DIFFERENT APPROACHES TO COUNSELLING

VI SEMESTER

CORE COURSE

B Sc COUNSELING PSYCHOLOGY

(2011 Admission)

UNIVERSITY OF CALICUT

SCHOOL OF DISTANCE EDUCATION

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UNIVERSITY OF CALICUT

SCHOOL OF DISTANCE EDUCATION

STUDY MATERIAL

Core Course

B Sc COUNSELLING PSYCHOLOGY

VI Semester

DIFFERENT APPROACHES TO COUNSELLING

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Psychoanalytic Theory

Psychoanalytic theory refers to the definition and dynamics of personality development which underlie and guide psychoanalytic and psychodynamic psychotherapy. First laid out by Sigmund Freud, psychoanalytic theory has undergone many refinements since his work. Psychoanalytic theory came to full prominence as a critical force in the last third of the twentieth century as part of 'the flow of critical discourse after the 1960s', and in association above all with the name of Jacques Lacan. Freud ceased his analysis of the brain and his physiological studies in order to turn his focus to the study of the mind and the related psychological attributes making up the mind, something not many psychologists were willing to do. His study then included recognizing childhood events that could potentially lead to the mental functioning of adults. He examined the genetic and then the developmental aspects that made the psychoanalytic theory become what it was.

The basic tenets of psychoanalysis include the following:

- human behavior, experience and cognition are largely determined by innate and irrational drives;
- those drives are largely unconscious;
- attempts to bring those drives into awareness meet psychological resistance in the form of defense mechanisms;
- beside the inherited constitution of personality, one's development is determined by events in early childhood;
- conflicts between conscious view of reality and unconscious (repressed) material can result in mental disturbances such as neurosis, neurotic traits, anxiety, depression etc.;
- the liberation from the effects of the unconscious material is achieved through bringing this material into the consciousness.

Under the broad umbrella of psychoanalysis there are at least 22 theoretical orientations regarding human mental development. The various approaches in treatment called "psychoanalysis" vary as much as the theories do.

Interventions

Psychoanalytic therapy is one of the most well-known treatment modalities, but it is also one of the most misunderstood by mental health consumers. This type of
therapy is based upon the theories and work of Sigmund Freud, who founded the school of psychology known as psychoanalysis.

Psychoanalytic therapy looks at how the unconscious mind influences thoughts and behaviors. Psychoanalysis frequently involves looking at early childhood experiences in order to discover how these events might have shaped the individual and how they contribute to current actions. People undergoing psychoanalytic therapy often meet with their therapist at least once a week and may remain in therapy for a number of weeks, months or years.

**The History of Psychoanalytic Therapy**

Psychoanalytic theory grew out of the work of the famous psychoanalyst Sigmund Freud, who began developing his therapeutic techniques in the late 1800s. In 1885, Freud began to study and work with Jean-Martin Charcot at the Salpêtrière in Paris. Charcot used hypnosis to treat women suffering from what was then known as hysteria. Symptoms of the illness included partial paralysis, hallucinations and nervousness.

Freud continued to research hypnotism in treatment, but his work and friendship with colleague Josef Breuer led to the development of his most famous therapeutic technique. Breuer described his treatment of a young woman, known in the case history as Anna O., whose symptoms of hysteria were relieved by talking about her traumatic experiences. Freud and Breuer collaborated on a book called Studies on Hysteria and Freud continued to develop his use of this "talk therapy."

**Working of Psychoanalytic Therapy**

Psychoanalytic therapists generally spend time listening to patients talk about their lives, which is why this method is often referred to as "talk therapy." The therapy provider will look for patterns or significant events that may play a role in the client’s current difficulties. Psychoanalysts believe that childhood events and unconscious feelings, thoughts and motivations play a role in mental illness and maladaptive behaviors.

Psychoanalytic therapy also makes use of other techniques including free association, role play and dream interpretation.

**Benefits of Psychoanalytic Therapy**

While this type of therapy has many critics who claim that psychoanalytic therapy is too time-consuming, expensive and generally ineffective, this treatment has several benefits as well. The therapist offers an empathetic and nonjudgmental environment where the client can feel safe in revealing feelings or actions that have led to stress or tension in his or her life. Oftentimes, simply sharing these burdens with another person can have a beneficial influence.
**Downsides to Psychoanalytic Therapy**

Costs are often cited as the biggest downside of psychoanalytic therapy. Many clients are in therapy for years, so the financial and time costs associated with this treatment modality can be very high.

Critics also point out that the effectiveness of psychoanalytic therapy can also be questioned. One study found that there was no difference in therapy outcomes between psychoanalytic therapy clients and a placebo group. Other critics including Noam Chomsky and Karl Popper suggest that psychoanalysis lacks scientific basis.

**Level of psychoanalytic interventions**

The patient usually comes in contact with the psychoanalyst when defenses have failed and anxiety has developed. Therefore, the central focus of psychoanalytic therapy is on the unconscious part of the mind. The purpose is to uncover the unconscious motivations that regulate behavior, feeling, and attitudes and to bring about more control for the patient.

The analyst employs a variety of techniques to tap into the patient’s unconscious. Through “free association”, the patient is encouraged to verbalize all thoughts, feelings or images that come to mind, while the analyst is seated behind the patient. During free association, “resistance” may occur. This means that the patient is unable to recall traumatic past events. Therefore, one task of the analysis would be to overcome resistance. Another, and very important, idea associated with psychoanalysis, and related to the unconscious processes of mind, is “transference.” Transference occurs when the patient behaves or feels toward the analyst as he/she would have behaved or felt towards a significant figure from his/her past. Freud initially believed transference was a hurdle in therapy. However, he eventually recognized that transference is a universal phenomenon and also occurs outside of the therapy session. Through transference, the core neurotic characteristics of the patient are acted out. Consequently, the analyst attempts to clarify, interpret, confront, work through and resolve the transference. This is the cornerstone of psychoanalysis. Other techniques of highlighting unconscious motivations include analysis of dreams and slippage of tongue.

Freud continued to transform psychoanalysis throughout his life. As he matured, so did psychoanalysis. His techniques have been used for an array of problems, including personal, social, occupational, and familial issues.
The major criticism directed towards psychoanalysis is the over-emphasis on sexual drives and motivations of children. Furthermore, Freud reasoned that personality is more or less developed by the age of six, and he put little emphasis on significant events that may shape a person’s attitudes, beliefs and sense of self in the later stages of life. In response to these shortcomings, psychoanalysis has continued to evolve over time to include other ideas and techniques. Current psychoanalysts, who are also referred to as “psychodynamic” therapists, have begun to consider the role of culture and have adapted traditional ideas to include culturally diverse clientele. Obviously, then, the classical psychoanalysis is practiced less and less by clinicians. The advent of managed care and the need to work with diverse clientele population has had a significant impact on this shift.

Common elements among psychoanalytic approaches :-

♦ Psychic determinism

The term explains that, all aspects of a person’s psychological makeup arise from specific causes or forces, as previous experiences or instinctual drives, which may be conscious or unconscious. The mental processes do not occur by chance but that a cause can always be found for them

♦ The genetic-developmental hypothesis

Freudian theories point out that adult problems can be traced to unresolved conflicts from certain phases of childhood and adolescence. Freud, based on the data gathered from his patients early in his career, suspected that neurotic disturbances occurred when children were sexually abused in childhood (the so-called seduction theory). Later, Freud came to believe that, although child abuse occurs, not all neurotic symptoms were associated with this.

He realized that neurotic people often had unconscious conflicts that involved incestuous fantasies deriving from different stages of development. He found the stage from about three to six years of age (preschool years, today called the "first genital stage") to be filled with fantasies of having romantic relationships with both parents. Although arguments were generated in early 20th-century Vienna about whether adult seduction of children was the basis of neurotic illness, there is virtually no argument about this problem in the 21st century.

Many psychoanalysts who work with children have studied the actual effects of child abuse, which include ego and object relations deficits and severe neurotic conflicts. Much research has been done on these types of trauma in childhood, and the adult sequelae of those. On the other hand, many adults with symptom neuroses and character pathology have no history of childhood sexual or physical abuse. In studying the childhood factors that start neurotic symptom development, Freud found a constellation of factors that, for literary reasons, he termed the Oedipus complex (based on the play by Sophocles, Oedipus Rex,
where the protagonist unwittingly kills his father Laius and marries his mother Jocasta). The shorthand term, "oedipal" later explicated by Joseph Sandler in "On the Concept Superego" (1960) and modified by Charles Brenner in "The Mind in Conflict" (1982) — refers to the powerful attachments that children make to their parents in the preschool years. These attachments involve fantasies of sexual relationships with either (or both) parent, and, therefore, competitive fantasies toward either (or both) parents. Humberto Nagera (1975) has been particularly helpful in clarifying many of the complexities of the child through these years.

The terms "positive" and "negative" oedipal conflicts have been attached to the heterosexual and homosexual aspects, respectively. Both seem to occur in development of most children. Eventually, the developing child’s concessions to reality (that they will neither marry one parent nor eliminate the other) lead to identifications with parental values. These identifications generally create a new set of mental operations regarding values and guilt, subsumed under the term "superego." Besides superego development, children "resolve" their preschool oedipal conflicts through channeling wishes into something their parents approve of ("sublimation") and the development, during the school-age years ("latency") of age-appropriate obsessive-compulsive defensive maneuvers (rules, repetitive games).

◆ The centrality of the unconscious

The unconscious emerged from practical treatments, from the theory of repression, and from the theory of sexuality. The adjective qualifies localized formations in a state of repression, various processes, and later on, agencies as well. The noun describes the "locality" that, according to the first topography, is set against the preconscious-conscious system. Both the adjective and the noun imply that psychical life is in conflict (the dynamic point of view); that memory exists without interest, that the energetics, indeed, the structure of psychic processes is determined, on the whole, beyond consciousness (the economic point of view); and that finally inaccessibility to consciousness is undeniable (the descriptive point of view). Freud transformed philosophical and psychiatric tradition with these ideas and his refinement of the terms (Hartmann, 1931; Whithe, 1961).

When he advanced the theory of repression and the psychoneurosis of defense in 1894, Freud managed without the word unconscious. Thus ideas (or representations) that were intolerable, irreconcilable, repressed, durable, and pathogenic were beyond association, forgotten, outside of consciousness. Freud then made use of the term unconscious three times in Studies on Hysteria and called for research: "The ideas which are derived from the greatest depth and which form the nucleus of the pathogenic organization are also those which are acknowledged as memories by the patient with greatest difficulty. Even when the patients themselves accept the fact that they thought this or that, they often add: 'But I can't remember having thought it.' It is easy to come to terms with them by
telling them that the thoughts were unconscious. But how is this state of affairs to be fitted into our own psychological views? It is clearly impossible to say anything about this until we have arrived at a thorough clarification of our basic psychological views” (1895d, p. 300). The advances made during 1895—childhood trauma, afterwardsness (deferred action), the dream as wish-fulfilment, and finally the "Project for a Scientific Psychology" (1950c [1895]), where the "system of impermeable neurones [w]" figures as a precursor to the unconscious—allow Freud to describe as unconscious pre-sexual sexual childhood traumas and the psychical work that they lead to, which he further constructed through practice and via theory from 1896 onwards (1896b). The discovery of unconscious fantasies and their efficacy (letters to Wilhelm Fleiss from September 21 and October 3 and 15, 1897) contributed to the creation of the unconscious in 1899 in The Interpretation of Dreams (1900a). The close and fundamental correlation between the unconscious, the infantile, and the sexual was affirmed.

Freud defined psychoanalysis as the science of the unconscious-soul and the psychology of the unconscious, which evolved according to the advances of psychoanalysis. Via the local aetiology of neurotic symptoms, he discovered that the dream was similarly constructed and that the Unconscious becomes the generic psychic system. It contains wishes—unconscious and indestructible—and the repressed, cathexed by the libido through free energy and regulated by the pleasure principle. The primary processes (displacement, condensation) preside over the Unconscious. The conflict between repressed instinctual motion and censuring force creates the dream, the paradigmatic compromise-formation. "If we look at unconscious wishes reduced to their most fundamental and truest shape, we shall have to conclude, no doubt, that psychical reality is a particular form of existence not to be confused with material reality" (1900). The reality of the Unconscious reveals itself in other localized processes such as joking, in the forgetting of words, and other symptomatic activities.

Freud’s investigations into the "second step in the theory of the instincts" are continued in "The Unconscious" (1915e). The dependence of the Unconscious on the instincts and repression is stressed. It is primal repression that creates the Unconscious that above all "contains the thing-cathexes of the objects, the first and true object-cathexes" while "the nucleus of the Unconscious consists of instinctual representatives which seek to discharge their cathexis; that is to say, it consists of wishful impulses" (1915e, p. 186). Freud notes, in 1917, that the Unconscious is the missing link ("chainon manquant") between soma and psyche (in 1960a).

The life and death instincts, as well as the agencies id, ego, and superego, the "third step in the theory of the instincts" (1920g), do not destroy a single previous experience. The id incorporates the Ucs. and inherits its characteristics, while the assets of the adjective "unconscious" accrue from the id and to a large extent
from the ego, hence its resistance to the sense of guilt, to most of the processes of the superego, and to the conflicts between agencies.

There is no psychoanalytic notion that does not have some connection to the unconsciousness that the dynamic point of view imposes universally. The more or less localized ideas moving beyond the first topography exist in relation to the Unconscious and are included in the id. The "Mystic Writing Pad" delighted Freud (1925a) because it represented the system Unconscious/Pre conscious-Conscious. The repository for memory traces, as well as a place of fixation, the Unconscious is even assumed to retain an instinctual foundation analogous to animal knowledge, as in inherited psychic formations and the traces of human history.

Having often clarified his views, Freud was always careful to separate the essentially dynamic unconscious from the latent, which was susceptible to becoming conscious. By arguing for posthypnotic suggestion, the dream, and other experiences associated with the first topography, he refuted the philosophers' view of the unconscious as paradoxical, and taking up this question of the ambiguity of the "Unconscious," he noted: "no one has a right to complain because the actual phenomenon expresses the dynamic factor ambiguously" (1923) (an intuition verified through the qualitative dynamic). In 1938 he criticized a presentation of the ego and the id as follows: "What is unsatisfactory in this picture—and I am aware of it as clearly as anyone—is due to our complete ignorance of the dynamic nature of the mental processes. We tell ourselves that what distinguishes a conscious idea from a preconscious one, and the latter from an unconscious one, can only be a modification, or perhaps a different distribution, of psychical energy. We talk of cathexes and hypercathexes, but beyond this we are without any knowledge on the subject or even any starting-point for a serviceable working hypothesis" (1939). The qualitative dynamic, which endorses Freudian stylization, permits some working hypotheses.

◆ The role of defenses

The term "defense" refers to all the techniques deployed by the ego in conflicts that have the potential to lead to neurosis. In the sense in which Freud first used the term, defenses are unconscious because they stem from a conflict between the drive and the ego or between a perception or representation (memory, fantasy, etc.) and moral imperatives. The function of the defenses is thus to support and maintain a state of psychic stability by avoiding anxiety and unpleasure. The concept of defense was broadened somewhat when Freud attributed an important role to the reality principle and to the superego. Melanie Klein then formed the more radical view that the defenses exist within an archaic ego.
In his letter to Wilhelm Fliess dated May 21, 1894, and concerning his interpretation of the neuroses, Freud introduced the concept of defense in connection with the notion of psychic conflict: "What is warded off is always sexuality" (1985). In reference to the emergence of anxiety, he argued that sexual tension turned into anxiety when it was not psychically elaborated and thereby transformed into affect. Freud attributed this phenomenon to, among other things, a repression of psychic sexuality, that is, to a defense. In his letter to Fliess dated May 30, 1896, he linked repression with defense by emphasizing, "Surplus of sexuality alone is not enough to cause repression; the cooperation of defense is necessary".

In "Further Remarks on the Neuro-psychoses of Defence" (1896), Freud deepened his analysis of defense as arising from the conflict between the drive and the ego, the conscious agent of repression. Freud considered the defense as the "nuclear point" in the psychic mechanism of the neuroses. With regard to how symptoms arise, he detailed more clearly how the unconscious psychic mechanism of defense resulted from the conflict of a representation with moral imperatives.

In "Repression" (1915), Freud emphasized that the mechanism of defense "cannot arise until a sharp cleavage has occurred between conscious and unconscious mental activity—that the essence of repression lies simply in turning something away, and keeping it at a distance, from the conscious".

Much later (1926), Freud observed that after he had abandoned the term "defensive process" for thirty years and replaced it with the term "repression" (without clearly explaining the possible connection between these two concepts), there were "good enough grounds for re-introducing the old concept of defence". In fact, Freud had never entirely abandoned the term, since he discussed the denial of castration (albeit initially without using the term "denial" [Verleugnung]) in relation to children's theories of sexuality (1908) and little Hans (1909). Freud discussed denial more explicitly with regard to fetishism (1927), a concept that plays a pivotal role in his work, and in his paper on negation (1925), which he defined as representing "a kind of intellectual acceptance of the repressed, while at the same time what is essential to the repression persists". Thus, "the content of a repressed image or idea can make its way into consciousness, on condition that it is negated". Freud also discussed sublimation, a concept that was already present in "Leonardo da Vinci and a memory of his childhood" (1910) and that reappeared in The Ego and the Id (1923) in connection with the ego energy, which Freud stipulated as involving "a de sexualization—a kind of sublimation".

These distinctions, which predate Inhibitions, Symptoms, and Anxiety (1926d), were later probably instrumental in Freud's ascribing a more important function to this "old concept of defense" and restricting the role of repression, to the extent that he suggested making defense "a general designation for all the techniques which the ego makes use of in conflicts which may lead to a neurosis, while we retain the word 'repression' for the special method of defense which the line of
approach taken by our investigations made us better acquainted with in the first instance”.

In furthering her father's work, Anna Freud sought to develop a theory that would demonstrate how the three agencies of the structural theory functioned. In particular, she described how the ego becomes "suspicious" in the face of the onslaught of the drives and "proceeds to counter-attack and to invade the territory of the id. Its purpose is to put the instincts permanently out of action by means of appropriate defensive measures, designed to secure its own boundaries" (1936). Thus, Anna Freud's account of psychic functioning attributes some force to the adaptive functions of the ego.

Her works were often quoted by the ego-psychology movement that formed in the 1950s in the United States. Within the ego-psychology movement, Heinz Hartmann developed his theory of the ego in connection with the problem of adaptation, which he described in terms of the development of a "conflict-free ego sphere" (1958) or autonomous ego. In this movement, psychic functioning in general is considered in terms of defense and its quest for equilibrium.

Along similar lines, René Spitz, who located the first defense in the emergence of the second organizer (the so-called eight-month or stranger anxiety), explained that these defenses initially "serve primarily adaptation rather than defense in the strict sense of the term". It is when the object is established and ideation starts that their function changes. With the fusion of the aggressive and libidinal drives, some defense mechanisms, in particular identification, "acquire the function that they will serve in the adult".

When Anna Freud was publishing her first psychoanalytic works, Melanie Klein, while breaking with Freudian orthodoxy by asserting that the agencies of the psyche begin functioning much earlier, introduced a perspective that restored to anxiety and psychic conflict a fundamental role in psychic functioning. Drawing on Freud's second theory of the drives, she attributed a central role to the death drive and the conflicts between love and hatred. She thus developed her ideas on early defense mechanisms that were already present, in her view, in the earliest months of life during the paranoid-schizoid position.

The concept of defense, as it has developed and been used since Freud, has become somewhat common in both clinical psychology and psychoanalysis. There it refers either to a relatively conscious behavior that rejects psychic reality (a definition that makes the concept more akin to the concept of resistance) or to a psychic impulse that seeks to avoid anxiety and unpleasure in the quest to adapt and achieve a state of equilibrium. As a result, the function of defense as a mechanism necessary for psychic growth is often overlooked.

◆ Repetition

Different Approaches to Counselling
A characteristic expression of unconscious psychic processes, repetition drives the subject, more or less regularly, but inflexibly, to reiterate systematically certain experiences, thoughts, ideas, and representations.

Discovering and accounting for repetition opened up one of the most fertile areas of study for Freudian psychoanalysis. Whereas others emphasized hereditary, physiological, traumatic or circumstantial causes, Freud stressed that what was involved was the automatic repetition of memories and experiences that are no longer conscious, according to modalities that vary with the circumstances and individual case. The technique adopted from the time of Studies on Hysteria (1895) favored placing this process of repetition within the special framework of the psychoanalytic relation, wherein the idea or affect that was blocked from conscious manifestation could be expressed (catharsis). Freud pointed out, all the same, that if the memory was blocked in the unconscious, this was because it was comprised of elements that had taken the turn of "deferred action." Consequently, repetition does not mean similitude, which contrasts it from the symptom properly speaking, particularly the obsessional symptom, where it is repeated as such.

The notion of repetition was originally introduced by Karl Groos, for whom recognition was the basis of ludic and aesthetic pleasure, and also by Gustav Fechner, who defined pleasure as the result of an economy of psychic effort, leading to a lowering of tension. Repetition provokes the return of the already-known, "reunion with the object" and the tranquility of a satisfaction whose experience is deeply rooted in the psyche. This can take two possible directions: regression pure and simple, which, when it is engaged, imposes the repetition of the same on the entire psychic life; or conversely, that of an alternating rhythm of falling into a rut and coming out of it, which becomes the indispensable basis for new experiences.

In the subsequent work of Freud, there were two distinct periods, separated in 1920 by Beyond the Pleasure Principle. Until this time, when repetition was mentioned, in various contexts, it was always in the same sense and often conjoined with other notions such as recall, abreaction, construction, and working through. After 1920, it almost never came up again except in the form of a "repetition compulsion." Here the focus will be, essentially, on repetition of the first period, and its extensions.

In the first meaning of the term, repetition was equivalent to reiteration. In The Interpretation of Dreams it was a significant primary process: "The temporal repetition of an act is regularly shown in dreams by the numerical multiplication of an object" (1900). In Jokes and Their Relation to the Unconscious (1905), it was the source of the comic, by reason of the economy of concentrated effort and the effect of pleasure thus obtained. With a child this pleasurable effect of repetition is quite evident. But for an adult, when something is repeated, what was first pleasurable arouses anxiety and a feeling of abnormality, especially
when the repetition emerges from an encounter or an experience where it was least expected. Freud cited a few examples of this in "The 'Uncanny'" (1919), such as the repetition of the same number, the same place, or the multiplied encounter of the same face—all of which can become the source of considerable anxiety. Freud was known to harbor quasi-superstitious feelings about certain times of the year, the repetition of numbers, or about coincidences. In his Leonardo da Vinci and a Memory of His Childhood (1910), he called a repetition that occurred in the context of the death of the father perseveration, adding that "It is an excellent means of indicating affective colour."

In his article "Remembering, Repeating and Working-Through" (1914), Freud described the role of repetition in the analytic cure, considerably narrowing its significance by linking repetition to acting out. Repetition matters only when the subject "does not remember anything of what he has forgotten and repressed, but acts it out". In which case, "We soon perceive that the transference is itself only a piece of repetition". This accounts for the rule that no serious decision should be made in the course of the analysis. Insofar as it is only purely and simply repetition, transference is a resistance, since it is marked by the anachronism of repeated contents and aims to disguise the effects of deferred action.

In clinical practice, the most typical example of this is the fate neurosis, which produces ineluctably the translation of memories or repressed events into acts, a process discussed in "Remembering, Repeating and Working-Through" (1914). In transference neurosis, the repetition intervenes basically on the level of affects or representations, which constitute undeniably for Freud evidence of early repressed pleasures that the subject has not been able to renounce, to the point that his thoughts are invaded by the repetitions, or he becomes fixated and obsessed. The problem here then is to limit the fascination they exert, so as to make it possible to break free of them, which can only be done in the framework of a transference-neurosis type of repetition—but one made flexible by means of interpretation. With perversion, the repetition is focused essentially on the scenario, the practice or means utilized in the search for pleasure, which leads to stereotyping and systematizing.

Daniel Lagache placed much emphasis on the role of repetition in the transference: "In the course of the sessions of psychoanalysis, as in the course of life, the patient draws from his repertoire of habits," and on this basis, "the liquidation of the transference should be understood as a liquidation of the transference neurosis, that is to say of neurotic repetitions, inadequate for present-day reality." This assimilation of "repetition" with "inappropriate" characteristics was echoed a few years later by Ralph Greenson (1967). Jean Laplanche criticized this conception of repetition, which he considered too adaptationist, opposing it to a repetition such as is manifested in "full transference," which is a positive repetition of infantile images or relations—or the kind of repetition such as is behind the "hollow transference," whereby the
infantile repeated relation rediscovered its enigmatic quality, with meaningful questions surging to the surface when this occurs (1987).

In childhood the role of repetition is decisive. Through the first articulation of meaningful phonemes, primitive gestures or initial mimicry, it results in the establishment and gradual reinforcement of signs, rhythms, and habits that will shape the being of the subject, his physiognomy and rapport with the world.

However, in the form of tics, stereotypes, stammering, etc., repetition signals real blockages; but when repetition turns into swayings, rictus, suckings, cries, and so on, it constitutes a valuable sign of early autism (Leo Kanner) or of anaclitic depression (René Spitz). These repetitions are evidence, in effect, of a progressive withdrawal of the child into a regressive internal world where his tendency is to lose himself. In this sense, childhood is a privileged period for observing the relation to others and situating oneself: as long as the other person remains a partner, there are progressive clarifications that result in a relatively stable habitus, one that it is possible to build on. However, when the partner is distant, unknown, mysterious, enigmatic, and silent, then sometimes obstructions and inhibitions occur that require external intervention. On the other hand, when real stereotyping ensues, it can only mean that the other has been confused with an internal object.

Repetition plays an especially important role in all activities centered on sublimation, and consequently in literary or artistic creation. In analyzing the Gradiva of Jensen (1907), or meditating over Leonardo da Vinci and a Memory of his Childhood (1910), Freud isolated a form of repetition that not only becomes renewal, but also metamorphosis or creation: in the case of Gradiva there was a risk of alienation from reality, while repetition clearly allows, in the case of Leonardo, for a very special way of working with reality. Freud’s intuition was applied later to the subject of music, where repetition becomes rhythm, which is probably its source, engendering irreplaceable drive pleasures and satisfactions at the deepest levels of psychic functioning (Guy Rosolato).

Transference

The term transference denotes a shift onto another person—usually the psychoanalyst—of feelings, desires, and modes of relating formerly organized or experienced in connection with persons in the subject’s past whom the subject was highly invested in. Transference (literally, “carrying over”) was first used in Studies on Hysteria (Freud and Breuer, 1895), and it gradually developed a more precise meaning over time with progress in the understanding of psychoanalytic treatment in its different dimensions. As of 2005, the term covers all the transference phenomena met with in analytic practice, more specifically,
transference love, the transference relationship, transference neurosis, narcissistic transference, negative transference, and so on.

Transference involves transferring libidinal cathexis from one person to the form, personality, or characteristics of another. The quantity of libidinal energy deployed in such transfers varies and may be considerable, comparable in strength even to the original cathexes. There are two important points to note in this connection. First, what is mobilized here is libido; the other forms of instinctual energy evoked by Freud are not involved. Self-preservation, for example, plays no part in transference. Second, the withdrawal of libido from one object and the cathexis of another with it, as in states of mourning, is not a transference phenomenon. Transference implies maintenance of a particular relational form and fidelity to a past relationship that have been preserved in the unconscious.

The experience of psychoanalysis supports the conclusion that transference phenomena occur naturally in the course of ordinary life, especially with love relationships. Such "wild" transferences usually structure new relationships with outcomes very different from what happens during psychoanalytic treatment. As Freud put it, "Psycho-analysis does not create [transference], but merely reveals it to consciousness and gains control of it in order to guide psychical processes towards the desired goal" (1910). In its full meaning, transference is what is observed in the course of the treatment and what constitutes an essential precondition of the effectiveness of treatment. A subject incapable of any kind of transference is unsusceptible to treatment by analysis.

At first, in Studies on Hysteria, Freud viewed transference in terms of the hypnotic analyst-patient relationship, that is to say, solely in its relational, emotional, and amorous aspects. Freud considered establishing such a relationship to be a prerequisite of success with the cathartic method, just as establishing a hypnotic state is a prerequisite for hypnotic suggestion. For patients who put their trust in the analyst, Freud wrote, it is "almost inevitable that their personal relation to him will force itself, at least for a time, unduly into the foreground. It seems, indeed, as though an influence of this kind on the part of the doctor is a sine qua non to a solution of the problem" (1895). On several subsequent occasions Freud again related transference and suggestion, reiterating that transference was a precondition of suggestion. At the same time, he connected the intensity of the patient’s relationship with the analyst with what he called a misalliance (false connection) between a memory from the subject’s past and the therapeutic situation: The content of a past wish arises "in the patient’s consciousness unaccompanied by any memories of the surrounding circumstances which would have assigned it to a past time." The wish is then linked to the analyst, with whom the patient is already legitimately connected. "As the result of this misalliance—which I describe as a ‘false connection’—the
same affect is produced which had forced the patient long before to repudiate this forbidden wish. Since I have discovered this, I have been able, whenever I have been similarly involved personally, to presume that a transference and a false connection have once more taken place.

Thus a transference is not only the patient's love of the analyst but also the transposition of an old relation onto him. Once Freud had reached this conclusion, he perceived that this second aspect of the transference took the form of a new illness, and that it could derive from very ancient relationships indeed. In "Fragment of an Analysis of a Case of Hysteria" (1905), for instance, he writes, "But the productive powers of the neurosis are by no means extinguished; they are occupied in the creation of a special class of mental structures, for the most part unconscious, to which the name of 'transferences' may be given".

Gradually the notion of transference neurosis came into relief for Freud: "Provided only that the patient shows compliance enough to respect the necessary conditions of the analysis, we regularly succeed in giving all the symptoms of the illness a new transference meaning and in replacing his ordinary neurosis by a 'transference-neurosis' of which he can be cured by the therapeutic work. The transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made. The new condition has taken over all the features of the illness; but it represents an artificial illness which is at every point accessible to our intervention" (1914). Repetition in the transference becomes the means whereby the patient remembers forgotten, unconscious mental attitudes: "The part of the patient's emotional life which he can no longer recall to memory is re-experienced by him in his relation to the physician" (1910).

Thus transference is the motor of the psychoanalytic cure, in more than one sense. For one, the transference introduces a new element into the patient’s mental situation, a "piece of real experience" (1914). For another, the transference is a necessary precondition of the patient’s acceptance of interpretations: "When is the moment for disclosing to [the patient] the hidden meaning of the ideas that occur to him? Not until an effective transference has been established in [him], a proper rapport with him. It remains the first aim of the treatment to attach him to it and to the person of the doctor. To ensure this, nothing need be done but to give him time" (1913). Lastly, it is the energy of the transferred affects that supplies the force needed to remove resistances.

At the same time, transference is also responsible for resistance: "In analysis transference emerges as the most powerful resistance to the treatment, whereas outside analysis it must be regarded as the vehicle of cure and the condition of success" (1912). A kind of collusion may be struck up between resistance and transference if transference serves the aims of resistance or if a "distortion through transference" is used to mask a conflict. Thus analysis of the transference takes center stage, becoming the very heart, and a defining part, of
the treatment. "The decisive part of the work is achieved by creating in the patient's relation to the doctor—in the 'transference'—new editions of the old conflicts; in these the patient would like to behave in the same way as he did in the past, while we, by summoning every available mental force [in the patient], compel him to come to a fresh decision. Thus the transference becomes the battlefield on which all the mutually struggling forces should meet one another" (1916-1917).

Freud described two forms of transference, negative and positive. Positive transference covers all aspects of attachment to, and confidence in, the analyst; it is essential to successful treatment. Negative transference denotes hostile cathexes or excess cathexis, which may lead the patient to break off the therapeutic relationship.

The treatment, as it progresses, may be accompanied by such ancillary transference phenomena as lateral transferences. Lateral transferences are cathexes, parallel with the cathexis of the analyst, of some figure capable of focusing that portion of the subject's libido and wishes that cannot be directly expressed to the analyst. Such transferences escape the sphere of transference proper, which is intermediate between the inner world and outside reality, and thus are inaccessible to analysis. But the relations they create may in reality be of great value in other ways to the patient.

The erotic dimension of the transference can constitute an obstacle to psychoanalytic cure in patients in whom disparate arguments connected by a nebulous logic prevents any shift in mental processes of the amorous cathexis of the analyst (1915). Concerned by Ferenczi's experimentation in this regard, Freud warned against offering any direct satisfaction to the patient; the danger was, he felt, that the analyst would find himself in the position of the pastor who attempted the death-bed conversion of an insurance salesman, only to leave with an insurance policy but no convert.

**The role of client - therapist relationship**

The client-therapist relationship is important both as a primary element of therapy (an effective element of therapy in and of itself) and as a supportive or secondary element of therapy (an effective element of therapy through secondary effects).

Various studies (e.g. Smith & Glass, Shapiro & Shapiro) have indicated that psychotherapy is effective. While these studies are based on meta-analytic reviews which have their own limitations, the findings seem solid. Psychotherapy is effective for approximately 2/3s to 3/4s of the people that seek it.

The question of "Which is the more important, the technique or the relationship?" in psychotherapy has been debated over the years (e.g. Strupp, 1972; Garfield, 1972). The therapeutic relationship has effectiveness at least as a primary
element of therapy; it contributes a unique piece of variance to the effectiveness of therapy.

The therapeutic relationship also has effectiveness as a secondary element of therapy. Many (Strupp, 1992; Van Denberg & Van Denburg, 1992) note that the relationship may be involved in a client’s feelings about therapy and his/her decisions to terminate therapy. Van Denburg & Van Denburg (1992) note that Kohut believed that often premature termination resulted from empathic breaches, or failures in empathy. They notes that others have suggested that premature termination occurs from too strong negative transference (Blanck & Blanck), fears of abandonment by and separation from the therapist (Mahler), and too strong feelings regarding dependence on the therapist (transference resistance - Freud). Thus, according to these theorists, the therapeutic relationship has at least secondary or preventative effects in therapy as a factor that is involved in client’s beliefs and feelings about the effectiveness of therapy as well as maintenance of therapy services.
**MODULE II**

**History of behavior therapy**

Precursors of certain fundamental aspects of behaviour therapy have been identified in various ancient philosophical traditions, particularly Stoicism. For example, Wolpe and Lazarus wrote,

While the modern behavior therapist deliberately applies principles of learning to this therapeutic operations, empirical behavior therapy is probably as old as civilization – if we consider civilization as having begun when man first did things to further the well-being of other men. From the time that this became a feature of human life there must have been occasions when a man complained of his ills to another who advised or persuaded him of a course of action. In a broad sense, this could be called behavior therapy whenever the behavior itself was conceived as the therapeutic agent. Ancient writings contain innumerable behavioral prescriptions that accord with this broad conception of behavior therapy.

Possibly the first occurrence of the term "behaviour therapy" was in a 1953 research project by B.F. Skinner, Ogden Lindsley, Nathan H. Azrin and Harry C. Solomon. Other early pioneers in behaviour therapy include Joseph Wolpe and Hans Eysenck.

In general, behaviour therapy is seen as having three distinct points of origin: South Africa (Wolpe's group), The United States (Skinner), and the United Kingdom (Rachman and Eysenck). Each had its own distinct approach to viewing behaviour problems. Eysenck in particular viewed behaviour problems as an interplay between personality characteristics, environment, and behaviour. Skinner's group in the United States took more of an operant conditioning focus. The operant focus created a functional approach to assessment and interventions focused on contingency management such as the token economy and behavioural activation. Skinner's student Ogden Lindsley is credited with forming a movement called precision teaching, which developed a particular type of graphing program called the standard celeration chart to monitor the progress of clients. Skinner became interested in the individualising of programs for improved learning in those with or without disabilities and worked with Fred S. Keller to develop programmed instruction. Programmed instruction had some clinical success in aphasia rehabilitation. Gerald Patterson used programme instruction to develop his parenting text for children with conduct problems. With age, respondent conditioning appears to slow but operant conditioning remains relatively stable.

While many behaviour therapists remain staunchly committed to the basic operant and respondent paradigm, in the second half of the 20th century, many therapists coupled behaviour therapy with the cognitive therapy of Aaron Beck.
and Albert Ellis, to form cognitive behavioral therapy. In some areas the cognitive component had an additive effect (for example, evidence suggests that cognitive interventions improve the result of social phobia treatment.) but in other areas it did not enhance the treatment, which led to the pursuit of Third Generation Behavior Therapies. Third generation behaviour therapy uses basic principles of operant and respondent psychology but couples them with functional analysis and a clinical formulation/case conceptualization of verbal behaviour more inline with view of the behaviour analysts. Some research supports these therapies as being more effective in some cases than cognitive therapy, but overall the question is still in need of answers.

**Basic approaches of behaviorism**

The behavioral approach is based on the concept of explaining behavior through observation, and the belief that our environment is what causes us to behave differently or suffer illnesses. The main categories of behaviorism are:

**Classical Behaviorism**

Behaviorism is a branch of the science of psychology. It was far and away the most popular psychological perspective during the early part of the twentieth century, first gaining popularity in 1918 with the publication of an article by John B. Watson that outlined the Behaviorist philosophy, and enduring until cognitive psychology gained popular support in the late 1950s.

As a psychological perspective, it holds that observable behaviors are the only phenomena a psychologist should be concerned with, because observation is required for both objective interpretation and measurement. In other words, one can only draw psychological inferences from the behavior a client outwardly demonstrates, without relying upon the analysis of internal processes such as thought and emotions. This was important in the field of psychology because it helped situate the study among the "hard sciences", dealing purely with observable data in an experimental context.

It is extremely important to note, however, that Behaviorists do not reject the existence of internal processes. Many criticize the perspective on this point and are mistaken in doing so. Rather, it is simply that Behaviorists consider these internal events a form of behavior in and of themselves, rather than causes of behavior.

One of the best-known aspects of behavioral learning theory is **classical conditioning**. Discovered by Russian physiologist Ivan Pavlov, classical conditioning is a learning process that occurs through associations between an environmental stimulus and a naturally occurring stimulus.
It’s important to note that classical conditioning involves placing a neutral signal before a naturally occurring reflex. In Pavlov’s classic experiment with dogs, the neutral signal was the sound of a tone and the naturally occurring reflex was salivating in response to food. By associating the neutral stimulus with the environmental stimulus (the presentation of food), the sound of the tone alone could produce the salivation response.

In order to understand how more about how classical conditioning works, it is important to be familiar with the basic principles of the process.

**The Unconditioned Stimulus**

The unconditioned stimulus is one that unconditionally, naturally, and automatically triggers a response. For example, when you smell one of your favorite foods, you may immediately feel very hungry. In this example, the smell of the food is the unconditioned stimulus.

The Unconditioned Response

The unconditioned response is the unlearned response that occurs naturally in response to the unconditioned stimulus. In our example, the feeling of hunger in response to the smell of food is the unconditioned response.

**The Conditioned Stimulus**

The conditioned stimulus is previously neutral stimulus that, after becoming associated with the unconditioned stimulus, eventually comes to trigger a conditioned response. In our earlier example, suppose that when you smelled your favorite food, you also heard the sound of a whistle. While the whistle is unrelated to the smell of the food, if the sound of the whistle was paired multiple times with the smell, the sound would eventually trigger the conditioned response. In this case, the sound of the whistle is the conditioned stimulus.

**The Conditioned Response**

The conditioned response is the learned response to the previously neutral stimulus. In our example, the conditioned response would be feeling hungry when you heard the sound of the whistle.

**Classical Conditioning in the Real World**

In reality, people do not respond exactly like Pavlov’s dogs. There are, however, numerous real-world applications for classical conditioning. For example, many dog trainers use classical conditioning techniques to help people train their pets.

These techniques are also useful in the treatment of phobias or anxiety problems. Teachers are able to apply classical conditioning in the class by creating a positive classroom environment to help students overcome anxiety or fear.
Pairing an anxiety-provoking situation, such as performing in front of a group, with pleasant surroundings helps the student learn new associations. Instead of feeling anxious and tense in these situations, the child will learn to stay relaxed and calm.

**Methodological Behaviorism**

Methodological Behaviorism is one of many branches of the psychological school of Behaviorism. Like the other branches in this school, it places a great deal of emphasis on observing human and animal action as a means of gaining insight into why people behave the way they do. This is in contrast to other schools, which place emphasis on more internal explanations for behavior, such as the "inter-psychic conflicts" and "repressed desires" of the psychodynamic perspective. Methodological behaviorism is based on the idea that all types of psychological research are based to a greater or lesser extent on observing behaviors; the closest insight, some may argue, we currently have into someone's psychological make-up.

Methodological behaviorists acknowledged that behavior was either the only or the easiest method of observation in psychology, but held that it could be used to draw conclusions about mental states. Among well-known twentieth-century behaviorists taking this kind of position were Clark L. Hull, who described his position as neo-behaviorism, and Edward C. Tolman, who developed much of what would later become the cognitivist program. Tolman argued that rats constructed cognitive maps of the mazes they learned even in the absence of reward, and that the connection between stimulus and response (S→R) was mediated by a third term - the organism (S→O→R). His approach has been called, among other things, purposive behaviorism.

Methodological behaviorism remains the position of most experimental psychologists today, including the vast majority of those who work in cognitive psychology – so long as behavior is defined as including speech, at least non-introspective speech. With the rise of interest in animal cognition since the 1980s, and the more unorthodox views of Donald Griffin among others, mentalistic language including discussion of consciousness is increasingly used even in discussion of animal psychology, in both comparative psychology and ethology; however this is in no way inconsistent with the position of methodological behaviorism.

**Politics**

**Radical Behaviorism**

Radical behaviorists would claim that all our actions can be explained in terms of environmental factors. Skinner’s self-described “radical behaviorist” approach is radical in its insistence on extending behaviorist strictures against inward experiential processes to include inner physiological ones as well. The scientific
nub of the approach is a concept of operant conditioning indebted to Thorndike’s “Law of Effect.” Operants (e.g., bar-presses or key-pecks) are units of behavior an organism (e.g., a rat or pigeon) occasionally emits “spontaneously” prior to conditioning. In operant conditioning, operants followed by reinforcement (e.g., food or water) increase in frequency and come under control of discriminative stimuli (e.g., lights or tones) preceding the response. By increasingly judicious reinforcement of increasingly close approximations, complex behavioral sequences are shaped. On Skinner’s view, high-level human behavior, such as speech, is the end result of such shaping. Prolonged absence of reinforcement leads to extinction of the response. Many original and important Skinnerian findings — e.g., that constantly reinforced responses extinguish more rapidly than intermittently reinforced responses — concern the effects of differing schedules of reinforcement. Skinner notes the similarity of operant behavioral conditioning to natural evolutionary selection: in each case apparently forward-looking or goal-directed developments are explained (away) by a preceding course of environmental “selection” among randomly varying evolutionary traits or, in the psychological case, behavioral tricks. The purposiveness which Tolman’s molar behavioral description assumes, radical behaviorism thus claims to explain. Likewise, Skinner questions the explanatory utility of would-be characterizations of inner processes (such as Hull’s): such processes, being behavior themselves (though inner), are more in need of explanation themselves, Skinner holds, than they are fit to explain outward behavior. By “dismissing mental states and processes,” Skinner maintains, radical behaviorism “directs attention to the history of the individual and to the current environment where the real causes of behavior are to be found” (Skinner 1987). On this view, “if the proper attention is paid to the variables controlling behavior and an appropriate behavioral unit is chosen, orderliness appears directly in the behavior and the postulated theoretical processes become superfluous” (Zuriff). Thus understood, Skinner’s complaint about inner processes “is not that they do not exist, but that they are not relevant” (Skinner 1953) to the prediction, control, and experimental analysis of behavior.

Skinner stressed prediction and control as his chief explanatory desiderata, and on this score he boasts that “experimental analysis of behaviour” on radical behaviorist lines “has led to an effective technology, applicable to education, psychotherapy, and the design of cultural practices in general” (Skinner 1987). Even the most strident critics of radical behaviorism, I believe, must accord it some recognition in these connections. Behavior therapy (based on operant principles) has proven effective in treating phobias and addictions; operant shaping is widely and effectively used in animal training; and behaviorist instructional methods have proven effective though they may have become less fashionable in the field of education. Skinnerian Behaviorism can further boast of significantly advancing our understanding of stimulus generalization and other important learning-and-perception related phenomena and effects. Nevertheless, what was delivered was less than advertised. In particular, Skinner’s attempt to
extend the approach to the explanation of high-grade human behavior failed, making Noam Chomsky’s dismissive (1959) review of Skinner’s book, Verbal Behavior, something of a watershed. On Chomsky’s diagnosis, not only had Skinner’s attempt at explaining verbal behavior failed, it had to fail given the insufficiency of the explanatory devices Skinner allowed: linguistic competence (in general) and language acquisition (in particular), Chomsky argued, can only be explained as expressions of innate mechanisms presumably, computational mechanisms. For those in the “behavioral sciences” already chaffing under the severe methodological constraints Skinnerian orthodoxy imposed, the transition to “cognitive science” was swift and welcome. By 1985 Zuriff would write, “the received wisdom of today is that behaviorism has been refuted, its methods have failed, and it has little to offer modern psychology” (Zuriff 1985). Subsequent developments, however, suggest that matters are not that simple.

Logical Behaviorism

What is sometimes called the “formalist” or “ideal language” line of analytic philosophy seeks the logical and empirical regimentation of (would-be) scientific language for the sake of its scientific improvement. “Logical behaviorism” refers, most properly, to Carnap and Hempel’s proposed regimentation of psychological discourse on behavioristic lines, calling for analyzes of mental terms along lines consonant with the Logical Empiricist doctrine of verificationism (resembling the “operationism” of Bridgman 1927) they espoused. According to verificationism, a theoretic attribution say of temperature as in “it’s 23.4º centigrade” “affirms nothing other than” that certain “physical test sentences obtain”: sentences describing the would-be “coincidence between the level of the mercury and the mark of the scale numbered 23.4″ on a mercury thermometer, and “other coincidences,” for other measuring instruments (Hempel 1949). Similarly, it was proposed, that for scientific psychological purposes, “the meaning of a psychological statement consists solely in the function of abbreviating the description of certain modes of physical response characteristic of the bodies of men and animals” (Hempel 1949), the modes of physical response by which we test the truth of our psychological attributions. “Paul has a toothache” for instance would abbreviate “Paul weeps and makes gestures of such and such kinds”; “At the question `What is the matter?’, Paul utters the words `I have a toothache’”; and so on (Hempel 1949). As Carnap and Hempel came to give up verificationism, they gave up logical behaviorism, and came to hold, instead, that “the introduction and application of psychological terms and hypotheses is logically and methodologically analogous to the introduction and application of the terms and hypotheses of a physical theory.” Theoretical terms on this newly emerging (and now prevalent) view need only be loosely tied to observational tests in concert with other terms of the theory. They needn’t be fully characterized, each in terms of its own observations, as on the “narrow translationist” (Hempel 1977) doctrine of logical behaviorism. As verificationism went, so went logical behaviorism: liberalized requirements for the empirical grounding of theoretical
posits encouraged the taking of “cognitive scientific” liberties (in practice) and (in theory) the growth of cognitivist sympathies among analytic philosophers of mind. Still, despite having been renounced by its champions as unfounded and having found no new champions; and despite seeming, with hindsight, clearly false; logical behaviorism continues to provoke philosophical discussion, perhaps due to that very clarity. Appreciation of how logical behaviorism went wrong (below) is widely regarded by cognitivists as the best propaedeutic to their case for robust recourse to hypotheses about internal computational mechanisms.

**Basic assumptions of behaviorism**

1. The primary means of investigating learning is by observation.
2. Principles of learning apply equally to different behaviors and to different species of animals. Behaviorists typically state that human beings and other animals learn in similar ways.
3. Learning processes can be studied most objectively when the focus of study is on stimuli and responses. Typically learning is described as a stimulus and response relationship, $S = R$.
4. Internal cognitive processes are largely excluded from scientific study.
5. Learning involves a behavior change. Some behaviorists proposed that if no observable change happens, then no learning has happened.
6. Organisms are born as blank slates. Organisms are not born with any predispositions to be made in certain ways. Since each organism has a different experience with the environment, each will have a different set of behaviors.
7. Learning is largely the result of environmental events. Behaviorists tend to use the term conditioning instead of learning to reflect this. The most useful theories tend to be universal ones.

- The learning of all behavior is best explained by as few learning principles as possible.

**Methods and procedures of behavior treatment**

**Systematic desensitization**

Systematic desensitization is a type of behavioral therapy used in the field of psychology to help effectively overcome phobias and other anxiety disorders. More specifically, it is a type of Pavlovian therapy / classical conditioning therapy developed by a South African psychiatrist, Joseph Wolpe. To begin the process of systematic desensitization, one must first be taught relaxation skills in order to extinguish fear and anxiety responses to specific phobias. Once the individual has been taught these skills, he or she must use them to react towards and
overcome situations in an established hierarchy of fears. The goal of this process is that an individual will learn to cope and overcome the fear in each step of the hierarchy, which will lead to overcoming the last step of the fear in the hierarchy. Systematic desensitization is sometimes called graduated exposure therapy or "Anuj is Tamil".

Specific phobias are one class of mental illness often treated through the behavior therapy or cognitive–behavioral process of systematic desensitization. When individuals possess irrational fears of an object, such as height, dogs, snakes, and close spaces, they tend to avoid it. Since escaping from the phobic object reduces their anxiety, patients' behavior to reduce fear is reinforced through negative reinforcement, a concept defined in operant conditioning. The goal of systematic desensitization is to overcome this avoidance pattern by gradually exposing patients to the phobic object until it can be tolerated. In classical and operant conditioning terms the elicitation of the fear response is extinguished to the stimulus (or class of stimuli).

**Coping strategies**

Prior to exposure, the therapist teaches the patient cognitive strategies to cope with anxiety. This is necessary because it provides the patient with a means of controlling their fear, rather than letting it build until it becomes unbearable. Relaxation training, such as meditation, is one type of coping strategy. Administration of an anti-anxiety medicine prior to exposure to the phobia-inducing stimuli is another type of coping strategy. Patients who have serious anxiety that leads to breathing problems might be taught to focus on their breathing or to think about happy situations. Another means of relaxation is cognitive reappraisal of imagined outcomes. The therapist might encourage subjects to examine what they imagine happening when exposed to the phobic object, allowing them to recognize their catastrophic visions and contrast them with the actual outcome. For example, a patient with a snake phobia might realize that they imagine any snake they encounter would coil itself around their neck and strangle them, when this would not actually occur. These patients need to see that not all snakes are large and that most snakes are completely harmless so that they can get over their fear. Research has demonstrated the effectiveness of this technique in helping subjects reduce similar animal phobias.

**Progressive exposure**

The second component of systematic desensitization is gradual exposure to the feared objects or situations. Continuing with the snake example, the therapist would begin by asking their patient to develop a fear hierarchy, listing the relative unpleasantness of various types of exposure. For example, seeing a picture of a snake in a newspaper might be rated 5 of 100, while having several live snakes crawling on one's neck would be the most fearful experience possible. Once the patient had practiced their relaxation technique, the therapist would then
present them with the photograph, and help them calm down. They would then present increasingly unpleasant situations: a poster of a snake, a small snake in a box in the other room, a snake in a clear box in view, touching the snake, etc. At each step in the progression, the patient is desensitized to the phobia through the use of the coping technique. They realize that nothing bad happens to them, and the fear gradually extinguishes.

**Exposure and response prevention**

Exposure and response prevention (ERP) is a treatment method available from behavioral psychologists and cognitive-behavioral therapists for a variety of anxiety disorders, especially Obsessive Compulsive Disorder. It is an example of an Exposure Therapy.

The method is predicated on the idea that a therapeutic effect is achieved as subjects confront their fears and discontinue their escape response. The behavioral process is called Pavlovian extinction or respondent extinction. An example would be of a person who repeatedly checks light switches to make sure they’re turned off. They would carry out a program of exposure to their feared stimulus (leaving lights switched on) while refusing to engage in any safety behaviors. It differs from Exposure Therapy for phobia in that the resolution to refrain from the avoidance response is to be maintained at all times and not just during specific practice sessions. Thus, not only does the subject experience habituation to the feared stimulus, they also practice a fear-incompatible behavioral response to the stimulus. While this type of therapy typically causes some short-term anxiety, this facilitates long-term reduction in obsessive and compulsive symptoms.

**Behaviour modification**

Behavior modification is the use of empirically demonstrated behavior change techniques to increase or decrease the frequency of behaviors, such as altering an individual’s behaviors and reactions to stimuli through positive and negative reinforcement of adaptive behavior and/or the reduction of behavior through its extinction, punishment and/or satiation.

Therapy and consultation cannot be effective unless the behaviors to be changed are understood within a specific context. The process of understanding behavior in context is called functional behavioral assessment. One of the most simple yet effective methods of functional behavioral assessment is called the "ABC" approach, where observations are made on Antecedents, Behaviors, and Consequences. In other words, "What comes directly before the behavior?", "What does the behavior look like?", and "What comes directly after the behavior?" Once enough observations are made, the data are analyzed and patterns are identified. If there are consistent antecedents and/or consequences, an intervention should target those to increase or decrease the target behavior. This method forms the
core of positive behavior support for schoolchildren in both regular and special education.

Behavior modifiers like to employ a variety of evidence-based techniques. These techniques intervene at all levels of context. For example, given specific setting events for a behavior, a behavior modifier may develop a neutralizing routine to eliminate that setting. If a behavior pattern has a specific antecedent, or trigger, then an antecedent control strategy can be developed to train new behavior in the presence of the trigger. If a problem behavior readily occurs because it achieves some function, then an alternative behavior can be instructed and trained to occur in the context of the trigger. If a behavior is particularly complex it may be task-analyzed and broken into its component parts to be taught through chaining. While all these methods are effective, when the behavior problem gets difficult or when all else fails many turn to contingency management systems. Complex and comprehensive contingency management systems have been developed and represent effective ways to eliminate many problem behaviors. Collaborative goal setting with the client enhances treatment effects.

**Flooding**

Flooding is a form of behavior therapy and based on the principles of respondent conditioning. It is sometimes referred to as exposure therapy or prolonged exposure therapy. As a psychotherapeutic technique, it is used to treat phobia and anxiety disorders including post-traumatic stress disorder. It works by exposing the patient to their painful memories, with the goal of reintegrating their repressed emotions with their current awareness. Flooding was invented by psychologist Thomas Stampfl in 1967. It still is used in behavior therapy today.

Flooding is a psychotherapeutic method for overcoming phobias. This is a faster, yet less efficient and more traumatic, method of ridding fears when compared with systematic desensitization. In order to demonstrate the irrationality of the fear, a psychologist would put a person in a situation where they would face their phobia at its worst. Under controlled conditions and using psychologically-proved relaxation techniques the subject attempts to replace their fear with relaxation. The experience can often be traumatic for a person, but may be necessary if the phobia is causing them problems. The advantage to flooding is that it is quick and usually effective. There is however, spontaneous recovery of a fear that may occur. This can be made less likely with systematic desensitization; another form of a classical condition procedure for the elimination of phobias.

"Flooding" is an effective form of treatment for phobias amongst other psychopathologies. It works on the principles of classical conditioning or respondent conditioning—a form of Pavlov’s classical conditioning—where patients change their behaviors to avoid negative stimuli. According to Pavlov, we learn through associations, so if we have a phobia it is because we associate the feared object or stimulus with something negative.
Flooding uses a technique based on Pavlov's classical conditioning that uses exposure. There are different forms of exposure such as imaginal exposure, virtual reality exposure, and in vivo exposure. While systematic desensitization may use these other types of exposure, flooding uses in vivo exposure, actual exposure to the feared stimulus. A patient is confronted with a situation in which the stimulus that provoked the original trauma is present. The psychiatrist there usually offers very little assistance or reassurance other than to help the patient to use relaxation techniques in order to calm themselves. Relaxation techniques such as progressive muscle relaxation are common in these kinds of classical conditioning procedures. As the adrenaline and fear response has a time limit theoretically a person will eventually have to calm down and realize that there is nothing to be afraid of. Flooding can be done through the use of virtual reality and is fairly effective.

Psychiatrist Joseph Wolpe (1973) carried out an experiment which demonstrated flooding. He took a girl who was scared of cars, and drove her around for hours. Initially the girl was hysterical but she eventually calmed down when she realized that her situation was safe. From then on she associated a sense of ease with cars.

Flooding therapy is not for every individual, and the therapist will discuss with the patient the levels of anxiety they are prepared to endure during the session. It may also be true that exposure is not for every therapist and therapists seem to shy away from use of the technique.

**Operant conditioning**

Operant conditioning is a form of psychological learning during which an individual modifies the occurrence and form of its own behavior due to the association of the behavior with a stimulus. Operant conditioning is distinguished from classical conditioning (also called respondent conditioning) in that operant conditioning deals with the modification of “voluntary behavior” or operant behavior. Operant behavior "operates" on the environment and is maintained by its consequences, while classical conditioning deals with the conditioning of reflexive (reflex) behaviors which are elicited by antecedent conditions. Behaviors conditioned via a classical conditioning procedure are not maintained by consequences.

Reinforcement and punishment, the core tools of operant conditioning, are either positive (delivered following a response), or negative (withdrawn following a response). This creates a total of four basic consequences, with the addition of a fifth procedure known as extinction (i.e. no change in consequences following a response).
It is important to note that actors are not spoken of as being reinforced, punished, or extinguished; it is the actions that are reinforced, punished, or extinguished. Additionally, reinforcement, punishment, and extinction are not terms whose use is restricted to the laboratory. Naturally occurring consequences can also be said to reinforce, punish, or extinguish behavior and are not always delivered by people.

*Reinforcement* is a consequence that causes a behavior to occur with greater frequency.

*Punishment* is a consequence that causes a behavior to occur with less frequency.

*Extinction* is the lack of any consequence following a behavior. When a behavior is inconsequential (i.e., producing neither favorable nor unfavorable consequences) it will occur with less frequency. When a previously reinforced behavior is no longer reinforced with either positive or negative reinforcement, it leads to a decline in that behavior.

**Four contexts of operant conditioning**

Here the terms positive and negative are not used in their popular sense, but rather: positive refers to addition, and negative refers to subtraction.

What is added or subtracted may be either reinforcement or punishment. Hence positive punishment is sometimes a confusing term, as it denotes the “addition” of a stimulus or increase in the intensity of a stimulus that is aversive (such as spanking or an electric shock).

The four procedures are:

*Positive reinforcement* (Reinforcement): occurs when a behavior (response) is followed by a stimulus that is appetitive or rewarding, increasing the frequency of that behavior. In the Skinner box experiment, a stimulus such as food or sugar solution can be delivered when the rat engages in a target behavior, such as pressing a lever.

*Negative reinforcement* (Escape): occurs when a behavior (response) is followed by the removal of an aversive stimulus, thereby increasing that behavior’s frequency. In the Skinner box experiment, negative reinforcement can be a loud noise continuously sounding inside the rat’s cage until it engages in the target behavior, such as pressing a lever, upon which the loud noise is removed.

*Positive punishment* (Punishment) (also called “Punishment by contingent stimulation”): occurs when a behavior (response) is followed by a stimulus, such as introducing a shock or loud noise, resulting in a decrease in that behavior.

*Negative punishment* (Penalty) (also called “Punishment by contingent withdrawal”): occurs when a behavior (response) is followed by the removal of a
stimulus, such as taking away a child’s toy following an undesired behavior, resulting in a decrease in that behavior.

Also:

Avoidance learning is a type of learning in which a certain behavior results in the cessation of an aversive stimulus. For example, performing the behavior of shielding one’s eyes when in the sunlight (or going outdoors) will help avoid the aversive stimulation of having light in one’s eyes.

Extinction occurs when a behavior (response) that had previously been reinforced is no longer effective. In the Skinner box experiment, this is the rat pushing the lever and being rewarded with a food pellet several times, and then pushing the lever again and never receiving a food pellet again. Eventually the rat would cease pushing the lever.

Non contingent reinforcement refers to delivery of reinforcing stimuli regardless of the organism’s (aberrant) behavior. The idea is that the target behavior decreases because it is no longer necessary to receive the reinforcement. This typically entails time-based delivery of stimuli identified as maintaining aberrant behavior, which serves to decrease the rate of the target behavior. As no measured behavior is identified as being strengthened, there is controversy surrounding the use of the term noncontingent "reinforcement".

Shaping is a form of operant conditioning in which the increasingly accurate approximations of a desired response are reinforced.

Chaining is an instructional procedure which involves reinforcing individual responses occurring in a sequence to form a complex behavior.

Response cost is a form of punishment in which the annihilation of an appetitive stimulus always follows the reducing in the occurrence of a response.

Covert conditioning

Covert conditioning is an approach to mental health treatment that uses the principles of behavior modification, which emerged from the applied behavior analysis literature to assist people in making improvements in their behavior or inner experience. The method relies on the person’s capacity to use imagery for purposes such as mental rehearsal. In some populations it has been found that an imaginary reward can be as effective as a real one (Cautela, 1986). Effective covert conditioning is said to rely upon careful application of behavioral treatment principles such as a thorough behavioral analysis.

Some clinicians include the mind’s ability to spontaneously generate imagery that can provide intuitive solutions or even reprocessing that improves people’s typical reactions to situations or inner material. However, this goes beyond the behavioristic principles on which covert conditioning is based (Cautela, 1986).
Therapies and self help methods have aspects of covert conditioning. This can be seen in focusing, some neuro-linguistic programming methods such as future pacing, and various visualization or imaginal processes used in behavior therapy and cognitive behavioral therapy.

"Covert sensitization" associates an aversive stimulus with a behavior the client wishes to reduce or eliminate. This is done by imagining the target behavior followed by imagining an aversive consequence. "Covert extinction" attempts to reduce a behavior by imagining the target behavior while imagining that the reinforcer does not occur. "Covert response cost" attempts to reduce a behavior by associating the loss of a reinforcer with the target behavior that is to be decreased.

"Covert positive reinforcement" is intended to increase a behavior by imagining a reinforcing experience in connection with the behavior. "Covert negative reinforcement" attempts to increase a behavior by connecting the termination of an aversive stimulus with increased production of a target behavior.

"Covert modeling" involves imagining someone engaging in the behavior and, optionally, reinforcers taking place.

Observational learning

Observational learning (also known as vicarious learning, social learning, or modeling) is a type of learning that occurs as a function of observing, retaining and replicating novel behavior executed by others. It is argued that reinforcement has the effect of influencing which responses one will partake in, more than it influences the actual acquisition of the new response.

Although observational learning can take place at any stage in life, it is thought to be of greater importance during childhood, particularly as authority becomes important. The best role models are those a year or two older for observational learning. Because of this, social learning theory has influenced debates on the effect of television violence and parental role models.

Contingency management

Contingency management is a type of treatment used in the mental health or substance abuse fields. Patients are rewarded (or, less often, punished) for their behavior; generally, adherence to or failure to adhere to program rules and regulations or their treatment plan. As an approach to treatment, contingency management emerged from the behavior therapy and applied behavior analysis traditions in mental health. By most evaluations, contingency management procedures produce one of the largest effect sizes out of all mental health and educational interventions.
Counseling psychology and behavioral approach

Behavioral approach focuses on an individual's learnt, or conditioned, behaviour and how this can be changed. The approach assumes that if a behaviour can be learnt, then it can be unlearnt (or reconditioned) so is useful for dealing with issues such as phobias or addictions.

While the dynamically oriented theorists try to understand conscious and unconscious through inference, the behavioral counselors concentrate on objective study of client behavior and the learning process. As the emphasis is primarily on overt behavior, the first emphasis is to discover how the behavior was acquired and how it can be changed. The second emphasis, which is a later addition, is on precondition for behavior change. This approach is characterized by (1) a focus on overt and specified behavior; (2) a precise and well-spelt out target behaviors called goals; (3) a formulation of a specific and objective treatment procedure to the problem at hand; and (4) an objective assessment of the outcome of counseling in terms of the degree of approximation to the target behavior.

In the behavioral approaches well defined counseling goals are of central importance. The much talked about counselor-counselee relationship in other approaches is of secondary importance only. The main aim of this relationship to the behaviorist counselor is to facilitate greater understanding of the client's view of the problem. This helps to formulate a more successful behavioral plan for bringing about change in the client's maladaptive behavior to one of adaptive behavior (target behavior).

As the behavioral approaches base their understanding of human behavior through the theories of learning, they use very specific techniques like behavior contracts, social modeling, systematic desensitization and assertive training. All these techniques are well known to counselors.
**MODULE III**

**The cognitive revolution**

The cognitive revolution is the name for an intellectual movement in the 1950s that began what are known collectively as the cognitive sciences. It began in the modern context of greater interdisciplinary communication and research. The relevant areas of interchange were the combination of psychology, anthropology, and linguistics with approaches developed within the then-nascent fields of artificial intelligence, computer science, and neuroscience.

A key idea in cognitive psychology was that by studying and developing successful functions in artificial intelligence and computer science, it becomes possible to make testable inferences about human mental processes. This has been called the reverse-engineering approach.

Important publications in setting off the cognitive revolution include George A. Miller’s 1956 Psychological Review article "The Magical Number Seven, Plus or Minus Two" (one of the most highly cited papers in psychology), Donald Broadbent’s 1958 book Perception and Communication, Noam Chomsky’s 1959 "Review of Verbal Behavior, by B.F. Skinner", and "Elements of a Theory of Human Problem Solving" by Newell, Shaw, and Simon. Ulric Neisser’s 1967 book Cognitive Psychology was a landmark contribution. Starting in the 1960s the Harvard Center for Cognitive Studies and the Center for Human Information Processing at UCSD became influential in the development of cognitive studies.

By the early 1970s according to some accounts, the cognitive movement had all but "routed" behaviorism as a psychological paradigm, and by the early 1980s the cognitive approach had become the dominant research line of inquiry in most psychology research fields.

The cognitive revolution in psychology took form as cognitive psychology, an approach in large part a response to behaviorism, the predominant school in scientific psychology at the time. Behaviorism was heavily influenced by Ivan Pavlov and E. L. Thorndike, and its most notable early practitioner was John B. Watson, who proposed that psychology could only become an objective science were it based on observable behavior in test subjects. Methodological behaviorists argued that because mental events are not publicly observable, psychologists should avoid description of mental processes or the mind in their theories. However, B. F. Skinner and other radical behaviorists objected to this approach, arguing that a science of psychology must include the study of internal events. As such, behaviorists at this time did not reject cognition (private behaviors), but simply argued against the concept of the mind being used as an explanatory fiction (rather than rejecting the concept of mind itself). Cognitive psychologists extended on this philosophy through the experimental investigation of mental states that allow scientists to produce theories that more reliably predict outcomes.
Cognitive approaches to counseling

As George and Cristiani (1981) have pointed out, in the cognitive approaches, the process of counseling is the curing of unreason by reason; i.e., to help clients eliminate most emotional disturbances by learning to think rationally, to help them get rid of illogical, irrational ideas and attitudes and substitute logical, rational ideas and attitudes. It is believed that this process helps the client to attain rational behavior, happiness, and self-actualization. For example Transactional Analysis (TA) aims at the internal dialogues of individuals, which occurs between the various ego states and the struggles between the real parts of their behavior (whether the same is productive or counter productive) and the behavior of others by identifying which ego state is in power at any given time. TA thus gives the clients information about the various types of transactions that occur among individuals and to help them identify the kinds of behavior in which they are involved. The goal of TA is to help clients review their past decisions and make new decisions about their present behavior. It is assumed that this would change their life direction into developing an autonomous life style characterized by awareness, spontaneity. This, it is believed that would, eliminate a life style characterized by manipulative game – playing a self-defeating neurotic tendencies.

Directive teaching is the core in all the cognitive approaches. For example in Rational Emotive Therapy (RET) the counselor takes up an active teaching role to educate clients. The RET counselor makes the client understand that the latter’s internationalized sentences are quite illogical and especially the current illogical thinking are self-defeating verbalization of the client. The success if the counselor lies in bringing illogical thinking forcefully to the client’s attention. He must also show to the counselee how these thoughts are maintaining his unhappiness and how a rethinking and maintenance of logically and rationality make him happy and contented. In reality therapy, the meaning of reality and the necessity to act responsibly are taught by the counselor.

The RET of Albert Ellis

Rational emotive behavior therapy (REBT), previously called rational therapy and rational emotive therapy (RET), is a comprehensive, active-directive, philosophically and empirically based psychotherapy which focuses on resolving emotional and behavioral problems and disturbances and enabling people to lead happier and more fulfilling lives. REBT was created and developed by the American psychotherapist and psychologist Albert Ellis who was inspired by many of the teachings of Asian, Greek, Roman and modern philosophers. REBT is one form of cognitive behavior therapy (CBT) and was first expounded by Ellis in the mid-1950s; development continued until his death in 2007. REBT Intervention
As explained, REBT is a therapeutic system of both theory and practices; generally one of the goals of REBT is to help clients see the ways in which they have learned how they often needlessly upset themselves, teach them how to un-upset themselves and then how to empower themselves to lead happier and more fulfilling lives.[5] The emphasis in therapy is generally to establish a successful collaborative therapeutic working alliance based on the REBT educational model. Although REBT teaches that the therapist or counsellor had better demonstrate unconditional other-acceptance or unconditional positive regard, the therapist is not necessarily always encouraged to build a warm and caring relationship with the client. The tasks of the therapist or counsellor include understanding the client’s concerns from his point of reference and work as a facilitator, teacher and encourager.

In traditional REBT, the client together with the therapist, in a structured active-directive manner, often work through a set of target problems and establish a set of therapeutic goals. In these target problems, situational dysfunctional emotions, behaviors and beliefs are assessed in regards to the client’s values and goals. After working through these problems, the client learns to generalize insights to other relevant situations. In many cases after going through a client’s different target problems, the therapist is interested in examining possible core beliefs and more deep rooted philosophical evaluations and schemas that might account for a wider array of problematic emotions and behaviors. Although REBT much of the time is used as a brief therapy, in deeper and more complex problems, longer therapy is promoted.

In therapy, the first step often is that the client acknowledges the problems, accepts emotional responsibility for these and has willingness and determination to change. This normally requires a considerable amount of insight, but as originator Albert Ellis explains:

"Humans, unlike just about all the other animals on earth, create fairly sophisticated languages which not only enable them to think about their feeling, their actions, and the results they get from doing and not doing certain things, but they also are able to think about their thinking and even think about thinking about their thinking."

Through the therapeutic process, REBT employs a wide array of forceful and active, meaning multimodal and disputing, methodologies. Central through these methods and techniques is the intent to help the client challenge, dispute and question their destructive and self-defeating cognitions, emotions and behaviors. The methods and techniques incorporate cognitive-philosophic, emotive-evocative-dramatic, and behavioral methods for disputation of the client’s irrational and self-defeating constructs and helps the client come up with more rational and self-constructive ones. REBT seeks to acknowledge that understanding and insight are not enough; in order for clients to significantly change, they had better pinpoint their irrational and self-defeating constructs and work forcefully and actively at changing them to more functional and self-helping ones.
REBT posits that the client must work hard to get better, and in therapy this normally includes a wide array of homework exercises in day-to-day life assigned by the therapist. The assignments may for example include desensitization tasks, i.e., by having the client confront the very thing he or she is afraid of. By doing so, the client is actively acting against the belief that often is contributing significantly to the disturbance.

Another factor contributing to the brevity of REBT is that the therapist seeks to empower the client to help himself through future adversities. REBT only promotes temporary solutions if more fundamental solutions are not found. An ideal successful collaboration between the REBT therapist and a client results in changes to the client’s philosophical way of evaluating him- or herself, others, and his or her life, which will likely yield effective results. The client then moves toward unconditional self-acceptance, other-acceptance and life-acceptance while striving to live a more self-fulfilling and happier life.

**The cognitive therapy of Aaron T. Beck**

According to Beck, “If beliefs do not change, there is no improvement. If beliefs change, symptoms change. Beliefs function as little operational units,” which means that one’s thoughts and beliefs (schema) affect one’s behavior and subsequent actions. He believed that dysfunctional behavior is caused due to dysfunctional thinking, and that thinking is shaped by our beliefs. Our beliefs decide the course of our actions. Beck was convinced of positive results if patients could be persuaded to think constructively and forsake negative thinking.

**Cognitive Approach to Depression**

Behavioral theorists suggest that depression results from faulty and irrational psychological perception, causing distorted learning and reasoning. These depressive cognition could be a result of traumatic experience or incapability of adaptive coping skills. Depressive people have a negative perception or belief about themselves and their environment. More the severity of one’s negative thoughts more is the severity of one’s depression symptoms.

Beck devised the negative cognitive triad, which includes the following three main dysfunctional belief themes or schemas, a depressive person experiences.

The depressed patients see themselves as inadequate, incapable of success and always as a victim of circumstances.

The patient considers all past and present experiences through the kaleidoscope of negativity, constantly emphasizing on defeats, failures and a victim mentality.

The depressed individual envisions the future, just as he interprets the past and present and sees only despair and hopelessness.
These beliefs focus attention towards negative aspects of life and the way information is processed. As perception becomes more distorted, selective attention is placed on failures and everything is approached negatively. The depressed person maneuvers all his feelings towards hopelessness unconsciously. In 1961, he developed the Beck Depression Inventory (BDI) that has a 21 item scale that uses a Likert scale to determine the severity of depression. It is one of the most widely used and referenced scales to measure depression.

**Treating Depression**

Aaron Beck put major emphasis on understanding and changing core beliefs as an approach to treating depression. By restructuring destructive thinking, he believed that positive changes could be brought in the patient. He considered the role of a therapist as crucial in the treatment. The therapist involves the patient in setting realistic goals and taking responsibilities for action and thought. By changing thought and perception, a change can be brought in behavior and emotional responses. A course is outlined to educate the patient on the concept of faulty thinking. New ideas and ways are generated to develop a positive outlook of oneself, experiences and the environment around. Sometimes, home assignments are also given to help the depressed person review and understand the impact of faulty thinking on his behavior and emotional well-being.

Beck combined Sigmund Freud’s psychoanalysis with his own understanding and observations of schema and developed the cognitive behavior theory. He further developed Beck Scale for Suicidal Ideation, Beck Hopelessness Scale, Beck Anxiety Inventory and Beck Youth Inventories to help treat all kinds of mental disorders. Today, psychiatrists worldwide use his cognitive behavior theory and various scales to treat patients suffering from depression.

**Efficacy of cognitive therapies**

Cognitive therapy strategies have been used to help clients overcome a wide variety of problems.

In the past few years, there have been a number of large research studies looking at the effectiveness of cognitive therapy. These studies have demonstrated that cognitive therapy is extremely effective. The most successful application of cognitive therapy has been in the treatment of depression. The National Institutes of Mental Health conducted a large-scale research program comparing cognitive therapy to treatment with anti-depressant medication for depression. People received either cognitive therapy or anti-depressant medications over the course of 16 weeks.
Their depression was evaluated during treatment and for several years following treatment. Cognitive therapy was found to be as effective as anti-depressant medication. Even more impressive, when the scientists looked at the numbers of people who became depressed again after treatment with either cognitive therapy or drugs had ended, they found that cognitive therapy was clearly superior to anti-depressant medication in preventing the return of depression. Recent reviews of many cognitive therapy studies support the effectiveness of cognitive therapy.

For the treatment of anxiety, particularly for panic attacks or anxiety attacks, cognitive therapy has also been shown to be effective. Recent research studies have shown that cognitive therapy can eliminate anxiety attacks in about 85% of patients who receive a short-term non-drug treatment program of less than 20 sessions. The most commonly prescribed anti-anxiety drug, Xanax, only eliminates panic attacks in about 50% of the patients.

Other studies have shown that cognitive therapy is an effective brief for a variety of other common problems. Cognitive therapy can be effectively used to treat chronic pain, stress-related problems, marital and relationship difficulties, eating disorders, bulimia, anorexia, phobias, performance anxiety, obsessions and compulsions, anger, and other intense emotions.

Overall, cognitive therapy has shown itself to be a safe and effective treatment for a variety of psychological problems. In addition, cognitive therapy has been shown to be equally or more effective than most commonly prescribed psychiatric medications. More importantly, the effects of cognitive therapy appear to be longer lasting than those of psychiatric medications. Furthermore, cognitive therapy has no side effects, whereas most medications have a variety of objectionable side effects.

**Counseling psychology and cognitive approaches**

Cognition refers to the higher mental processes, through which informations are processed. It includes our belief system, attitude, perception, prejudice etc. These affect and determine the overt behavior. Cognitive approach theory states that a behavior can be changed by changing the cognitive processes that are involved in producing that behavior.

Cognitive psychology focuses on the way humans process information, looking at how we treat information that comes in to the person (what behaviourists would call stimuli), and how this treatment leads to responses. In other words, they are interested in the variables that mediate between stimulus/input and response/output. Cognitive psychologists study internal processes including perception, attention, language, memory and thinking.
The cognitive perspective applies a nomothetic approach to discover human cognitive processes, but have also adopted idiographic techniques through using case studies.

The cognitive approach began to revolutionize psychology in the late 1950’s and early 1960’s, to become the dominant approach (i.e. perspective) in psychology by the late 1970s. Interest in mental processes had been gradually restored through the work of Piaget and Tolman. Other factors were important in the early development of the cognitive approach. For example, dissatisfaction with the behaviorist approach in its simple emphasis on behaviour rather than internal processes and the development of better experimental methods.

But it was the arrival of the computer that gave cognitive psychology the terminology and metaphor it needed to investigate the human mind. The start of the use of computers allowed psychologists to try to understand the complexities of human cognition by comparing it with something simpler and better understood i.e. an artificial system such as a computer.

Cognitive approach is insight focused, where people learn to recognize and change their negative thoughts and beliefs. Automatic thoughts that get triggered are used to identify the core belief. People test their beliefs by engaging in a Socratic dialogue with the counselor, by carrying out homework assignments, by gathering data on assumptions they make, by forming alternative interpretations among other ways. People play an active role in this counseling approach.
MODULE IV

Humanistic assumptions about human beings

Humanistic psychology begins with the existential assumptions that phenomenology is central and that people have free will. Personal agency is the humanistic term for the exercise of free will. Personal agency refers to the choices we make in life, the paths we go down and their consequences.

A further assumption is then added - people are basically good, and have an innate need to make themselves and the world better. The humanistic approach emphasizes the personal worth of the individual, the centrality of human values, and the creative, active nature of human beings. The approach is optimistic and focuses on noble human capacity to overcome hardship, pain and despair.

Both Rogers and Maslow regarded personal growth and fulfillment in life as a basic human motive. This means that each person, in different ways, seeks to grow psychologically and continuously enhance themselves. This has been captured by the term self-actualization which is about psychological growth, fulfillment and satisfaction in life. However, Rogers and Maslow both describe different ways of how self-actualization can be achieved.

Central to the humanist theories of Carl Rogers and Abraham Maslow are the subjective, conscious experiences of the individual. Humanistic psychologists argue that objective reality is less important than a person’s subjective perception and understanding of the world. Because of this, Rogers and Maslow placed little value on scientific psychology especially the use of the psychology laboratory to investigate both human and other animal behaviour.

Humanism rejects scientific methodology like experiments and typically uses qualitative research methods. For example, diary accounts, open-ended questionnaires, unstructured interviews and unstructured observations. Qualitative research is useful for studies at the individual level, and to find out, in depth, the ways in which people think or feel (e.g. case studies).

Humanism views human beings as fundamentally different from other animals mainly because humans are conscious beings capable of thought, reason and language. For humanistic psychologists’ research on animals, such as rats, pigeons, or monkeys held little value. Research on such animals can tell us, so they argued, very little about human thought, behaviour and experience.

Humanistic psychologists rejected a rigorous scientific approach to psychology because they saw it as dehumanizing and unable to capture the richness of conscious experience. In many ways the rejection of scientific psychology in the 1950s, 1960s and 1970s was a backlash to the dominance of the behaviorist approach in North American psychology.
Counselling and science

The Humanistic Approach to counselling was established as a way to expand and consequently improve upon the two other schools of thought; behaviorism and psychoanalysis, which had, up until the first half of the 20th century dominated psychology.

Behaviorism, which is called the first force in psychology, is a science based psychology that takes an objective view of people's learned behaviour. Behaviorists believe that human beings are a product of their environment as opposed to a more complex combination of thoughts, feelings and beliefs. Humanists believe this to be a view that is both cold and rigid.

Psychoanalysis, the second force in psychology, takes a subjective view of the human mind. Psychoanalysts believe that any problems or issues being dealt with in the present can be better explained with the analysis of a person’s past. Psychoanalytic theorists (such as Freud and Jung) felt that the best way to assist people was to analyze their dreams and inner thoughts thus giving them a better understanding of their subconscious. Humanists felt that this theory neglected to consider people as individuals and was a pessimistic view of humanity.

"The study of crippled, stunted, immature and unhealthy specimens can yield only a cripple psychology and cripple philosophy" (Maslow, 1954)

Humanism is a concept which has existed throughout history. We can see examples of it as far back as Greek Mythology. The core values of humanism: the belief that mankind is intrinsically good and strives for self fulfillment and personal growth is in evidence everywhere from philosophical writings to works of art. It is not limited to any one nationality, religion or time period. 'Love thy neighbor' seems as relevant today as it did centuries ago.

Despite the evident prior existence of humanism, it was not until 1954 that the Humanistic Movement was developed. An American theorist called Abraham Maslow (1908 – 1970), who began his career as an experimental animal psychologist, began to research creativity in humans through art and science. Through his work with creative individuals he formulated a theory about self actualization. He surmised that everyone possesses creativity but that some are unable to realize this talent due to social constraints. Maslow wanted to encourage people to abandon materialistic ways and embrace their full potential through personal growth. It was a stark contrast to the other two schools of thought available at that time.

The Humanistic Movement wanted to take a more positive, holistic look at psychology by encouraging personal growth, self actualization, self awareness and creativity. Several theorists who had their background in psychoanalytic psychology felt that perhaps a more positive, person centered approach was required. They wanted to view the person holistically and as individual.
In 1964, Maslow, along with fellow theorists Carl Rogers, the psychologist responsible for person centered therapy, and Rollo May, an existential psychologist, attended the First Invitational Conference on Humanistic Psychology in Connecticut, USA. It was during this conference that the third force in psychology was named and the Humanistic Approach was born.

This third force endeavored to offer people a different, more positive alternative to the other two previous types of psychology. Humanistic Counselling provided a more eclectic approach that encompassed and expanded upon the previous two main schools of thought. It was not a science based theory but an abstract one and, perhaps for the first time since psychology began, psychologists were interested in putting the client on a level playing field. An equal relationship was desired, as opposed to the unequal power distribution between a doctor and patient that had been the tradition up until this point. This is perhaps why any reference made to modern day counselling is frequently associated with the Humanistic Approach.

The Humanistic Approach comprises of three main elements:

Phenomenology: Through empathy, a therapist assists their client to find solutions to their own problems.

Existentialism: Using self awareness and self realizations to develop a positive view of a persons own reality and therefore giving them a quality of life.

Humanism: Exploring ones creativity, encouraging self awareness, self realization and promoting personal growth

These three elements, in conjunction with a non judgmental, caring, safe and understanding environment combine the basis for what we understand to be counselling today.

The tendency towards growth and actualization

Humanistic psychology is one of several methods used in psychology for studying, understanding, and evaluating personality. The humanistic approach was developed because other approaches, such as the psychodynamic approach made famous by Sigmund Freud, focused on unhealthy individuals that exhibited disturbed behavior; whereas the humanistic approach focuses on healthy, motivated people and tries to determine how they define the self while maximizing their potential.

Stemming from this branch of psychology is Maslow's hierarchy of needs. According to Maslow, people have lower order needs that in general must be fulfilled before high order needs can be satisfied: 'five sets of needs - physiological, safety, belongingness, esteem, and self-actualization'.
As a person moves up Maslow’s hierarchy of needs, eventually they may reach the summit self actualization. Maslow’s hierarchy of needs begins with the most basic necessities deemed “the physiological needs” in which the individual will seek out items like food and water, and must be able to perform basic functions such as breathing and sleeping. Once these needs have been met, a person can move on to fulfilling “the safety needs”, where they will attempt to obtain a sense of security, physical comforts and shelter, employment, and property. The next level is "the belongingness and love needs", where people will strive for social acceptance, affiliations, a sense of belongingness and being welcome, sexual intimacy, and perhaps a family. Next are "the esteem needs", where the individual will desire a sense of competence, recognition of achievement by peers, and respect from others.

Some argue that once these needs are met, an individual is primed for self actualization. Others maintain that there are two more phases an individual must progress through before self actualization can take place. These include “the cognitive needs”, where a person will desire knowledge and an understanding of the world around them, and "the aesthetic needs" which include a need for "symmetry, order, and beauty”. Once all these needs have been satisfied, the final stage of Maslow's hierarchy self actualization can take place.

“What a man can be, he must be.”. This forms the basis of the perceived need for self-actualization. This level of need pertains to what a person’s full potential is and realizing that potential. Maslow describes this desire as the desire to become more and more what one is, to become everything that one is capable of becoming. This is a broad definition of the need for self-actualization, but when applied to individuals the need is specific. For example one individual may have the strong desire to become an ideal parent, in another it may be expressed athletically, and in another it may be expressed in painting, pictures, or inventions. As mentioned before, in order to reach a clear understanding of this level of need one must first not only achieve the previous needs, physiological, safety, love, and esteem, but master these needs.

**The person centered therapy of Carl Rogers**

Person-centered therapy (PCT) is also known as person-centered psychotherapy, person-centered counseling, client-centered therapy and Rogerian psychotherapy. PCT is a form of talk-psychotherapy developed by psychologist Carl Rogers in the 1940s and 1950s. The goal of PCT is to provide patients with an opportunity to develop a sense of self wherein they can realize how their attitudes, feelings and behaviour are being negatively affected and make an effort to find their true positive potential. In this technique, therapists create a comfortable, non-judgmental environment by demonstrating congruence (genuineness), empathy, and unconditional positive regard toward their patients while using a non-directive approach. This aids patients in finding their own solutions to their problems.
The therapist is free to be his or her own genuine self rather than having to respond in a specific manner. Thus, the therapist can be who he or she is, including who he or she is while being totally attentive to the client's world.

The therapist will move the client towards self awareness, helping the client to experience previously denied feelings. They will teach the client to trust in themselves and to use this trust to find their direction in life. The person-centered therapist makes the client aware of their problems and then guides them to a means of resolve them. They motivate the client in experiencing and expressing feelings. The person-centered therapist believes that good mental health is a balance between the ideal self and real self. This is where the problem lies, the result of difference between what we are and what we wish to be causes maladjusted behavior.

The therapist and client must have faith that the client can and will find self-direction. The therapist focus on the here and how.

The three critical attitudes or values in Person or Client-Centered Therapy are:

- **Unconditional Positive Regard (Nonpossessive Warmth):** According to Rogers, unconditional positive regard involves showing complete support and acceptance of a person no matter what that person says or does.

Rogers believed that it was essential for therapists to show unconditional positive regard to their clients. He also suggested that individuals who don't have this type of acceptance from people in their life can eventually come to hold negative beliefs about themselves. The person-centered counselor is thus careful to always maintain a positive attitude to the client, even when disgusted by the client's actions.

- **Empathy:** Empathy is the ability to understand what the client is feeling. This refers to the therapist's ability to understand sensitively and accurately [but not sympathetically] the client's experience and feelings in the here-and-now. An important part of the task of the person-centered counselor is to follow precisely what the client is feeling and to communicate to them that the therapist understands what they are feeling.

- **Genuineness (Congruence):** Congruence is also called genuineness. Congruence is the most important attribute in counselling, according to Rogers. This means that, unlike the psychodynamic therapist who generally maintains a 'blank screen' and reveals little of their own personality in therapy, the Rogerian is keen to allow the client to experience them as they really are. The therapist does not have a facade (like psychoanalysis), that is, the therapist's internal and external experiences are one in the same. In short, the therapist is authentic.
MODULE V

The Gestalt therapy of Fritz Perls

Gestalt therapy is an existential/experiential form of psychotherapy that emphasizes personal responsibility, and that focuses upon the individual's experience in the present moment, the therapist-client relationship, the environmental and social contexts of a person's life, and the self-regulating adjustments people make as a result of their overall situation.

Gestalt therapy was developed by Fritz Perls, Laura Perls and Paul Goodman in the 1940s and 1950s.

Contemporary theory and practice

Gestalt therapy theory essentially rests atop four "load-bearing walls": phenomenological method, dialogical relationship, field-theoretical strategies, and experimental freedom. Although all these tenets were present in the early formulation and practice of Gestalt therapy, as described in Ego, Hunger and Aggression (Perls, 1947) and in Gestalt Therapy, Excitement and Growth in the Human Personality (Perls, Hefferline, & Goodman, 1951), the early development of Gestalt therapy theory emphasized personal experience and the experiential episodes understood as "safe emergencies" or experiments. Indeed, half of the Perls, Hefferline, and Goodman book consists of such experiments. Later, through the influence of such people as Erving and Miriam Polster, a second theoretical emphasis emerged: namely, contact between self and other, and ultimately the dialogical relationship between therapist and client. Later still, field theory emerged as an emphasis. At various times over the decades, since Gestalt therapy first emerged, one or more of these tenets and the associated constructs that go with them have captured the imagination of those who have continued developing the contemporary theory of Gestalt therapy. Since 1990 the literature focused upon Gestalt therapy has flourished, including the development of several professional Gestalt journals. Along the way, Gestalt therapy theory has also been applied in Organizational Development and coaching work. And, more recently, Gestalt methods have been combined with meditation practices into a unified program of human development called Gestalt Practice, which is used by some practitioners.

Phenomenological method

The goal of a phenomenological exploration is awareness. This exploration works systematically to reduce the effects of bias through repeated observations and inquiry.
The phenomenological method comprises three steps: (1) the rule of epoché, (2) the rule of description, and (3) the rule of horizontalization. Applying the rule of epoché one sets aside one’s initial biases and prejudices in order to suspend expectations and assumptions. Applying the rule of description, one occupies oneself with describing instead of explaining. Applying the rule of horizontalization one treats each item of description as having equal value or significance.

The rule of epoché sets aside any initial theories with regard to what is presented in the meeting between therapist and client. The rule of description implies immediate and specific observations, abstaining from interpretations or explanations, especially those formed from the application of a clinical theory superimposed over the circumstances of experience. The rule of horizontalization avoids any hierarchical assignment of importance such that the data of experience become prioritized and categorized as they are received. A Gestalt therapist utilizing the phenomenological method might say something like, “I notice a slight tension at the corners of your mouth when I say that, and I see you shifting on the couch and folding your arms across your chest and now I see you rolling your eyes back”. Of course, the therapist may make a clinically relevant evaluation, but when applying the phenomenological method, temporarily suspends the need to express it.

**Dialogical relationship**

To create the conditions under which a dialogic moment might occur, the therapist attends to his or her own presence, creates the space for the client to enter in and become present as well (called inclusion), and commits him or herself to the dialogic process, surrendering to what takes place, as opposed to attempting to control it. With presence, the therapist judiciously “shows up” as a whole and authentic person, instead of assuming a role, false self or persona. The word ‘judicious’ used above refers to the therapist’s taking into account the specific strengths, weaknesses and values. The only ‘good’ client is a ‘live’ client, so driving a client away by injudicious exposure of intolerable [to this client] experience of the therapist is obviously counter-productive. For example for an atheistic therapist to tell a devout client that religion is myth would not be useful, especially in the early stages of the relationship. To practice inclusion is to accept however the client chooses to be present, whether in a defensive and obnoxious stance or a superficially cooperative one. To practice inclusion is to support the presence of the client, including his or her resistance, not as a gimmick but in full realization that this is how the client is actually present and is the best this client can do at this time. Finally, the Gestalt therapist is committed to the process, trusts in that process, and does not attempt to save him or herself from it (Brownell, in press, 2009, 2008)).
**Field-theoretical strategies**

“The field” can be considered in two ways. There are ontological dimensions and there are phenomenological dimensions to one’s field. The phenomenological dimensions are all those physical and environmental contexts in which we live and move. They might be the office in which one works, the house in which one lives, the city and country of which one is a citizen, and so forth. The ontological field is the objective reality that supports our physical existence. The ontological dimensions are all mental and physical dynamics that contribute to a person’s sense of self, one’s subjective experience - not merely elements of the environmental context. These might be the memory of an uncle's inappropriate affection, one’s color blindness, one’s sense of the social matrix in operation at the office in which one works, and so forth. The way that Gestalt therapists choose to work with field dynamics makes what they do strategic. Gestalt therapy focuses upon character structure; according to Gestalt theory, the character structure is dynamic rather than fixed in nature. To become aware of one’s character structure, the focus is upon the phenomenological dimensions in the context of the ontological dimensions.

**Experimental freedom**

Gestalt therapy is distinct because it moves toward action, away from mere talk therapy, and for this reason is considered an experiential approach. Through experiments, the therapist supports the client’s direct experience of something new, instead of merely talking about the possibility of something new. Indeed, the entire therapeutic relationship may be considered experimental, because at one level it is a corrective, relational experience for many clients, and it is a "safe emergency" that is free to turn out however it will. An experiment can also be conceived as a teaching method that creates an experience in which a client might learn something as part of their growth. Examples might include: (1) Rather than talking about the client's critical parent, a Gestalt therapist might ask the client to imagine the parent is present, or that the therapist is the parent, and talk to that parent directly; (2) If a client is struggling with how to be assertive, a Gestalt therapist could either (a) have the client say some assertive things to the therapist or members of a therapy group, or (b) give a talk about how one should never be assertive; (3) A Gestalt therapist might notice something about the non-verbal behavior or tone of voice of the client; then the therapist might have the client exaggerate the non-verbal behavior and pay attention to that experience; (4) A Gestalt therapist might work with the breathing or posture of the client, and direct awareness to changes that might happen when the client talks about different content. With all these experiments the Gestalt therapist is working with process rather than content, the How rather than the What.
Theory of personality

Ecological Interdependence: The Organism/Environment Field

The existence of the person is accompanied with differentiating self from other or with connecting self and other. The boundary has the two functions. To establish good contact with the world of the other person, it is required to try to reach out and discover own boundaries. Successful self-regulation embraces contact in which the person understands the novelty of the environment that is possibly nourishing or on the contrary toxic. It can be assimilated or refused. This type of differentiated contact undoubtedly brings growth (Polster and Polster, 1973).

Mental Metabolism

The term "metabolism" is referred to in Gestalt therapy when it is employed as a metaphor for psychological functioning. People develop through biting off pieces of proper size (this can be applied not only to food but relationships and ideas too), then the phase of chewing comes (the same as consideration), and determining if it is nourishing or vice versa toxic. When it is nourishing, it is assimilated by the organism and it becomes the part of it. In case of toxic variant, it is rejected by the organism. This makes people rely on their taste and decision. Discrimination needs actively sensing without the stimuli and exteroceptive stimuli processing together with interoceptive data.

Regulation of the Boundary

The boundary set between person and environment should be penetrable to let exchanges, yet rather strong to be autonomous. One should be able to exclude toxins in the environment. But nourishing also should be discriminated in accordance with dominant needs. Metabolic processes are managed by the laws of homeostasis. The most vital need activates the organism until it is satisfied or is replaced by a more crucial need. Living is a succession of needs, either met or unmet, reaching homeostatic balance and moving to the new moment and next need.

Disturbances of the Contact Boundary

In case the boundary is unclear, gone or impassable, this leads to a disorder of the distinction between self and other, and then contact and awareness are disturbed too (see Perls, 1973; Polster and Polster, 1973). When boundary functions well, people change connecting and separating, and alternate between withdrawal from the environment and being in contact with it. The boundary of contact is gone in absolutely contradictory ways in joining together and separation. In fusion the isolation and distinction between self and other becomes uncertain then the boundary disappears. In isolation, the boundary turns solid that coherence is lost, that means that significance of others for the self is replaced from awareness.
Retroflection is a division within the self, a preventing the aspects of the self with the self. This replaces self for environment, like in doing to self what is desired to do to the other one or doing for self what is desired to do by the other one for self. This scheme brings to separation. The illusion of self-sufficiency is a sample of retroflection as it substitutes self for environment. Though one can breathe and chew for oneself, the air and food is provided by environment. Introspection is a type of retroflection which is either pathological or healthy. For instance, refusing to accept the impulse to convey anger can help to manage hazardous environment. Under the circumstances, biting one’s lip can be more practical than biting words.

Via introjection foreign material is taken in without discriminating or assimilating. Swallowing whole contributes to creation of an "as if" personality and inflexible character. Introjected principles and actions are acquired in an imposing manner. Like in all disturbances of this kind (contact boundary), swallowing whole is at times normal or pathological, in accordance with the situation and level of awareness. For instance, students studying something on lectures, with complete awareness what they are doing, make a copy, remember and repeat the material without complete "digestion" or understanding.

Projection is a process when self and other are confused that is caused by ascribing to the outside something which is actually self. Art can be a model of healthy projection. But when the person does not have awareness and admits responsibility for something projected then pathological projection appears.

Deflection is the evasion of awareness and contact turning aside. It is similar to the situation when somebody is well-mannered instead of being direct. Deviation can be achieved by not telling directly or by refuse to receive. The person frequently feels either "untouched" or ineffective and puzzled as he does not obtain what is desired by him. Deflection can be of use where, with awareness, it answers the requirements in the current situation (for example, when cooling down is needed). Different samples of deflection involve methods of not looking at a person, wordiness, elusiveness, understating and speaking about more than to (Polster and Polster, 1973).

Organismic Self-Regulation

Individual regulation can be (a) organismic - founded on a comparatively complete and accurate acknowledgment of what is, or (b) "shouldistic," founded on the accidental imposition of what one considers should be or not. This refers to intrapsychic regulation, to the regulation of social groups and interpersonal relations.

Awareness

Awareness and dialogue are among the most important therapeutic instruments of Gestalt therapy. Such form of understanding as awareness can be freely characterized as being connected with the existence of the person, with something that answers what is - question.
Laura Perls affirms:

The goal of Gestalt therapy - awareness continuum, the freely continuing Gestalt formation where what is of furthermore concern and importance to the organism, the connection, the grouping or society gets Gestalt, comes to the forefront to be experienced freely and managed (accepted, worked through, selected, altered, solved, and so on) so in this way it can be dissolved on the background (disregarded, assimilated and integrated) and free foreground from the following significant Gestalt. (1973)

Full awareness can be considered as the procedure of being vigilant contact with the important things in the environment field with full cognitive, sensorimotor, emotional and energetic sustain. Insight as a form of awareness is an instant understanding of evident union of different parts in the field. When the contacts are aware, then new significant wholes appear and this way the problem is integrated.

Effective awareness is explained and activated by the prevailing necessity of the organism at the present moment. This way not just self-knowledge is involved, but knowing directly the situation at the moment and the way the self is under the circumstances. Any rejection of the state of affairs and its requests or of one’s wants and chosen response is a disturbance of awareness. Meaningful awareness is of a self in the world, in dialogue with the world, and with awareness of other -- it is not an inwardly focused introspection. Awareness is accompanied by owning, that is, the process of knowing one’s control over, choice of, and responsibility for one’s own behavior and feelings. Without this, the person may be vigilant to experience and life space, but not to what power he or she has and does not have. Awareness is cognitive, sensory and affective. The person who verbally acknowledges his situation but does not really see it, know it, react to it and feel in response to it not being fully aware and is not in full contact. The person who is aware knows what he does, how he does it, that he has alternatives and that he chooses to be as he is.

Responsibility

People, in accordance with Gestalt therapy, are in charge or "response able" that means, they can determine the way to behave. Confusing accountability with shoulds and blaming, they force and manipulate; they make efforts and are not impulsive and integrated. At these moments their actual wants, responses and needs of the environment and options in the situation are neglected and they either comply with "shoulds" or reject them.

Gestalt therapists consider that it is essential to make a distinction clearly between one’s wants and what is given to the person. People are in charge of their behavior. For instance, people are in charge of their behavior and protection of the environment. When you blame something outside yourself, you deceive yourself. You can blame genetics, for instance or parents. Taking responsibility for what one did not choose, a typical shame reaction, is also a deception.
Every person is in charge of the moral choice he makes. Gestalt therapy can help the person to understand what can be considered moral and what not. Gestalt therapy gives person an opportunity to choose and value.

**Variety of Concepts**

Personality theory of Gestalt therapy has developed initially out of clinical experience. The emphasis has been made on a theory of personality that sustains the task of psychotherapists more than a general theory of personality. The concepts of theory of Gestalt therapy are more field theoretical than genetic and more phenomenological than conceptual ones.

Gestalt psychotherapy, in spite of being phenomenological, has to do with the unconscious - with something that has nothing to do with awareness. In Gestalt therapy, awareness is understood as being in touch and unawareness is understood as being out of touch and can be made clear by various phenomena, together with learning which is better to attend to, by suppression, character, cognitive set and style. Simkin in 1976 made a comparison of personality with the floating ball - just a part of it appears above water any time and the remaining part is underwater. Unawareness is the consequence of the situation when the organism was not in contact with outside environment because of being frequently involved in his own fantasies or the inner environment or on the contrary was fixed upon the outer environment and neglect inner life.

**Gestalt Therapy Theory of Change**

Children introject ideas as well as behavior. Therefore they are more inclined to enforced morality than an organismically compatible. Consequently, people often feel guilty as they act the way the wish and neglect what they should. Some of them direct much energy in maintaining the division between "should" and "want" -- the choice depends upon the morality of the person contrasting to an introjected one. "Shoulds" interferes with people of this type. More often they try to be what they are not, the bigger the resistance, and changes do not follow.

Beisser developed the theory according to which alterations do not occur via a "forced effort by the person or by different personality to alter him," but it does not take place when the person makes attempts to be "what he is," "to be completely in his present position" (1970, p. 70). Once the therapist refuses from the role of change agent, orderly change is possible as well as meaningful change.

The Gestalt therapy concept is that awareness in addition to owning, choosing, responsibility, and contact leads to expected and unplanned change. Compulsory change is an effort to realize an image more than oneself. With awareness the acceptance of self, and with the right to exist as is, the organism is able to grow. Mandatory intervention holds back the process.
The principle of Pragnanz in Gestalt psychology affirms that the field will structure itself into the finest Gestalt that overall circumstances will let. So Gestalt therapists consider too that people have an instinctive drive to health. This predisposition is natural, and every person is a part of nature. Awareness of the evident, the awareness continuum, is an instrument for the person to use intentionally to direct this natural drive for healthy condition.

**Differentiation of the Field: Polarities versus Dichotomies**

A dichotomy is a division by which the field is regarded not the whole adapted to fit in diverse and interconnected parts, but more as a range of opposing and forces without connection to each other. Dichotomous thinking is in the way of organismic self-regulation. Dichotomous thinking is inclined to subdue diversity among people and of contradictory things about one personality.

Organismic self-regulation integrates parts into total that includes parts. The field is frequently separated into polarities: opposite parts that add or clarify each other. The opposite poles of an electrical field (positive and negative) present a typical example of a field theoretical differentiation. The notion of polarities interprets opposite parts as elements of the whole, similar to yin and yang.

With this polar view of the field, distinctions are admitted and assimilated. Lack of genuine integration creates splits, such as body-mind, self-external, infantile-mature, biological-cultural, and unconscious-conscious. Through dialogue there can be an integration of parts, into a new whole in which there is a differentiated unity. Dichotomies like the self-ideal and the needy self, reflection and impulse, and public requirements and individual needs can be removed by integrating into a whole which consists of natural polarities (Perls, 1947).

**Impasse**

An impasse is a state of affairs when external support is not following and the individual considers that he is not able to support himself. This is so because the strength of personality splits between resistance and impulse. The most common method of overcoming this is manipulation.

An organismically self-regulating person is responsible for things made for self, things made by others for self, and things made by self for others. The person makes exchange with the surroundings, but the main support to regulate the existence is performed by self. As the person is not aware of this, external support becomes a substitute of self-support more than a nourishment source for the self.

In psychotherapy generally therapist can get around the impasse with the help of external support, and the patient thinks that self-support is not enough. In Gestalt therapy, clients can cope with the impasse thanks to the accent on loving contact without doing something for the patient, without coming to rescue or support of infantilism.
Growth and maladjustment

Theoretically, an individual may develop optimally and avoid the previously described outcomes if they experience only "unconditional positive regard" and no conditions of worth develop. The needs for positive regard from others and positive self-regard would match organismic evaluation and there would be congruence between self and experience, with full psychological adjustment as a result (Rogers, 1959). This ideal human condition is embodied in the "fully functioning person" who is open to experience able to live existentially, is trusting in his/her own organism, expresses feelings freely, acts independently, is creative and lives a richer life; "the good life" (Rogers, 1961). It should be noted that; "The good life is a process not a state of being. It is a direction, not a destination (Rogers, 1961)". For the vast majority of persons who do not have an optimal childhood there is hope for change and development toward psychological maturity via therapy, in which the aim is to dissolve the conditions of worth, achieve a self congruent with experience and restore the organismic valuing process (Rogers, 1959).

In Rogers' view (1959, 1961, 1977) personality change is certainly possible and is further a necessary part of growth. However, he notes that self-acceptance is a prerequisite (1961). Rogers originally failed to recognize the importance of "self". When he began his work he had the "settled notion that the "self" was a vague, ambiguous, scientifically meaningless term which had gone out of the psychologist's vocabulary with the departure of the introspectionists" (1959). However, through his work with clients he came to appreciate the importance of self. The "self" is described as:

the organized, consistent, conceptual gestalt composed of perceptions of the characteristics of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions. (Rogers, 1959)

This gestalt is a fluid and changing process, available to awareness. By using the term "gestalt", Rogers points to the possibility of change describing it as "a configuration in which the alteration of one minor aspect could possibly alter the whole picture".

Rogers' conception of self is rather broad. He does describe a variation of self: the "ideal self" which denotes the self-concept the individual would most like to possess (Rogers, 1959), but other explicit variations are not offered. Similarly, specific concepts related to identity and identity development are missing, although the self image is certainly revisable and undergoes change over the lifespan. Exactly when the differentiation of phenomenal field into self occurs is also not specified. Rogers concept of self-actualization is specifically related to the self and is thus different from Goldstein's use of the term (which matches the
actualizing tendency) and also different from Maslow's which appears to incorporate both tendencies in one (Maddi, 1996).

The actualizing tendency is fundamental to this theory. Rogers considers it "the most profound truth about man" (1965). He finds strong biological support for this tendency in many varied organisms. Rogers' conception of an active forward thrust is a huge departure from the beliefs of Freud and others who posit an aim for tension reduction, equilibrium, or homeostasis (Krebs & Blackman, 1988; Maddi, 1996). Rogers (1977) notes that sensory deprivation studies support this concept as the absence of external stimuli leads to a flood of internal stimuli, not equilibrium.

While the idea of an actualizing tendency makes sense, Rogers never specifies what some of the inherent capacities that maintain and enhance life might be. Perhaps it is because doing so might violate Rogers' "intuitive sense of human freedom" (Maddi, 1996). Maddi further suggests that the belief in inherent potentialities may lie in this theory's position as an offshoot of psychotherapy where it is useful for both client and therapist to have a belief in unlimited possibilities. However, applying this idea to all human beings in a theory of personality sets up the logical requirement of precision regarding what the potentialities might be (Maddi, 1996).

The inherent potentialities of the actualizing tendency can suffer distorted expression when maladjustment occurs, resulting in behavior destructive to oneself and others. The actualization and self-actualization tendencies can be at cross purposes with each other when alienation from the true self occurs, so there is organismic movement in one direction and conscious struggle in another. Rogers (1977) revised his previous thinking concerning this incongruence, stating that while he earlier saw the rift between self and experience as natural, while unfortunate, he now believes society, (particularly Western culture), culturally conditions, rewards and reinforces behaviors that are "perversions of the unitary actualizing tendency ." We do not come into the world estranged from ourselves, socialization is behind this alienation. Rogers (1961) finds the human infant to actually be a model of congruence. He/she is seen as completely genuine and integrated, unified in experience, awareness and communication. Distorted perceptions from conditions of worth cause our departure from this integration.

There is some empirical support for the hypothesis that congruence between self and experience leads to better personality adjustment and less defensiveness (Chodorkoff, 1954; Rogers, 1959). Some research has also tended to support the idea of changes in self-concept occurring as a result of therapy (Butler & Haigh, 1954; Rogers, 1954). However, Maddi (1996) raises and interesting point regarding such studies. While it has been found that self-descriptions move toward ideals after counseling and one would assume the closer a person is to full functioning the smaller the discrepancy would be, statements of ideals may be operational representations of conditions of worth, which are socially imposed.
Conditions of worth are to be dissolved rather than moved toward for full functioning in this theory!

While Rogers sees the common human condition as one of incongruence between self and experience, this does not minimize his ultimate belief in the autonomy of human beings. Rogers (1977) sees the human being as: "capable of evaluating the outer and inner situation, understanding herself in its context, making constructive choices as to the next steps in life, and acting on those choices". This illustrates a belief in agency and free will. While humans behave rationally, Rogers (1961) maintains that: "The tragedy for most of us is that our defenses keep us from being aware of this rationality so that we are consciously moving in one direction, while organismically we are moving in another." Unlike Freud, Rogers did not see conflict as inevitable and humans as basically destructive. It is only when "man is less than fully man", not functioning freely, that he is to be feared (1961). The human capacity for awareness and the ability to symbolize gives us enormous power, but this awareness is a double-edged phenomenon: undistorted awareness can lead to full functioning and a rich life, while distortions in awareness lead to maladjustment and a multitude of destructive behaviors (Rogers, 1965).

The "maladjusted person" is the polar opposite of the fully functioning individual (who was introduced early in this essay). The maladjusted individual is defensive, maintains rather than enhances his/her life, lives according to a preconceived plan, feels manipulated rather than free, and is common and conforming rather than creative (Maddi, 1996). The fully functioning person, in contrast, is completely defense-free, open to experience, creative and able to live "the good life". Empirical support for the fully functioning person is somewhat mixed. The openness to experience characteristic has been supported (Coan, 1972; cited in Maddi, 1996). However, some studies have found that openness to experience and organismic trusting did not intercorrelate, contrary to expectations (Pearson, 1969, 1974; cited in Maddi, 1996). Ryckmann (1993) notes that some studies have found non-defensive people are more accepting of others and Maddi (1996) cites numerous studies that indicate self-accepting people also appear to be more accepting of others.

It is somewhat puzzling given his humanistic emphasis on individuality, that Rogers describes only two extremes of people. Maddi (1996) suggests these extreme characterizations of only two types may be due to this personality theory being secondary to a theory of therapy. It is appropriate for a theory of psychotherapy to concern itself with the two extremes of fullest functioning and maladjustment. However, when theorizing about all people, two types are insufficient.

Carl Rogers was most interested in improving the human condition and applying his ideas. His person-centered therapy may well be his most influential contribution to psychology. Rogers' pervasive interest in therapy is what clearly
differentiates him from Maslow, despite some similarities in their ideas. The person-centered approach has had impact on domains outside of therapy such as family life, education, leadership, conflict resolution, politics and community health (Krebs & Blackman, 1988). In my opinion, Rogers greatest contribution may lie in his encouraging a humane and ethical treatment of persons, approaching psychology as a human science rather than a natural science.

**The layers of neurosis**

5 layers of neurosis:

- **Cliche layer**: social chat, avoiding what is significant. The therapist needs to avoid joining in this level.

- **Role-playing layer**: the client plays a habitual and polarized role, and requires the therapist to play the complementary role, e.g. nurturer/nurtured. Any solution to the client’s dilemmas will be seen in relation to maintaining this limited role. The therapist needs to avoid just taking up the role that is offered to him/her. Experiments can be useful here to explore the boundaries of the role, and what lies beyond the confines of the role that is important for the client.

- **Impasse/phobic layer**: The client is no longer engaged in deflective chat, nor wishes to stay within a fixed role, but what now? Remember, this is a theory of neurosis, not of contact. The client has adopted the fixed role not as an assistance in contacting, but as a defensive man oeuvre to avoid risking precisely this point. Therefore the client becomes phobic, usually tries to sidestep into something more known. The task of the therapist is to encourage the client to stay with the unknown, to acknowledge that this is a ‘safe emergency’ rather than an intolerable one as it may have been when the client first withdrew into the role.

- **Implosion**: Themes of paralysis and death arise, but this is not Freud’s ‘death instinct’ but the existentialist’s ‘vertigo of possibility’. The client is called on to choose a way forward that is his/her own, something s/he has avoided doing. There are no signposts, and it is important here that the therapist is not pulled into providing them to make it easier (Goodman called this ‘premature pacification’). Notice that this is not a retroreflection of an action, but the tension of being caught between many possible actions.

- **Explosion**: Not strictly a ‘layer’, but the release of energy in action and emotion as the client makes his/her own authentic choice of path. The task of the therapist is to witness, acknowledge and engage with this choosing.
The practice & Procedures of Gestalt Therapy

The central focus of the work of a Gestalt therapist is on contact. This includes the plethora of all complex internal responses and external patterns of behavior that are employed in the contact process. Contact is the defining characteristic of all of the methods Gestalt therapists use in order to bring about change. The methods of Gestalt therapy comprise basically five groups: therapeutic relationship, phenomenological method, experiment, work with cognition, and work with the wider field.

**The therapeutic relationship**

An authentic, nonjudgmental, dialogic relationship between client and Gestalt therapist is the crucible of change. In order to exchange phenomenologies, a Gestalt therapist must bring a willingness and capability to be present as a person in the therapeutic encounter, inclusive of his/her inner world, sense of experience, knowledge, skills, etc. and a genuine interest in understanding the client’s subjective experiences and needs from the environment (I-Thou stance). Both create the relationship and allow a figure to emerge from the dialogue. Verbal as well as nonverbal behavior is considered a valuable part of the encounter to discover together the quality of experiences, awareness, beliefs and typical patterns of contact.

**Phenomenological method**

With a phenomenological attitude the Gestalt therapist is open to and encourages the client to reveal who s/he really is and how she functions in the world. It is the client, not the therapist, who gives meaning to his/her individual ways of being. Applying a phenomenological method allows the Gestalt therapist to attach unique information of the client to theoretical constructs in relation to his/her individual experiences without imposing a particular direction upon the client. It is the actual surface behavior that takes precedence over any and all interpretations. The therapist brackets his/her own experience to describe the presentation of the client, which nurtures the development of awareness and contact.

**The experiment**

All experiments, carefully tailored to a client’s specific wants and needs at a given situation, serve the purpose of enhancing a client’s experience in the here and now. This results in greater self-awareness and preparation for action. Experiments give the client a chance to try out, in the safety of the therapeutic situation, variations of current behavior with new perspectives on new and past situations. This actual living through an event(s) is very different from simply talking about a situation. The emphasis is on what-is instead of what-could-be. The possibilities of experiments are truly limitless, and they include role-playing; amplification, exaggeration, and refraction; work with body, breath, voice tone,
gestures; changed use of language and switching between mother tongue and adopted languages; use of metaphors and imagery; dream work; homework.

**Work with cognition**

Clients often hold beliefs about their lives that are erroneous, distorted and filled with contradictions. These have a direct impact on a person’s experience, contact patterns, belief systems and actions. Since words reveal what the client thinks and what his/her guiding assumptions and beliefs are, the Gestalt therapist focuses on the way language is used with the intent of cognitive restructuring when indicated.

**Work with the wider field**

A Gestalt therapist frequently works directly with those fields that include and reciprocally affect individuals, such as a significant other (couple’s therapy), families, groups, and/or organizations with the goal of bringing about changes to their internal dynamics as well as in their impact on others.