these ups and downs are "natural" variations that if "attended to and resolved, are associated with positive treatment outcomes."

Expect and respond to negative client feedback:

Clients put in a lot of effort in therapy. They frequently lash out at their therapists when they are frustrated. For example, Arjun stops Seema when he is disturbed by the fact that he keeps dreaming about the attack in which his friends were slain "Seema, one know nothing about war, and one will never know anything about it. So quit acting like counselors are someone else." Seema has been empathically responding to Arjun's words, but her empathy is misinterpreted as ignorance. However, because their friendship is strengthening, she does not internalise Arjun's comments. Instead, she makes an effort to learn from them.

2.2.1 How Values are the tools of the trade? :

Values-in-action are more than just mental states. They are tools that help people make better decisions. They encourage helping behaviour that benefits the clients. Consider the following example:

Example 2.1

During a session with a challenging client, a counselor might tell himself or herself something like this:

This client needs to confront her haughty, "I'm always right" mentality. It skews her judgement and taints her connections. It keeps her engrossed in her issues. It is crucial how I give her feedback or, perhaps more importantly, how I encourage her to challenge herself. On the one hand, I don't want to jeopardise our friendship; on the other hand, I appreciate honesty and transparency. I don't want to diminish her, but I owe it to her to help her in seeing herself through the eyes of others. But I must do so in the proper manner and at the appropriate moment. How can I help her in "discovering" this aspect of her personality?

Counselors use values to make decisions about how to proceed. Counselors who do not have a set of working values are at a loss. Those who do not have an explicit set of values have an implicit or "default" set of values that may or may not be helpful. As a result, it is not unnecessary to review the values that guide counselors' actions as a helper.

2.2.2 Determining the essential values of successful helping:

The beliefs, values, and norms that the counselors have adopted will make a difference in their helping conduct in the counselling session. We all learn from tradition, which is a crucial aspect of value formation based on a long legacy of helpful professions. As a result, five major values from the helping professions' tradition-respect, empathy, a proactive appreciation of variety, self-responsibility combined with client empowerment, and a tendency toward action-are translated into a set of norms on the following pages. Client empowerment is a value that emphasises self-responsibility; a bias toward action is an outcome-focused value. Respect is the foundation value; empathy is the value that guides counselors in every interaction with their clients; an appreciation of diversity is a value that opens one up to the world as it is; client empowerment is a value that emphasises self-responsibility; and an appreciation of diversity is a value that opens one up to the world as it is. These values can be used as a jumping off point for thinking about the values that should guide the aiding process.

2.3 KEY VALUES THAT DRIVE THE WORKING ALLIANCE

The principles that saturate and drive a helping relationship are one of the greatest ways to characterise it. The vehicle through which values come to

life is the relationship. Values have a crucial part in the helping process when they are expressed concretely through working-alliance behaviours. However, there are uncertainties linked with views, values, norms, ethics, and morality.

From Argyris, values might be thought of as "mental maps" that dictate how to act in certain situations. People, despite having values (behavioural maps), do not always apply them. Clients (like the rest of us) have both "adopted" values, which are ideals, and "values-in-use," which are behavioural mappings they use to make decisions and direct behaviour on a more or less consistent basis. There is a frequently disconnect between proclaimed values and action on the side of either the counselors or the clients, which adds a layer of uncertainty to the helping process. Furthermore, certain values-in-use have life-limiting rather than life-enhancing consequences.

2.4 RESPECT AS A BASIC VALUE

All helping interventions are built on the foundation of respect for clients. Respect is such a fundamental idea that like so many others, it is difficult to define. The word is derived from a Latin root that means "to see" or "to view." Respect is a certain way of looking at oneself and others. Respect must stay only an attitude or a way of observing others if it is to make a difference. Counselors and their clients should "matter to one another." Carl Rogers recognised the value of respect early on coining the term "positive regard" to describe non-possessive warmth toward and affirmation of the clients. Recent study has linked these activities to positive client results. The relationship between a belief in a person's dignity and the value of respect results in the following rules.

2.4.1 Behaviour showing Disrespect:

Here are some things counselors should avoid doing if they do not want to offend their clients.

Don’t Harm /Mistreat*:*

This is the counselor's/ helpers’ first rule. Some counselors, though, create harm because they are either unprincipled or unskilled. Helping is not a neutral procedure, it can go either way. In a world where child abuse, spousal battering, and worker exploitation are far more widespread than we would like to believe, it is critical to highlight a non-manipulative and non-exploitative approach to client care.

Avoid immediate jumping to Judgement:

Counselors are not there to pass judgement on clients or impose their own values on clients. They are there to help clients in identifying, exploring, reviewing, and challenging the implications of the values they have chosen. Let us see the following example:

Example 2.2

A client says something arrogantly at the first session: "I say whatever I want, whenever I want, when I'm dealing with other people. If others don't like it, that's their issue to solve. Being the person I am, my primary responsibility is to myself."

Counselor A (is irritated by a client's behaviour and comments): You have just pinpointed the source of your issue! With this kind of self-centred philosophy, how can one expect to get along with others?"

Counselor B: So being yourself is a top priority for one, and being completely honest is a part of that.

Here, **Counselor A** jumps to judgement, while the **Counselor B** does neither and simply tries to grasp the client's point of view and expresses their understanding even if Counselor B realizes that the client would benefit from investigating the philosophy's possible unintended consequences.

2.4.2 Behaviour showing Respect:

Following are the types of behaviours that show clients that one respect and care.

Become knowledgeable and dedicated*:*

Whatever model of alliance the counselors use, they should master it. Get to know the problem-solving and opportunity-development frameworks discussed in this book, as well as the abilities required to make them work. The "caring incompetent" have no place in the helping professions. It would be wonderful to state that everyone who completes some kind of helping training programme is not only competent, but that their competence grows over time. Regrettably, this is not the case.

Keep the client's Goals in mind:

Counselors should focus on the needs of their clients rather than their own. Here are three examples of service providers that have lost clients due to a lack of understanding of their agendas. There are cases, where counselors or helpers are likely to lose their clients when or if: i) they are too preoccupied with their theories regarding clients' problems rather than the clients' unpleasant psychological state, ii) they disregard clients' situation as trivial or irrelevant, which may lead to the unfavourable outcome, such as clients' possible suicide attempt, iii) they exhibit the pride about their own culture, religion etc. rather than having a multicultural focus in counselling.

Act /Be Genuine*:*

Make a distinction between the "actual" partnership and the previously mentioned alliance by being sincere. The true relationship, according to

Gelso, is a "personal relationship existing between two or more individuals as evidenced in the degree to which each is genuine with the other, and perceives and experiences the other in ways that are appropriate for the other." That is, the relationship is genuine and not false to the extent that it is empathic. However, there are many kinds of deception. Counselors can appear dishonest if they act as if they appreciate one when they truly do not. Overstressing your professional job is another sort of deception. When counselors are working with their clients, they act as a facilitator, a catalyst, a motivator, a collaborator, and so on. They are not there primarily to represent their profession, to be an expert, to provide solutions, and so on. The success of the clients is their success.

Assume the client's goodwill*:*

Assume that clients wish to improve their living skills, at least until that assumption is disproven. As we will see later, some clients' reluctance and resistance, particularly involuntary clients, is not always indicative of hatred. Respect entails entering a clients' environment to comprehend their apprehensions and a readiness to help them in overcoming them.

Make it evident that counselors are working "for" the clients*:*

The way one interacts with clients reveals a lot about the counselors' attitude about them. Counselors' manner should convey that one are "for" the clients that one care about him or her in a non-sentimental, down-to-earth manner. "Working with one is worth my time and energy", one is saying to the clients. Respect is kind as well as persistent. Taking the clients' side or serving as the clients' advocate are not the same as being for the clients. Taking clients' points of view seriously, even when they need to be questioned, is what "being for" necessitates. Respect frequently demands in helping people in setting goals for themselves. This type of "tough love" does not, however, exclude proper tenderness toward clients.

2.5 APPRECIATING THE ROLE OF CULTURE, PERSONAL CULTURE AND VALUES

Dealing with diversity, particularly the type of diversity known as multiculturalism, with understanding and sensitivity is an aspect of both respect and empathy, and it is linked to client empowerment. Diversity, on the other hand, is given special focus here because of its relevance in and of the current emphasis on diversity in all aspects of society. The most important aspect of the diversity and multiculturalism emphasis is that it emphasises the importance of client considerations as a crucial component of successful therapy. It is not about the many different types of diversity. It has nothing to do with culture. It is all about the clients.

Because culture is the form of variety that attracts the most attention, it is critical to comprehend the meaning of the term. On both the individual and social levels, it is described by Bronfenbrenner as the "biggest and most controlling of the systems." Again, there are many alternative definitions of culture, but counselors require definitions that can be used in

the field. Culture is defined by values, but it is also more than that. Briefly, the wider concept of culture is as follows: Shared ideas and assumptions combine with shared values to create shared norms that guide behaviour patterns. Culture is frequently attributed to societies, institutions, companies, professions, groups, families, and the like, rather than to individuals. Counselors, on the other hand, work with people and small groups of persons, such as families, rather than civilizations. So, if we apply this fundamental cultural framework to a single person. It follows such as:

- People build assumptions and beliefs about themselves, other people, and the environment around them during the course of their lives. For example, Isaiah, a client with posttraumatic stress disorder as a result of gang activity in his area and a horrific attack, has come to believe that the world is a cruel place.

- In addition, values that people value are acquired or instilled along one's life journey. For example, Shirish has come to value or price personal security as a result of the threats he confronts in his neighbourhood.

- Assumptions and beliefs, in combination with values, provide behavioural norms, or the "dos" and "don'ts" that we carry with us. For example, one of these, according to Shirish, is "Don't trust anyone." Counselors are going to get harmed."

- These norms shape internal and external behaviour, and these behaviours are, in a sense, the "bottom line" of personal or individual culture "the way I live my life." For example, for Shirish, this means always being on the defensive when he's among people. It also entails not taking risks with others. He has a tendency to be a loner.

Personal cultures do not emerge in a vacuum since no one is an island. The organisations to which people belong have a big influence on their ideas, values, and conventions. Individuals from every culture can and do personalise the beliefs, values, and customs of the societies in which they live. These beliefs, values, and conventions are tailored differently by people within the same society. Individuals are not clones of one another in terms of culture. Personal cultures of people from the same social culture might be very different. Effectiveness helps gain a thorough understanding of their clients' cultural backgrounds as well as their personal cultures. For example, Shirish has many of his family's, ethnic groups, neighbourhood's, schools, and socioeconomic class's cultural qualities, but he is not a carbon duplicate of any of them. His mix is one of a kind.

Because patterns of behaviour are the "bottom line" of culture, "the way we do things here" is a frequent definition of societal, institutional, and familial culture. "The way I choose to live my life," this term applies to the particular client. Counselors, too, have their own particular cultures as counselors, which is "the way I do helping," despite being impacted by the cultures of the many helping professions. For better or worse, the

counselors' social-personal-professional culture will invariably intersect with the clients.

2.6 COMPETENCIES RELATED TO CLIENTS' DIVERSITY AND CULTURE

Diversity competency refers to the knowledge and skills required to effectively relate to and communicate with people who are significantly different from us. Although cross-cultural competency receives the greatest emphasis, other forms of diversity are equally significant. People have compiled a number of lists defining certain cross-cultural competencies over the years. A large number of handbooks are being written that provide "theoretical basis, practical knowledge, and training methodologies required to acquire intercultural competency." Multicultural counselling competence is "usually conceptualised as including awareness of one's own culture, biases, and values, knowledge about social and cultural influences on individuals; and skills for applying this knowledge in counselling," according to dozens if not hundreds of highly detailed research studies. However, it appears that there is no unanimous consensus on what constitutes the "appropriate" intercultural competencies package. Here are some general recommendations for building a counselling style that values the best aspects of variety, especially multicultural diversity.

2.6.1 Understand and Appreciate the Diversity:

Clients differ from one another in a variety of ways, including abilities, accents, age, attractiveness, colour, developmental stage, disabilities, economic status, education, ethnicity, fitness, gender, group culture, health, national origin, occupation, personal culture, personality variables, politics, problem type, religion, sexual orientation, and social status, to name a few. Hays proposes the "addressing" framework that stands for age, developmental and acquired disabilities, religion, ethnicity, socioeconomic status, sexual orientation, indigenous heritage, and gender to help therapists recognise, understand, and address diversity and multiculturalism in a multidimensional way. Finally, there are hundreds of ways in which we differ from one another. Counselors face a number of difficulties as a result of this. For starters, counselors must have a contextual understanding of clients and their problem situations. For example, the experience of a life-threatening sickness may be entirely different for a 20-year-old than that for an 80-year-old. Homelessness is a complicated issue. A homeless client who has dropped out of graduate school and has a history of drug misuse is not the same as a drifter who despises homeless shelters and rejects all attempts to get him to go to one.

Although it is true that over time counselors can learn a lot about the characteristics of the populations with whom they work-for example, they can and should learn about the various developmental tasks and challenges that occur throughout a person's life span, and if they work with the elderly, they can and should learn about the challenges, needs, problems,

and opportunities that the elderly face; it is impossible to know everything about them.

2.6.2 Identify and challenge any diversity blind spots one may have:

Because help and clients often differ in a variety of ways, it can be difficult to avoid diversity-related blind spots, which can lead to ineffective interactions and interventions during the helping process. For example, a physically appealing and extroverted counselor may be blind to a physically unattractive and introverted client's social flexibility and self-esteem. Such blind spots are addressed in a lot of the literature on diversity and multiculturalism. Counselors might benefit from becoming more conscious of their own cultural beliefs and prejudices. They should also make every attempt to comprehend their clients' worldviews. Counselors who have diversity blind spots are at a disadvantage. Counselors should be aware of the key ways in which they differ from their clients as a matter of course, and take great care to be sensitive to those differences.

2.6.3 Make Your interventions as diverse as possible:

A practical understanding of diversity as well as self-awareness must be turned into effective solutions. A younger counselor's approach of sharing his or her own experiences with a younger client could be fine but may be unsuitable for an older client, and vice versa.

Interventions that require intimate self-disclosure may be deemed inappropriate by such a client in this circumstance. If counselors are middle-class volunteers helping poor clients, they should double-check their ideas about poverty. If counselors are dealing with disabled clients, they should not feel sorry for clients. Instead, they should attempt to see things from clients' point of view, keeping in mind that even within the same social culture, individual or personal cultures differ.

To summarise, counselors should leave all their preconceived notions about groups of people at the door. This homosexual individual may be proud of his or her sexual orientation, while another gay person may be ashamed or guilty. Counselors should consider their clients as unique individuals.

2.6.4 Individualised work:

The diversity principle is straightforward. The better equipped counselors should adapt these broad parameters and the counselling process itself to the individuals with whom they work-African Americans, Caucasians, diabetics, the elderly, drug addicts, the homeless, counselors name it – the more they understand the broad characteristics, needs, and behaviours of the populations with whom they work. Counselors, on the other hand, deal with clients as individuals, while diversity focuses on distinctions between and within groups. "Psychotherapy can never be about praising racial variety because it is not about groups; it is about individuals and their infinite complexity," as Individuals, not cultures, subcultures, or groups, are the clients. Counselors should keep in mind that categorical features

can both instruct and promote understanding. Finally, they should pay attention to the types of diversity and cultural elements that are relevant to this client's needs. Individuals, of course, have group features, but they do not arrive as members of a homogeneous group because there are no such things. This is one of the most important lessons learned in social psychology.

2.6.5 Specific Multicultural Competencies:

A cultural framework established by Cross and his colleagues for help has been adopted by Georgetown University's National Centre for Cultural Competence. Cultural destructiveness, cultural incapacity, cultural blindness, cultural pre-competence, cultural competence, and cultural proficiency are the six stages of the Cultural Competence Continuum. "Acceptance and respect for diversity, ongoing self-assessment, careful attention to the dynamics of difference, constant expansion of knowledge and resources, and modification of services to better meet the needs of various populations" are some of the characteristics of cultural competence. I like how it speaks in terms of diversity rather than the more limited language of culture.

Hansen, Pepitone-Arreola-Rockwell, and Greene developed and illustrated a list of intercultural competencies. This is one of dozens of perspectives on cultural competence that were selected at random. The terminology can separated what the writers grouped, grouped what the authors separated, brought concepts from many authors, added my own thoughts, and thus introduced bias. One possible bias is that diversity, particularly as expressed in personal culture, is the main notion, and that culture, while significant, is only one of many key diversity components. As a helper, counselors must consider each client's own culture. Here are some guidelines while dealing with clients from different culture:

- Be conscious of your own personal culture, including your cultural heritage, and how one could appear to individuals who are culturally and in a variety of other ways different from one.
- Be mindful of any personal-cultural biases one may have toward people and groups who are not from your own culture.
- Be mindful of the ways in which one is similar to and different from any given individual. Both can help or hinder the task of helping others.
- Learn about the values, beliefs, and worldviews of the people and groups with whom one work.
- Learn how many types of variety, both ethnic and otherwise, contribute to the dynamic makeup of each client.
- Be aware of how socio-political factors including poverty, oppression, stereotyping, stigmatisation, discrimination, prejudice, and marginalisation have impacted the groups and individuals with whom

one work, regardless of their culture. One of the many targets of such abuse is culture. These unpleasant behaviours can be directed at people of all ages, education levels, and disabilities.

- Recognize that traditional Western psychology theory, methods of research, diagnostic categories, assessment processes, and professional practices may not be appropriate for other cultures or may require adaptation. Be aware that due to within-cultural variability and other diversity issues outside of culture, some of these criteria may not even match people from Western cultures well.

- Learn the fundamentals of family structure and gender roles in the organisations with which one collaborate. Keep in mind that within any particular culture, there might be significant variances. Culture may not always imply uniformity.

- Develop an awareness of how people from various cultures perceive and deal with sickness, especially mental illness, as well as their attitudes toward seeking treatment. Also keep in mind that due to their personal cultures, persons from the same culture can have vastly different perspectives on this.

- Establish a culturally sensitive interaction with clients and show empathy to them. Extend this attention to all clients' personal cultures. Be especially wary of thinking that everyone in one's own society is the same. Individuals, not cultures or other types of diversity, are the ones with whom one is creating rapport and showing empathy.

- Recognize and accept the cultural and personal-culture variances in interaction styles and language differences between oneself and one's clients, including nonverbal communication. It is important to remember that people from the same culture communicate and engage in a variety of ways.

- Recognize which difficulties are culturally particular and which are more relevant to the universal human experience as clients recount their tales. If a one person is having issues with his parents, remember that this is a nearly universal situation. Parents are not without faults. On the other hand, because parent-child relationships vary so considerably among cultures, the problem's specific shades are frequently culturally conditioned. Within-culture differences, on the other hand, can play a significant effect.

- Create non-biased therapy interventions and plans for clients that take into account important cultural and personal-culture factors.

- When it is suitable, start a conversation about one's differences from one's clients. Keep in mind that culture is just one of many distinctions. Finally, your interactions with clients are a matter of personal culture versus personal culture.

- Examine your own cross-cultural and personal-culture competency, and work to improve in all of the areas mentioned.

To put it another way, work with one's clients as they are, but do not apologise for who one are. Maintain a straightforward approach. When we add together all of the cultural competency principles discovered in the psychology literature.

Everyone is a member of numerous groups, nation, area, gender, religion, age cohort, and occupation, to mention a few each of which has a distinct cultural influence that may be complimentary, conflicting, or congruent with the others. Each person interprets each impact and determines if and how personal beliefs should respond to each of these forces. As a result, each person is a unique blend of various influences. Individual beliefs are products of individuals' minds, while culture helps to regulate communal life. Because of this complication, inferring a person's cultural orientation from information about any group to which he or she is thought to belong is never a safe bet.

2.7 PROMOTING SELF-RESPONSIBILITY BY HELPING CLIENTS DEVELOP AND USE SELF-EFFICACY

Effective counselors help clients in discovering, developing, and utilising their own latent potential. Here are:

Begin with the assumption that clients can change their minds if they so desire:

Clients have more resources than they and sometimes their counselors think for dealing with issues in daily life and discovering opportunities. The basic attitude of the counselors should be that clients have the resources to participate cooperatively in the helping process and to better manage their lives. These resources could be blocked in a number of ways, or they could just be unused. The role of the counselors is to help clients in identifying, releasing, and cultivating these resources. The counselors also help clients in properly assessing their resources, so that their ambitions do not outpace their abilities.

Clients should not be thought of as helpless victims:

Even if they have been mistreated by institutions or persons. In today's society, the victimhood party is already expanding at an alarming rate. Counselors should work with the freedom that is left, even if victimising circumstances have reduced a clients' degree of freedom (for example, the abused spouse's incapacity to leave a lethal relationship).

Don't be deceived by outward looks:

For example, in a meeting with his colleagues, one counselor trainer dismissed a reserved, self-deprecating trainee with the words, "She is not going to make it. She appears to be more of a client than a trainee."

Fortunately, his co-workers did not make the same mistake. The woman went on to become one of the finest students in the programme. She was accepted as an intern at a famous mental-health institution, and following graduation, she was hired by the centre.

Clients should be informed about the process of helping them:

Both implicit and explicit contracts control transactions between people in a variety of contexts, including marriage (in which some but not all of the contract's terms are explicit) and friendship (in which some but not all of the contract's provisions are explicit) (in which the provisions are usually implicit). If aiding is to be a collaborative effort, both parties must be aware of their respective roles. Perhaps "working charter" is a better team than "contract." It avoids the legal ramifications of the latter phrase while also implying a collaborative effort.

Encourage clients to think of counselling sessions as work sessions:

Helping entails facilitating positive transformation for the clients. As a result, therapy sessions focus on investigating the need for change, determining the type of change required, developing constructive change programmes, participating in change "pilot projects," and overcoming obstacles to change. This is basic and straightforward labour. The search for and execution of answers can be exhausting, even painful, but it can also be tremendously fulfilling, even thrilling. One of the most difficult problems for counselors is helping clients establish the "work ethic" that makes them partners in the helping process. Some counselors will even postpone meetings until the clients are "ready to work." Of course, helping clients in discovering motivation to work is less impressive and difficult.

Become a client coach or consultant:

Counselors can think of themselves as coaches or "expert advisors" hired by clients (or third parties) to help them in dealing with challenges in their daily lives. In the corporate environment, coaches and consultants play a number of functions. They listen, observe, gather data, record observations, teach, train, encourage, challenge, advice, and even become champions for specific positions. However, individuals that engage the consultant are still responsible for running the company. As a result, even though some of the tasks of the coaches or consultants may appear to be difficult, managers are still in charge of making judgments. Coaching and consulting, then, are social-influence practices that are collaborative rather than robbing managers of their responsibilities. It is a good analogy to helping in this case.

Accept that helping is a natural and two-way process:

Helping is a two-way street in which clients and therapists both change as a result of their interactions. Even a quick examination of helping demonstrates that clients have a variety of effects on those who help them.

Focus on learning rather than helping:

While many people consider helping to be a form of education, it is more accurately described as a form of learning. Counselling that is effective aids clients in getting back on track with their studies. Learning, unlearning, and relearning take place during both the helping sessions and the period between them.

Clients should not be viewed as unduly vulnerable:

Clients' best interests are served neither by pampering nor by abusing them. Many clients, on the other hand, are not as delicate as their caregivers portray them to be. Counselors who continuously regard their clients as vulnerable may be acting in self-defence. According to Driscol, too many helps shy away from doing much more than listening early in the helping process. The fear of criticizing the therapists, understanding the therapists' frame of reference, satisfying the therapists' perceived expectations, and displaying indebtedness to the therapists that many clients display early in the helping process can send the wrong message to counselors. Initially, clients may be concerned about making an irreparable mistake. This is not to say they are delicate. One should use reasonable caution, but one may quickly become overly cautious. According to Driscoll, counselors should interfere more initially by properly challenging clients' thinking and behaviour and getting them to begin to describe what they want and are prepared to work towards.

2.8 SUMMARY

The field of Counselling is almost synonymous to helping – the relationship between the counselors and the counselees is called a helping relationship for the same reason. Apart from the end goal of counselling, to help the clients for future crisis situation it is extremely important for the two to have mutual respect and value the relationship, while gaining more understanding of each other from their personal values traits and also cultures as all these factors contribute in the trust building and creating a smooth rapport between the two, which only strengthen the relationship.

It is also of utmost importance to focus on the needs of clients as we work through the process which is why the counselling process is popularly called as a working alliance, so the counselors must focus on: i) keeping track of the clients' changing demands and desires, ii) concentrating on the available resources, iii) not being shocked if different people have different perspectives on the relationship, iv) not being surprised if their relationship with the clients has ups and downs, and v) expecting and responding to negative client feedback.

To value and respect the relationship, counselors must invest in understanding the core values as well as the focus on behaviours that are considered as unhealthy for the relationship and should be avoided. They should not harm or mistreat the clients. Also, they should avoid immediate jumping to Judgement.

While keeping up with the behaviours that are healthy, counselors should i) become knowledgeable and dedicated, ii) keep the clients' goals in mind, iii) act/ be genuine, iv) assume the clients' goodwill, v) make it evident that they are working "for" the clients.

Even though the counselors must help the clients at every stage, it becomes incredibly important that the clients do not develop any dependency. The counselors must attempt to make the clients aware about their responsibility and promote self- efficacy.

2.9 QUESTIONS

1. How to develop a working alliance?
2. Explain the counselor competancies.
3. How do the counselors develop and promote self - efficacy among the clients?
4. Explain the behaviours showing respect and disrespect.

2.10 REFERENCE

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3

PSYCHOANALYTIC, ADLERIAN, HUMANISTIC, BEHAVIORAL AND COGNITIVE THEORIES OF COUNSELLING - I

Unit Structure

3.0 OBJECTIVE

- To learn and understand various theories and its features
- To learn and understand about the founder of each theory
- To learn and understand the goals, strengths and limitations

3.1 PSYCHOANALYTIC THEORIES

Psychoanalytic theory is an important and classic approach to understanding personality; developed by Sigmund Freud.

Founder:

Sigmund Freud (1856- 1939) who is considered as the founder of psychoanalysis, was an Austrian neurologist. It is believed that Freud's family, especially his father, was a key factor in the development of his theory. He himself faced various psychosomatic disorders and fears that resulted in the development of his theory and also contributed in understanding the development of personality dynamics.

View of human nature:

According to Freud, behaviour is shaped by unconscious motives, drives etc. which develop through the psychosexual stages in the early childhood years. The term Instinct is important to the Freudian theory, which he called as "Libido" meaning sexual energy. Later he used the terms life

Instinct, Freud suggested that the goal of life is to pain pleasure and decrease the amount of pain. Life instincts as described by Freud are the basic needs for the survival of human beings that are aimed towards growth, hence we can say that libido is a source of motivation that revolves around sexual energy and according to Freud; pleasure is a part of life instincts. Freud also mentioned death instincts, which can be described as an unconscious thought to die. Death instincts are based on aggression, and according to Freud sexual energy as well as aggression helps determine people's behaviour or simply put it can answer "why do people behave in a certain way."

Structure of personality: In Freud's view, Individual behaviour consists of three personality components which are Id, Ego and Superego.

a) Id:

Based on pleasure principals, Id is present from birth and is based on unconscious, Id can be viewed as impulses especially sexual urges and aggression which have a constant need to be gratified but since an individual must behave adhering to the norms set by our society, it is difficult to respond to the immediate gratification of those impulses. Since Id aims to avoid pain and gain pleasure it is not rational or logical hence an individual would only feel the urge to satisfy the instinctual need.

b) Ego:

Since Id is like a spoiled child who only focuses on its desire without any logic, Ego does the job of regulating or controlling the demands of the Id. Based on the reality principle, Ego is like a manger that satisfies the demands of the Id but in a way that is also appropriate to the norms of the society which is why Ego is considered as logical and rational.

c) Superego:

The superego is governed by the morality principle, which includes the values and traditions etc. of an individual. The superego takes into account if certain behaviours are right or wrong. These morals are generally adopted from elders and teachers; the superego can make us feel guilty if we fail to behave in ways appropriate to the superego. Imagine yourself in a situation where you have lied to your parents and felt bad about it since you were always taught to be honest; it is your superego that made you feel that way. To avoid superego being tough on you, ego acts as a bridge between the Id and superego.

Psychosexual stages: The ideas and views of Sigmund Freud were certainly revolutionary but also controversial especially during the 19th century, the psychosexual stages for example which focuses on the childhood experiences and how do children mature sexually.

a) Oral stage (Birth to 1yr):

This is the first stage which begins at the birth and the focus is on the mouth, as the child is getting his/her feeding and or sucking from the

mother's breast and the centre point is the mouth of the child giving nutrition. If the child is deprived of this oral gratification as an infant this may lead to oral fixation later. As a result, the individual as an adult may become involved in behaviours such as alcohol consumption, smoking etc. Difficulty in trusting other people, the fear to love someone or being in a relationship can also be some of the personality deficits an individual might face.

b) Anal stage (1 to 3 years):

In the second stage, the anal zone plays a significant role. In this phase, the child is learning the expectations of the parents. The ego settles taking the place of the Id, but still conflict can result between the expectations and the impulses of the child. For example conflict can arise when a child wants to withhold but the same time wishes to fulfill the expectations of the parent, this is often seen during another important stage of "toilet training" the habits to which can be taught well using the rewards and punishment method by the parent. One thing to note is that parental discipline at this stage can significantly affect the growth during adulthood.

c) Phallic stage (3 to 6 years):

At this stage, the child's attention is towards the genitals and according to the psychodynamic theory the phallic stage can be divided for both male and females. The male phallic stage is called the Oedipus complex where boys get attracted to their mothers while feeling envy about their fathers. A Greek tragedy called Oedipus Rex; in which Oedipus kills his father to marry his mother, had an impact on Freud. The female phallic stage is known as the Electra complex where girls seek for their father's affection, naturally they feel jealous of their mothers and experience something called "penis envy" in which girls feel deprived and jealous as they do not have a penis which they feel is because of the mother. These drives of the child are unconscious and depending on how the parents counter them, can shape the sexual development that is their feelings etc. as an adult.

d) Latency period (6 to 12 years):

The stage is focused on building social skills, intellectual capabilities focusing on schooling, games etc. Here the sexual drives or impulses are replaced by other social activities also building relationships especially with the same gender is focused.

e) Genital stage (12 years to 18 years/ Adulthood):

The onset of the stage begins with changes in the hormones, beginning of puberty in girls; during this stage adolescents start understanding their physicality and the sexual impulse is alternated by building more mature relationships, based on love and affection towards the opposite gender.

Defense mechanism: Ego defense mechanisms are like coping mechanisms that help individuals face the harsh realities. Defense

mechanisms are at an unconscious level and one must not live depending completely on them while not accepting the real scenario of life. Let us look at each defense mechanism one by one.

i) Denial:

When individuals are faced with harsh reality for example, having been diagnosed with a serious illness the person may deny the fact. Denial can help us lower the anxiety as we do not accept the real problem but having said that, not facing or dealing with real problems can eventually increase the intensity of the existing problem. Also not accepting the unpleasant realities does not stop them from coming.

ii) Reaction formation:

This defense mechanism is characterized as behaving in opposite to what you actually feel, say for example you dislike a person but tend behave in a very nice way in front of them hence it is called as reaction formation. So, if an individual is talking about disliking the habit of being late to work there is a possibility that they themselves might be finding it difficult to be punctual.

iii) Regression:

Try to recall a situation where you behaved like a child just to get that added attention especially when facing an illness or during some medical treatment, that is when you probably used one defense mechanism. Regression is basically to revert to an earlier stage of your development; childhood for example. It might help you get additional care and concern from your caregivers or medical supervisors but if you start applying the same behaviour in places where you must take accountability of your actions, it can backfire.

iv) Displacement:

Individuals often experience anger or dislike for the authority figures in their life, but naturally it is difficult to express your true feelings to them which is when people choose to express their real feelings to someone junior or less threatening. Let us see an example. Rakesh is angry at his manager as he did not allow him any freedom in the project assigned to him which resulted in less innovation and can affect his appraisal in coming months. Rakesh ends up being rude and does not cooperate with his interns on an existing project. This is displacement, when you express your impulses to someone who is less threatening or not an authority.

v) Repression:

Repression is the basic defense mechanism among all. When individuals forget or try to throw away memories of pain, trauma from their conscious is known as repression. In simple terms to repress anything, that is painful, and not having it in our conscious thought. For example, a woman reading newspaper about a girl child abuse case, might simply take it as any other news while not realizing that she herself has gone through some amount of

child abuse as she does not have those memories present in her conscious thought. The only issue is repressed memories and thoughts are always present in our unconscious mind and may turn up as we dream, or face anxiety/ stress.

vi) Projection:

As the name goes, projection is a defense mechanism where an individual projects their impulses, often the ones that are unacceptable towards the other person. Take hypocrisy for example; a man who accepts some form of bribe is also lecturing his subordinates to work honestly since he does not like being corrupt or dishonest.

vii) Rationalization:

Rationalization is a defense mechanism where one uses a rational thought to justify their disappointments. A person when not selected for a job might explain it by saying that they did not like the culture of the firm and even if selected would have not joined the firm.

viii) Sublimation:

It refers to diverting sexual or aggressive energy into other channels. Using this defense mechanism, energy is usually diverted into socially acceptable and sometimes even admirable channels. For example, such aggressive impulses can be channeled into athletic activities to enable person to find a way of expressing aggressive feelings and getting praised for athletic activities as like an added bonus.

ix) Introjection:

Introjection refers to taking in and "swallowing" the values and standards of others. Its positive forms include incorporation of parental values or the attributes and values of the therapists. A negative example of introjection is the concentration camps where some of the prisoners dealt with overwhelming anxiety by accepting the values of enemy through identification with the aggressor.

x) Identification:

It is identifying with successful causes, organizations, or people in the hope that the person will be perceived as worthwhile. Identification can thus enhance self-worth and protect one from a sense of being a failure. Gender-roles behaviours learned by children as a part of developmental process is an example of introjection. On the other hand, introjection also can be a defensive reaction when used by people who feel basically inferior.

xi) Compensation:

This last defense mechanism refers to masking perceived weaknesses or developing certain positive traits to make up for limitations. It can have direct adjustive value, and it can also be an attempt by the persons to make

other people to see their accomplishments rather than looking at ways they are or could be inferior.

Role of Counselor:

Let us understand the role of counselors and also the various techniques that are applied with the clients. Counselors who practice Freudian psychoanalysis and its techniques have two major goals, e.g., to help the clients understand and accept the reality which is the role of ego which means the behaviour must be based on reality and not irrational thoughts. Secondly, to discuss and interpret the childhood experiences or unconscious material as Freud would call them, so the clients can work on solving the problems instead of simply putting them in the unconscious mind and also to learn new behaviours. The counselors, generally asks the clients to lie on the couch to get insights that is to get a deeper understanding of their earlier experiences especially the childhood ones. The counselors assist the clients by making them aware about their unconscious experiences or memories and also to face it, resolve it.

Goals and Techniques:

The goals vary for each client but in most cases the focus remain on helping the clients come out of the unconscious and to be aware of the current reality. Many clients find it difficult to adjust with the changes, which is due to the conflicts that may not have been faced or dealt with in the early developmental stages. To detangle those and to alter the behaviour is also one of the goals. Apart from this, the psychoanalytic approach helps clients to deal with the requirements of the clients' environment especially in social or work environments. To achieve these goals the counselors use many techniques, we will see each of them separately but the counselor applies them often together or by interchanging few of them.

Strengths and limitations:

This approach focuses on childhood memories, especially the childhood sexuality and also it emphasizes on the role of unconscious. The contribution made by Freud with his view has resulted in huge amount of research. The theory has also proven to be the base of many psychometric tools such as the Rorschach inkblot test. Still the approach has a few limits, such as being time consuming which also adds to its expensive nature. This approach largely remains in the field of psychiatry and counselors and psychologists will find it difficult to gain training for the same. The theory opts for terminologies that could be difficult for any to understand structure of personality for example.

3.2 ADLERIAN THEORY

The psychoanalytic theory by Freud, as we know, has been the foundation for many other theories coming from some of the followers of Freud who wanted to be associated with him but did not agree on all the areas of his theories. The Adlerian approach is also called Adler's individual

psychology that focuses on the belongingness a person feels from his community and also the fact that our emotions, behaviours etc. can be understood from our experiences.

Founder:

Alfred Adler (1870- 1937) was a medical professional, practiced in the area of ophthalmology until the early 19th century when he became a member of Freud's circle. But it was not too far when he started to question some aspects of Freud's theory and eventually left the Vienna psychoanalytic society; he established a society for individual psychology in the year 1912. Adler did not agree to the Freudian theory which focused on the sexual and unconscious drives; he rather believed that an individual's surroundings for example, family or social factors contributed as to how an individual behaved.

View of human nature:

The Adlerian view takes into consideration how individuals feel connected with their community or society and the fact that humans want to contribute to the overall wellness of the social community they are a part of. The concept of "Social Interest" for example, revolves around the fact that individuals do take interest in others and wish to be more involved which Adler specifies from his studies across groups and families especially those living with extended ones. Here, we can notice the difference from the classical Freudian approach that according to Adler individual feelings and behaviour are far more than just the unconscious impulses.

Another important concept of Adler's theory which he termed as "striving for perfection" describes how individuals wish to become the best of themselves and are always seeking to be successful, but according to Adler most individuals feel they are inferior compared to others but this feeling is limited for a short time in most cases, but if it develops as a tendency it might turn into something he called as inferiority complex.

A child, for example, if experiences the limitations growing up in terms of psychological or physical growth, he or she develops the feeling that he or she is less in some ways to others. On the other hand, to compensate for these inferior feelings some people develop another concept given by Adler called "superiority complex". Close to Freudian defense mechanisms, superiority complexes can be used by individuals to cope against the feelings where people think they are inferior.

Another area of importance in Adlerian theory is the concept of birth order, for example firstborns or middle-borns or only children that are single children. Now that we understand that Adlerian theory emphasizes social interactions especially during the early years that shape our understanding of self as well as our problems. The birth order itself does not have an impact; it is the experience that comes from birth order matters. Let us see an example, if there are two children with an age gap of five years the firstborn has different interaction and understanding of

the family especially those five years when he or she was the only child. Similarly, the experience and shaping as the second born and youngest of the family would be different.

How one interprets himself or herself and the position in the family shapes the adulthood of the individual, that is, how will this person deal or interact with others as an adult. Another concept of Adlerian theory is called the "lifestyle" which Adler described as the way of living an individual establishes. Inferiority or superiority are some techniques that can help build style of life, for example, a child who might use superiority in the form of being unwell, which gives him or her attention and also a way to get things done their way from others. The atmosphere of the family as described by Adler plays an important role in formation of the style of life, as a positive atmosphere would harbour the growth of positive ways of dealing or way and vice versa with a negative environment.

Lastly, Adlerian theory talks about the "life tasks" three to be precise, firstly the one that deals with building relationships with others, which he called as "social task". Secondly, to establish and understanding sexuality or intimacy "love task" and lastly the "occupational tasks" which deals with contributing to our society.

Role of counselor:

Counselors or therapists who follow the school of Alfred Adler give attention towards the mistakes or incorrect assumptions the clients might have about their surroundings or themselves, and encourage them to identify and eventually correct those mistakes. For example, a client who is unhappy because he feels unsatisfied with his work growth could be a result of unrealistic goals which must be corrected in order to be satisfied. Another important task a counselor must focus on is the collection of client information, starting from family, siblings and the overall life view. After interpreting the information of the clients, the counselors get a better understanding of the issues faced by clients, also the problem areas and the aspects that are well handled or performed better.

The therapists generally use a method for assessments which is known as "Early recollection", something like life stories at a particular time or period. The important thing about Early recollections is that they are recollection of the clients' specific incidents that took place along with the feelings the clients had in the early years once again these recalls help understand the problems as well as the strengths of the individuals; this entire process is a part of something termed as "lifestyle assessment".

The Adlerian counselors believe in having an equal relationship with the clients, it is almost like two equals who are cooperating and moving towards a well-thought goal. The counselors not only help the clients in identifying the gaps, but also the ultimate life goal to the clients in a way to help them achieve the best of themselves.

Goals:

As of now, we understand that the utmost goal of Adlerian theory/ therapy is to help individuals live a healthy life with conscious thought about themselves and others which would even include the surrounding environment. Apart from that, to help individuals overcome the faulty style of life is also another goal, meaning a person should not live with unrealistic goals, incorrect understanding of self and others or even being inferior or superior to anyone. Also, as a basic principle of counselling, Adlerian approaches goals to play the role of an interpreter but eventually the client is the person in charge.

Techniques:

The Adlerian counselors play supportive, collaborative roles; they build an egalitarian relationship with the clients. Counselling in this approach is like equal goal setting and achieving. Apart from these, there are various techniques that are prominent is Adlerian theory,

a) **Encouragements**: The counselors' optimistic vibe can make a world of a difference, especially with those clients who have faced negative views about themselves or are generally low in confidence.

b) **Acting "as ifs":** It is an original work by Hans Vaihinger from whom Adler took the concept of making the clients feel themselves exactly as they dream of being in reality.

c) **Spitting in the client's soup :** A way of pointing out or exposing some sort of behaviour of the clients, which they may choose to repeat but naturally without any reward.

d) **Catching oneself :** Instead of the counselors, it is the job of the clients to be aware and catch harmful behaviours, feelings etc.

e) **Task setting:** Setting short term and later on long term goals which when achieved with restructured behaviour ends the therapy.

f) **Push button:** A learnt choice by the clients to focus or give importance to any selected subject or object, hence push button.

Strength:

There is a wide population that can benefit from this approach, for example those having issues with relationships, or even people who are addicts.

The approach is best suited for groups, group learning as seen from his extensive group work, specifically with children. The practitioner who follows this approach has a more positive perspective towards life in general which is helpful and clients do find encouragement from it. As discussed earlier, the approach is applicable to various groups of the society that would include children, older adults and even families.

The approach can be a guide for treatments to various disorders. Adlerian theory is broad in nature, and we can allow factors such age, culture,

sexual orientations and many others to be discussed and if problems are identified they can be resolved. The approach allows the clients to resolve the issues with the help of therapy that suits the clients' cultural as well as their understanding of the world in general, it does not limit the clients to pre decided notions or rules.

Limitations:

Firstly, even though the theory has huge applicability somehow it lacks in terms of research backup. Many believe that the approach only revolves around positive factors in life and less attention has been drawn to other factors especially the unconscious thought. The theory is much based on intellect and logic if we may say so and is limited for people who are not much insightful.

Due to family culture or the personal view of the clients themselves can be an obstacle as those clients may not be willing to share personal and family details which are rather important in Adlerian therapy. Some aspects of the theory may be irrelevant for people coming from nuclear families or for that matter extended joint family backgrounds.

3.3 HUMANISTIC THEORIES

Humanistic perspective focuses on the individuals and the inherent drives of the person to go beyond the individual's potential. They got attention somewhere in the mid 20's while classical approaches like psychoanalytic and behaviourism were prominent, the major difference would include the fact that humanistic approach is more based on the individuals' inherent potentials and not on the biological side. We will look at different approaches covered under the Humanistic theories – Person-centred, Existential, and Gestalt theory.

3.3.1 Person-Centred Theory

Founder:

Carl Ransom Rogers (1902- 1987) was a very bright child and had interests across many fields, he started pursuing his studies in areas like agriculture, history and even Religion. While at the University of Colombia, he took a short course on psychology which gave him further insights due to which he chose to continue his doctoral studies in clinical psychology. He developed his approach, initially naming it as "non-directive therapy", since the therapist is like a facilitator who does not direct the sessions, which is why later on it was termed as person-centred counselling.

View of human nature:

If one is able to get to the core of an individual, one finds a trustworthy, positive centre (C. Rogers, 1987a). The person-centred approach, as said by Rogers, revolves around the fact that a client must be trusted upon his capabilities in terms of moving forward. As it goes with the humanistic

approach, Rogers too believed that people must be trusted, they are able to understand and direct themselves and most importantly people are able to bring a change in order to live a healthy life. Hence according to Rogers, the therapists must be understanding while not judging the client, be like a support system that cares, but is honest in telling the reality. All of it together the clients will be successful in bringing the change needed.

According to Rogers, the therapists must be able to express some attributes in order to help the person being counselled: a) Congruence, that is to remain real b) Unconditional positive regard, that is, with love, respect and importantly acceptance the clients can develop self-worth. c) Accurate empathetic understanding is to understand to gauge the true feelings and emotions of the clients.

Another important concept in humanistic theory is the Ideal self - what an individual seeks to be in life and Real self- what the person is at present in reality, if the ideal and real self are far from each other the person reaches a conflicting situation or is seen as maladjusted.

Role of the counselor:

The counselors and clients must have an equal relationship. The therapists must have positive regard for the clients, showing them respect, care and be accepting. The humanistic approach is something even called a "shared journey" where both the therapists and clients grow their knowledge and understanding of self. The counselors must be genuine in expressing their feelings, thoughts, and insights to the clients during the therapy sessions.

Goals / Techniques:

Rogers (1977) emphasizes that people need to be assisted in learning how to cope with situations. As a goal of humanistic approach, the person must be able to deal with day-to-day issues without any assistance functioning in a healthy manner. Another goal is to make the client self-reliant and to trust their feelings and perceptions, when a person believes in themselves; decision making of the individual also improves.

In terms of Techniques, Rogers (1957) believed there are three necessary and sufficient (i.e., core) conditions of counselling, Congruence, empathy and unconditional positive regard. There are no such techniques applied in the humanistic approach as the quality of relationship, the personal insights and growth are more emphasized.

Strengths:

The approach is highly suitable for individuals who are faced with stress, anxiety, guilt etc. A client regains or is able to find self-esteem with the help of person centred therapy. The fact that Rogers chose to call a person or client and not patient, as he did not believe a person to be ill and seeking therapy for cure. Instead, he fostered the feelings of growth or seeking assistance during a challenging situation. Roger's person-centred counselling led to a great deal of research and studies.

Limitations:

The theory is quite optimistic in nature and could be of less help to those who require constant guiding. The approach certainly is limited for those who are psychologically dependent or less insightful and also for children. The fact that this approach does not consider inner drives or the unconscious thought, has gained some amount of critics

3.3.2 Existential approach:

Existential perspective is neither a school of therapy nor a model, on the contrary it tries to question the nature of humans and the issues faced, it is more like an attitude. One may call it a philosophical approach taken by the therapists.

Founder:

Rollo May and Viktor Frankl are considered the most impactful theorists when it comes to existential approach. May has studied enormously about anxiety and his own life experiences, while Frankl discusses the "meaning of life" prominently during the period when he was in Nazi camps during the Second World War.

View of human nature:

The existential view gives importance to the autonomy of individuals and emphasis on the fact that people have to make choices in life, no matter what the situation is. The approach simply states that an individual is solely responsible for the decisions they make, for example in a threatening situation it is the person involved who decides whether to fight or give up. According to Frankl (1962), the "meaning of life always changes but it never ceases to be" (p. 113). Logotherapy given by Frankl, states meaning exists at three levels

- The ultimate meaning, that implies to entire universe
- Meaning of the movement, something that in present
- Common or day to day meaning.

A person can identify these meanings of life in various situations, when we reach a goal, accomplish something by experiencing something subjective like finding love or simply when we experience discomfort and go through a difficult time.

Role of the counselor:

There are no set ways of how the existential therapists would work with the clients, the focus is on building a close relationship which can be comfortable, open and real enough to easily share the details of life experiences and also to bring a deep, sensitive personal communication between the counselors and the clients. However, some common things include helping the clients to experience emotions, to live in the present in a constructive way and not dwelling in the past.

Goals / Techniques:

Helping clients find meaning, autonomy and their capabilities, "The aim of therapy is that the patient experiences his existence as real" (May, Angel, and Ellenberger, 1958, p. 85). As far as techniques are concerned, existentialism does not involve any particular technique or therapeutic process. The therapists might use any form of counselling skills or even apply a technique from another school of thought. The use of techniques or manipulation is not encouraged instead the counselors may simply confront the clients to their feelings.

Strengths:

The approach encourages every client and their idea of life. The fact that this approach teaches that anxiety can be positive and motivate individuals to go beyond limits. The approach is effective in multicultural counselling situations because its global view of human existence allows counselors to focus on the person of the clients in an "I-Thou" manner without regard to ethnic or social background (Epp, 1998; Jackson, 1987). Existential approach touches the universal issues faced by people and hence has wide applicability

Limitations:

There is no model of or structure to the existential counselling. It lacks the methodology most other approaches have and lastly most clients look for a structured and well-formed, practical resolution to their issues and existential perspective merely looks and sounds like a philosophical thought than solution.

3.3.3 Gestalt Theory:

The term gestalt means whole figure, and the gestalt approach views people as whole or complete and not as parts of different aspects, factors etc.

- Founder: Frederick (Fritz) Perls (1893–1970) is the developer of the psychotherapeutic approach. Apart from him, Fritz's wife Laura Perls, Paul Goodman, Joen Fegan and many others are also associated with development and further growth of the model.

- View of nature: The gestalt approach views people from a point of existential philosophy, the approach not only helps individuals achieve self-awareness but is also in connecting with the surroundings of the world whether internal or external. The "here and now" is the philosophy behind the therapy, that is, everything is right here around us and is also in now and not in the past. According to the gestalt view, persons must explore themselves through their own experiences and what we eventually analyze or what their view of life is; that is important.

The gestalt approach tries to resolve the issues such as the "unfinished business" as it is termed, which is the inability of individuals to let

feelings or thoughts disrupt the present functioning of life. Therefore, individuals may be suffering from various problems like unfinished business, not being aware of our environment, and most importantly to feel a gap between what we feel we must do (top dog) and things we actually want to do (underdog) and lastly the issues a person deals, with regard to the dichotomies of our life.

- **Role of the counselor:** A gestalt counselor is believed to be very energetic and curious and must provide a personal environment for the clients to explore more about themselves with the help of the therapists. Since there are various techniques used in gestalt therapy the therapist must give a prior idea about those and there must be a very trusting relationship between both the clients and counselors.

- **Goals / Techniques:** Perls (1969) developed a formula that expresses the word's essence: "Now = experience = awareness = reality". The past is no more and the future is not yet. Only the now exists" (Gladding, p. 168) focusing on "here and now" is a major goal along with the understanding of the verbal and nonverbal expressions, overall to help the clients solve the issues of the past.

Techniques such as psychodrama, role playing are part of the gestalt therapy, which induces response from the clients. Then there are exercise oriented techniques, dream work, for example, where the clients are asked to feel like they are a part of it. Another technique is the one where the clients would have an "Empty Chair" in front of them and they would speak to it as if they are talking to a part of themselves, this helps understand the rational and irrational thoughts of the clients.

Apart from these, confrontations is an exercise that is used with clients by asking "What" and "How" questions. With group techniques like - Making the rounds (expressing themselves to all members), I take responsibility (taking responsibility for the behaviour or perceptions), Exaggeration (Drawing attention towards their behaviour), May I feed you a sentence? (Counselor makes the client say a sentence which will induce clear thoughts)

Strength:

People who suffer from psychosomatic problems can be benefited from gestalt approach. People can get more insights about their emotions and self-explore themselves a lot from this approach. The therapy is applicable to families or even for marital issues also with young people. The approach is very versatile as it can be helpful to many different groups and for various problems.

Limitations:

The gestalt theory mainly lacks in theoretical background along with avoiding any kind of diagnosis. The approach also uses certain techniques that too by less trained counselors which may not be very helpful to the

clients. Another limitation of the approach is the fact that the client's feelings are focused quite a bit.

3.4 SUMMARY

This unit covers the theoretical background of the therapies that are applied in counselling. Each theory is mentioned in such a way that it covers the nature of the theory and its relevance with the therapeutic application. The theories mentioned above also explain how a counselor can and does apply them in a real life setting, that is, how one can implement the learning of the theory in practicality.

Apart from theories, the techniques used in each theory are explained along with the objectives and eventual goals that are achieved with practical application of the theory via therapies.

The unit focuses on three counselling approaches: Psychoanalytic, Adlerian, and humanistic views. Even though each theory has its unique feature and way of analyzing and solving the issues faced by individuals seeking counselling, the core of these theories remain the same as each view focuses on some aspect of personality. Thus overall, the unit offers a systematic overview about each counselling theory in terms of founders of the theory, view of nature, role of the counselor, goals/ Techniques of therapy, strengths/ limitations.

3.5 QUESTIONS

1. Explain the psychosexual stages of the psychoanalytic theory.
2. Describe in detail the defense mechanism from the psychoanalytic approach.
3. What are the various techniques used in the Aldreian theory?
4. Explain the goals of humanistic theory.
5. Describe the strengths and limitation of the Gestalt theory.

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4

PSYCHOANALYTIC, ADLERIAN, HUMANISTIC, BEHAVIORAL AND COGNITIVE THEORIES OF COUNSELLING - II

Unit Structure

4.0 OBJECTIVE

- To learn & understand various behavioural therapies
- To understand the various techniques while applying the therapies
- To understand the goals, strengths and limitations of these therapies
- To learn and understand the theoretical background

4.1 BEHAVIOURAL COUNSELLING

Behavioural theories of counselling focus on a wide range of client behaviour. Often a person struggles because of the behaviour of deficiency or excess. Counselors adopt a behavioural approach that seeks to help clients learn new and appropriate ways of acting, or to correct or eliminate excessive behaviour. In such cases, adaptive behaviour replaces inappropriate behaviour and the counselors act as a learning expert for the clients.

Behavioural counselling approaches are particularly common in institutional settings, such as psychiatric hospitals or sheltered workshops. These are preferred approaches for working with clients with specific problems such as eating disorders, substance abuse, and psychological dysfunction. behavioural approaches are also useful in dealing with difficulties related to anxiety, stress, parenting, and social interactions.

4.1.1 Behavioural Therapy:

Founders of Behavioural Therapy: B. F. (Burrhus Frederick) Skinner (1904-1990) was primarily an important figure for popularizing behavioural treatments. Applied behaviour analysis is a direct extension of Skinner's radical behaviourism, which is based on operant conditioning. Other figures in the behavioural therapy camp are historical figures, such as Ivan Pavlov, John B. Watson and Mary Cover Jones. Contemporary figures such as Albert Bandura, John Krumboltz, Neil Jacobson, Steven Hayes and Marsha Linehan have also contributed greatly to this way of working with clients.

View Of Human Nature: Behaviourists, as a group, share the following ideas about human nature:

- Focusing on behavioural processes. That processes closely related to outside behaviour (except for the cognitive behaviour)
- Focuses on “here and now” as opposing to “then and there” behaviour
- Assuming that all behaviour is learned, whether to adapt or not to adapt.
- The belief that learning can be effective in changing poor adaptive behaviour.
- Focusing on setting up clearly defined therapeutic objectives with their customers.
- Refusing the idea that the personality is composed of traits.

In addition, behaviourists stress the importance of gathering empirical evidence and scientific support for all the techniques they use. Some behaviourists, who adopt a form of social cognitive learning, show that people acquire new knowledge and behaviour by observing other people and events without participating in that behaviour and without any direct consequences for them (modelling). This type of learning does not require active participation.

Role of the Counselor:

A counselor can take on a number of roles, depending on their behavioural orientation and the client's goals. Usually, however, behaviour counselors will be active in counselling sessions. An effective behaviour counselor works from a broad perspective and involves clients at every stage of counselling.

Goals:

Behaviourists' goals are similar to those of many other counselors. Essentially, behavioural counselors want to help clients adapt well to life circumstances and achieve their personal and professional goals. Therefore, the focus is on changing or eliminating the inappropriate behaviour that clients exhibit, while helping them learn how to act in a

healthy and constructive manner. It is not enough to eliminate behaviour. Ineffective actions must be replaced with effective responses. An important step in the behavioural approach is for the counselors and clients to achieve mutually agreed upon goals.

Techniques:

Behavioural counselors have some of the most effective and well-researched counselling techniques available. They are mentioned below:

General Behavioural Techniques:

General techniques are applicable in all behavioural theories, although a given technique may be more applicable to a particular approach at a given time or under specific circumstances. Some of the more general behavioural techniques are briefly explained here.

Uses of Reinforcers:

Reinforcement is those events which increase the likelihood that the behaviour repeats itself when they follow a particular behaviour. The reinforcers can be positive or negative.

Schedules of Reinforcements:

When a new behaviour is first learned, it needs to be reinforced each time it occurs, that is, through continuous reinforcement. However, once behaviour is established, it should be reinforced less often, that is, through intermittent reinforcement. Reinforcement programs work based on the number of responses (rate) or the time (interval) between reinforcement programs. Reporting programs and time periods may be fixed or variable.

Shaping:

Behaviour is learned gradually in stages by succeeding with approximations known as shaping. As clients learn new skills, counselors can help break down behaviour into manageable small units.

Generalization:

Generalization involves displaying behaviour in the external environment in which they were originally learned (e.g., at home, at work). It indicates that the transition to another installation has taken place.

Maintenance:

Maintenance is defined as being consistent in performing desired actions without depending on anyone for support. In maintenance, the focus is on enhancing the customer's self-control and self-management. One way to do this is to self-monitor and self-observation and by keeping the records of it to work on it by oneself.

- **Extinction:** Extinction is the removal of behaviour due to the retreat of its reinforcement. Fewer people will continue to do something unhelpful.
- **Punishment:** Punishment involves expressing an aversive stimulus to a situation in order to prevent or eliminate behaviour.
- **Specific Behavioural Techniques:** Specific behavioural techniques are sophisticated behavioural methods that combine general techniques precisely. They are found in different behavioural approaches.
- **Behavioural Rehearsal:** Behaviour rehearsal is practicing the desired behaviour until it is done in the way a customer desires (Lazarus, 1985).
- **Environmental Planning:** Setting up a client's environment to control some behaviour or to promote is referred to as experimental planning.

Systematic Desensitization:

Systematic desensitization aims to help clients overcome fears in certain situations. A client is asked to describe the situation causing the fear and then rank that situation and the events associated with it on a hierarchical scale, from non-worrisome (0) to most difficult (100). To help the clients avoid fear and cope, the counselors teach the clients to relax physically or mentally. The hierarchy is then checked, starting with low fear items. When the client's anxiety begins to increase, the client is helped to relax again and the procedures begin again until the clients can be calm even as they think about the event or imagine that it was used to cause the greatest fear.

Assertiveness Training:

The main principle of assertiveness training is that a person should be free to express his thoughts and feelings appropriately without undue anxiety (Alberti & Emmons, 2008). This technique involves fighting anxiety and strengthening assertiveness. Customers know that everyone has a right (without any hesitation) to speak up. The clients then learn the difference between aggressive, passive, and assertive actions.

Contingency contract:

The emergency contracts specify the behaviour to be carried out, modified or interrupted. The rewards associated with achieving these goals; and the conditions under which the rewards will be received.

Flooding:

It is an advanced technique that involves sensitizing a client to a situation by making them imagine an anxiety-provoking situation that could have disastrous consequences. The client is not taught to relax first (as during

systematic desensitization). Floods are less traumatic, because imaginary scary scenes do not have dire consequences.

Time out:

Downtime is a gentle countering technique in which the customer is cut off from the possibility of receiving positive reinforcement. It is most effective when used for short periods of time, such as 5 minutes.

Overcorrection:

Overcorrection is a technique in which the customer first restores the environment to its natural state and then makes it "better than usual".

Covert sensitization:

Covert sensitization refers to a technique in which undesirable behaviour is eliminated by associating it with inconvenience and unpleasant situations.

Strengths And Contributions: The unique approaches and aspects of behavioural therapy are as follows:

- Direct approaches treat symptoms. Since most clients seek help with specific problems, counselors who work directly with symptoms can often help clients right away.
- A focused approach to the here and now. Clients do not have to look to the past to get help in the present. A behavioural approach that saves time and money.
- An approach supported by the Association for Cognitive and behavioural Therapies (ABCT), promoting the practice of behavioural counselling methods.
- This approach is supported by exceptionally good research on how behavioural techniques influence the counselling process.

Limitations: Though behavioural Therapy does wonders, yet it has limitations. They are as follows:

- The approach is not about the whole person, just the obvious behaviour. Critics argue that many behaviourists have removed the person from their personality.
- This method is sometimes applied mechanically.
- This method is best demonstrated under controlled conditions and can be difficult to repeat in normal counselling situations.
- The approach ignores the premises and the unconscious power of the clients.
- The approach does not take into account the stages of development.

4.2 COGNITIVE AND COGNITIVE - BEHAVIOURAL COUNSELLING

Cognitive counselling theories focus on mental processes and their influence on mental health and behaviour. Individuals with the criteria to apply this approach are those who:

- have average to above average intelligence.
- have a moderate to high degree of functional difficulty.
- can identify their thoughts and feelings.
- are not mentally ill or disabled by current affairs.
- are willing and able to do their homework systematically.
- are capable of processing at visual and auditory level.

There are mainly three cognitive therapies as described below in detail in the subsequent sections:

4.2.1 Rational Emotive Behavioural Therapy:

Founders And Developers:

The founder of Rational Emotional behaviour Therapy (REBT) was Albert Ellis (1913-2007). His theory has similarities to Aaron Beck's Cognitive Therapy (built around the same time) and David Burns' New Mood Therapy. An interesting variation of REBT is the Rational behaviour Therapy (RBT), which was introduced by Maxie Maultsby and is more behavioural in nature.

View of Human Nature:

Ellis believes that people have both personal and social benefits. However, REBT also assumes that people are "inherently rational and irrational, sane and insane". Ellis defines that irrational beliefs can include inventing unpleasant and disturbing thoughts.

Although Ellis does not discuss individual stages of development, he believes that children are more susceptible to outside influences and irrational thinking than adults. He believed that people are by nature gullible, easily influenced, and easily disturbed. In general, people have the inner means to control their thoughts, feelings and actions, but they must first understand what they are saying to themselves (about themselves) in order to take control of their lives. It is a matter of individual perception and consciousness. The unconscious was absent from Ellis' conception of human nature. In addition, Ellis argues that it is wrong for people to judge themselves or the idea that everyone is a fallible human being.

Role of the Counselor:

In the REBT approach, mentors are active and direct. They are the instructors who teach and correct the client's perception. Therefore, counselors should listen carefully to illogical or false statements from clients and question their beliefs. They must be intelligent, understanding, empathetic, respectful, genuine, specific, persistent, scientific, interested in helping others and the REBT user himself.

Goals:

REBT is the goal-oriented treatment. It primarily focuses on the changes in the beliefs and reduction symptoms. It helps individuals to become more aware about their thoughts, emotions and behaviours. This therapy helps the individual to learn or improve the cognitive skills that promote rational thinking and which leads to greater happiness and self-acceptance.

Model of Therapy:

A: Activating (Trigger) event (something that happens to or around someone)

B: Belief (event that causes someone to have a belief, whether reasonable or unreasonable)

C: Consequence (belief) leads to consequences, with rational beliefs leads to healthy consequences and irrational beliefs leads to unhealthy consequences)

D: Disputes (if someone has irrational beliefs causes unhealthy consequences), they have to challenge that belief and turn it into a rational belief)

E: New effect (argument turned irrational belief into rational belief belief, and the person now has healthy consequences more from my beliefs)

Through this process, REBT helps people learn to recognize the emotional frame, that is, learn how emotions relate to thoughts. Thoughts about experiences can be characterized in four ways: positive, negative, neutral, or mixed.

REBT also encourages clients to be more tolerant of themselves and others, and urges them to achieve their personal goals. These goals are achieved by teaching people to think rationally to change self-destructive behaviour and by helping clients learn new ways of reacting to the situations.

Techniques: REBT therapists have to address the client's cognitive, beliefs and behaviour to help the clients to deal with the situations effectively by themselves. Below are described the three techniques for the same:

- Problem solving techniques: These strategies help in dealing with the activating event (A).
- Cognitive restructuring techniques: These strategies help the clients to change irrational beliefs (B)
- Coping techniques: Coping techniques which help the clients to manage the emotional consequences (C) of irrational thoughts.

Whichever technique they use, therapists also are likely to give some homework to the clients to do in between sessions. This gives clients the opportunity to apply the skills learned in a class to your daily lying. For example, they may ask you to write down how you feel after experiencing something that normally makes you anxious and to think about how your reaction made you feel.

REBT includes a variety of techniques to dispute irrational beliefs. They are as follows:

Logical disputes:

This method leads to logic. For example, if your brother seemed a little inattentive or was quiet in the party so it doesn't logically mean that he is rejecting a close relationship with you.

Empirical disputes:

This method focuses on the collection of the evidence. For example, "Your friend visited you and also asked you to visit her again in a week" when we examine this evidence, there are rare chances to believe that she is avoiding you, in fact based on the evidence it seems she is even showing interest to meet you again.

Functional disputes:

This method focuses on the effects of the individual's beliefs, and also having a picture on the individual's beliefs of acquiring actually for what they are hoping for. For example, if you want your friendship to be nice, in this case by yourself assuming that she is avoiding you and you too start avoiding her, then eventually she may be remembering the bad memories of you. It will end up like this which is not what you wish to be.

Rational alternative beliefs:

This approach helps to think rationally by alternatives. For example, your brother was quiet at the party, his breakup could be another reason, as you just mentioned about his relationship failure.

Socratic method:

This method is most popular in REBT. For example, what do you think of your friend's plan to meet again this week? Is she doing this to go away from you?

Didactic method:

This involves giving information by explaining by educating without dialogues, that Maybe you are too early coming to conclusion on your brother for being quiet at a party but you should also remember that he is still not completely out of heartbreak.

Humorous style:

In this method the dispute takes place in lighthearted ways. For example, you seem to believe that the more someone talks to are the one who likes you, so let us count on each person's conversation tomorrow onwards, the one who uses more words to you, that's the one who likes you the most.

Metaphor:

In this method, metaphors will be used to dispute the irrational thought. And those metaphors are mostly used by the client's own life. For example, your brother was quiet at a party, this reminded me of another incident of your life that reminded me that your boss was disappointed and that is the reason she did not talk to you, but later you realized that she was unwell because of her health problem.

Strengths and Contributions: The approach is clear, easy to learn and effective. Most clients have little difficulty understanding REBT principles or terminology.

- This approach can be easily combined with other behavioural techniques to help clients experience what they are learning more fully.
- This method is relatively short-term and the clients can continue to use it on a self-help basis.
- The approach has continued to develop over the years as techniques have been perfected.

Limitations:

- The use of REBT with specific diagnostic groups and with people from diverse cultural, religious and ethnic backgrounds requires further research.
- REBT sometimes pays too little attention to customer history and moves too quickly in the direction of driving change.
- Therapists should use humour. Furthermore, irrational beliefs cannot simply be acknowledged or expressed. Insight is not enough. Rather, the clients must do the work necessary to change irrational beliefs.
- This method cannot be used effectively with people with mental problems or with severe thinking disorders.

- At the heart of the mindset change, approach may not be the easiest way to help clients change their emotions.
- Difficulty with the patients. REBT is always criticized as serious by advisors. Because it does not have to exist a care relationship for REBT to work.
- When working in schools, REBT can be very challenging because often students do not have the emotional or cognitive levels needed to succeed.
- Another downside is that clients have to be prepared to solve their problems. Typically, REBTs require the use of homework, so if a client is not even willing to do homework during the session, chances are they would not do any kind of homework.
- Some emotional techniques are powerful and attenuating.

4.2.2 Cognitive Therapy:

Founders and Developers:

Aaron Beck, a psychiatrist, is considered the founder of cognitive therapy. His daughter, Judith Beck, is today the main promoter of cognitive therapy. Beck's early work began around the same time as Ellis. Like Ellis, he initially trained as a psychoanalyst and only built his ideas on CT after conducting research on the effectiveness of using psychoanalytic theories in treatment. The depression he discovered was not enough.

View of Human Nature:

Beck proposes that perception and experience are "an active process that includes both test data and introspection". In addition, the way a person sees a situation is often evident in their perception. Therefore, behavioural dysfunction is caused by thinking dysfunction. If beliefs do not change, then a person's behaviour or symptoms will not improve. Beliefs have to change, to change symptoms and behaviour.

Role of the Counselor:

Active cognitive therapy advisor in sessions works with the clients to make hidden thoughts more visible. This process is especially important for checking perceptions that have become automatic, such as "Everybody thinks I'm not an interesting person."

Goals:

- The goals of cognitive therapy focus on examining and correcting negative and unresolved thoughts.
- Counselors work with clients to overcome their lack of motivation, which is often related to a tendency to view clients' problems as unsolved.

- Promoting self-awareness and emotional intelligence by teaching clients to 'read' their emotions and differentiating healthy emotions from unhealthy emotions
- Helps clients understand how perceptions and misconceptions contribute to pain.
- Rapidly relieve symptoms by focusing on looking at the current situation and solving current problems.
- Developing self-control by teaching clients' specific techniques able to identify and challenge distorted thoughts.
- Prevent future episodes of emotional distress and develop personal growth by helping clients change core beliefs that are often at the heart of their suffering.

Techniques:

- Enhancement of communication skills.
- Challenging/ improving the thought process of the individual.
- Helps in constructing the positive statements to self and to work on it repeatedly.
- Self-monitoring techniques to be able to see oneself and helps to work on the negativity.
- Keep rehearsing in disputation of the irrational thoughts, assessing self and keeping note.

Strengths and Contributions:

- Cognitive Therapy has been dealing with so many disorders, including depression and anxiety.
- It can be applied in some cultural contexts.
- It is a well-researched, evidence-based therapy that has been shown to be effective for clients from a variety of backgrounds.
- Cognitive Therapy has produced a number of useful and important clinical tools, including the Beck Anxiety Inventory, the Beck Hopelessness Scale, and the Beck Depression Scale.

Limitations:

- Cognitive therapy is structured and requires the clients to be active, which usually means doing homework.
- It is not an appropriate therapy for those who are looking for a more profound and unstructured approach that does not require their strong involvement.

- It is primarily cognitive in nature and is generally not the best approach for people with intellectual limitations or who are not motivated to change.
- Clinicians as well as clients must be dynamic and creative. The approach is more complicated than it seems at first glance.

4.2.3 Reality Therapy:

Founders and Developers:

William Glasser (1925-2013) developed practical therapy in the mid-1960s. Robert Wubbolding enhanced this approach through his explanation and study of it.

View of Human Nature:

Reality therapy does not include a complete explanation of human development, like Freud's system. However, it does provide practitioners with a focused view of some important aspects of human life and human nature. A key tenet of reality therapy is the emphasis on consciousness: people operate on a conscious level; they are not controlled by unconscious forces or instincts.

The second belief about human nature is that everyone has health/growth power, which shows itself on two levels, physical and psychological. Physically, it is necessary to obtain and use basic needs such as food, water and shelter. According to Glasser, human behaviour was once controlled by physical needs (for example, behaviour such as breathing, digestion, and sweating). It associates these behaviours with physical needs, because they are automatically controlled by the body.

In the modern era most, important behaviour associated with psychological, the four primary psychological needs are the following:

- **Belonging:** the need for friends, family, and love.
- **Power:** the need for self-esteem, recognition, and competition.
- **Freedom:** the need to make choices and decisions.
- **Fun:** the need for play, laughter, learning, and recreation.

The need for identity is closely related to the satisfaction of psychological needs, the development of a healthy psychological sense of self. The need for identity is met by being accepted as a person by others.

Reality therapy proposes that human learning is a continuous process based on choice theory. When people realize this fact, they are more likely to choose to focus on controlling things over which they have power, like themselves, rather than focusing on someone over whom they have power. If people do not learn, they have choices early in life, such as how to relate to others, they can choose to learn it later. In the process, they can change their identity and behaviour.

Counselor Role:

The counselor primarily acts as a teacher and role model, receiving clients warmly and relevantly and creating an environment in which counselling can take place. Counselors immediately seek to establish relationships with clients by developing trust through friendliness, firmness, and fairness. Counselors use verbs, such as angry or bullied, to describe a client's thoughts and actions. Therefore, the focus is on choice, on what the customer chooses to do (internal control, individual responsibility). The counselor-client interaction focuses on the behaviour the client wants to change and the ways to make those wishes come true. It emphasizes positive and constructive actions. It pays special attention to metaphors and themes that customers use verbally.

Goals:

The fundamental goal of reality therapy is to empower people to take more control of their lives by making better choices. A wise choice is considered a choice that meets the following three criteria. Options are realistic and achievable with good planning rights of others and contribute to their efforts to make informed choices.

- Choose responsibly, they not only help the person to make choices but also respect the quality world.
- They help people meet their innate needs and specific desires, reflected in their own image.
- They have a consistent set of healthy actions to improve their overall behaviour by helping them think clearly, experience happiness and other positive emotions and take actions to maintain their physical health.
- They develop an identity of success rather than an identity of failure.
- People form and maintain positive, mutually enriching and respectful relationships.

Techniques:

Therapists practically value each other's creativity as well as understanding, appreciation, and motivation across themes. As a result, they devised a range of interventions to drive client engagement in treatments and bring energy and excitement to the sessions.

Metaphors:

Practical therapists use metaphors, comparisons, images, analogies, and anecdotes to convey a powerful message to clients in creative ways (Wubbolding, 2011). For example, one therapist told a client who had a hobby of fishing that his attempt to achieve his goal seemed to be fishing without bait in a lake with few fish.

Relationships:

Therapists practically consider relationships essential to a fulfilling life. They encourage clients to build relationships and teach them ways to make them useful. According to Wubbolding, the foundation of a strong relationship is time spent on the following characteristics, it is effortful, appreciated, agreeable, focused on the positives. Polar, non-critical and non-controversial, frequent and repetitive, but limited in time, and promoting mutual understanding. For example, walk with a friend as a way to bring them closer together.

Questions:

Although therapists do indeed advocate total behaviour assessment, they want that assessment to come from the clients. Practical therapists avoid telling people what is not right for them or how they should change. Instead, they use carefully structured questions to help people gain insight into their lives and identify what needs and does not change (Wubbolding, 2011). Examples of such questions include "What did you do yesterday to satisfy your need to belong?", "Is what you are doing helping you?", “Was the plan you developed the most effective plan you could come up with?” Practical therapy can be easily adapted through changing language and words, to people of different cultures. The Japanese can be put off by a simple question like "What do you want?", "But perhaps more comfortable being asked "What are you looking for?" (Wubbolding, 2011, p. 113).

Positive addictions:

Glasser states that people can reduce the negative behaviour by increasing/ developing the positive behaviour. Such as, living or following optimum healthy tips, exercise, good sleep, mediation, playing music. It takes 6 months to 2 years of regular practice and 45-60 minutes at a time to adapt to these positive behaviours. Guidelines to nurture these behaviours should not have any competition, and being able to do it alone, should add value to the self, individuals should be into it without any self-criticizing in the process of learning.

Using verbs and “ing” forms:

Reality therapies want people to realize that the behaviour is still on or present in them and they can be changed by working on them. For example, instead of anger, anxiety, depressed they use angering, anxieting, depressing.

Reasonable Consequences:

Reality therapies believe in accepting their behaviour and they should feel responsible for the consequences. They do not expect or focus on what went wrong but they focus on what people can choose to do differently in those situations and not to suffer the consequences of the negative consequences caused by being irresponsible.

WDEP And SAMI 2C3:

WDEP stands for wants, direction, evaluating and plan. Elements to reach the goal with high success rates has to follow these - SAMI 2C3- Simple, attainable, immediate, involving, controlled, consistent and committed.

Strengths and Contributions:

- This approach is applicable to any region's population.
- This approach has the same contribution of both counselors and clients to work efficiently on the goals.
- This therapy will be limited to a few sessions because it works only on current behaviour.
- This therapy helps to deal with conflict resolutions.

Limitation:

- This approach primarily addresses the current situation or behaviour and ignores the history and unconscious reasons for the situation.
- This approach does not deal with developmental problems.
- This approach's success rating or results depends on good rapport between the counselors and client.

4.3 SUMMARY

This unit has covered the behavioural therapies of counselling, which include the

Behavioural therapy founded by B. F Skinner that focuses on the here and now of the behaviour, also that behaviours are learned and refusing the idea that personality is composed of traits. Apart from behaviour therapy, the unit is also focusing on cognitive and behavioural cognitive counselling which covers three therapies (i) Rational Emotive Behavioural Therapy, (ii) Cognitive therapy, and (iii) Reality Therapy

Together these therapies focus on mental process and its impact on mental health and behaviour. All of these therapies are extremely practical in terms of application with various needs of the clients from the counselors.

4.4 QUESTIONS

1. Which are the various techniques used in behavioural therapy?
2. Explain the therapeutic techniques in REBT
3. What are the goals of cognitive behavioural therapy?
4. Explain the view of reality therapy.

4.5 REFERENCES

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5

SYSTEMIC, BRIEF, CRISIS THEORIES AND GROUP COUNSELLING - I

Unit Structure

5.0 OBJECTIVES

After studying this unit, you will be able to understand:

- What is system theory?
- What are the various system theories for counselling approaches?
- What is brief counselling?
- What is narrative and solution-focused counselling?
- What is crisis counselling?

5.1 A BRIEF INTRODUCTION TO SYSTEM THEORY

Ludwig von Bertalanffy (1968), a biologist, was the founder of general system theory. According to system theory, each system's components are organised in a hierarchical sequence, and components in the system are interconnected to the point that one component cannot function without the help of others. The aim of the system theory is to explore and explain the interactions patterns which are dynamic in nature and it also explains interdependence patterns among various components that exist between the organization and environment relationships.

There are three levels of observation that are considered to be important in the system theory: i) the environment, ii) the social organization and

structure, and iii) human beings as players within the organization. Therefore, the emphasis of the general system theory is on interaction patterns and how these interaction patterns influence the overall operation of the system

System theory has some assumptions about counselling that differentiate system theory from other counselling and psychotherapy approaches. Sentox (1994) suggested the following assumptions:

1. Interpersonal causality (Causality is interpersonal)
2. Repeated patterns of interpersonal interaction are better understood as psychosocial systems, and
3. Symptomatic behaviours must be viewed through the lens of interaction.

Circular causality:

The reciprocal interaction between two occurrences is the focus of circular causality. The term "reciprocal interactions" stems from the foundations of cybernetics, and it refers to the regulatory activity that takes place when one part of a system influences another. A reciprocal perspective shifts away from an individualistic (mechanical) view of systems and toward a relational view that emphasizes interactional patterns.

There are various counselling approaches that have their base in the system theories. For example, Bowen systems theory, structural family therapy and strategic therapy. Each of these approaches differs from others.

5.1.1 Bowen's System Theory:

Founder/Developers:

Murray Bowen (1913-1990) was a psychiatrist who practised medicine. He studied under Harry Stack Sullivan, who was fascinated by the social aspects of psychiatry. Bowen developed an interest in the relationships that exist between the environment (natural world) and people as a result of Sullivan's influence and he became more curious about the social phenomena and natural world.

Michael Kerr also made a major contribution to the work of Bowen's System Theory and another significant contribution was made by Edwin Friedman to Bowen's system work.

The individual who had any kind of personal or interpersonal difficulty with his own family of origin and if such an individual is unable to recognize or identify such difficult patterns which are passed down from the previous generation, then they are more likely to repeat and behave in the same manner in their own families.

Views of human nature:

Bowen thought that everyone experiences chronic anxiety – both emotional and physical – at some point in their lives. This worry affects some people more as compared to others "because of the way past generations in their families have funnelled the transmission" in their case. Persons or families with low anxiety face few difficulties. When people's anxiety levels get too high, they become considerably more "sickly" and may develop chronic dysfunction. As a result, the separation of one's thoughts from the emotions or differentiation, as well as one's self from others is important and the centre of Bowen's System Theory. For example, couples who marry at the same stage of emotional development, face greater challenges in their marriage partnerships than those who marry later in life.

In some cases where an individual does not form a stable self-concept or may not maintain a healthy separation from their families of origin and when there is a lot of conflict in marriage, then less mature partners may show a fusion or cutoff (physical or psychological avoidance). These people have a tendency to triangulate (concentrate on a third party) when they are stressed as individuals within the marriage. This third party possibly may be the marriage itself. The third party could be the marriage itself, a kid or it may be various institutions (for example school, colleges or church), or a physical ailment, such as a migraine or throbbing headache. Couples' interactions become problematic or inefficient as a result.

Role of the Counselors:

The therapists' or counselors' job according to Bowen's system theory is to stay out of the emotional triangle (being neutral), to be objective and unemotional, and to be known as the coach. The counselors from this system "emphasize insight, but the action in the form of engaging differently with members of one's family of origin is crucial." Thus, the counselors' job is to guide and teach the clients how to be more mindful in their interactions with others. To aid in this process, the counselors may create a genogram that is multigenerational in its nature with the clients.

Goals:

The goals of this counselling method include i) making clients understand and alter the stress coping mechanisms and patterns that have been handed over from generation to generation, ii) lowering clients' anxiety in their day to day life and iii) making them be able to concentrate better, differentiate between their thoughts and feelings, as well as themselves and others.

Techniques:

The strategy used in Bowen's System Theory focuses on developing a positive self-concept within the person so that such a person can interact

with people without becoming anxious when the interaction becomes difficult. A few of such techniques or strategies are explained below:

- Drawing a genogram that spans multiple generations is one of the techniques, which is more like to achieve this goal with one multigenerational technique, that is, to analyze oneself and one's family in a variety of ways.
- Creating a genogram that spans generations, which is a graphic or a geometric representation of a person's family tree such as words, symbols, and lines.
- A genogram is a collection of information about relationships within a family and among its members over the course of at least three generations. In the context of past and contemporary events, a genogram aids people in gathering knowledge, hypothesizing, and tracking connection changes.
- Focusing on the cognitive process, such as asking family members content-related questions, is another strategy. The goal is to gain a clear understanding of what transpired in a family of the clients without any baggage of emotions. Such a technique encourages dyadic interactions and asking questions regarding significant events in the life of the family, such as funerals, births, and weddings. In Bowen's approach, asking questions is a very useful tool.
- **Detriangulation:** Has two levels of operation. One is to deal with worry about family circumstances rather than projecting and transferring one's feelings to others. The second goal is to avoid being used as a scapegoat or a target by those who are anxious. Finally, there is a differentiation of self, which refers to a person's ability to discriminate between subjective and objective reasoning. Most, if not all, of the approaches previously discussed, as well as some conflict between the clients and counselors, are required to become differentiated.

Strengths and Contribution:

The objectives of Bowen’s System Theory are to assist families in understanding how their past has shaped who they are today, while also educating clients that the cycle can be broken and that harmful habits do not have to be perpetuated.

The usage of a genogram is the strength of this theory. A genogram is a significant tool used in family therapy that depicts the family history more clearly. This tool allows the clients and professionals to discuss and thoroughly comprehend the clients’ past.

By reflecting on their own family histories, professionals are taught how to deal with family circumstances. Professionals learn how to cope with family situations at this time, which includes monitoring family trends and learning how to read a family genogram.

This approach is also distinct because it emphasizes the cognitive process and focuses on self distinction and de-triangulation.

Limitations:

Bowen's System Theory has some limitations as follows:

- Looking into the past may assist the clients to gain a greater understanding of their predicament. However, it does not always equip them with the resources they will need to deal with present issues and future challenges.
- Few clients are able to reflect on the past since it takes time to complete the process because life events such as financial trouble, time, or a move might disrupt the process.
- Bowen's work is particularly beneficial to clients who are extremely disordered or have a low sense of self-differentiation.
- The approach is extensive and complex.

5.1.2 Structural Family Therapy:

Founder/Developers:

Structural family therapy was founded by Salvador Minuchin. Minuchin came up with the idea in the 1960s while working as the head of the clinic Philadelphia Child Guidance Clinic. The contributions of Braulio Montalvo and Jay Haley have also aided this technique.

Views of human nature:

There is a structure and pattern in every family. In 1974, Minuchini stated, "the way a family organizes itself and interacts in an informal manner is called a structure". This structure has an impact on families, for better or ill. Individuals get along well when there is a hierarchical framework in place.

On the other hand, developmental or situational events cause family stress, rigidity, dysfunctionality, turmoil, putting the family in jeopardy if no or little structure exists. When some specific members of the family are against the (third) member, then it is called a coalition. When the alliance between family members of two different generations, then it is called cross-generational alliances.

Counselors' Roles:

Structural family therapy argues that the family as a unit should undergo structural changes with a focus on modifying interactional patterns in family subsystems such as the marriage dyad.

Practitioners of structural family therapy are both professionals and observers in modifying and changing a family's basic structure. They have the following roles:

- To establish clear boundaries between family members.
- To take a leadership role inside the family when working with families.
- To create a mental map of a family's structure, understanding why a family is stuck in a dysfunctional cycle or pattern so that counselors can help in modifying and improving family functioning.

Goals:

The goal of structural family therapy is to rearrange and reorganize a family unit into a more productive and functioning unit as a result action is important that takes precedence over understanding. Family rules are an important element of structural family therapy. In the counselling sessions, the focus is more on replacing old rules with new ones that are more appropriate to the current situation of the family. The necessity of subsystem difference and distinction is emphasized with a focus on parental control over their children. If all goes well, a family's cultural environment will be transformed.

Techniques:

The prominent techniques used in Structural Family Therapy are as follows:

- Enactment is a technique that demonstrates their (family's) problematic habits through enactment to a family, such as decision-making, that family brings in the counselling sessions. During this process, the counselors question the family's current patterns and rules, and the family becomes more conscious of how they should work.
- Making boundaries is the psychological process of drawing lines between persons or subsystems in order to maximize group and individual and group development and functioning.
- Unbalancing is a technique through which counselors promote changes in the boundaries and hierarchical relationships of the family members. This technique provides an opportunity for the family members to try out new roles in the family.
- Restructuring is the process of restructuring a family's structure by altering current hierarchies or interaction patterns in order to prevent problems from recurring.

Strengths and Contributions:

Some of the strengths and contributions of this therapy are mentioned below:

- This therapy is adaptable, as it is a process that can be used for both low-income and higher-income households (Minuchin, Colapinto, & Minuchin, 1999).

- It has been utilized to treat juvenile delinquents, alcoholics, and anorexics, and it has proven to be beneficial (Fishman, 1988).
- This therapy also considers cultural sensitivity and is very useful in multicultural contexts;
- It defines words and procedures clearly and is simple to implement.
- This therapy emphasizes symptom eradication and a pragmatic rearrangement of the family.

Limitations:

This therapy also has some limitations. Critics have claimed that the structural work of this therapy is too simple, can be sexist at times, and is too focused on the present. It is troublesome to claim that the structural treatment has been impacted by strategic family therapy and that it is sometimes difficult to tell the difference. Sometimes families may not feel empowered enough if the counselors take charge of the overall change process, which can limit future adjustment and progress.

5.1.3 Strategic Counseling:

Founder/Developers:

The strategic school of counselling is led by Paul Watzlawick, Jay Haley, John Weakland, and Cloe Madanes. This counselling approach supporter includes the Family Therapy Institute (Washington, DC) and Mental Research Institute (California).

Views of human nature:

The notion behind the strategic theory is that when people exhibit dysfunctional symptoms, it is because they are attempting to assist or help them adapt in life. In this approach, problems are seen as arising within the context of the family life cycle's developmental framework. The couple's marital troubles, for example, are caused by the system they are in. As a result, the sign and symptoms that manifest in the couple's relationship help them to sustain and maintain the marital system in which they operate.

Strategic counselors as a group focus on several aspects of family life that are developmentally significant, such as:

- The overt and hidden norms that families adopt to control themselves are known as family rules.
- Family homeostasis that refers to a family's tendency to stay in the same pattern of functioning unless they are pushed to do otherwise.
- Family members' responsiveness to treat each other in the ways they are treated (i.e., something for something) is refer as quid pro quo

- Circular causality: the responsiveness of family members to treat each other in the ways they are treated (i.e., something for something).

Role of the counselors:

Strategic counselors are active, direct, and goal-oriented in their approach to change, as well as problem-focused, pragmatic, and concise. As a result, they focus on resolving immediate issues while neglecting to inculcate insight. They treat problem behaviours from a systemic perspective, concentrating on the process of dysfunctional interactions rather than the content. When clients' old behaviours are not working, strategic counselors' role is to urge them to try new ones. The goal is to alter a particular behaviour. If this behaviour can be changed, the outcomes frequently have a spillover effect, allowing individuals to make more behavioural changes as a result of the findings.

Goals:

The strategic approach has the purpose of resolving, eliminating or improving a problem behaviour that has been brought up in counselling. As a result of this process, new effective behaviours emerge that will help families, couples and individuals in accomplishing a certain objective. By restricting the number of therapy sessions available, one can save money. Strategic counselors want to boost the clients' determination and motivation to succeed. Another purpose of this therapeutic approach is for those who participate in learning new skills for dealing with future-related conflicts.

Techniques:

Strategic family counselors, as a group, are highly forward-thinking. Each intervention is unique to the people and problems involved. As a result of such personalization, strategic counselling is one of system theory's most technique-driven approaches. Strategic family counselors are nonjudgmental, avoid pathological labelling, embrace families' current issues, and see symptoms as serving a good role in communication.

- Relabeling is a common practice (putting a new spin on a behaviour). For example, Amit's behaviour may be described as "assertive" rather than "rude" when he constantly begged for a second helping of pastry.

- Paradoxical intervention in which, counselors ask clients to do the exact opposite of what they want to do or achieve and force (a partner or family member) to display something they have already done unintentionally (such as squabbling) are also used.

- During the therapeutic process, families or individuals may be sometimes asked to go through ordeals, such as travelling. The assumption is that if clients have to make sacrifices in order to become healthy, treatment outcomes will be better in the long run.

- The assigning of original homework activities (sometimes in the form of instruction or prescriptions) to be done between sessions is a big part of strategic family therapy.

Strengths and contributions:

Many strategic therapists work in groups. This counselling method is pragmatic and adaptable; and the practitioners' focus is on invention and creativity, following the tradition of Milton Erickson, who was known for coming up with creative ways to help his clients. This strategy places a strong emphasis on changing people's perceptions in order to encourage new actions. A conscious effort is made to focus on one problem at a time and limit the number of treatment sessions in order to improve attention and motivation to change. Thus, this technique can be adapted and used in a variety of settings, including schools, where it can be used to serve the entire population as well as individual families and students.

Limitation:

To begin with, some of its key principles and practices are comparable to those utilized by other systems and brief therapeutic concepts. Second, some of the viewpoints advanced by well-known strategic practitioners, such as Jay Haley's belief that psychosis-like condition such as schizophrenia is not caused by a biological defect are debatable. Finally, while strategic camps value the counselors' knowledge and influence, clients may not gain the same level of independence or ability as they would otherwise.

5.2 BRIEF COUNSELING APPROACHES

Brief therapy, also called "short-term therapy" or "time-limited therapy", is a therapy that has a limited time span. Brief counselling is created to assist clients in achieving their objectives in a more practical and effective manner. The focus as well as time constraints of Brief Counselling approaches distinguish them from other approaches. The majority of brief counselling approaches are not complete. Strategic counselling approaches, on the other hand, are both time-limited and complete, as previously stated.

Brief therapy techniques are goal-oriented and concrete. Counselors are also involved in the process of fostering and bringing about change. Rather than focusing on aetiology, illness, or dysfunction, brief therapy focuses on identifying solutions and resources. As a result, the number of sessions held is limited in order to improve clients' attention and motivation. Counselling approaches, such as narrative therapy and solution-focused counselling, have been intentionally developed to be treatment-focused and quick. Brief therapies are used especially in a time when individuals and institutions undergo rapid change and expect speedy and effective mental health care. The counselling skills and abilities used in these approaches aid counselors working in public settings and managed care who are asked to perform more in less time.

5.2.1 Solution-Focused Counseling:

Founder/Developers:

Solution-Focused Brief Therapy (SFBT) has its roots in the early 1980s. Steve de Shazer, Insoo Kim Berg, and colleagues investigated how to effectively assist change in people's lives at the Brief Family Therapy Centre in Milwaukee, USA. Solution-focused counselling is known as solution-focused brief therapy. In this counselling approach, the focus is on finding various solutions to the problem. Solution-Focused Brief Therapy was created in its current form by Steve deShazer (1940–2005) and Bill O'Hanlon in the 1980s, Milton Erickson, a pioneer of short therapy in the 1940s, had a direct influence on both of them.

Views of Human Nature:

The Solution-focused counselling approach does not take a broad perspective of human nature. Instead, it concentrates on the health and strength of the clients. Also, Erickson stated, "A minor alteration in one's conduct is often all that is required to lead to more profound improvements in a problem situation". In addition to its Ericksonian roots, Solution-focused counselling gives importance to the view that individuals are constructive in nature and reality is reflected through observation and experience. Finally, solution-focused counselling assumes that people genuinely desire to change and that change is unavoidable.

Role of the Counselor:

The first task for a solution-focused counselor is to establish how engaged and dedicated clients are in the transformation process. According to Fleming and Rickord (1997), clients are often divided into three groups: i) visitors, ii) complainants and iii) customers. The individuals or people who are not part of the problem or involved in the problem and also not involved in the solution of the problem are referred to as visitors. The people who complain about things yet are perceptive and can describe problems even if they have no interest in solving them are referred to as complainants. The people who are willing to work on finding the solutions but who are not able to describe the problem and are not able to explain how they are involved in them.

In addition to evaluating commitment, solution-focused counselors serve as change facilitators, assisting clients in accessing the skills and qualities they already possess, but are unaware of or not employing. They motivate, challenge, and create the stage for change. They don't point fingers or ask, "Why?" They are unconcerned about how a problem came to be. Rather, they are focused on collaborating with the clients to find a solution to the problem. Essentially, they offer the clients the opportunity to be the expert on their own life.

Goals:

Solution-oriented work can be defined as a method of working that focuses solely or primarily on two things: a) assisting people in pursuing their desired destinies, b) investigating when, where, with whom, and how aspects of that desired future are now taking place. Some of the goals of solution-focused counselling approaches are as follows:

- Assisting clients in accessing their inner resources and recognising exceptions to their misery is one of the main goals of solution-focused counselling. The idea is to point them in the direction of answers to problems that currently exist.
- Forming a collaborative effort to address the issue
- Identifying the clients' strengths as a foundation for trust in their ability to change for the better.
- Using active, diverse counselling and intervention tactics.

Thus, clear, tangible, and quantifiable goals must be established in order to assess progress.

Techniques:

1. Looking for Exceptions: Clients are urged to look for instances such as exceptions when the problem is not present, for example, when, where and how these instances occur is analyzed, and solutions are built based on them. Exception questions include the following:

- Describe a time when you were not furious.
- Tell me about your happiest moments.
- Can you recall the last time you felt you had a better day?
- Has there ever been a point in your relationship when you felt happy?
- What did you notice about that day that made it better?
- Can you recall a period when the issue did not exist in your life?

2. The Miracle Question:

Coaches, therapists, or counselors utilize this questioning strategy to aid the clients in seeing how the future will differ once the problem has been resolved. For example "If you wake up tomorrow, and a miracle happened so that you no longer easily lost your temper, what would you see differently?" What would the first signs be that the miracle occurred?"

Thus, the counselors use solutions to talk to help the clients locate resources, concentrating on what is positive and beneficial to the clients rather than what is negative and problematic. As a result, rather than talking about problems, people talk about solutions.

3. Scaling Questions:

This is another strategy in which the clients are asked to rate the severity of a problem on a scale of one to ten. Scaling assists clients in determining where they are in respect to a problem and where they need to go to attain their goals in a realistic manner. An example of a scaling question:

"On a scale of 1-10, with 10 representing the best it can be and one the worst, where would you say you are today?"

Other techniques and strategies that can be used with clients are as follows:

Compliment:

When counselors write messages that are aimed at examining clients closely for their achievements and talents, as well as their abilities and skills, is referred to as the compliment. Such a technique can enable the clients to gain the confidence and belief that they can deal with the problems successfully. The role of the counselors in this technique is to compliment clients shortly before they are given any tasks or chores for day to day life.

Clues:

The purpose of clues is to make the clients aware and alert about the view that some of the behaviours they are engaging in are more likely to persist, and the clients should not be concerned about them.

Skeletal keys:

They are strategies that have been demonstrated to work in the past and can be used to a variety of issues.

Strengths and Contributions:

Some of the strengths and contributions of Solution-focused counselling are as follows:

- It is short as the name suggests, and it is less expensive because fewer sessions are needed.
- It is action-oriented.
- This strategy allows counselors to make efficient use of time by instantly engaging clients and keeping them focused on their goals and priorities.
- Solution-focused brief therapy (SFBT) is strengths-based. It concentrates on the assets, capabilities, and resources.
- In the SFBT process, clear goals are established. As a result, both the clients and the counselors are aware of what success looks like and can more quickly determine when counselling is no longer required.

- The strategy demonstrates adaptability as well as strong research evidence to back up its performance and effectiveness.

Limitations:

Some of the limitations of solution-focused brief therapy (SFBT) are as follows:

- This technique pays almost no attention to the clients' background;
- There is a lack of focus on insight; and
- The strategy, at least by some practitioners, employs teams, which raises the treatment's cost.

5.2.2 Narrative Counseling:

Founder/Developers:

Narrative Counseling and psychotherapy is developed by Michael White (1948-2008) from Austrialia and David Epston (1990) from New Zealand. Narrative counselling is sometimes referred to as a postmodern and social constructionist approach. Other practitioners and psychotherapists who contributed significantly to narrative counselling are Michael Durrant and Gerald Monk.

Views of human nature:

According to narrative counselors, meaning or knowledge is produced by social interaction. Narrative counselors emphasize that there is no absolute reality and exceptions can be as a social product. People within the society are seen as those who consistently involves in evaluating and internalizing themselves through creating and constructing various stories of their own lives and many of such stories are sometimes might have negative qualities about individuals or events in their lives and rather very disturbing, painful or depressing. It is assumed that with the help of treatment, clients can re-author and revisit their lives and change their perceptions and outlooks in a more positive and constructive way.

Role of the Counselors:

Clients are engaged and basic relationship skills are used by those who utilise a narrative approach. Counselors use narrative thinking – which is defined by storytelling, meaning, and vibrancy – in order to assist clients to reinvent their lives and relationships through new narratives. Counselors are seen as collaborators and masters of questioning in the narrative approach to change.

Goals:

According to the narrative viewpoint, people live their lives by stories (Kurtz & Tandy, 1995). As a result, the focus of this method has switched to a narrative style of understanding and interpreting the world, which is more wide and full of possibilities. The goals of successful narrative

therapy are i) to enable clients to learn to appreciate their own life experiences and stories, ii) to make them learn how to create new tales and significance in their lives, as well as new realities for themselves in the process.

Techniques:

The techniques that are used in narrative counselling are as follows:

Being able to tell one's own story (Putting together a narrative) re-storying or re-authoring: Clients investigate their experiences to find changes to their story or create a new one, a method called "re-authoring" or "re-storying" the same conditions or story can convey a hundred different stories because people interpret their experiences differently.

Technique of externalization:

The externalization method helps clients to see their problems or habits as something external to them rather than a fixed aspect of their personality. Inquiring about how the situation affects the individual and how the individual affects the problem increases awareness and objectivity. This technique is based on the idea that changing behaviour is easier than changing a core psychological feature.

Deconstructing technique:

This technique makes the problem more specific and eliminates overgeneralization. It also clarifies what the real problem or problems are. For example, instead of accepting a comment like "my partner doesn't get me anymore," a therapist could deconstruct the problem with this client by asking him to be more specific about what is hurting him. This method is an excellent tool to help the clients go deeper into the problem and understand the source of the stressful incident or pattern in their lives.

Apart from this, families receive letters from counselors informing them of their progress. Counselors often arrange official celebrations at the end of treatment and award certificates of achievement to individuals who have conquered an externalized issue like apathy or depression.

Strengths and contributions:

Some of the strengths and contributions of the narrative counselling technique are as follows:

- Both – the counselor and the client – are collaborating in the narrative counselling and work to address a common issue, blame is reduced and discussion is generated.
- Clients build a fresh narrative and new action options. Even at the primary school counselling level, stories can be employed (Eppler, Olsen, & Hidano, 2009).
- Through counselors' questions, clients are prepared for setbacks or issues ahead of time.

Limitations:

A few limitations of this method are as follows:

- This method is extremely cerebral, and it does not work well with clients who are not very bright.
- There are no preconceived notions about who clients should become.
- The history of a problem is not addressed at all.

5.3 TRAUMA AND CRISIS COUNSELING APPROACHES

A crisis is defined as a person's perception or an experience of an incident or a condition that is too terrible to bear that outweighs their present resources and coping methods (James & Gilliland, 2013). The use of a range of direct and action-oriented ways to pragmatically help clients identify resources inside themselves and/or cope with crises externally is known as crisis counselling. It is becoming more widely acknowledged as a subspecialty of counselling. Services that are quick and efficient are available and are delivered in specialized methods to assist clients to achieve a sense of balance or equilibrium in all sorts of crisis therapy.

The American Psychiatric Association (2013) defines trauma as "an experience in which a person is confronted with real or threatened death, major injury, or a threat to one's or others' physical well-being." Trauma therapy is the type of treatment that people receive when they believe that their lives are in danger.

5.3.1 Crisis Counseling:

Founder/Developers:

Two of the most renowned pioneers in the field of crisis counselling are Erich Lindemann (1944, 1956) and Gerald Caplan (1964). Lindemann assisted experts in recognising normal sadness as a result of loss, as well as the stages that people go through when grieving.

Views of human nature:

The loss of a loved one is an unavoidable aspect of life. Healthy people grow and move on in their development and situations, leaving certain things or stuffs behind perhaps consciously, or by accident, or as a result of growth. People can experience a wide range of crises. The following are four of the most typical forms of crises:

Developmental Crisis:

This occurs naturally as part of a person's growth and development under normal conditions (e.g., retirement, and the child’s birth)

Situational Crisis:

This arises when a person has no way of anticipating or regulating strange and unexpected events (e.g., a car accident, a kidnapping, and a job loss)

Existential Crisis:

According to existentialists, anxiety and inner conflicts are "internal conflicts and anxieties that follow essential human challenges of purpose, responsibility, independence, freedom, and commitment".

Eco-systemic Crisis:

When a natural or man-made calamity occurs, it overwhelms an individual or a group of individuals who may find themselves surrounded in the aftermath of an event that has the potential to harm almost every member of their immediate environment, despite no fault or behaviour of their own.

Goals:

Crisis counselling is aimed at the goals, such as i) to assist people in understanding what they are going through and experiencing, ii) to assist them in figuring out how to cope, iii) to attempt to avert long-term mental health issues by immediately returning people to pre-disaster levels of functioning, iv) to make people's reactions more normal, v) to ensure the safety of an individual in crisis by reducing emotional anguish and providing emotional support, vi) to validate and affirm people's reactions, and vii) to connect a person to an additional community or health services that can give long-term support is sometimes part of the process.

Role of the Counselors:

Counselors or therapists working in crises must be mature and have coped successfully with a wide range of life challenges. In high-pressure situations, they must also possess essential assisting qualities, high energy, and quick mental responses while being balanced, calm, creative, and flexible. In crises, counselors are frequently direct and engaged. This position is very different from traditional counselling. Participants in crisis counselling must be aware of and prepared for three stages: pre-crisis planning, in-crisis action, and post-crisis recovery.

Techniques:

The techniques employed in crisis counselling differ depending on the nature of the crisis and the risk of harm as previously discussed. However, what crisis professionals do and when they do it is dependent on a continual and fluid assessment of the people who are experiencing a crisis. Following the assessment, three crucial listening tasks must be put into action:

1. Identifying the issue or problem, especially from the clients' point of view; understanding the issues from the perspective of the clients is important here.

2. Ensuring and protecting the safety of the clients that includes reducing harm to clients and others on a physical and psychological level.

3. Providing assistance and support to the clients that requires expressing true and unconditional compassion.

There are various strategies and techniques that are used in the middle of listening skills or sometimes during the sessions. Some of these techniques are examining alternatives, making plans and obtaining commitment.

- **Examining alternatives:** the clients are supposed to engage in recognizing various alternatives which may be available and brainstorm over the choices that are better over the other choices.

- **Making plans:** This enables clients to develop a sense of control and autonomy so that they do not grow to remain reliant on others, and

- **Obtaining commitment:** It is important to consider from the clients so that some clients can take actions that have been planned in the counselling sessions.

The stress connected with a crisis must be managed after it has passed and counselors must debrief. There are three techniques useful in debriefing the clients, as described below:

Critical Incident Stress Debriefing (CISD):

This method gives importance to introduction, thoughts, signs and symptoms, teaching, re-story and facts. Hence, the progress of the counselling session is achieved through emphasizing these elements. CISD therapy, commonly referred to as psychological first-aid, usually lasts one to three hours and is given one to ten days following an acute crisis.

Defusing:

Defusing is a less formal and less time-consuming variation of CISD. It usually lasts thirty to sixty minutes and should be done within one to four hours of a major occurrence. Like CISD, defusing allows clients to gain knowledge about stress, and share their reactions and responses to an experience, and express their feelings. The primary goal is to achieve equilibrium (stability) of person or persons who have been affected by any situation or events so that these persons can resume their normal day to day routine without undue stress. If necessary, CISD can be conducted afterwards.

One-on-One Crisis Therapy:

This therapy is more like defusing and CISD in its approaches, but the sessions are relatively less in numbers lasting from fifteen minutes to two

hours. It could take one to three sessions, with the option of a referral for additional therapy if needed.

Strengths and Contributions:

Crisis counselling is a distinct specialization that has contributed to the counselling profession in the following ways, indicating its strengths:

- Crisis counselling is more concise and directive in its approach.
- Because of the abrupt and/or painful nature of crises, this approach emphasizes modest goals and objectives.
- This method is based on the fact that it is more intense than traditional counselling.
- It makes use of a more transitional approach.

Limitation:

The limitation of this counselling method is that it is used in circumstances that require urgent attention. Most counselling approaches do not go into the same detail as this strategy when it comes to resolution. Most therapy approaches are more time-limited and trauma-focused than this technique.

The area of psychology known as systems psychology explores human behaviour and experience in complex systems. It is based on systems theory and thinking and communities and individuals are treated as homeostatic systems. This unit covers most of the concepts and approaches driven by systemic theories.

5.4 SUMMARY

The aim of the system theory is to explore and explain the interactions patterns which are dynamic in nature and it also explains interdependence patterns among various components that exist between the organization and environment relationships. There are various counselling approaches that have their base in the system theories. For example, Bowen's systems theory, structural family therapy and strategic therapy. Each of these approaches differs from others. The therapists' or counselors' job in Bowen's family system theory is to stay out of the emotional triangle (remaining neutral), to be objective and unemotional, and to be known as the coach. The counselors from this system "emphasize insight, but the action in the form of engaging differently with members of one's family of origin is crucial." The counselor's job is to guide and teach the clients how to be more aware of their interactions with others. Counselors may create a multigenerational genogram with the clients to aid them in this process. In structural family therapy, the action takes precedence over understanding in order to reorganise and rearrange a family into a more functioning and productive unit. Practitioners of structural family therapy are both observers and professionals in modifying and changing a family's basic structure. Strategic counselors treat problem behaviours from a systemic perspective, concentrating on the process of dysfunctional

interactions rather than the content. Strategic counselors are active, direct, and goal-oriented in their approach to change, as well as problem-focused, pragmatic, and concise. As a result, strategic counselors focus on resolving immediate issues while neglecting to inculcate insight.

Brief therapy, that is also called “short-term therapy” or “time-limited therapy”, is the one with a limited time span. Brief counselling is created to assist clients in achieving their objectives in a more expedient and effective manner. Solution-focused counselling does not take a broad perspective of human nature; instead, it concentrates on the health and strength of the clients. Solution-focused counselling assumes that people genuinely desire to change and that change is unavoidable. Solution-focused counselors serve as change facilitators, assisting clients in accessing the skills and qualities they already possess but are unaware of or not People within the society are seen as those who consistently involves in evaluating and internalizing themselves through creating and constructing various stories of their own lives and many of such stories are sometimes might have negative qualities about individuals or events in their lives and rather very disturbing, painful or depressing. As a result, the focus of this method has switched to a narrative style of understanding and interpreting the world, which is more wide and full of possibilities. If narrative therapy is successful, clients learn to appreciate their own life experiences and stories.

A crisis is defined as a person's perception or experience and incident or condition that is too terrible to bear that outweighs the person’s present resources and coping methods (James & Gilliland, 2013). Trauma can be defined as "an experience in which a person is confronted with real or threatened death, major injury, or a threat to one's or others' physical well-being." Trauma therapy is the type of treatment that people receive when they believe their lives are in danger. The four most typical types of crises are developmental (e.g., related to retirement), situational (e.g., car accident), existential (e.g., related to responsibility), and eco-systemic (e.g., man-made or natural calamity). The techniques employed in the crisis counselling sessions differ based on the nature of the crisis and the risk of harm involved. Examining alternatives, making plans and obtaining commitment are some of the techniques used in the counselling sessions. On the other hand, critical incident stress debriefing (CISD), diffusing, and one-on-one crisis therapy are the three techniques useful in debriefing the clients.

5.5 QUESTIONS

1. What is structural family counselling and describe the techniques used in structural family counselling?

2. What is crisis counselling and explain the techniques used in crisis counselling?

3. What is brief counselling and describe the strength and limitations of brief counseling approaches?

4. What are the strengths and limitations of narrative counselling?
5. Write short notes on:

- Role of counselors in structural family counselling.
- Narrative counseling
- Strength and limitation of strategic family counselling
- System theory
- Solution-focused counselling

5.6 REFERENCES

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6

SYSTEMIC, BRIEF, CRISIS THEORIES AND GROUP COUNSELLING - II

Unit Structure

6.0 OBJECTIVES

- To get an orientation about group counselling and psychotherapy
- To understand the benefits and drawbacks of group counselling.
- To learn about theoretical approaches in conducting group counselling as well as various types of groups
- To familiarize with various stages of group counselling.

6.1 INTRODUCTION TO GROUP THERAPY

Group therapy or group psychotherapy is a type of psychotherapy in which one or more therapists work with a small group of clients. People who want to increase their abilities to cope with challenges can benefit from group psychotherapy. Under the supervision of a professional, group therapy focuses on interpersonal connections and helps individuals learn how to get along better with others. Group psychotherapy also serves as a support system for those who are dealing with unique issues or obstacles. A group therapist carefully selects persons (typically 5 to 10) who will benefit from the group experience and who can work together as learning partners. People are encouraged to converse with one another in an open and honest manner during meetings. The discussion is led by professionally trained therapists who provide a meaningful evaluation of

the topics or concerns that influence the individuals and the group. The group usually meets for an hour or two once or twice a week.

Each participant attempts to share his or her own concerns, feelings, ideas, and reactions as openly and honestly as possible during the session. As a result, group members have the opportunity to learn not only about themselves and their personal problems, but also about the importance of helping other members of the group. In many circumstances, the group gathers in a room with seats placed in a huge circle so that everyone in the group can see each other. Members of the group may begin a session by introducing themselves and explaining why they are in group therapy. Members may also discuss their progress and experiences since the last meeting. The strength of group therapy resides in the one-of-a-kind opportunity to receive diverse viewpoints, support, encouragement, and criticism from other people in a secure and private setting. These interpersonal encounters can help group members gain a better understanding of themselves and how they connect with others.

Group therapy can provide a secure and encouraging environment to try out new ideas and ways of being. It is the most effective treatment approach for many emotional challenges, psychological struggles, and relationship issues that college students confront. For many people, group counselling may be the most effective treatment option. However, in order to group work to be effective, practitioners must have a theoretical foundation as well as the ability to apply this knowledge creatively in practice.

6.1.1 Goals of Group Counselling

People who participate in counselling groups benefit in many ways. Some of the goals of group counselling and psychotherapy are mentioned below:

- To acquire a better knowledge of personal issues and look into potential remedies.
- To provide as well as receive feedback along with encouragement for the participants.
- To feel connected to other group members who are facing similar challenges.
- To practice communication skills in a secure group context.
- To learn more about how others perceive you.
- To improve your capacity to recognize and communicate your emotions.
- To cut down on social isolation.

6.2 A BRIEF HISTORY OF GROUP THERAPY

Let us have a look at some important events and dates of group psychotherapy and counselling. With a history since the early 1900s, group psychotherapy has quickly developed. J. H. Pratt, Jesse B. Davis, and J. L. Moreno have a significant contribution to the development of group therapy.

Contribution of J. H. Pratt and Jesse B. Davis:

In 1905, J. H. Pratt provided the first organized and formal therapeutic group experience with tuberculosis patients in Massachusetts General Hospital. Probably the first group counselling strategy used in schools was in 1907, when Principal Jesse B. Davis of Grand Rapids (Michigan) High School mandated that one English lesson per week be given to "Vocational and Moral Guidance".

Contribution of J. L. Moreno:

In 1914, J. L. Moreno published a philosophical work on group methods and procedures under the name J. M. Levy. Moreno created the "Theatre of Spontaneity", a precursor to psychodrama and introduced the term group therapy in 1931. He also coined the phrase "group psychotherapy." Moreno invented psychodrama, an early type of group therapy. This prepared the path for group therapy and group counselling that emerged in 1932. American Society of Group Psychotherapy and Psychodrama (ASGPP) was established by Moreno in around 1942.

Other significant events:

Apart from the above mentioned historical events and contributions of some of the important pioneers, let us also have a look at some other significant events in the context of group psychotherapy. These events are as follows:

- S. R. Slavson founded the American Group Psychotherapy Association in 1942.
- Helen I. Driver produced the first textbook on the topic of group work, “Counselling and Learning through Small Group Discussion” in 1958.
- The American Psychological Association started publishing the journal called “Group Dynamics: Theory, Research and Practice” in 1997.

6.3 BENEFITS OF GROUP PSYCHOTHERAPY

Some of the benefits of group therapy are as follows:

1. **Being a part of a group** might help you gain perspective from people who are familiar with your issue and express/share your views and opinions.

2. **People who participate** in group therapy have the opportunity to socialize with others in a friendly and safe setting.

3. **Group** therapy is frequently used in conjunction with individual therapy and medication. It can show people that they are not alone in their difficulties and provide them with opportunities to meet new people and socialize, which is something that many people lack in their daily lives.

4. **Social skills can be enhanced through group therapy**. Group therapy can help you engage with others and improve your communication skills by allowing you to participate in a group setting. These social contacts can be beneficial, life-enhancing, and enjoyable for people who have suffered greater loneliness.

5. **Self-reflection and awareness**: Groups can teach you new things about yourself that you were not aware of before. Listening to the group's input can help you develop this self-awareness.

6. **Support and encouragement** from a wide range of people: Individuals can receive support and encouragement from a wide spectrum of people through group therapy. Individuals in the group can also observe what others are going through and acknowledge their challenges or issues, which can make them feel less isolated.

7. **Group members can serve as role models:** Seeing how others have dealt with their challenges effectively can make group members feel more optimistic about their own recovery and, in certain situations, inspired. People who are beginning to heal can then serve as role models for others. This can help to create a culture of hope, encouragement, and motivation.

8. **Observe Behaviour:** Conducting group therapy has the advantage of allowing the counselors or therapists to observe how individual members react and behave in social situations. Group therapy sessions can give the counselors or therapists a better grasp of how each individual behaves, interacts, and responds to others in social circumstances than a one-on-one session could.

9. **Some people** may start to feel safe and secure in the group, and thus be more confident in displaying natural behaviours and expressing themselves.

6.4 DRAWBACKS OF GROUP PSYCHOTHERAPY

Group counselling has its own drawbacks. Following are some of its drawbacks.

1. Many people are frightened of being around and discussing sensitive thoughts and details with others, thus group therapy can be intimidating.

2. Group can make people feel uncomfortable: Group therapy sessions can become very intense, which might make some members uncomfortable. As a result, some people may become too uncomfortable to continue attending group therapy sessions.

3. Loss of trust:

Within therapeutic situations, trust is essential; frequently, clients must have some level of trust in a practitioner before disclosing sensitive or intimate information about them. It may be considerably more difficult to build trust with all of the members of the group at the same time, as the individuals will have to build trust with a number of people with whom they may not have had personal ties.

4. Clashes of personality:

In groups, there will often be a mix of personalities, with some individuals having significantly different personalities than others.

5. When a group shares their opinions, there is sometimes a difference of opinion and position, which can lead to disagreements between group members who have opposing moral or ethical views on a topic. Some people's views on a subject may differ from the values of others in the group.

6. Limitation regarding privacy:

A person who is invited to participate in group therapy may feel as though their privacy has been invaded. Some people may be uncomfortable expressing previous or current situations, feelings, thoughts, and beliefs that they consider personal or sensitive. Some people may feel more at ease discussing such difficulties and sentiments in the solitude of a quiet room with a single person with whom they have developed trust and a bond.

7. Discussions

about matters that were painful to an individual inside the group may provoke feelings and ideas associated with this occurrence for people who have experienced trauma and/or abuse.

6.5 TYPES OF GROUPS

Quite possibly, some of us believe that the term "group" only refers to a counselling or therapy group for disturbed people. In truth, there are various types of groups, each with its own set of goals. Based on group aims, characteristics, and leader duties, the Association for Specialists in Group Work (ASGW) defined four unique types of groups in 2007. Task, psychoeducational, counselling, and psychotherapy are the four categories.

1. Task Group:

Task groups are primarily concerned with getting a group from point A to point B. In many organizations, groups become paralyzed for a variety of reasons, all of which have a negative influence on the organization's capacity to achieve its objectives.

Good task group facilitators may improve the efficiency and productivity of an organization by assisting the group in identifying its goals and working with the group to overcome any roadblocks to success. While personal matters are rarely discussed in task groups, task leaders should be aware of interpersonal dynamics that may aid or hinder the work (Conyne, 2014).

Task group has objectives of completing a certain task such as handling and resolving various issues pertaining to house residents, regulations about the schools, paying attention, and discussing about the clients in mental health settings. Organizing meetings across various stakeholders is one of the tasks. Organizational meetings, staff meetings, planning sessions, faculty meetings and decision-making meetings are very common in a task group. In the business world, a focus group is usually seen for product impressions and evaluating products.

In a task group, the leader's job is to keep the group on track and stimulate discussion and engagement. The members of some task groups can stay focused with little assistance from the leader, therefore the leader's job is more facilitative.

2. Psycho-Educational Group:

The nature of the psycho-educational groups is largely preventative. The psycho-education group also assumes that group members may have a skills deficit. One of the examples of such a group is a parenting group, for example, group leaders might assume or observe that some of the members have parenting skills problems. The group members attending such a group will try to learn new skills pertaining to parenting.

The curriculum used in the psycho-educational group is prepared to overcome and correct the skills deficits pertaining to various areas and a group member follows such curriculum. Psycho-educational groups require two key elements to fulfil their objectives: information transmission and processing. The group leader's responsibility is to deliver new information because group members are there to learn something new.

Mini lectures, handouts, video clips, and exercises are frequently used to communicate these new abilities in a didactic or experiential manner. Too often, group leaders are solely concerned with disseminating knowledge and neglect to spend time processing it. Ignoring the processing can greatly reduce the effectiveness of your psychoeducational groups and limit your members' ability to change.

3. Counselling Group:

Counselling groups are distinct in that they focus on using the group's current interactions to learn about the self and generate possibilities for change. This group is also commonly referred to as the "personal growth group".

In this group, the goals are achieved through the interactions among the group members which are usually interpersonal. In this group, sharing of group members is focused on here and now (present-oriented) so the processes are very important and one of the roles of counselors is to help the group to move from external sharing to internal. In counselling groups, the relationships among the members become the agent of change.

4. Psychotherapy Group:

Psychotherapy groups are usually formed to deal with the problems that are psychological in nature and psychological maladjustment which might impact daily functioning. One of the features of the psychotherapy group is that it is usually long term in nature because it has its base in classical psychoanalysis and psychodynamic approaches.

5. Support Group:

The support groups are formed for the people who have common issues or problems. Members of such a group usually interact with each other on a particular problem and try to share their feelings and thoughts on one hand and try to help each other by exploring difficulties and various concerns on the other hand.

In a support group, the leader's job is to encourage individuals to share. The exchanges should ideally be personal, with members speaking directly to one another. For these groups' leaders, it is critical to remember that the objective and goal of the group is to share. It is impossible to achieve if the leader or any single member has too much power.

6. Self-Help Group:

The type of group is the self-help group, which is becoming increasingly popular. Self-help groups are usually led by laypeople with similar issues to those at the meeting.

Alcoholics Anonymous (AA) is the most well-known self-help group. Attending sessions of can improve the lives of millions of people. Many other self-help groups use the Twelve Steps to follow the AA paradigm.

7. Growth Group:

Growth groups are generally beneficial to members who want to learn more about themselves and want to experience being in a group. The first T-groups, or training groups, were held in Bethel, Maine, in 1947.

Growth groups would include sensitivity groups, awareness groups, and encounter groups. Schools, colleges, community centres, and retreat facilities are all places where growth groups are held.

Members of these groups have the opportunity to explore and develop personal goals as well as gain a greater understanding of themselves and others. Changes in lifestyle, a greater understanding of oneself and others, improved interpersonal communications, and a value evaluation are some of the goals that can be achieved in a sharing and listening environment. As diverse difficulties come to the surface in growth groups, a lot of therapy will take place.

6.5.1 Basic Elements Of Group Facilitation:

Following are some important elements of group facilitation:

- Each team member of the group must feel important and valued.
- Each individual in the group should have a sense of acceptance and belongingness with the other member.
- Group members should feel safe and feel understood by the group.
- The topic of discussion and the purpose of the group should be clear and they should have a good understanding of the same.
- Each Member needs to contribute and participate in the sharing of the decision making.
- The group member should feel that the topic that is being discussed is helpful and worth the effort.
- The arrangement of the group should be such that each member should be able to look at each other.

6.6 THEORETICAL APPROACHES IN CONDUCTING GROUPS

1. Brief Cognitive Group Therapy:

Cognitively driven therapeutic techniques are very useful and work very well in group therapy. In this type of group therapy, the group is educated about the basics of the cognitive approach followed by which each member is able to identify the triggers that can increase their risk of indulging in the abuse of any substance. Each member takes a turn in presenting the situation and event that are negative.

Members of the group help the therapists in exploring or asking for more information about the thoughts of the clients and how these thoughts are playing role in negative feelings that might trigger the use of the substance.

Finally, the members of the group try to provide the clients with various alternatives for viewing the situation.

2. Cognitive-Behavioural Group Therapy:

In this group therapy, more importance is given to the self-defeating thoughts, beliefs and ideas. Each group member has to identify thoughts or beliefs in each other. Behavioural therapy techniques such as visualization and homework are encouraged by the therapists, so that group members can participate in identifying the thinking, feeling and behaviour of the various antecedents.

3. Solution-Focused Group Therapy:

The strategic therapists challenge each group member to explore ineffective attempts at solutions using strategies similar to those employed in family therapy. The therapists encourage group members to examine and process these proposed solutions, recognizing when they are ineffective, and then engaging the group in brainstorming other alternatives. Where appropriate, the therapists also strive to change group members' perspectives of problems and to help them comprehend what is going on. The therapists usually direct the process, while participants offer each other advice and encouragement as they seek out and implement appropriate solutions.

For both group and individual treatment, the concepts of solution-focused therapy remain the same. Customer goals can be defined using the "miracle" question, progress can be tracked using scaling questions, and successful solutions that work for each client can be identified. The therapists strive to develop a group culture and dynamic that encourages and supports group members by recognizing and celebrating their accomplishments. Simultaneously, the therapists strive to keep the clients' digressions ('war stories') and personal attacks under control. The therapists attempt to motivate group members - who, unlike in family therapy, are all treated as "clients" - to take positive action.

4. Brief Group Humanistic and Existential Therapies:

This category encompasses several approaches. The transpersonal method can be tailored for individuals with substance abuse issues and is beneficial in meditation, stress reduction, and relaxation therapy groups. It is beneficial to hear other individuals talk about their opinions while dealing with matters of religion or spirituality. In this way, past demeaning or punitive religious experiences might be reframed in a more meaningful and constructive context.

Gestalt therapy in groups allows for a more thorough integration because each group member can contribute a piece of personal experience. Each group member contributes to the formation of the group, and all of their perspectives must be considered when making a change. Role-playing and group dream analysis are useful and relevant exercises that can assist clients in coming to terms with themselves.

6.6.1 Effective skills in Group Counselling:

Reflection of feeling:

This is a very important skill that allows clients in the group to understand and comprehend responses coming from each other and provide the opportunity to the clients for relating with others through the reflection of feeling so that other group members feel understood.

Active Listening:

Through active listening skills, clients become more aware of their own listening style in a group setting. Clients in the group becomes more serious when they know that the inputs given or shared by them are being taken seriously and other members were actively listening to them.

Clarification:

This skill helps the group members to check for accuracy, if they are not clear with what is said by the other group member. Clarification makes abstract communication very concrete.

Summarizing:

Summarizing is useful toward the end of the group session and it provides a recap of what was discussed in the group. Sometimes summarization is useful in the mid of the session. There are multiple elements in the group discussion and summarization helps to tie these elements together. Summarization also helps in identifying the similar themes or the patterns of the phenomena or topic that is being discussed in the group. Lastly, it helps in reviewing the progress.

Linking:

Linking is useful because through linking clients can connect with others in the group and when they are going through the same concerns linking is a very helpful skill.

Minimal encourager:

Minimal encouragers help members of the group to be more open with others, so that sharing personal stories and feelings becomes easier.

Focusing:

Focusing skills assists group members to be more attentive to the group concerns.

Cutting Off:

By using cutting off skills, counselors assist the group members to stay focused on the topic and as a result of this every member of the group gets a chance to share their concerns.

6.7 STAGES IN GROUPS

Effective group counselors understand that groups move through five stages: reliance, conflict, cohesion, interdependence, and termination, in addition to preplanning. Tuckman and Jensen (1977) defined the stages as "forming, storming, norming, performing, and adjourning." Counselors can create or use suitable leadership interventions by recognizing the stages of a group.

1. Forming:

This initial stage of group development is named "formation" Or "dependence". At this stage, members are not very sure (unsure) of themselves and they might seek guidance from the leaders at this point. This method allows members to discover who they are as individuals inside the group and to begin building trust.

2. Storming:

"Conflict," often known as "storming," is the second stage in group counselling. It could be either overt or covert. The amount of conflict and the type of conflict that is generated is determined by the level of the jockeying.

3. Norming:

This is the third stage which primarily focuses on the "norming" or "cohesion". Sometimes this stage can be described as a stage which develops the spirit of "We-ness" among group members. Members get mentally closer and calmer as a result of it. Everyone in the group feels included, and fruitful sharing begins.

4. Performing:

The group's major job begins in the fourth stage called performing. Interdependence grows as a result of this stage. Members of the group can take on a wide range of productive responsibilities and work on personal difficulties. The group's degree of comfort rises as well. This is a great moment to solve problems. Almost, half of the group's time is spent raising the comfort the group.

5. Adjourning:

This is the fifth and final stage that deals with the ending of the process. A separation that happens from the organization raises issues of loss in this stage. This stage also places a strong emphasis on celebrating achievements that have been met.

Communities and society as a whole rely on the structure these groups provide. This is because people are born into a group, develop as members of a group, and die as members of a group. As a result, group counselling is used to assist members in meeting their own needs, resolving

interpersonal conflicts, and achieving their objectives. This unit covers all aspects of group counselling.

6.8 SUMMARY

Group Counselling has a long and illustrious history in helping individuals with various mental health concerns. Group counselling uses various effective methods to assist individuals with mental health problems. These methods can be therapeutic in nature, preventative and educational. Task groups, psychotherapy groups, counselling groups and psycho-educational groups all have objectives to be achieved and standards and procedures to be followed.

Practices and theoretical frameworks used in group counselling are frequently similar to those used in individual work or counselling. However, there are a few certain distinctions in applications and the processes of group counselling, while working with a group differs significantly from dealing with individuals. The success of group counselling or its effectiveness depends on the group leaders. Therefore, it is important that they should be capable of dealing with a variety of issues and topics as well as people.

There are various ethical and legal guidelines those leaders from group counselling have to follow and largely these ethical, legal guidelines and procedural requirements are determined by professional organizations. Group counselling is concerned with the overall well-being of the group members. Problems are identified and anticipated before they occur, so that proactive steps can be taken to correct them. Follow up is usually done with group members after the group is terminated.

Group counselling has various stages and each stage has its objectives to achieve. These groups are nothing but the expanding ways of working with people to achieve individual and collective goals. Professional counselors must acquire group skills to successfully run these groups.

6.9 QUESTIONS

1. Explain the psycho-educational group counselling in brief and how it is different from task group.
2. Describe in brief the nature of group counselling.
3. Highlight the drawbacks of group counselling
4. Describe the benefits of group counselling
5. Explain in brief any four stages of group counselling.
6. Elaborate on the essential skills in conducting group counselling.
7. Describe any three theoretical approaches to group counselling.

6.10 REFERENCES

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7

COUNSELLING IN DIVERSE GROUPS - I

Unit Structure

7.0 OBJECTIVES

- To explain what diversity means, and to address issues related to counselling diverse populations.
- To explain the needs of the aged and their counselling.
- To understand gender-based counselling for men and women.
- To understand counselling with Gays, Lesbians, Bi-sexual, and Transgender (LGBT).

7.1 INTRODUCTION TO DIVERSITY

Psychology as a discipline works on the basic understanding of 'Individual Differences'. However, individuals do not differ based only on personal characteristics, such as their intelligence, aptitude, and personality factors; but also based on larger social groups they belong to. By differences from a larger social group context, we are referring to age diversity, gender, religion, caste, class, region, language diversity, sexual orientation, disability groups, etc. These groups represent different identities that people carry when they function in society, along with different

socialization processes and experiences people have during the course of their life. Their belief systems, value orientations, attitudes, and behaviours are shaped as a result of these social differences.

Social differences may also be represented by power differences in society which may lead to some groups being vulnerable, oppressed, marginalized, and abused. Such power differences and social hierarchies, however rigid or flexible may lead to unequal and unfair treatment of people in the weaker sections of these social groups. This can include limited access to resources, experiences of humiliation, ridicule, and even injustice, being victims of abuse, violence, and being subjected to other forms of unfair or at times inhuman treatment. Hence, clients do not only get their differences to the counselling session, but they also carry the baggage of their own experiences or beliefs that are shaped by the experiences of their community members. Counselors should not only value and respect differences; they must recognize and acknowledge the unfairness and oppression that clients may be subjected to.

A relationship between a client and a counselor that is based on trust, empathy, genuineness, and unconditional positive regard, is central to working with diverse clients. These may just be the core conditions outlined in the Rogerian framework of counselling, but are of utmost importance, especially while working with diverse clients. While working with diverse clients, counselors should show openness to understanding clients' different worldviews and experiences, and demonstrate awareness about the challenges clients face as a result of belonging to a particular social group.

Understanding oneself and working with oneself is an important part of the diversity training of a counselor. Counselors must keep a check on their own biases that they have while working with clients from diverse backgrounds, and try to resolve them before they engage in counselling sessions. Their own lived experiences with diverse groups, their attitudes, beliefs, stereotypes, and prejudices can negatively influence the working relationship in counselling and the counselling process as a whole. In this unit, we would try to understand working with diverse groups such as age, gender, and sexual orientation.

7.2 COUNSELLING AGED POPULATION

The postnatal life of the individuals begins from their birth and ends with their death. If we take the entire life course of the individuals, they go through different systematic changes in their life which we call human development or lifespan development. These changes take place at various levels, mainly physical, cognitive, and psychosocial.

These changes are also accompanied by adjustment problems, which are related to understanding the physical and cognitive changes, and their interactions with the physical and social environment in which an individual functions. With the change in age, also come emotional changes as a part of the maturation and learning process, meeting of age-specific

social expectations and norms, development of the self into a dynamic and purposeful unit of human functioning, along with the spiritual development of an individual. Each of these dimensions of psychosocial development brings along with it a unique need for adjustment.

Along with these individual changes that are taking place during the course of a lifespan, event-related changes (some expected and some unexpected) also may take place throughout their lifetime. Such changes may include entry and exposure to different levels of education and educational institutions, changes in job, changes in friend circles, changes in the house and residential location, marriage, having children, different crises, death in the family, etc. As a part of understanding adjustment at different stages in the lifespan, counselors must also try and understand how individuals at different ages would relate to the changes in life.

There are different terms used to refer to the aged population, such as elderly, older adults, older persons, old people, senior citizens, etc. The National Council of Senior Citizens (NCSrC) under the Ministry of Social Justice and Empowerment, Government of India recognizes 60 as the legal age to be considered a Senior Citizen. This age may vary from country to country and normally ranges between 60 to 65 years, which makes persons above this age to be beneficiaries of different policies, facilities, concessions, etc., devised in that particular country. In India, according to the 2011 census, this population comprises 8.6% of the total population.

The age of 60 (may vary from 58 to 65) in India also marks the age of retirement for the working population, unless they opt to continue with bridge employment, or they are entrepreneurs, or self-employed. In Indian society, many women who have been homemakers may not experience the change that comes with retirement, as they continue their role in the household until they encounter a decline in their health or they choose to delegate the responsibility to the younger persons in their family. With retirement, also come financial planning or dependence, changing family roles, changing peer circles, and other alterations in lifestyle and life planning.

In collectivistic cultures like India, families and neighbourhood prove to be integral support systems for the aged. However, with changing the social culture of migration, changing family structures, urbanization and modernization, the aged are left to take care of themselves and manage their needs. Moving to ‘old-age homes’ has also become more common in recent times, especially given the absence of their children and inability to engage in health care.

7.2.1 Old Age:

Old age may be considered a stage in people’s life; however, ageing is a process. This process is accompanied by changes at a biological, psychological and socio-cultural level. Older people may have an abundance of wisdom based on the experiences they have had over the years, but may also witness a cognitive and psychomotor decline in certain areas. Cognitive challenges may include a decline in the ability to

concentrate, reason, think or remember, along with being in a state of confusion; and these characteristics may be loosely referred to as being weak. Adaptation challenges arise due to life changes, such as retirement, loss of a spouse, loss of loved ones, loss of social contact and friendly ties, migration or marriage of children, or even preoccupation with the idea of one's death.

With the ageing body, older people are also likely to encounter various health problems affecting their well-being. The biological process of ageing is called senescence, which is cellular degeneration and tissue dysfunction, leading to a gradual decline in physical strength, functioning and responsiveness across multiple organs, increasing vulnerability to various diseases. Common chronic problems, such as blood pressure, cardiac problems, arthritis, and diabetes are likely to have a harmful effect on the quality of life in older people.

Some elderly persons encounter neurological impairments, such as Parkinson's, dementia, Alzheimer's, Stroke and sensory impairments in vision and hearing that are likely to affect their functioning, family and social interactions, and also cause distress in their lives. Physical and psychological issues that arise in old age may alter people's course of life from the ability to self-care to being dependent on others for their care. This condition does not only make them feel vulnerable in their family relationships, but may also lead to a lower sense of self due to a loss of autonomy and control that they may have had in the major part of their life. Neugarten (1978) looked at old age as consisting of three major stages:

- **Young-Old:** Those who are between the ages of 65 to 75, and may be physically, mentally and socially active, even after their retirement.
- **Old:** Those who are between the ages of 75 to 85, and are considered to be less active as compared to the 'young old'.
- **Old-Old:** Those who are 85 and above, and would be moving towards a decline in physical and cognitive functions (see Gladding, 2018).

However, these categories are based on large generalizations. Even though we may be able to draw a linear negative relationship between the ageing process and one's level of activity and functioning, the factors such as health and psychological adjustment to old age would differ from person to person, which in turn would determine who is more active in different spheres of life. According to different sources, such as the World Bank, World Health Organization (WHO), and United Nations, the average life expectancy in India is around 69 to 70 years. This implies that on average, Indian elders may not enter into the later stages of their old age.

Important theories have helped in outlining the psychosocial aspects of ageing to understand what can be understood as a positive and successful ageing process. The last stage of Erik Erikson's theory of psychosocial development: ego integrity v/s despair represents the stage of old age. The elderly persons may celebrate their accomplishments over their lifetime

and derive satisfaction from the course of life they spent or they may carry feelings of guilt, bitterness and disappointment leading to depression.

Erik Erikson's Eight Stages of Psychosocial Development:

Stage/Age	Challenge	Strength/Virtue
1. Infant (birth to 18 months)	Basic trust vs. Basic Mistrust	Drive, Hope
2. Toddler (18 months to 3 years)	Autonomy vs. Shame/Doubt	Self-Control/Courage
3. Preschooler/Play Age (3 to 5 years)	Initiative vs. Guilt	Purpose
4. School Age (6 to 12 years)	Industry vs. Inferiority	Method/Competence
5. Adolescence (12 to 18 years)	Identity vs. Role Confusion	Devotion/Fidelity
6. Young Adulthood (18 to 35 years)	Intimacy vs. Isolation	Devotion/Love
7. Middle Adulthood (35 to 55/65 years	Generativity vs. Stagnation	Production/Care
8. Late Adulthood (55/65 to death)	Ego integrity vs. Despair	Wisdom

{Source: Gladding, S.T. (2018). Counseling: A Comprehensive Profession (8th Ed). London: Pearson Education, Inc.}

The sense of integrity in the last stage of Erikson's developmental theory represents the feelings of acceptance of whatever happened in their life, having a sense of wholeness, and closure to life goals. The sense of despair comes when one views their past as marked by failures, unfulfilled wishes, and regret about what they could have done differently.

Continuity theory by Robert Atchley discusses a more adaptive process of ageing, on how people may seek to maintain a sense of ego integrity (internal continuity) through self-esteem, competency and acceptance of their past; along with consistency in activities, social engagement, and other patterns of living the earlier life stages (external continuity). This would require them to actively plan and use strategies to adapt to the challenges that old age brings with it. Similarly, activity theory emphasizes the importance of being active and maintaining social relationships and interactions. The person's active engagement in community activities, recreational activities, leisure activities, and other responsibility-related activities, for example – family roles, are important for the well-being of the aged.

On the other hand, disengagement theory speaks about withdrawing from the earlier activity, roles and social behaviour, and accepting old age as a

new stage of life. Role theory emphasizes the importance of pre-existing roles people play in their life in having a sense of control and prestige in life, which contribute to their well-being. With ageing comes a loss of roles in life, for example, with retirement comes a loss of a role of worker, with the death of a spouse one loses the role of a husband/wife, and with children growing into adults, one may lose the role of active parenting; adding to despair in their life.

People in old age are more likely to face ageism. According to World Health Organization (WHO), ageism represents the stereotypes, prejudice and discrimination people face based on their age, and is related to poorer physical and mental health in people who encounter it. Ageism shapes intergenerational interaction, and acts as a barrier in their relationships, along with the inability to benefit from each other. Older people themselves may not accept their ageing process in a healthy way. They may go through what Friedan (1993) called the mystique of age, as they dread getting old, because they are moving away from their idealised youth. They may engage in behaviours that help them distort reality and be in denial since the idea of old age is so threatening.

7.2.2 Needs of the Aged

Old age also leads to demands to cope and adjust to several issues, which need to be addressed in counselling. Some of them are as follows:

Dealing with retirement:

This may come along with financial instability, and also dealing with the psychological vacuum caused due to the absence of work. This need is characterized by a loss of identity and recognition associated with work. The feeling of a sense of diminished self may arise out of this as in most parts of adulthood, a working person's self-concept revolves around the nature of work, the role they play, the status and value associated with their work, etc. Loss of social relationships that are established at the workplace may also contribute to the psychological vacuum caused due to retirement.

Coping with Isolation and sense of Loneliness:

This may be caused by many factors, such as lack of social participation due to health and mobility issues, loss of friends due to their death, relocation, etc. Inter-generational stereotypes, hearing loss, memory loss, lack of concentration, characteristics such as agitation and irritability may also act as communication barriers between elderly people and their family members. Additionally, death of spouse, migration or immigration of children (often after marriage) may also add to a sense of emptiness in their lives.

Managing changing health conditions:

The decline in physical strength, agility, and vigour is something difficult to accept. Health issues are also accompanied by the changes in lifestyle,

living arrangements, financial burden, need to exercise and maintain a strict diet, need to meticulously follow the medication, and other recommended treatment requirements, etc. Declining health also fosters dependency on others for caretaking; thus, a feeling of being weak and incapacitated can be associated with it. Major illness and chronic conditions can contribute to a lot of distress to elderly persons. Additionally, the idea of one's death also becomes salient. Therefore, anxiety and preoccupations with such thoughts, planning and preparation for one's death are common features.

Adjusting to changing roles:

As a person moves across different stages of life, the nature of roles and related expectations keep changing. Similarly, old age is characterized by a demand to let go of the earlier roles, and assume new roles in the family and society at large. For example, even though the relationship of parent-child is specified, as children grow big and parents get old, the parenting role and associated behaviours are expected to change. Notably, parents may now play the role of grandparents, and lovers may now play the role of companions. The power dynamics may also change in the new roles assumed. Post-retirement, moving from structured roles and expectations one earlier had in the workplace, to assuming unstructured and flexible roles in life, may bring about ambiguity and lack of purpose in life. Only with proper planning, self-awareness and realistic understanding can an elderly decide upon new roles, be self-determined and find meaning and purpose. At the same time, with an ample amount of free time, assuming a new role of engaging in leisure activities and releasing the burden of responsibilities can also enhance their well-being. However, such a role assumes the requirement of the abundance of time, money and support systems.

Coping with abuse and neglect:

With dependence and loss of power comes vulnerability to be exploited, treated unfairly, violation of basic human rights, etc. Changing roles and power dynamics in the family, deteriorating health and fitness of the elderly, financial and physical care dependence, make old people easy victims of neglect and abuse. Conflicts due to a succession of property and wealth, tense relationships in the family, changing family structures, etc. have led to the increased likelihood of abuse and neglect. Neglect occurs when family members or caregivers do not attend to the needs and requirements of the elderly, such as not providing food, water, medicines, etc., when they need it. However, neglect can also take place at an emotional level or social level, for example, not listening to the elderly when they need to express something or not assisting them when they need to go meet a friend, etc. The different types of abuse the elderly people may face can include physical abuse, verbal abuse, sexual abuse or financial abuse.

Other mental health issues:

Depression, grieving and bereavement, existential loneliness and anxiety, sense of insecurity and uncertainty, dementia, suicidal ideations, etc. are all interrelated and common in old age. With drastically changing physical, mental, familial and social scenarios in old age, the elderly experience a deep sense of alienation, which according to Seeman (1959) is characterized by a sense of normlessness, powerlessness, isolation, meaninglessness, and self-estrangement. Feelings of alienation can lead to a sense of helplessness and hopelessness, and also lead to depression and other pathological conditions in the elderly population. The quality of life experienced by the elderly also contributes to their psychological well-being. According to the World Health Organization (WHO), quality of life in the elderly can be understood at multiple levels:

- Physical health (e.g., energy, lack of pain, or proper sleep)
- Psychological (e.g., positive feelings, less negative feelings, self-esteem, intact thinking and memory)
- Level of independence (e.g., in mobility, activities of daily living, work capacity)
- Social Relationships (e.g., social support, personal relationships)
- Environment (e.g., financial resources, freedom, physical safety, accessibility to health care, recreation/leisure)
- Spirituality, religion, personal beliefs and their benefits

7.2.3 Counselling the Aged:

While working with diverse clients, training to understand their needs, and accordingly adapting counselor's skills sets to suit the clients, is of utmost importance; and the same is true while working with old people. Counselors need to address their own attitudes and stereotypes they may have about old people before they begin therapeutic work with them. Negative attitudes of the counselors can influence the client-counselor relationship and also affect the process of counselling.

Colangelo and Pulvino (1980) point out how some counselors experience the investment syndrome, wherein they feel that it is better to spend their time and energy working with younger people, who would go ahead and contribute to society, rather than old people. Schofield (1964) had identified a similar attitude in counselors, and coined an acronym YAVIS, which also came to be known as YAVIS syndrome. The acronym represents counselors' preference for YAVIS- young, attractive, verbal, intelligent, and successful clients; and because of this bias of preference, they may not prefer working with old clients.

Similarly, elderly clients also have shown resistance and transference in the therapeutic alliance while working with younger counselors, who according to their frame of reference are inexperienced and feel that they

lack the capacity to understand or help them through their difficulties. Intergenerational experiences and the idea of exchanges they have had in the past with younger family members may be transferred towards the counselors. Counselors need to also be aware of the chances of counter-transference.

Counselling work with elderly clients can focus on the needs that we discussed earlier. The scope and working of different psychotherapies remain the same while working with the elderly clients too. However, counselors should be open and flexible to learn and adapt techniques and processes of therapy to suit the needs of elderly clients. The counselors also need to make attempts to understand the socio-cultural context, and intergenerational differences while working with this population. For example, in this stage of old age, spirituality and religiosity may take priority in life. Thus, the counselors can think of ways to incorporate this dimension into the process. But at the same time, taking care to not disrupt the actual therapeutic process.

While working with elderly clients, a focus could be on improving their coping strategies and equipping them with skills through appropriate training, that is, skills that are essential for their adjustment and well-being. Indirect interventions, such as support groups, planning recreational tasks, social participation initiatives, etc. may also be beneficial for elderly clients. Several therapeutic approaches, such as cognitive-behaviour therapy, psychodynamic therapy, existential therapy, life review approaches, group therapy, family and couples therapy have been found to be helpful while working with elderly clients. Apart from this, counselors should also focus on addressing practical issues, providing psycho-education, and helping clients to learn problem-solving approaches.

Counselling, its purpose and its process may be an entirely new experience for elderly clients, who lack exposure to this approach of helping. Counselors should make sure that they increase the familiarity of the clients with the psychotherapy process, clarify expectations from the clients, especially concerning their active commitment towards therapy. Communication barriers are common in such a counselling set-up, wherein elderly clients may be soft, slow, unclear, lack concentration, etc. The counselors should make sure that they are patient listeners and adjust the pace of communication according to the needs and responsiveness of the clients, and engage in clarifying whenever they feel there is a gap in understanding.

Therapy should also focus on an increasing level of independence, self-reliance, self-care, and self-compassion in clients. Counselors must try to take a more holistic approach, keeping in mind the objective of enhancing the overall quality of the life of the clients; such as focusing on their role and functioning in the family, community participation, financial and health care planning, etc. However, while doing so, counselors should not claim expertise in areas in which they are not trained and do not come into their area of professional practice. For example, they can encourage clients

to take additional professional help from a financial planning expert, when finances are concerned.

7.3. GENDER-BASED COUNSELLING

In this section, we will address another aspect of counselling diverse groups, that is, gender. In this part, we will only consider the concerns related to counselling men and women. Even though the issues related to transgender could be technically discussed in this section, we will deal with this population in the next section. The American Psychological Association (APA) clearly distinguishes between the two concepts, namely, sex and gender. Sex refers to the biological aspects of being male or female, while gender indicates those normative aspects of being male and female that are shaped by one's culture; such as attitudes, behaviours and feelings. When one's behaviours are not in line with these cultural expectations, it can be considered gender non-conformity.

Gender roles and expectations shaped by culture can be a cause of stress, especially when personal goals, desires and ways of life clash with these norms. Cultural values and standards determine the social power, sense of autonomy each gender has in society and mostly does not represent the idea of gender equality. Clients' issues and needs are determined by the type of social conditioning and cultural ethos they grow in. Hence, being a man and a woman is a biopsychosocial phenomenon.

The cultural context of each gender needs to be understood by counselors. The experience of social discrimination, gender roles, stereotype confirmation concern, etc. is a part of people's lived reality. Gender relations, cultural sanctions and taboo about sexuality are also a part of the cultural prescriptions that people are expected to follow. In India, which is a diverse country, one needs to also understand the idea of intersectionality while understanding gender and its effects. The intersectionality perspectives shed light upon how social categories, such as caste, disability, class and gender, operate in interaction with one another. For example, a female with a disability would be more disadvantaged in society than a female without a disability. Similarly, a woman from a lower caste is more likely to face exploitation than a woman from an upper caste.

7.3.1 Counselling Women:

Women in most societies do not enjoy equal status. Equality may sometimes seem like a myth, especially in more conservative societies, women are deprived of basic freedom and autonomy to make their choices and decisions and do not have access to opportunities, such as education. The status and power differences among the genders are evident. The diverse landscape of India speaks of different cultures and differential experiences for women. Women are victims of violence, abuse, rape, and other forms of injustice. Counselling offers them to bring to the fore their painful experiences in an emotionally safe environment. Hence, the counselors hold the responsibility of resolving their own gender-related

prejudice and being self-aware of the nature of stereotypes they carry, as such stereotypes can influence the counselling process and act as a block to empathy.

The interests and life-related issues also differ for women. Their involvement in different roles in family and community, their intimacy issues, interpersonal and intrapersonal conflict, career options, and limitations imposed by society on their career aspirations all become important concerns to be explored in counselling. The fundamental skills and techniques of counselling and psychotherapy remain the same; and very importantly, the counselors' knowledge and sensitivity towards these issues specific to women, and awareness about how women perceive and relate to their inner and outer world are of utmost importance.

Since various factors like developmental progression, influences and changes, biological processes, emotional needs, social conditioning, etc. are different for women. These factors have a differential impact in relation to important aspects, like their comfort to express those aspects, remain in that therapeutic space, and engage at a deeper level with private self-disclosure. Importantly, this will also depend on the gender of the counselors. Landes, Burton, King, and Sullivan (2013) pointed out that a huge majority of women prefer female counselors. This is because they feel more comfortable talking to them, they feel that the counselors are similar to them, and can understand and relate to their experiences, and thus would be more empathetic with them in turn. The nature of issues for which one takes counselling may also influence their choice of male or female counselors. For example, clients' choice would be for a female counselor if it is a sex-related problem. On the other hand, as studies have shown, women prefer a male counselor for career counselling. Gender-based stereotypes also operate in making these choices. For example, women are expected to be more sensitive and warm, so female clients may prefer speaking to female counselors about issues that are personal and emotionally charged.

7.3.2 Concerns in Counselling Women:

One of the central concerns of counselling women is helping them to understand themselves and their lives better. Early gender socialization, gender role orientation, and gender-stereotypical understanding inculcated in women make them think of only their lives in a certain way. This is especially true in regards to the idea of sexism that people should be treated according to their sex, no matter how unfair it may be, without considering the person's true interests and abilities (Gladding, 2018). Gender socialization makes women internalize and accept the societal notions of sexism in a way that limits their opportunities, and also affects their well-being. There is also a tendency to normalize violence and abuse against women, blaming the victims as responsible for their behaviours that lead to consequences, or accepting that the unjust or unfair treatment that they receive is a natural part of the societal design.

Psychologists may consider themselves a-political and objective, however, their research and their theories have not been free from the cultural-socio-political ethos they were developed in. For example, early psychoanalytical theories have been found to be biased in a way they characterized women as dependent, passive, neurotic, conflicted and even morally inferior to men. A lot of theories have been developed by men, have been male normative, and have excluded women from it. Hence, understanding and interpreting women's behaviours from the lens of such theories could be problematic. For example, the concept of 'role conflict' was used to characterize the stress experienced by women who moved outside domestic roles to take a competitive paid role. This was based on the idea that the domestic role in the family is their natural role; while moving out to meet the demands of both work and the household was considered to be a source of stress for them.

Over the years, feminist psychotherapy has evolved as an independent approach, emphasizing the need for female equality, women's liberation, and serving as a critique of conventional theory and psychotherapy. This approach maintains that there should be no power difference between the counselors and the counselees, wherein the counselors only play the role of facilitators or catalysts for change. In this approach, the counselors help women to recognize their needs and desires by getting in touch with their inner selves. At the same time, counselors should be valuing what the female clients want and do not want rather than prescribing what ought to be right for women.

This approach helps females understand that they are people with rights. At the same time, they are dynamic and growing people, who are not just what society has defined them to be. They have their own emotional life, professional aspirations and choices, personal needs, and physical and sexual side to them. This approach understands that in a society that is not conducive to the well-being of women, personal is political. So along with personal change and growth, political realization and empowerment are also important.

7.3.3 Issues and Theories of Counselling Women:

Counselors need to understand the uniqueness of women and the specific issues they face across their life span. Counselors working with women need to put special efforts into acquiring as much knowledge about gender-related issues, including cultural, social and political aspects. Counselors need to understand how cultures can be oppressive, and what social justice means. The trauma, the psychological pain, and the anxiety related to experiences of oppression and abuse need to be understood and acknowledged. Scarato (1979) systematically pointed out seven areas in which counselors need to acquire knowledge while working with female clients. They are as follows:

1. History and sociology of sex-role stereotyping
2. Psychophysiology of women and men

3. Theories of personality and sex-role development
4. Life-span development,
5. Special populations
6. Career development
7. Counselling/psychotherapy.

The last area looks at finding different alternatives to conventional psychotherapy approaches, which could address women-specific issues (See Gladding, 2018).

The Feminist psychotherapy approach is one such alternative that started emerging in the 1960s. This approach helps counselors to take into cognizance how gender-based socialization processes affect women. This can be understood in terms of how it defines opportunities for women, the level of freedom they get, the traditional roles they are expected to adhere to, and the social consequences for being a non-conformist. This therapy is also transformational in nature as it encourages clients to understand their individuality and their rights and notions of equality, and utilizes the notions to facilitate a change process that is desirable for the clients. Contrary to what traditional psychotherapy thinks of psychological issues as being intrapsychic, this approach looks at the forces of society and culture that constrain and restrict women as the natural cause for their symptoms and related distress. The American Psychological Association (APA) provides the following guidelines to the therapists/ counselors while using psychotherapy with female clients:

1. Psychotherapists should reflect on their experiences with gender and how their attitudes, beliefs, and knowledge about gender and the way gender intersect with other identities, may affect their practice with girls and women.
2. Psychotherapists should strive to foster therapeutic practice that promotes agency, critical consciousness and expanded choices for girls and women.
3. Psychotherapists should use interventions and approaches with girls and women that are affirmative, developmentally appropriate, gender and culturally relevant, and effective.

7.3.4 Counselling Men:

Men, also, have unique needs and face their own forms of sexism. The pressure of achieving wealth, success, strength, power, performance; being the provider and protector, etc. are the burden of civilization and capitalism imposed on men. Sexism is also prevalent for men, making them targets of prejudice and stereotypes. Understanding the specific challenges posed by society on men is very important. Married men also go through intimate partner violence, emotional and financial abuse, etc.

However, most of the cases do not come in the front and are not shared with others, because society does not expect men to come across as weak.

Insecurity of being viewed as weak and losing the power status-quo makes men engage in compensatory behaviours, or acts of power and dominance, such as substance abuse, physical violence, sexual deviance and abuse, anti-social and delinquent behaviours, etc. However, they tend to ignore the needs of the self, and remain in constant denial of mental health problems as a result of this tendency to represent themselves as strong, self-reliant, and dominant, which also may have harmful health effects. For example, chronic stress may affect the immune system, and make them vulnerable to other health problems, such as cardiac issues, blood pressure, diabetes, etc. Counselors working with men need to understand and work with these unique challenges and issues that men are likely to bring to the counselling session as a part of their socialized self-concept.

7.3.5 Concerns in Counselling Men:

Men do not want to appraise themselves or portray themselves as weak to others. This is one of the reasons why men are hesitant to take up therapy. Therapy necessitates clients to open up about their emotions like anxiety, stress, fears, sadness, depression, etc. It also expects clients to engage in self-disclosure about their failures, perceived inability, lack of control, helplessness, and also maybe being victims of some form of abuse. Such emotions and self-disclosures have portrayals of weakness and can be threatening to men's masculine self-identity. Springer and Bedi (2021) tried to find out the reasons why men drop out of counselling. The reasons most men reported are that i) they interpersonally did not fit in the counselling relationship, ii) they did not find the approach of the counselors right, iii) they found it difficult to build trust, iv) they were concerned about the cost involved in continuing therapy, v) they felt that counselling services were no longer needed, and vi) they had time constraints or certain problems that were preventing them from continuing their counselling sessions.

Men approach counselors when there is an extreme condition, where the situation is causing unmanageable distress, for example, trauma, suicidal ideations, etc. According to Shay (1996), men enter into therapy with a lot of reluctance and are normally sent to therapy by their parent(s), wife, employer or probation officer. Thus, many times, seeking therapy may not be voluntary in men's cases. The reason for this is that counselling is about intimate sharing and exposing oneself and being vulnerable; for which men in their cultures are not socialized to do.

According to the gender schema theory, masculinity is associated with being athletic, self-reliant, independent, dominant, forceful, aggressive, assertive, leader, competitive, and ambitious. Men are socialized not to be 'emotional' and not to express them. Men are trained not to cry, not to express their emotions like sadness. On the other hand, emotions that depict power, such as aggression are accepted as normal for men. Hence, men are expected to adhere to these norms of masculinity through their

developmental stages, at least in moderation. Those who show atypical characteristics are looked down on by their society and are perceived as 'incapable', 'unmanly', etc.

Men are discouraged in stricter terms when they depict feminine characteristics as compared to women who depict masculine characteristics. Gender socialization for men begins from a very young age, wherein there is a type of power symbolism in the type of toys given to them; for example, toy guns, video-games that are either aggressive or athletic. They are also more encouraged to engage in athletic and explosive sports. Boys receive positive reinforcement for showing a lack of emotions and active physical actions. As a result, men are more likely to make career choices that are traditionally chosen by men, and also the ones which resonate with the idea of ambition, wealth, dominance, and leadership. Therefore, while counselling men, counselors need to understand the cultural context, patriarchal aspects, and gender socialization that men go through. This would help in better analysis of their behaviours, both in the counselling session and outside.

7.3.6 Issues and Theories in Counselling Men:

Helping male clients benefit from counselling sessions would require helping them come out of their traditional belief systems attached to masculinity and accept themselves as they are by recognizing their needs and aspirations. Counselors need to help male clients to explore even non-traditional roles, make non-traditional career choices that suit their interests, disprove stereotype confirmation, and make them experience less intrapersonal conflict and more congruence with the self.

Englar-Carlson and Kiselica (2013) came up with a positive masculinity approach to help male clients in counselling. This approach focuses on rejecting unhealthy rigid adherence to traditional masculinity and pays attention to the positive strengths of men related to their growth, excellence, and goodness. This approach tries to help men re-define themselves and find a renewed understanding of masculinity. Sexism, gender role socialization, and patriarchy, all restrict opportunities and exploration of new gender roles, even for men. It creates awareness of how the notions of masculinity condition men and how it is fundamentally limiting them. Hence, this approach tries to help males move out from these constricted forms of masculinity. Positive masculinity is a strength-based approach, which helps men discover their potential and move away from restrictive, and sexist ways of following traditional male roles.

This framework identifies the capacities and skills to help men discover who they are and differentiate them from who they are not, or what gender socialization is trying to make out of them. This approach tries to empower men to identify positive qualities in them, so that they can find renewed ways of being in society. Hence, using this framework, the counselors should help the male clients discover their creative, capable, and soft side in order to reduce the suffering of men who are caught up in

the stress of portraying themselves in certain ways to the society, but who they truly are not.

For counselling men, Duffey and Haberstroh (2014) suggest another approach called the Developmental Relational Counselling (DRC). For men, relationships are defined in complex ways, in terms of the cultural and life context, power, and their personality. This framework of counselling helps men in three different ways:

1. Developing a more accurate perception of others.
2. Understanding the degree of power and influence they exercise.
3. Develop deeper levels of compassion for others and self-compassion too.

When men can appraise themselves and perceive others in clear terms, they can participate in more rewarding relationships, that are marked by feedback and well-balanced self-reflection and self-perception. As men are conditioned to be more self-reliant, they find it difficult to naturally seek support from others and express themselves to others, which in turn affects not only the quality of intimacy they enjoy, but also their overall well-being. Through this framework, counselors help clients understand the cultural forces that shape their notion of masculinity, and how they define their interactions and experiences. Even though counselors value the clients' healthy male normative qualities, they also challenge them to develop a more relational and considerate side to them. Thus, the goal of the DRC approach is to develop empathetic and mutually rewarding relationships; along with developing a more balanced and accurate perspective about themselves and others.

Support groups for men, which may include group therapy work, also work well with men. It helps them work through their resistance, defence, put their guard down, and open up. Seeing other men relate to their emotions and develop respectful and empathetic communication with others helps them overcome the normative aspects of their behaviour and engage with others as a community. However, support groups normally are cultivated across people having special needs and common causes. Thus, something like having a support group for men might be rare; and therefore, it needs to be advertised properly, so that men who are willing to take a step to redefine themselves, their roles and their behaviours can avail of such help. Group therapy techniques to increase group cohesiveness, encourage participation, deal with 'acting out' of clients, and conflict management are important to develop a healthy working group for men.

7.4 COUNSELLING AND SEXUAL ORIENTATION

Like all other individual differences, some people may also have differences in their sexual orientation. In India, section 377 of the Indian Penal code criminalized homosexual relations. However, in September 2018, it was decriminalized, giving the right to love to the queer

population. Queer is an umbrella term, used for sexual and gender minorities, that includes - Lesbians, Gays, Bisexuals, and Transgender (LGBT). Counselling for the LGBT community is also called "queer affirmative counselling". Queer affirmative counselling is getting a lot of recognition in recent times, and avenues for specialized training are opening up. Queer affirmative counselling encompasses the lives and narratives of the LGBT clients, through their politics, struggles, lived realities and felt experiences.

People from the LGBT community face oppression, stigmatization, and even exclusion in society. They are stereotyped as being molesters, unfaithful, etc. As a result of unpleasant exchanges between them and other members of the society, both the majority and the minority may develop hostility towards each other. Exclusion is a common phenomenon among LGBT people as they are not only deprived of opportunities, but are sometimes even ostracized by their own family members. They have very little or no access to resources and power. LGBT's experience of all this put together can be referred to as minority stress.

People from the LGBT community face these problems from early in life. Sometimes, the confusion and conflict they experience may be different from others. Growing with this identity, especially when the family does not support or experience the stress to hide this identity and anxiety to reveal it is a very distressful process. The way peers deal with this information also plays a very important role. To face isolation, stigmatization, and humiliation by peers, along with having troubled relationships with parents is a dreadful childhood and adolescence experience. In later years of school and college, they may struggle to hide their identity, internalize homophobia, and try to pretend as heterosexual.

Career planning and decision making are often restricted for LGBT, and they often may not put the right efforts to explore their interests as they may just think of socially stereotyped expectations and make career plans. They know that they are likely to face discrimination while implementing these career plans, and may not find acceptance in educational institutions and workplaces. Rarely are things very favourable for growth, unless the parents and peers are supportive, but then you have the 'gaze' and criticism of society to survive. Dealing with these negative situations, and experiencing constant anxiety about the future can also lead to depression, and even suicidal ideation.

A society of prejudice, stigmatization, and disgust is difficult to live in. Even psychologists are a part of this society, who are deeply socialized to believe that heterosexual relationships are the right type of relationships or gender is a binary of males and females, and everything else is just 'unnatural', 'abnormal', 'immoral', 'unequal', etc. Therefore, many of the early education programmes or the training for psychologists and psychotherapists, focus on training the potential counselors for understanding the LGBT community – concerning who they are, how they live, and what they experience – to deal with counselors' negative mindset towards their LGBT clients.

Hence, doing psychotherapy and establishing trust with homosexuals, bisexuals and transgender by being genuine, showing empathy, etc., may be a difficult process. This process may be filled with discomfort for counselors, that is, micro-aggressors, being conscious of what would be the right thing to say, and lack of acceptance that may get reflected in the counselors' behaviour. This all then is also transferred to the clients. Hence, counselors need to go through intensive queer affirmative training, so that they can resolve their stereotypes, prejudice, and discomfort, and learn to understand and work effectively with the queer population.

7.4.1 Counselling with Lesbian, Gays, Bisexual, Transgender (LGBT):

Lesbian, Gays, Bisexual, and Transgender (LGBT) people have diverse contexts in which they operate, diverse relationship networks, and diverse lifestyles. As a reality of human existence, even the diverse populations or minorities share some issues in common with people who do not belong to these minority groups. Apart from these issues, some are faced in relationships that are revealed in counselling relationships. For example, difficulty to "come out" or reveal to someone about one's queer identity may also be seen as an instance wherein LGBT clients may find it difficult to openly speak about their identity.

'Coming out' with a queer identity can lead to tense relationships and even disruption of relationships. The fear of being judged, stereotyped, and stigmatized, seen in other relationships may also be transferred to the counselors. Counselors need to help clients deal with the stigma they experience in society, that might have also been internalized by clients, leading to self-defeating thoughts, self-criticism, self-hate, guilt and fear. Techniques, such as reading about how others dealt with such situations, mental rehearsal of how to communicate about one's identity, self-talk to help one relax, etc. induce positive affect and direct an adaptive useful frame of mind.

In order to "come out" in front of others about one's identity, including the counselors, one would require oneself to first accept one's sexual or transgender identity, resolve related conflicts, be ready to assert one's identity, and over time be comfortable with it. This process of self-acceptance is very important for their self-esteem, and for them to be comfortable about their sexual or gender identity in any relationship; including the counselling relationship, that helps them live their life with honesty and integrity. Hence, self-acceptance should be encouraged by the counselors by providing a safe, non-judgmental, and empathetic space. For this, counselors need to work on their own attitudes and prejudices, and also increase their knowledge about the different problems and issues faced by the LGBT people, interpersonally and in society. Counselors also need to take into account the interaction of other minority identities with one's sexual or gender identity through the lens of intersectionality, to understand the holistic effects on their clients.

To understand this process, American Psychological Association (APA) provides some guidelines on the type of knowledge and attitudes

psychotherapists working with Lesbian, Gay and Bisexual clients should have. They are as follows:

1. Psychotherapists must not perceive homosexuality and bisexuality as mental illnesses.

2. Psychotherapists should be encouraged to be aware of how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and psychotherapy. They must learn to respect the importance of lesbian, gay, and bisexual relationships.

3. Psychotherapists must try to understand how social stigmatization (i.e., prejudice, discrimination, and violence) can affect the mental health and well-being of lesbian, gay, and bisexual clients. At the same time, inaccurate understanding or prejudicial views of homosexuality or bisexuality may affect the clients' presentation in the therapeutic process.

4. Psychotherapists should make attempts to know the circumstances and challenges faced by lesbian, gay, and bisexual parents.

5. Psychotherapists should try to understand how a person's homosexual or bisexual orientation can have an impact on his or her family of origin and the relationship to that family of origin.

6. Psychotherapists are encouraged to recognize the particular life issues or challenges that are related to multiple and often conflicting cultural norms, values, and beliefs that lesbian, gay, and bisexual members of racial and ethnic minorities face.

7. Psychotherapists should take into consideration generational differences within lesbian, gay, and bisexual populations, and the particular challenges that lesbian, gay, and bisexual older adults may experience.

8. Psychotherapists should also try to recognize the particular challenges that lesbian, gay, and bisexual individuals experience with physical, sensory, and cognitive-emotional disabilities.

Savage et. al. (2005) suggested the social empowerment model (SEM) be employed with gay and lesbian clients in counselling. Being a target of stereotypes and stigmatization, lesbians and gay people experience a sense of powerlessness, even in the social, psychological, political, and economic aspects of their lives. Self-advocacy works as a route to their empowerment.

Through this framework, counselors help clients stay informed about social policy and its effect on their lives. The use of language works as another important tool to help people properly frame their experience while expressing their oppression, so that the right meaning is conveyed without any overtones. As a part of any counselling process, defining goals of empowerment is an important step. Counselors help clients understand the influence of heteropatriarchy on their lives and

relationships, and how they can challenge it. For this, recognition of difference is important, through which we can achieve self-acceptance and acceptance of others. Also, SEM helps clients achieve empowerment at an intrapersonal, interpersonal, and behavioural level.

For working with transgenders, Wester et al.(2010) suggest the gender role conflict (GRC) model. This model is based on the idea that if one's biological sex is not consistent with the psychological awareness of one's gender, it may have negative consequences on a transgender individual due to sexist, rigid, and restrictive gender roles. Counselors help clients understand the distress caused due to this conflict with socialized gender roles without blaming anyone for it. In this framework of counselling, awareness and acceptance of one's transgender identity is the first step. In other words, an understanding that one's gender role need not necessarily be what society prescribes as it is a much deeper experience. Seeking information about the outside world is the next step. Here, counselors help clients understand and anticipate negative consequences and reactions they may face from society, and the individuals they interact with. The third step involves exploration of the subjective meaning of transgenderism for the person, so that they can recognize it and live with a more authentic self. The fourth step involves helping them with disclosure to others, including family members, which in turn may affect the quality of their relationships with them, and in turn, they may face negative consequences. Here, the counselors try to rope in significant others in the counselling session, negotiate with them to accept their transgender family members, and address the painful process of doing so. The fifth step involves integration into a society where clients choose if they want to go for surgery or not, what should be their behaviours like, etc.

7.5 SUMMARY

In this unit, we learned about diversity in terms of individual differences considering age, gender and sexual orientation. The aged population face the most number of challenges and has drawn the most attention in the counselling literature. These challenges include adjustment demands of retirement associated financial issues, adapting to changing roles, dependence, changing peer circles, and other changes in lifestyle and life planning. They are likely to experience a serious challenge due to psychomotor decline despite possessing wisdom and experience. Other challenges include health problems affecting their well-being, leading to a decline in their social functioning. As a result, they experience isolation, sometimes even within their families, and may experience abuse and neglect. Spirituality may also find prominence at this age and may contribute to the well-being of the aged. Counselors working with the aged population, need to attempt to understand the socio-cultural context and intergenerational differences. Several therapeutic approaches, such as cognitive-behaviour therapy, psychodynamic therapy, existential therapy, life review approaches, group therapy, and family and couple therapy, have been found to be helpful while working with aged clients. Communication barriers are common while working with aged people. In

such cases, the counselors should be patient listeners, and adjust the pace of communication according. Therapy should also focus on the increasing level of independence, self-reliance, self-care, and self-compassion in clients.

Women in most societies are unable to enjoy equal status, especially, in more conservative societies, where women are deprived of basic freedom and autonomy to make their choices and decisions and do not have access to opportunities, such as education. Often they are also the victims of different forms of discrimination and oppression such as violence, abuse, rape, and other forms of injustice. Counselling offers them to bring to the fore their painful experiences in an emotionally safe environment. In this context, we discussed how feminist psychotherapy evolved as an independent approach, emphasizing the need for female equality, and women's liberation. Counselors working with women need to put special efforts into acquiring as much knowledge about gender-related issues, including cultural, social and political aspects, so that they can understand how cultures can be oppressive, and what social justice means for women.

Men too have unique needs, and also face different forms of sexism. Pressures of affluence, success, strength, power, performance, being the provider and protector, etc. Sexism and gender socialization make them targets too of prejudice and stereotypes that threaten the men's masculine self-identity. Hence, they may also be reluctant to avail of counselling services for several reasons. Approaches such as 'positive masculinity' are helpful to the male clients in counselling to reject unhealthy rigid adherence to traditional masculinity, and to pay attention to the positive strengths of men related to their growth, excellence, and goodness. Another framework called 'developmental relational counselling (DRC)' helps men in developing a more accurate perception of themselves and others, and in turn develop deeper levels of compassion towards themselves and others.

Issues and challenges faced by sexual and gender minorities [Lesbian, Gays, Bisexuals, and Transgender (LGBT)] are also addressed in this unit. Queer affirmative counselling encompasses the lives and narratives of the LGBT clients, through their politics, struggles, lived realities and felt experiences. In this unit, we discussed how people from the LGBT community face oppression, stigmatization, and even exclusion in society. There is also the experience of confusion and conflict that comes along with growing with this identity, especially when the family does not support, the stress to hide it, and also the anxiety to reveal one's gender and sexual identity. Issues they face include experiences of isolation, stigmatization, and humiliation by peers, troubled relationships with parents, career planning and decision making which are related to experiences of prejudice, social exclusion and stereotypes. Through intensive queer affirmative training, counselors can resolve their stereotypes, prejudice, and discomfort, and learn to understand and work effectively with the queer population. They can help this population (LGBT) deal with the stigma they experience in society, even maybe internalized by LGBT themselves leading to self-defeating thoughts, self-

criticism, self-hate, guilt and fear in them. Counselling helps them accept their own sexual or transgender identity and move on to resolve related conflicts by asserting their identity. We also discussed the social empowerment model (SEM) for gay and lesbian clients in counselling and the gender role conflict (GRC) model for working with transgender clients in this context.

Thus, we learned the role of counselors in each context. Counselors must value differences, and recognize the unfairness and oppression clients may be subjected to. The counselors must also show awareness about the challenges that clients face as a result of belonging to a particular social group, considering their specific needs. We also learned about differential approaches to counselling some diverse groups.

7.6 QUESTIONS-IMPROVE YOUR GRADE

1. Discuss old age. What are the psychosocial needs of the elderly?
2. Explain the different issues of the aged to be addressed in counselling.
3. Write a note on the concerns related to counselling women.
4. Discuss the issues and theories related to counselling men?
5. Write a detailed note on counselling LGBT clients.

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8

COUNSELLING IN DIVERSE GROUPS - II

Unit Structure

8.0 OBJECTIVES

- To explain the nature of abuse and types of abuse.
- To give an understanding of substance abuse and addiction and its treatment.
- To examine compulsive addiction in its treatment.

- To give an overview of other issues in addiction, such as work addictions, internet addiction and diversity issues in addiction.

8.1 INTRODUCTION TO ABUSE

The idea of abuse relates to the overuse, misuse of something or overindulgence in some cruel or improper behaviour, that is likely to cause harm to self and others. The role of the counselors working in the area of abuse is not only to intervene to reduce and eventually stop the abusive behaviour. The aim is to also help the clients adopt a healthy lifestyle, learn to manage their daily stressors and cope with chronic stressors in a more adaptive way, and overall to promote the clients' physical and psychological well-being. Counselors specialising to work in these areas normally offer their services to de-addiction centres, health and wellness centres, pre-ligation counselling for marital issues and even marital counselling, offender and juvenile rehabilitation counselling etc.

In this chapter, we will discuss person to person abuse, which we call interpersonal abuse. We will also discuss substance abuse along with the idea of addiction which affects both our brain and behaviour and causes psychological as well as physical dependence on an addictive substance. In this regard, DSM IV viewed abuse as the early stage before developing dependence; however this stage-wise differentiation was not carried forward in the DSM V. According to DSM IV, abuse is displayed in recurrent use, which has harmful consequences for the individual, such as failure to meet one's roles and responsibilities, putting oneself in the situation of physical danger, causing social or interpersonal problems, and may encounter problems with law due to some unlawful behaviours and violations. This chapter will also explore other forms of addictions that are not substance-related, but are defined by compulsion and craving to keep on engaging with the addicted behaviour.

8.2 THE CYCLE OF ABUSE

According to Gladding (2018), abuse consists of maltreatment or misuse of people, places or things, which can be active such as punishing someone or passive such as neglecting someone. The common aspect, as discussed earlier, remains that it leads to some form of physical or psychological harm to oneself or the victim of abuse. Abuse may be physical and/or verbal, in nature.

Abuse may have many underlying reasons, such as the need to showcase power, anger and control issues, psychological distress or disorder, exposure to addicts or abusive role models, as a compensatory mechanism to inferiority or fear of some sought, narcissism etc. Substance addictions may be due to the need to induce, to feel good feelings, experimentation, peer pressure or socialisation habits, lifestyle-related issues etc.

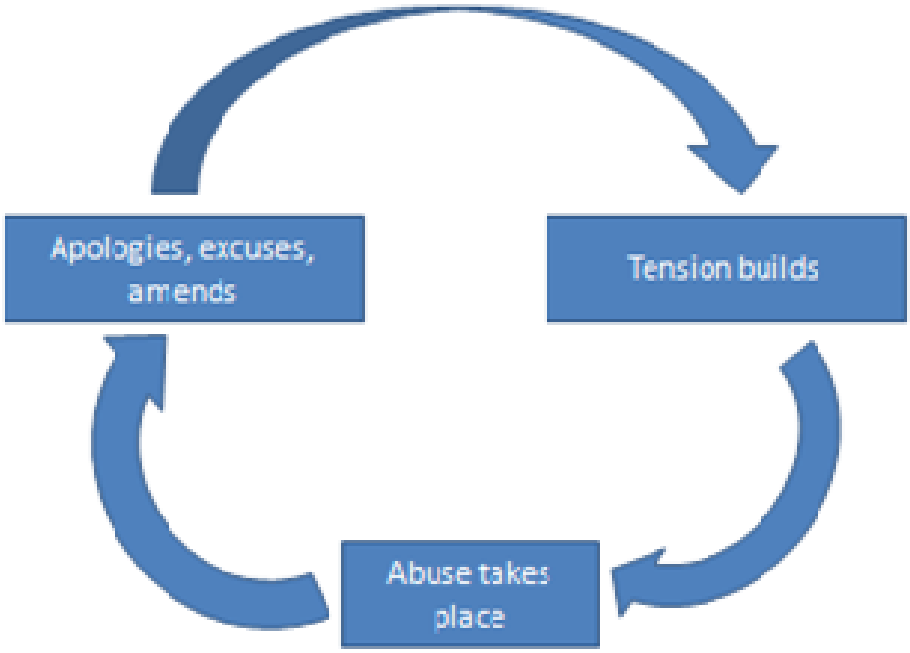

Figure 8.1 Cycle of abuse

{Source: Gladding, S.T. (2018). Counselling: A Comprehensive Profession (8th Ed). London: Pearson Education, Inc.}

Whatever the reason, as seen in the above diagrams, abuse can be showcased in a cyclical manner which represents a series of experiences and actions (Gladding, 2018). Hence, it is important to break this cycle and identify and address other underlying root causes, through counselling interventions. Insight building, belief altering and behaviour modification techniques are commonly used by counselors. Empathy, acceptance and support may also help release the built-up tension, so that clients can learn to accept their emotions and deal with them in a more healthy way. According to Parhar et al. (2008), abusers may also be sent for correctional treatment, at times it may entail compulsion based on the threat of negative consequences following failure to participate.

Abuse, by and large, can be classified into two types: i) interpersonal abuse, where harm is directed outward to someone else, which can include child abuse, intimate partner abuse or domestic abuse or even abuse of the elderly, and ii) intrapersonal abuse, where the harm mainly is caused to oneself knowingly or unknowingly, which can include substance abuse, or other forms of addictions to gambling, internet or even to work (Gladding, 2018). In the latter, one must note that even though addiction majorly causes harm and negative consequences to oneself, others may also be directly or indirectly the victims of its negative consequences. For example, alcohol addiction may lead to partner abuse, child abuse or financial strain on the family.

8.3 INTERPERSONAL ABUSE

Close relationships may be vulnerable to abuse from children to siblings, from romantic partners to spouses and many times even the elderly at

home. Here, the victim may surrender to severe and even repetitive forms of abuse. The forms of abuse may vary in terms of intensity and types, which in turn would determine the harm it has on the victim of abuse and also the effect it has on the abuser. Interpersonal abuse may entail verbal abuse, which includes extreme insults, labelling, shouting, use of swear words, shaming and humiliation, personally-directed jokes, public humiliation, constant criticism, making threats or even emotional manipulation. Interpersonal abuse can also be physical, including violent acts and any actions varying in the form and intensity which can inflict physical pain or harm. Victims can also surrender to sexual abuse, which may vary from improper touch, non-consensual sexual acts and rape, where children and the elderly can also be the victim of the same. Abuse could also entail neglect or ignoring.

All these forms of interpersonal abuse can have major psychological and emotional consequences for the victim, such as lowered self-esteem, depression, anxiety and fear, chronic interpersonal stress, helplessness and frustration, trauma etc. In this chapter, we will be discussing four forms of interpersonal abuse: child abuse, sibling abuse, spouse/partner abuse, and older adult abuse.

8.3.1 Child Abuse:

Abuse on children can be basically of two types, of which one refers to acts of commission, which could be physical, sexual or even causing some type of psychological harm through acts like verbal abuse. The second type is acts of omission, which refers to deliberate acts of not providing something essential to the child such as food, or some play time etc., or acts of neglect in terms of physical needs, medical needs, educational needs and even emotional needs. By and large, any form of maltreatment or abandonment of a child can be understood as abuse, with varying intensity of effects, for example, neglect may have less impact on a child as compared to sexual abuse, which may be very traumatic. Acts, such as instilling fear; violating the safety, love, nurturance and belonging needs of a child, can make a child feel emotionally insecure. According to psychodynamic theories, children's inability to make sense of and resolve these painful experiences may lead to repressing these painful memories, which can have a long-lasting impact on their personality development.

The impact of child abuse on a child is diverse. According to Odhayani, Watson and Watson (2013), children who face child abuse and neglect are likely to show disturbing emotional responses and attachment patterns. They also cite research which indicates poor early childhood development with effects on early brain development, learning, behaviour and adjustment issues, and other problems related to their self-concept, emotional regulation, social skills and academic motivation. In later childhood and adolescence, as they grow, they are likely to experience depression, academic failures, display aggressive tendencies, have peer difficulties, substance abuse and even delinquency.

In an extensive literature review, Elam and Kleist (1999) examine the long term effects of child abuse. Research shows that victims of child abuse grew up to have various psychosocial issues in adulthood, such as problems in emotional processing, inability to relate to others, reduced ability for social functioning, violence and other aggressive behaviours, antisocial behaviours, and difficulties in interpersonal functioning and problems in intimate relationships. They may also have various mental health problems, such as depression and mood disorders, anxiety, self-esteem issues, dissociative tendencies, PTSD, sexual problems etc. However, symptoms in various conditions in adulthood should not necessarily be understood as a direct outcome of child abuse. They are also more likely to indulge in self-destructive behaviours, such as self-harm and suicidal behaviours, excessive risk-taking, eating disorders, substance abuse and other forms of addictions.

The most disturbing fact is that some of the most horrible forms of physical abuse in children happen at home, by family members or someone in a close relationship with them. Sometimes in Indian households 'physical punishment' to the child in terms of slapping or beating them with a cane or belt may not be considered physical abuse, and may also receive societal acceptance. The societal belief here may resemble the famous proverb 'spare the rod and spoil the child' which means children who are not physically punished when they do something wrong, would run the risk of developing into someone worse. The dreadfulness of such punishments or acts of abuse may vary from kicking the child, tying and beating the child, throwing objects at the child, banging the child's head on a surface, burns, suffocating the child etc. The physical effects of which may vary from cuts and bruises, bleeding, scars, swellings, fractures, head trauma etc. Sometimes it may be so harmful that it may even lead to death. The psychological impact of such acts has already been discussed above.

As discussed earlier, one of the most distressing experiences for the child could be sexual abuse. According to the American Psychological Association, "Sexual abuse is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent". The perpetrators are mostly adults, but can also be adolescents. Many times, the perpetrators may be people known to the child, to whom the child may more likely find themselves alone or about whom the child might even find it difficult to report the incident to either parents or some other authority figures. Most of the time, sexual abuse happens in places where the child is supposed to feel the safest, for example, at home or school. Here the victims may be both female or even male children.

In India, according to the Protection of Children from Sexual Offences (POCSO) Act, 2012, sexual offences could include the following:

- Penetrative Sexual Assault can include different penetrative sexual activities, even the use of objects for the same, or oral sexual acts. It could even include forcing the child to do it with someone else.

- Sexual assault includes touching the child or making the child touch them or somebody else in an inappropriate way.
- Sexual harassment includes passing sexual remarks, gestures/noises which are sexually coloured, following the child repeatedly, flashing, etc.

Child Pornography

The traumatic or distressful effects of sexual abuse could be both short term/ immediate and even long term, which may carry forward to even adulthood. Some of these long term effects seen in adolescence and adulthood could be sexual disturbance or dysfunction, difficulties in sexual functioning or even having intimate relationships. Psychological effects could include depression, fear, anxiety, suicidal ideation and borderline personality issues (Beitchman et al. 1992)

8.3.2 Sibling Abuse:

According to Gladding (2018), sibling abuse could be a majorly of three types that include physical, sexual and psychological abuse, where reasons can be attributed to sibling rivalry, power struggles, need for dominance and conflict due to resources. Many times, such siblings live in abusive family environments where there is constant exposure to violence and painful experiences (Caffaro, J. V. & Conn-Caffaro, 2005). Sexual abuse could include forceful incestuous acts, which may even repeatedly go on for even years. Physical abuse could include different aggressive acts such as hitting, biting, scratching etc. and may also involve the use of harmful objects or sometimes even weapons such as a knife. Psychological abuse mostly verbal in nature could include repetitive and intense forms of teasing and other forms of verbal abuse which can be demeaning in nature.

Many times, sibling abuse may go unreported or unnoticed as acts of sibling rivalry or fights between siblings which may yield some punishments, but is either unnoticed or neglected by parents or caregivers considering it a trivial issue. The most difficult part is that the victim of this form of abuse has to grow up with the same sibling in his/her family and live with constant fear, feeling distressed and vulnerable and an unhealthy intimate relationship space within the family. As a preventive strategy, parents should avoid unwanted and unhealthy comparisons between siblings, encourage children to find peers outside the sibling relationships, and help children to find healthy ways to develop their self-esteem without experiencing it in relation to their siblings. It is also important that a sense of fairness and equality must prevail in parenting (Caffaro, J. V. & Conn-Caffaro, 2005). Early identification, family support and psychological assistance where they get a chance to vent out and resolve these issues is the key to helping them grow into more well-adjusted individuals.

8.3.3 Spouse and Partner Abuse:

This form of abuse is, many times, referred to by many names, such as domestic violence, intimate partner violence etc. By 'partner', here, we also refer to intimate relationships with a romantic partner or dating relationships, and not necessarily married couples. In most cases, these acts of abuse or patterns of aggressive/abusive behaviour may be committed and maintained in order to exhibit a sense of power and control over the partner. However, there could be other causes of such abusive relationships which are rooted in the effects of addictions, low-self esteem, personality disorders, emotional management and regulation issues, displacement of stress or anger etc.

In India, The Protection of Women from Domestic Violence Act (PWDVA) 2005, gives a comprehensive conceptualisation of what domestic violence entails. According to the Act, domestic violence is evident when the perpetrator engages in omission or commission or conduct of any of these types :

- Harms or injures or endangers the health, safety, life, limb or well-being, whether mental or physical and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse.
- Harasses, harms, injures or endangers the aggrieved person with a view to pressurize her, or any other person related to her, to meet any unlawful demand for any dowry or other property or valuable security.
- Has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned.

The PWDVA act (2005) further also defines the following:

- Physical abuse means any act or conduct, which is of such a nature as to cause bodily pain, harm, or danger to life, limb, or health or impair the health or development of the aggrieved person and includes assault, criminal intimidation and criminal force
- Sexual abuse includes any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of a woman.
- Verbal and emotional abuse includes: (a) insults, ridicule, humiliation, name-calling and insults or ridicule specially with regard to not having a child or a male child, and (b) repeated threats to cause physical pain to any person in whom the aggrieved person is interested
- Economic abuse includes: (a) deprivation of all or any economic or financial resources to which the aggrieved person is entitled under any law or custom, and (b) disposal of household effects, any alienation of assets whether movable or immovable, valuables, shares, securities, bonds or other property in which the aggrieved person has an interest or is entitled to use, and (c) prohibition or restriction to continued

access to resources or facilities which the aggrieved person is entitled to use or enjoy by a virtue of the domestic relationship including access to the shared household.

The power and control wheel by National Centre on Domestic and Sexual Violence (NCDSV), USA gives a detailed account of the different forms of abusive interactions and experiences people have in spousal or romantic relationships. According to the power and control wheel, there are different forms of abuse with partners such as physical, sexual, and emotional abuse, which may also be done by using children, denying blame for one's acts or not taking partners concerns seriously, isolation, economic abuse, using male privilege to belittle partner, using force or threats and other forms of intimidation. In most cases of partner violence, the victim is a female. However, males also have been a victim of such abuse, which does not come to the fore because they are mostly not reported. Breg-Cross (2002) discussed 12 signs of emotional abuse between partners, which can include causing jealousy, controlling behaviour, having unrealistic expectations from the partner, isolation, blaming the partner for problems and feelings, hypersensitivity, verbal abuse, rigid sex roles, sudden changes in personality and mood, threats of violence, breaking or striking of objects and use of force during arguments (see Gladding, 2018). Such form of abuse may be done to instil fear, intimidate, manipulate, control, humiliate, punish, injure or even terrorize the partner.

Many cultural factors cause partner abuse to go unrecognized. For example, a patriarchal mindset may show acceptance of emotional abuse or tolerance of physical abuse of women. Even regarding sexual abuse, marital rape is legally not considered a crime in India. Men are told not to cry or else they would come across as weak. Such societal messages are meant to uphold the ideas of 'masculinity' in males, because of which men may not complain about physical or emotional abuse, or even if they complain no one may take them seriously.

8.3.4 Older Adult Abuse:

The elderly constitute the population, who are individuals over the age of 60 to 65 years around the world. Due to declining health and a sense of weakness, isolation, dependence on family members and economic insecurity, the elderly are a vulnerable population. People with adverse physical and mental conditions, such as immobility or dementia may be more vulnerable to abuse. Like other vulnerable populations, such as persons with disabilities, they are very likely to become victims of 'intentional acts of assault, mistreatment, manipulation, exploitation and neglect', which we call abuse. This may not only affect their physical and mental health but also have financial and social consequences. For example, elderly persons may be manipulated or pressurized to surrender their financial assets or they may be forcefully confined within the house or a room, and hence, would not be able to meet their friends. Their self-concept may be distorted, because they are made to feel like a burden, unwanted or useless member of the family.

According to the World Health Organization (WHO, 2021), elderly abuse can be understood as a single or repeated act, or lack of appropriate action, occurring in relationships where there is supposed to be a trust, however, it causes distress and harm and also a loss of dignity and respect to the elderly person. According to WHO, it constitutes physical, sexual, psychological and emotional abuse, material and financial abuse, neglect and abandonment, which can be considered a violation of the human rights of the elderly. There is a range of abusive and harmful acts that elderly people may face, such as physical assault and physical abuse, psychological and emotional abuse, sexual assault, and material exploitation (money, property etc.). They may be made to live in inhuman conditions, abandoned and neglected, where even their basic needs may not be met, accused of witchcraft, black magic, evil intentions etc. Most of the elderly abuses take place in home settings, which we call domestic abuse. However, it can also happen in hospitals, nursing homes, old-age homes etc. which is called institutionalized abuse (Lachs & Pillemer, 2004)

The adult children who are alleged for abusing their parents, many times have different stories to tell about their elderly parents. They consider their elderly parents to be authoritarian, rigid, inflexible, engaged in disturbing the peace at home, interfering in personal affairs, making a nuisance and being highly attention-seeking (Jamuna, 2003). Hence,,, the identification and assessment of reported abuse becomes a tricky affair and requires a sound assessment of all narratives, the contextual and determining factors, relationship dynamics and the personalities/psychological profile of the people involved.

8.3.5 Preventing and Treating Interpersonal Abuse:

All forms of abuse discussed above are very prevalent in society. However, they may not be recognized as abuse. Identification and prevention require an educative and behavioural approach (Gladding, 2018). The focus remains to help people recognize the signs that their behaviours may be causing potential harm to the distressed person. Assessing how it has been affecting their relationships, a harmonious functioning, in addition to the harm and distress caused to the distressed person. Behavioural training may also focus on teaching new healthy behaviours to replace unhealthy and harmful ways of dealing with others and behaving. The distressed persons must also be psycho educated about what abuse truly means, their rights, and legal remedies. Emphasis on the need for being assertive and training in the techniques of the assertion may prove helpful. The distressed person must be educated on identifying protective figures in their lives which could meet their safety needs. However, this requires cooperation and collaboration of all parties involved.

Individual counselling and group therapy both have their benefits. Other forms of psychotherapy, which may be helpful in dealing with root causes and relationship dynamics leading to abuse are family systems therapy, couples therapy, anger management training, rational emotive behaviour

therapy, stress management etc. Feminist therapy may also be very helpful in helping women, who are victims of abuse to express their lived experiences, understand their experiences within a socio-cultural context, feel empowered and also advocate for their human rights. Eye movement desensitization and reprocessing (EMDR) also is an evidence-based therapy for trauma clients and can be very helpful in resolving traumatic memories and their effects after episodes of physical or sexual abuse. However, one must be cautious while using specific forms of therapy, in case of abuse cases given the sensitivity of the issue and the risks involved for the distressed person. For example, conjoint couples sessions in cases of abuse may cause the acting out conflict or increase the risk of violence (Gladding, 2018)

While dealing with children related cases of abuse, certain considerations need to be taken into account:

- In the case of sibling abuse, parental involvement and a commitment to parental supervision is of utmost importance.
- Children need to be given psychoeducation on the effects of violence on other children, and some may require sex education.
- If practitioners discover child abuse, it needs to be reported, and consent and support need to be sought from a protective caregiver or guardian to legally report the same. Especially in the case of sexual abuse of children, the POSCO Act (2012) discussed earlier, mandates parents and professionals (e.g. doctors, school authorities) working with children, to report child sexual abuse cases, and failure to do so may attract legal action.
- Children many times do not realize that they are victims of abuse, and at times indulge in self-blame (Gladding, 2018). Teachers, parents other caretakers or guardians must be briefed about identifying signs of abuse and encourage healthy communication between parent and child.

Child abuse, if not addressed in therapy in childhood, can lead to intrapersonal, interpersonal and intimacy-related issues later in adulthood. Hence,,, the use of various forms of expressive therapies such as art therapy, play therapy, and dance therapy has worked well with victims of child abuse.

Working with abuse-related cases can come with complex issues, such as parents or victims of abuse not wanting to report abuse or seek legal remedy. In collectivistic cultures such as India, a lot of abuse is buried as a familial private matter, to prevent shame for the family. Abusers, who are family members or spouses, may feel a sense of betrayal and harness more negativity and anger towards the victims, Hence,, working with the abuser is of utmost importance. However, abusers may not be willing to come for therapy or not cooperate in therapy. Many times, when the working male is legally punished for the abuse, this leads to the additional financial burden on the dependent to fight for them, take up a job etc. Hence,,, a

holistic support system needs to be put in place for victims to take care of other stressors which come along as a consequence of reporting of abuse. The distressed persons must be explained how and why their safety and rights are of utmost importance. This would help them overcome the anxiety related to other consequences of reporting abuse.

8.4 INTRAPERSONAL ABUSE AND ADDICTION

In intrapersonal abuse, the action of abuse of some form directs harm or causes distress towards the self. When we think of such a form of abuse, the first thing which comes to our mind would be 'substance abuse' that involves initially exploring or experimentation, followed by overuse or reckless use and later compulsive use of different substances such as tobacco, alcohol, illegal drugs or even prescription drugs, for example, overuse of painkillers or opioids. Apart from substances, addictions can be related to initial misuse and later compulsive use of objects (e.g. videogames) or indulgence in rewarding or pleasurable behaviours (e.g. gambling).

A state of psychological or physical dependence follows the acts of overindulgence or abuse, which we also refer to as addictions. According to Shalcross (2011), there are three C's of addiction – important to understand addictions, they are:

- Loss of control, even when the person tries to stop the addictive behaviour.
- Compulsion to indulge in the behaviour
- Continued use even when we can foresee or currently experience some negative consequences.

Behaviours which could be rewarding in some form can be addictive if overdone. For example, people can get addicted to activities such as shopping, watching pornography, eating etc. Overindulgence in such activity does not have only negative consequences on health, finances and mental well-being, but can also have an overwhelming impact on one's education, career and relationships. In the next section, we would discuss separately addictions which have a physiological component to them such as nicotine addiction, alcohol addiction etc. and later we will discuss other addictive behaviours such as gambling, work etc.

8.4.1 Physiological Abuse and Addiction:

When we speak of physiological abuse we are referring to substances that alter physical and psychological states, over time a person's functioning is affected. These substances are also called psychoactive substances because they affect the functioning of the central nervous system in terms of changes in mood, and cognitive processes such as perception, judgement, thinking, reasoning and also behaviour. These substances also cause physiological dependence, which means firstly there is 'tolerance' for the substance marked by the need for increased intake of the substance

to have the intoxicating effect, and secondly, there is 'withdrawal' upon stopping usage of the substance. One can have multiple withdrawal symptoms for example restlessness, nausea, trembling, lack of concentration, fatigue etc. Some of the withdrawal symptoms differ from substance to substance.

The process where the foreign substance enters the bloodstream and causes physiological, psychological and behavioural changes is called intoxication. With repetitive acts of intoxication or overuse of a substance, one begins developing a physiological dependence on the substance. Sometimes overdose of a substance can also be lethal. Hence,,, both acute effects of a substance and long term effects of a substance can be harmful. Different types of substances, to which people get addicted, can be alcohol, drugs, nicotine and even prescriptive medications (Gladding, 2018). Based on the effects of these substances on the central nervous systems, they can also be classified into depressants (for example alcohol), stimulants (e.g. nicotine), hallucinogens (e.g. marijuana) and opiates (e.g. heroin).

8.4.2 The General Nature of Substance Abuse and Addiction:

Governments spend a lot on advertising and educating people about the ill effects of addiction. Despite these efforts, what are the reasons why people still get going with a particular substance to only find themselves overusing it, and one day being dependent or addicted to it? Therefore, to understand the causes and the underlying motivation needs to understand substance abuse and addiction. Some of the reasons may be that adolescents and young adults want to explore and experiment with a substance; looking out for fun, thrill, and entertainment; which also depends on its availability and affordability. Other reasons may be - gaining a sense of relief and relaxation from life problems and stressors; some may begin as a way of socialising or gaining peer acceptance and later may slowly begin abuse and get dependent; some others may want to lessen anxieties and gain confidence; while some find it to enhance their creative output.

DSM-5 does not use the term addiction, but substance use disorder, which is understood as a pattern of recurrent use that leads to functional impairment, distress, and other damaging consequences. These damaging consequences could be at a physical level, psychological and emotional level, and social level. However, these damaging consequences, many times lead to distress, embarrassment and pain for family members and loved ones. Substance abuse also leads people to get into problems with the law, for example, addiction to a drug may compel the addict to engage in theft so that they can purchase some quantity of the drug or drinking and driving can cause accidents that may be injurious or fatal to oneself. Also, sexual harassment and rape may be committed after being intoxicated. In India, local intoxicants such as tobacco (tambaku), gutka, beedi, locally brewed alcohol or cheaply available chemical alternatives to drugs can be very harmful to the health of the addict. These locally available substances may be a part of habits by peers or small social

circles and which seem to have some general acceptance towards these substances.

Addictions, however, may be more complex in their presentation than what we try to reduce them. Addicts are likely to be addicted to more than one substance, what we call polysubstance abuse. Furthermore, substance abuse disorders are found to be comorbid with other disorders such as depression, anxiety, conduct disorders etc (Gladding, 2018). Life circumstances may underlie these comorbid conditions, such as poverty can be responsible for depression and substance abuse, or early childhood issues can be responsible for anxiety disorders and substance abuse etc. What makes treating persons with substance abuse a more complex issue is that many persons with substance abuse do not recognize it as a problem or disease and Hence,, may be marked with denial, lack of motivation for change, resistance towards treatment, detoxification and deaddiction attempts, uncooperative behaviour and high chances of relapse. When addictions seem like the only way to encounter problems, it becomes the most cherished source of pleasure, and the only available way of dealing with emotional pain, breaking the chain requires considerable effort and proper treatment planning.

8.4.3 Treating Substance Abuse and Addiction:

Treating of substance abuse and addiction can be viewed at the individual level, familial level and societal level. At the individual level and familial level, many NGOs, de-addiction centres, hospitals and therapists have been working both on preventive and remediation approaches. At the societal level too, these types of organizations have been playing a role. However, the major influence at the societal level is the action of the State to control the availability and distribution of illegal drugs and create a system of monitoring legal addictive substances such as pain killers. The state may be also responsible for running de-addiction centres and facilities in government hospitals.

According to Medina-Mora (2005), prevention is directed not only to reduce substance abuse but also its social and health-related consequences. For this, the related actions by state machinery are focused on reduced supply, decreased availability, and reduced demand for the substances based on strategies of health promotion and disease prevention. Therefore, preventive interventions would require identifying and addressing high-risk individuals. For example, children from broken families, through special programmes. Furthermore, prevention at an individual level can focus on ‘prevention of recurrence or relapse’, with a focus on protective factors.

Remediation focuses on the treatment of intoxication and dependence, relapse prevention and social integration (Medina-Mora, 2005). Remediation and rehabilitation efforts begin with a proper intake and screening of the concerned person or patient. This requires getting the addiction history and personal history of the person. It may be followed by the use of appropriate diagnostic tools to determine the extent and nature

of addictions. One of the major procedures, especially in moderate to severe levels of addictions, mainly addressed in an inpatient type of facility, is that of detoxification. Detoxification is a medical process, which aims at removing traces of the drug from the body, so that the dependence on the drug is reduced and withdrawal symptoms controlled. After the detoxification process, a drug-based treatment may be applied, but psychotherapy, family systems therapy, eastern therapies, such as yoga and meditation, or even some form of spiritual guidance may be used to help clients. The aim of these interventions is to increase patients' willpower and resistance to using a drug, address their faulty and unhelpful belief systems regarding drug abuse, develop mental strength and resilience, manage emotional reactions and interpersonal triggers, develop better body awareness and mindfulness, resolve personal conflicts and issues which were earlier dealt with in a maladaptive manner through substance abuse, develop a psychological capacity to readdress issues in life, in a more healthy way, and also increase overall psychological well-being and optimal functioning.

Many approaches have been found to be helpful over the years with patients with substance abuse. One such approach has been Motivational Interviewing (MI), an approach developed by Rollnick and Miller (1995). The basis of this approach is the person-centred approach. Hence,,, it makes use of empathy and other active listening skills, such as reflection, clarification and mirroring. The main approach includes engaging the patient with change talk, by asking relevant questions to help clients consider change, make the right choices, be motivated to change behaviour and take responsibility for desired change and related action. The approach encourages the clients' autonomy in making choices, engages in the hint of clients' strengths and makes collaborative efforts toward goal setting, commitment and affirmation of the efforts taken by the clients.

Other helpful approaches are solution-focused therapy with a focus on active changes in a person's life; narrative therapy to help clients address and confront the addiction; use of bibliotherapy, wherein with the help of books and other media, patients can relate their experiences and encounter possible reorientations towards their life (Gladding, 2018). Cognitive Behaviour Therapy (CBT) is also a tested approach to be used with patients with substance abuse to address beliefs, thoughts and emotional reactions towards their substance abuse. Social integration would include gaining acceptance in family and taking up new familial responsibilities, identifying new, healthy and satisfying social networks, which may also include need-based social skills training and psycho-educating family members and friends on the role of social support, avoiding harmful triggers, providing preventive buffer etc. Structured efforts may also be made towards vocational rehabilitation, to increase a person's sense of worth, sense of purpose, and sense of being a contributory member of society and restoring respect in society.

8.4.4 Treatment of Alcohol Abuse/Misuse and Addiction:

Alcohol addiction may be more common than it seems for the very fact it may exist under the pretext of socializing behaviours, age-appropriate behaviour, peer activities, and recreational or relaxing escapism from the daily hassles or more prominent stressors in life. Alcohol-based on its effects is a 'depressant' which decreases arousal, lowers anxiety, and calms the nerves. Hence,, sometimes it may be difficult to explain to people how it costs health and well-being and overdo the benefits people yield from the consumption. Furthermore, as depressants dizziness, disorientation, and poor concentration and coordination can affect people's professional and personal functioning, and can also cause a lapse in judgement and make a person more accident-prone. Hence,,, people may realize the extent of their addiction, and the need to get de-addicted when the consequences are serious; such as a severe health condition, for example, liver cirrhosis or a temporary or permanent disability caused due to an accident. Another serious consequence of alcoholism is financial losses incurred directly due to the cost of alcohol consumption and related behaviours or indirectly due to a lapse in financial management. People over time may also come to realize the familial distress caused due to their drinking behaviour.

According to Berglund et al. (2003), treatment of alcohol addiction can incorporate various approaches. Firstly, it may focus on the early detection of people who are engaged in excessive consumption of alcohol, wherein the treatment orientation is brief and preventive in nature. Secondly, treatment of withdrawal, a medical drug-based treatment aimed at reducing the withdrawal symptoms, which are more evident in moderate to severe addiction levels. Thirdly, psychosocial treatment for alcohol problems with the emphasis on motivation-enhancing interventions, cognitive behavioural therapy, structured interaction therapy, community-based reinforcement, 12-step treatment by alcoholics anonymous (AA), supportive counselling and social work interventions. And lastly pharmacological treatment of alcohol dependence by using aversive agents to induce aversive reactions to alcohol intake, counter conditioning the previously pleasurable experiences related to alcohol, which is likely to decrease the propensity of alcohol consumption in the patient.

Alcoholics Anonymous (AA) has been an alcohol treatment that revolves around the world and has successfully helped alcoholics through support group interventions. Previously addicted alcoholics recognize that they may always be at risk of relapsing into alcohol consumption and Hence,, continue to participate in the support group activities despite being sober. Here, they use their experiences to guide patients who have joined the programme recently. Continuous support and learning from fellow alcoholics; personal recognition of alcoholism as a disease and the need for personal responsibility to cure oneself; and a spiritually inclined 12 step-treatment approach form the core of the AA programme. Here individuals are encouraged to face their addiction, be honest, feel vulnerable and share their stories of what led them towards alcoholism, how their addiction affected their life and their loved ones and their

journey towards being sober. It may also include providing advice based on experiential knowledge gained. As seen in support groups or even group therapy, this approach helps the alcoholic gain insights and newer perspectives towards their condition, and make new friends who will support them in their recovery process.

For treatment to be successful one must also recognize that alcoholism is not only an individual problem, it can be facilitated, triggered, and maintained, and also may affect the immediate social world of the patient. O'Farrell and Fals-Stewart (2003) suggest that Marital and Family Therapy (MFT) Hence,, becomes of utmost importance in alcoholism treatment. According to them, MFT is found to increase patients' self-discipline and enhance the quality of the relationships among family members. It also helps family members cope better with the stressful familial environment caused due to alcoholism. Family members are also in a position to encourage the alcoholic to take up treatment and remain committed to it. Approaches, such as Behavioural Couples Therapy (BCT), have also been found to reduce the emotional problems of the couples and their children, and also lessen domestic violence which is a consequence of alcoholism.

8.4.5 Treating Nicotine Abuse and Addiction:

Nicotine is the chemical substance found in tobacco, is a stimulant and is also the reason why tobacco products such as cigarettes, cigars, pipes, bidis, sisha (hookah), chewing tobacco (e.g. gutka) are addictive in nature. The psychological addiction to tobacco products is also because, being a stimulant, it's a 'feel good' substance and a performance enhancer for many, as it elevates mood, increases energy and alertness, and decreases drowsiness. Today taking 'smoking breaks' is become a common practice across workplaces, as there is a learnt association made by people, of clear thinking and easing out to smoking behaviours. Such learnt associations and context-specific cues (e.g. work or workplace) sometimes become maintenance factors to such behaviours which later on increase dependence and become addictive.

Today the availability of nicotine-based gum, patches, or lozenges also known as 'Nicotine Replacement Therapy' helps people quit tobacco-related products. This helps in relieving the addict of the withdrawal symptoms related to quitting the tobacco product. Because of this, the addict gets the mental space to focus on the psychological dependence aspects of the addiction, through therapy, telephonic counselling, and self-help groups, such as 'Nicotine Anonymous'. By and large, the focus of nicotine addiction cessation is done through the use of pharmacological intervention and psychological approaches including individual and group counselling, national helplines (quitlines), group awareness programmes and website and social media-based initiatives (Prochaska, & Benowitz, 2016). The Government of India, through the National Health Portal, have been driving an e-information and support based 'quit tobacco' initiative called the 'mCessation Programme' on mobile platforms. It aims to reach out to a massive part of the nicotine-dependent population in India. This

can be understood as an important step towards 'self-help' initiatives by providing 'self-help' digital material.

Psychotherapy mainly focuses on skills training, by helping the addicts to learn cognitive, behavioural and other coping skills. Such skills may include reframing negative and unhelpful thoughts and learning thought-stopping techniques using self-talk, which can be used in relation to the emotional, cognitive and environmental triggers that elicit the urge to engage in and maintain the addictive behaviour (Gladding, 2018). The Nicotine Anonymous (NicA) is also modelled on the same concept and approach, which also includes a 12-step programme as the Alcoholic Anonymous (AA). Support from family and friends is a very important aspect when we look at the nicotine cessation process. Other mental health issues like depression, anxiety etc. which may be related to the addiction to tobacco products, also need to be addressed separately.

8.4.6 Treating Drug Abuse and Addiction:

Drug addiction may have several causes which have been discussed earlier, but the psychological benefits which the addicts experience in stimulants and depressants (already discussed earlier) and hallucinogens, may make addicts psychologically crave it repeatedly. For example, hallucinogens such as LSD or marijuana give people altered sensory and cognitive experiences. Today there are a lot of recreational drugs taken for enjoyment and pleasurable experiences (to experience a high) and are more easily available through socialising circles and parties than may be generally thought of. Hence,,, socialization behaviours and activities may be factors that maintain the drug abuse behaviour. In comparison to alcohol or nicotine abuse, drug abuse is considered a bigger social taboo. Addicts are likely to face rejection from family members, and shaming from members of society and may be targeted with different types of 'blaming' associated with the addictive behaviours. All these factors are very important to consider in treatment planning considerations.

A bigger challenge to treatment, rehabilitation and recovery, is that the addict may be also involved in some legal matters. This may be in terms of either procurement or distribution of the drug, or even crimes committed to either gather the money for procurement of the drug, or those committed under the influence of the drug. Health issues or medical concerns arising out of the use of the drug or behaviours related to the use of the drug. For example, AIDS can present a more complex case for treatment.

Drug abuse may be a result of maladaptive coping with chronic life stressors or other overwhelming life events, especially the frustration, hopelessness and helplessness associated with it. For example, issues like poverty, trauma, failure at school, abuse etc. These do not only lead people into drug-related behaviours but also may act as factors that maintain the same. Treatment planning should focus on identifying the environmental triggers, which increase the risk or tendency to use the drug, and secondly environmental factors which could work as protective factors. Protective

factors may act as a buffer for the stress experienced, and also protect the person from and help in decreasing the use of the drug (Gladding, 2018). Parents and other family members can play an important role not only in providing the right support, but also in reading the warning signs of substance use, early identification and seeking help.

Drug abuse has been a huge social problem, especially targeting the youth. Hence,,, community-based prevention programmes, especially for at-risk youth, need to be taken up by governmental and non-governmental bodies associated with this cause. The Drug De-addiction Programme (DDAP) under the Ministry of Health and Family Welfare, Government of India, focuses on treatment for substance use disorders, through different Drug De-addiction Centres (DACs) created in governmental hospitals and other governmental setups. It also focuses on training and capacity building of experts, for example, general medical professionals to prepare them for work in the field of drug de-addiction. An interesting initiative by the DDAP is the 'Drug Abuse Monitoring System (DAMS)' which focused on tracking the pattern of drug use and creating a profile of drug addicts seeking treatment in the government set up DACs (Dhawan, 2017). Even though no psychotherapy in itself is enough to cure a person with drug addiction, it can much as well contribute to helping the addicts by helping them realize values which could be helpful for them, teach them coping skills, modify their interactions with their environments in helpful and adaptive ways and foster beliefs of self-efficacy, which in turn can aid the overall recovery process (Peele, 2009).

8.5 PROCESS ADDICTIONS

Process addictions are also known as behavioural addictions or 'non-substance related addiction', which was specifically recognised as lately as the DSM - V, over and above the other substance used disorders. There is a lot of literature today on process-related addictions, such as internet addiction, social media addiction, shopping addiction, sex addiction, gambling addiction, work addiction, addiction to computer or video games etc. In this chapter, we will focus on only 3 types of process addictions, which are compulsive gambling, internet and work addictions.

Behaviours get addictive when they have the potential to give some type of pleasure or reduce the effect of negative emotions. Because of this (a) people engaging in such behaviours may not be able to control or stop this behaviour, so much so that this behaviour becomes compulsive and out of control (b) people would continue such behaviour despite the awareness of or experience of its negative consequences (see Gladding, 2018). These behavioural addictions are seen in children and adults alike, for example, children are likely to get addicted to video games, however, adults may also show a similar tendency. One similarity behavioural or process addictions share with substance abuse is that in both there is an irresistible urge to engage in the behaviour or consume the substance, which we call a compulsion. In turn, these cravings may lead to emotional dysregulation, for example, a person may become unreasonably irritable when he does not get what he is craving for.

8.5.1 Compulsive Gambling:

Gambling behaviours have been seen across different strata in society, from gambling in casinos to gambling on street corners. Something which starts with fun and excitement, may not only stop at addictions, but also lead to grave consequences such as debt, crimes and bankruptcy. Other negative consequences may be broken families, chronic stress, substance abuse, depression etc. The thrill and excitement, the socializing, and the expectations of rewards make gambling a pleasurable activity, and slowly it makes people lose control and enter into a compulsive loop. What starts with excitement, can slowly lead to the guilt of financial losses or cheating, to the helplessness or frustration of being unable to control the urge. According to Lesieur (1992), like other substance addictions, "there is also the equivalent of 'tolerance' when gamblers have to increase the size of their bets or the odds against them in order to create the desired amount of excitement" (p. 44).

People cannot be financially vulnerable, or be in a financial crisis and yet be psychologically or emotionally sound. Hence,,, the negative impact of compulsive gambling seeps into all spheres of life, like home, social life, and occupation leading to issues in functioning efficiently in all spheres of life. The DSM - V criterion of gambling disorder incorporates the idea of tolerance, discussed earlier. It also looks at other criteria, such as restlessness and irritability due to the inability to cut down the gambling behaviour; being preoccupied with the idea and thoughts of gambling; the tendency to gamble when distressed or even when they lose money; having losses in different spheres of life like family, education, career etc; and the person relies on others for their monitory needs.

8.5.2 Treating compulsive Gambling:

Gamblers in the state of 'seeking the thrill and euphoria' normally lack the insight or foresee the immediate and prolonged consequences of their behaviour. They may also be resistant to anyone who tries to educate them about the same. This becomes one of the most prominent barriers to any sort of treatment effort. Their narcissistic preoccupation and sense of self may be threatened the moment they admit they are not in control of their behaviour, and Hence,, may show defensive tendencies. Gamblers Anonymous (www.gamblersanonymous.org) modelled on similar lines to Alcoholic anonymous; provides a similar 12-step programme to help gamblers treat themselves (Gladding, 2018). The benefit of self-help groups for this problem behaviour is that gamblers are more likely to open up, be receptive, and be less resistant to fellow gamblers who share their addiction stories, accounts of personal losses and other consequences, perspectives and insights.

In psychotherapy, evidence shows that compulsive gamblers are more likely to benefit from (a) aversion therapy, where gambling behaviour is paired with a mild burst of electric shock (punishment), counter-conditioning the pleasure derived from gambling with pain; (b) marital therapy is related to helping ease out the problems that arise in between a

couple as a result of the gambling behaviour of the spouse, (c) psychoanalytical therapy is important to help them understand how their self-esteem should not be dependent on gambling, money or material possessions, and that they are special in their own unique ways; and (d) as discussed earlier self-help groups like Gamblers Anonymous are helpful (Lester, 1980). It is more complex to deal with compulsive gamblers who may also suffer from other forms of addictions such as substance abuse or compulsive shopping etc (Gladding, 2018).

8.5.3 Work Addiction (Workaholism):

With the rise of capitalism and consumerism, work and ambitiousness have become a central driving force in people's lives. The notions of competitiveness, performance-based compensation and growth, the uncertainty of the future, and self-obsession over the importance one gets at their workplace make people continuously think of or engage in their work. At an individual level, 'type A' personality type and personality traits such as perfectionism, obsessive-compulsiveness and a high need for achievement are related to compulsive working. According to Gladding (2018), for workaholics, work may be an important source of self-validation or they may be obsessed with maintaining their lifestyle, which explains their obsession with work. Socially reinforced beliefs like 'time is money' also keep people on their feet.

According to Robinson, Flowers, and Ng (2006) workaholism is an "a compulsive and progressive, potentially fatal disorder characterized by self-imposed demands, compulsive overworking, inability to regulate work habits, and overindulgence in work to the exclusion and detriment of intimate relationships and major life activities" (p. 213). People who are workaholics excessively spend time working, being preoccupied with their work, which leads them to ignore other areas of their life. They are unable to draw boundaries to their work, which seeps into their personal life, which in turn has negative emotional, social and other health consequences (Sussman, 2012). For example, the tendency to be compulsively engaged in work may cause an experience of chronic stress, anxiety, and depression, and can affect sleep, lead to exhaustion and burnout, cause high blood pressure, heart-related disease, affect marital relationships, familial bonding and responsiveness. At an interpersonal level, it may also lead to failure in communication or keeping in contact, which may affect important relationships like friendships in the long run.

8.5.4 Treating work addiction:

Robinson (1995) suggests some steps for working with clients with work addiction, which are as follows (see Gladding, 2018):

- Helping clients 'slow down their pace': Making them understand how it is important for them to make deliberate efforts to slow down in different areas of their lives.
- Guiding them to 'learn to relax': Through techniques of meditation, yoga and other relaxation exercises, engaging in relaxation-inducing

leisure activities such as reading a book, soaking in a hot tub, listening to calming music etc.

- Assist them in 'evaluation of their family climate': They need to learn the importance of spending time and engaging in positive interactions with family members. This leads to strengthening family ties and makes life more meaningful and relaxing.
- Emphasising the 'relevance of celebrations and rituals' in life: Events such as these, increase the bonding in families and makes life a rewarding experience.
- Fostering their 'return to and rejuvenating their social life': This would involve planning on how to help persons enhance the quality of their social life, and have meaningful and rewarding social circles and friendships. It is important to understand that social networks need to be built even outside the workplace. This strategy involves devising a plan for developing social lives and friendships. If successful, it 'explores ways of building social networks outside of work'.
- Helping people appreciate 'living in the here and now': This involves using mindfulness and appreciating the present rather than being preoccupied with the future.
- Encourage clients 'to nurture and take care of themselves': Focusing on the importance of healthy lifestyles and self-care habits. Understanding the relevance of having a good diet, proper rest and engaging in exercise for physical fitness is important. Taking care of oneself both physically and emotionally is emphasized.
- Helping people 'address their childhood issues and have a more resolved idea of self-esteem': Dealing with shame, sadness, rejection, and unexpressed anger related to their past. This would help them have a healthier assessment of themselves and give importance to their functioning in all areas of their lives
- Making them aware of available 12 step programmes and self-help groups like workaholic anonymous

According to Andreassen and Pallesen (2016), treatment of workplace addiction can follow three different approaches: (a)Treatment of workaholics could focus on 'self-help strategies', such as participating in self-help groups, reading self-help books on themes like mindfulness or work-life balance etc, or engaging in self-help strategies such as taking breaks at work, leaving the laptop at work, not working at home, modifying thoughts and beliefs, committing to off-work activities, setting reasonable goals and limits in work. (b) Providing therapeutic interventions, such as behaviour therapy which would focus on assessment of workaholism and planning behavioural goals and interventions. Cognitive behaviour therapy can be used for exploring mental processes regarding work, challenging and modifying dysfunctional cognitions. And lastly using the technique of motivational interviewing, where clients are

helped to overcome a discrepancy between work and personal life through change talk. (c) Different types of organizational interventions, for example, leaders serving as appropriate role models for work-related behaviours may prove helpful.

8.5.5 Internet Addiction:

Even though the DSM - V does not recognize internet addiction as an addiction, there are several researchers and professionals, who have worked on this phenomenon over time, and even developed scales to assess the same. With the internet being accessible on phones and the access to computers and laptops has increased over years, today internet addiction is not restricted to the educated and the wealthy people. Internet addiction can be understood from the overuse and access of time spent in engaging with different activities using the internet, such as online games, watching videos online, using the internet for communication, socialising, random browsing of websites, recreational use of the internet or any other virtual reality experience (Gladding, 2018). It can often be closely related to other known technological behavioural addictions, such as computer addiction, social media addiction or smartphone addiction, wherein there is considerable overlap at a conceptual and a practical level in these forms of addiction and internet addiction. One must note that the internet may be used for a prolonged time as required for professional and functional purposes. However, what makes addiction behaviours distinct from the regular or professional use of the internet, are the pleasure, excitement and the rewarding experience people seek out from activities using the internet, which truly makes it addictive.

Internet addiction is also characterized by features observed in other addictions, such as preoccupation, tolerance and inability to cut back. Being the use of the internet excessive, maladaptive or even problematic (Murali and George, 2007). Overuse (abuse) is further characterized by the compulsive need or urge to access the internet so much so that it compromises daily functioning, such as disruption in family communication, sleeping late or loss of sleep, disrupted eating patterns, negligence in self-care, grooming or personal hygiene etc. Functional disruptions are also common as the preoccupation or continuous engagement with internet activities can cause a person to forget to do something important, postpone important work, be delayed for a meeting, inability to focus on a task etc. This could also lead to emotional changes and affect the overall well-being of a person.

8.5.6 Treating Internet Addiction:

Treatment of internet addiction is possible, but complex because of the following factors: One, as the internet is used for several purposes complete moderation of its use cannot be achieved. Hence,,, one can only monitor and try to achieve moderate or controlled use (Murali and George, 2007). Secondly, it may be ignored or understood as an age-relevant normalized behaviour, especially in children, adolescents and even young adulthood. So the recognition of it being problematic, and Hence,, the

need to seek intervention is often neglected. Thirdly, access to the internet today is just a swipe or tap away, easily available even on your smartphone. Hence,,, distancing yourself from the object of addiction and addiction-related cues and triggers becomes challenging

According to Young (1999), the following behavioural strategies can be used to help people overcome their internet addiction

Practice the opposite:

This involves breaking the pattern of activities and behaviours related to internet use, by engaging in behaviours that are different and activities that do not require internet use. For example, if the first thing a person does in the morning after waking up is to scroll through his social media account, he or she can be asked to engage in any other interesting activity at that time, like making a coffee for him or herself, so that the habit is disrupted.

Using external stoppers:

This would include something like keeping an alarm or reminder to log off or stop doing the online activity at a particular time. So that some control on internet use is exercised.

Setting goals:

As the media of internet usage are so easily available, goals which are not well-defined may not serve the purpose. Hence,,, goals must be very clearly stated, and a schedule of internet use should be made, wherein a person can use the internet only within the time assigned for it. Initially one must start with frequent time slots which are brief, so that there is some monitoring of internet use.

Reminder cards:

Writing on cards the negative effects of internet use (e.g. wasting time) and potential benefit of limiting the time of internet use (e.g. can completing one's work on time) and also carrying the cards around, so that it can act as a constant reminder.

Personal inventory:

Being constantly occupied with the internet leads to neglect of other important tasks, hobbies or interests. Making a record of such interests and thinking about one's life in those terms, may help a person consider and incorporate these forgotten interests and hobbies and replace them with internet activities.

Abstinence/Withdrawal:

A person may identify certain applications, games or websites frequently used and choose to withdraw from their use, thereby reducing the time spent on the internet and urge to use the application.

As seen in other addictions, the use of psychotherapy, such as cognitive behaviour therapy, family therapy and use of self-help groups are found to be helpful. Psychotherapy would help people reduce their internet use, and develop more adaptive habits to engage more in non-internet activities. It would also facilitate better communication between family members, which in turn would be a good support factor in the recovery process.

8.6 TREATING WOMEN AND MINORITY CULTURAL GROUPS IN ABUSE AND ADDICTION

Women, minorities and other oppressed sections of society often face discrimination, societal stress, poor living conditions and anxiety about the future. Addictions are known to be maladaptive tendencies toward dealing with harsh life- conditions, stress and anxiety; therefore people from these social groups are more vulnerable to substance abuse and addictions. Women face more stigma and social ridicule for substance abuse as compared to a man. Hence, it also affects if they would come out in the open or have proper access to treatment, or if they would also receive proper family support. Women are also more vulnerable to physical and sexual abuse. Oppressed groups, because of their life circumstances and experiences are more likely to suffer from mental health issues, and substance abuse may be a manifestation of the same. Treatment of ethnic minorities and women requires (a) good knowledge of culture-specific addiction behaviours, patterns, and lifestyles, and (b) devising culturally-informed treatment approaches and interventions to suit the culturally diverse clients.

8.7 SUMMARY

The idea of abuse relates to the overuse, misuse of something or overindulgence in some cruel or improper behaviour that is likely to cause harm to self and others. In this chapter, we focused on understanding the nature of addiction, the cycle of addiction and how to break this cycle by identifying and addressing underlying root causes and addressing them through counselling interventions. Abuse has been broadly discussed in two types: i) ‘interpersonal abuse’, wherein harm is directed outwards upon someone else, which can include child abuse, intimate partner abuse or domestic abuse or even abuse of the elderly, and ii) ‘intrapersonal abuse’ where the harm is mainly is caused to oneself knowingly or unknowingly, which can include substance abuse, or other forms of behavioural addictions related to gambling, internet or even to work.

In interpersonal abuse, that is, person to person abuse, we addressed issues such as child abuse, sibling abuse, spouse/partner abuse, and older adult abuse. We attempted to understand the nature of abuse in each type in terms of verbal, physical and sexual abuse, and also neglect which is considered an abusive act too. It has been clear through the deliberations that traumatic or distressful effects of abuse could be both short term/ immediate and even long term. Identification and prevention of abuse require an educative and behavioural approach.

In intrapersonal abuse, the action of abuse of some form directs harm or causes distress towards the self. Here, we discussed the idea of addiction which affects both our brain and behaviour, causing not only psychological but also physical dependence on an addictive substance. Lastly, we also discuss what we call 'process addictions' or 'behavioural addictions', such as compulsive gambling, work addiction etc.

In 'substance abuse', the damaging consequences could be at a physical level, psychological and emotional level, and social level. However, these damaging consequences also lead to distress, embarrassment and pain for family members and loved ones. Substance abuse sometimes can lead people to get into problems with the law. To deal with substance abuse at the individual level and familial level many NGOs, de-addiction centres, hospitals and therapists have been working both on preventive and remediation approaches. At the societal level too, these types of organizations have been playing a role. However, the major influence at the societal level is the action of the State. In this chapter, we have discussed the nature of and treatment approaches to drug abuse, alcohol abuse and nicotine abuse. Treatment has been discussed in terms of important considerations for treatment, challenges to treatment and understanding of the purpose of pharmacological treatment. Most importantly the use of psychosocial interventions and training, self-help groups and psychotherapy have also been discussed. Initiatives taken by the Government of India such as the 'mCessation programme' and the 'Drug De-addiction Programme (DDAP) have also been touched upon.

In this chapter, we also focused on three types of process addictions, which are compulsive gambling, and internet and work addictions. Behaviours get addictive when they have the potential to give some type of pleasure or reduce the effect of negative emotions. In each of the three types of behavioural addictions, we focussed on what behavioural addiction means and what aspects of the behaviour and related factors make it addictive in nature. In the treatment of behavioural or process addictions, pharmacological interventions are mostly not used, Hence, other approaches, such as aversion therapy, psychotherapy, family systems therapy and self-help groups have been discussed. Behavioural and lifestyle changes are also emphasized.

8.8 QUESTIONS-IMPROVE YOUR GRADE

1. Write a note on the nature and cycle of abuse.
2. Briefly explain the different type's interpersonal abuse.
3. Write a note on substance abuse at its treatment.
4. Explain the nature, causes and factors related to alcohol and nicotine addiction.
5. What are process addictions? Explain the different types of process addictions.

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