Psychological Therapies
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The present block mainly focuses on Psychological therapies. In this block we will be dealing with four main topics:

**Unit 1: Counselling and Guidance**

Unit 1 mainly deals with introduction to counselling and guidance. It will not only help us understand these terms, but also help us discuss the characteristics of a counselor, counselling relationship and counselling and guidance skills. In this unit we will also focus on concept of guidance and counselling and discuss steps in the counselling process besides assessment techniques and role of counselor and guidance personnel. Ethical issues will also be covered in this unit.

**Unit 2: Psychotherapy**

Unit 2 of this block deals with psychotherapy that can be used to help the individuals deal with various psychological problems. In this unit we will explain the term psychotherapy and also focus on the historical perspective aim. Various schools of psychotherapy will also be discussed in this unit. The unit will also explain phases and modalities of psychology.

**Unit 3: Cognitive Therapies**

Unit 3 will deal with cognitive therapies that can be of great help with regard to certain psychological disorders. The meaning and nature of cognitive therapies will be explained in this unit. Besides, various techniques under cognitive therapies will also be discussed.

**Unit 4: Anger and Stress Management, Crisis Intervention**

Unit 4 will cover stress and anger management. It will discuss the definition and nature of stress and anger and will further focus on causes of stress and anger and ways to manage them. Further the unit will also deal with crisis intervention.
Structure

1.1 Introduction
1.2 Objectives
1.3 Concept of Counseling and Guidance
   1.3.1 Differentiating Counseling, Guidance and Psychotherapy
1.4 Steps in the Counseling Process
1.5 Counseling Setting and Skills of Counseling
   1.5.1 Basic/Core Conditions of Counseling
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1.7 Role of Counselor and Guidance Personnel
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1.10 Counseling in Changing India
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1.1 INTRODUCTION

Counseling and guidance, being an important profession in today’s world, has a lot to contribute to the society. It is an important service which caters to our daily living hassles and anxieties that are not of severe nature; nevertheless they create dissatisfaction, disharmony, and hamper the quality of our life. In this unit, you’ll learn about the concept of counseling and guidance. You will also learn about the counseling process and the skills that an effective counselor should have. Being in a profession requires one to conduct oneself in a professional manner. So, you will also learn about the ethical guidelines and multicultural counseling. Finally, the significance of guidance counselors in the changing India is highlighted.
1.2 OBJECTIVES

After studying this Unit, you’ll be able to:

• Define counseling and guidance;
• Distinguish between counseling, guidance and psychotherapy;
• Discuss the steps of counseling;
• Describe the skills of counseling;
• Explain the role of counselors in various settings; and
• Discuss the importance of ethics in counseling.

1.3 CONCEPT OF COUNSELING AND GUIDANCE

The terms Counseling and Guidance are used frequently in our day-to-day interactions; however, there is a need to be clear about their meaning, nature and scope when we use the terms in a professional way. Here, we can distinguish between informal and formal counseling and guidance. The former refers to counseling and guidance given to us by our parents, friends, teachers and the elderly whenever we are in any difficult situation or are depressed and frustrated, or want direction and suggestion. Here, based on their experience and expertise, they provide counseling and guidance to us. Whereas, formal counseling and guidance is provided by a person trained in counseling in a professional setting with an aim to enable the person to address his or her problems and difficulties. The goal of professional counseling and guidance is self direction, self realisation, self dependent, ultimately leading to becoming a fully functioning person. Counseling is thus a helping relationship which enables the person to help himself or herself.

The guidance counselor helps the person to understand his or her needs, interests, aptitudes, aspirations and goals on the one hand; and his/her situation and role in the family, community and the society on the other hand; and then arrive at an appropriate decision, choice and action. Thus counseling and guidance helps us to make intelligent choices, decisions and plans. Counseling and guidance is not giving opinion, advice or providing instruction; nor it is influencing the other person’s beliefs and attitude. It is a professional relationship where the counselor listens to the client actively and helps him/her to understand and/or improve his/her behaviour, character, values and life situation. It is a facilitative relationship that allows the client to explore possibilities and alternatives so that appropriate steps and decisions can be taken.

Counseling is both an art and science. It is both a process and an action. In order for the counseling to be effective, the process through which counseling takes place needs to be effective and fulfill certain conditions to create a proper therapeutic environment/counseling climate so that the counseling goals can be reached. It is the ability to listen and respond in a way that will help others understand their situation, solve their own problems and realise their potentials. It is the art of helping others arrive at an appropriate and effective solution / decision by their own analysis of the situation and facts. This requires skillful use of counseling skills without an attempt to influence the values and beliefs of the client. At the same time, counseling needs to follow certain steps and
techniques in a systematic manner and there needs to be clear defining of roles and responsibilities of both counselor and client. The counseling process needs to be structured with time limits and role limits being clearly specified.

Let us discuss some definitions of counseling.

Biswalo (1996) defines counseling as a process of helping an individual to accept and to use information so that he/ she can either solve his/ her present problem or cope with it successfully.

Webster’s Dictionary defines counseling as “consultation, mutual interchange of opinions, deliberating together.”

Gladding (1996) defines counseling as a relatively short term, interpersonal, theory based process of helping persons, who are basically psychologically healthy, to resolve developmental and situational problems. Thus counseling is different from psychotherapy and psychiatry that are concerned with severe mental disorders.

According to British Association for Counseling and Psychotherapy (2002), counseling takes place when a counselor sees a client in a private and confidential setting to explore a difficulty a client is having, distress that the client may be experiencing or perhaps the client’s dissatisfaction with life or loss of a sense or direction and purpose.

American Counseling Association (ACA) and Division 17 of the American Psychology Association have given three features of counseling and guidance:

- Client’s realistic acceptance of his/her own capacities, motivations and self-attitudes.
- Client’s achievement of a reasonable harmony with his/her social, economic and vocational environment.
- Society’s acceptance of individual differences and their implications for community, employment and marriage relations.

Pepinsky and Pepinsky point out that “counseling relationship refers to the interaction which (i) occurs between two individuals called ‘counselor’ and ‘client’, (ii), takes place within a professional setting and (iii) is initiated and maintained as a means of facilitating changes in the behaviour of the client. The counseling relationship develops from the interaction between two individuals, one a professionally trained worker and the other a person who seeks his services.”

All these definitions point at a few main things with regard to counseling:

- Counseling is a profession.
- It aims at establishing a professional relationship with the client to enable him/ her solve the problems.
- It has definite structure and steps.
- Counseling is theory based.
- Counseling deals with educational, personal, social and vocational concerns.
- Counseling addresses issues of persons who are considered to function within the normal range.
Counseling enables clients to learn new ways of thinking, feeling and behaving.

Counseling follows ethical guidelines.

1.3.1 Differentiating Counseling, Guidance and Psychotherapy

We often use the terms Counseling, Guidance and Psychotherapy interchangeably. However, there are differences among these terms when we are concerned about the professional meaning of the terms. Let us first see the difference between counseling and guidance. Guidance is a term used to denote the process of helping an individual to gain self understanding and self direction (self decision making) so that he/she can adjust maximally at home, schools or community environment (Biswal, 1996). Guidance provides information, suggestion and direction for future action. Guidance can be described as pre-problem, i.e., before the problem occurs. However, counseling is post-problem, i.e., a problem has already occurred and counseling is provided to find a solution to the problem. Thus the functions of guidance and counseling can be described as below:

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<th>Functions of Guidance</th>
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<td>Informative</td>
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<td>Problem solving</td>
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Though information giving is also there in counseling, however, the major focus is on bringing about changes in personality and behaviour with an aim to solve the problem. Thus counseling is more remedial in nature with a goal to help the person deal with the conflicts and problems in life.

Counseling also differs from psychotherapy. Counseling is concerned with the normal day to day issues and problems of living, while psychotherapy deals with problems of severe nature that may have serious implications for living an effective balanced life. Psychotherapy thus involves long term relationship with the client and can be provided in both inpatient and outpatient settings. However, counseling is provided only in outpatient setting as it concerns mild problems of daily living. Psychotherapy focuses on the past and aims at bringing about insight. On the other hand, counseling focuses more on the present and aims at bringing about change in the behavior and personality of the client.

Self Assessment Question 1

1) Define Counselling.

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2) Differentiate between counselling and psychotherapy.

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3) What are the functions of guidance and counseling?

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1.4 STEPS IN THE COUNSELING PROCESS

Counseling, being a profession, follows certain systematic steps to reach the counseling goals. The ultimate aim of the counseling is the well-being of the client. Towards this end, it is very important to create a therapeutic atmosphere in the counseling situation which will help create trust and confidence in the client, and encourage him/ her to explore things from different perspectives.

Counseling is a process having a beginning, middle and end. It begins with establishing a relationship with the client and ends with terminating this relationship and following up to find out the effectiveness of counseling provided.

The counseling process can be described in five broad steps/ stages which are cyclical in nature. The steps are as follows:

- Establishing rapport
- Understanding and Assessing the problem
- Goal setting
- Counseling Intervention Strategies
- Termination and Follow up

**Establishing rapport:** The first step in the counseling process is establishing rapport or relationship with the client. Since counseling is a helping relationship, the client needs to have trust and confidence in the counselor in the first place. To build this up, forming a proper rapport or relationship with the client is the crucial first step, which will enable the client to feel at ease and open up. The
The counseling relationship is a special relationship in that it is not a social relationship, but a professional relationship in which the client and counselor together progress towards achieving counseling goals. This relationship is based on trust, empathy, genuineness, warmth, mutual understanding and confidentiality. This relationship building is a continuous process; however, this first step is important in laying the foundation for trust and confidence, and the hope for a solution. The client is also informed about the structure, roles and responsibilities of both the counselor and the client.

**Assessment of the Problem:** Once the relationship building is done, the next important step is to understand and assess the problem. Different counseling skills are required here to identify and understand the problem. The problem stated by the client may or may not be the real one, sometimes, the problem might be something else. As the client interacts with the counselor and opens up revealing his or her motives, intentions, expectations, belief systems, insecurities, ambitions and perceptions; the understanding about the problem becomes more clear. What appears to be the problem to the client initially may not be the actual problem. The counselor uses different techniques of assessment such as observation, initial interview, case history and use of psychological tests to help in the assessment of the problem.

**Goal setting:** Once the problem is clearly understood, the next step is to decide on the goals to tackle the problem. It should always be remembered that goals are set mutually. As Galileo said, “You cannot teach a man anything, you can just help him to find it within himself.” Counselors should establish goals for counseling in agreement with the client, only then the goals can be achieved. The client and counselor need to agree upon setting of the goals. Goals can be short term as well as long term goals. Goal setting serves various functions as described by Cormier and Hackney (1987) as follows:

- **Motivational function:** When clients are encouraged to specify the desired changes, they feel motivated to achieve those outcomes.
- **Educational function:** Clients begin to mentally rehearse new responses they can make to the situation once they decide upon the changes.
- **Evaluation function:** Goal setting helps to select appropriate strategies to achieve those goals. It also facilitates assessing the progress of the clients.
- **Clarification:** Goal setting helps clarify the main concerns and issues that need attention.

**Intervention Strategies:** The next step after setting of goals is to select the counseling techniques and strategies to be used for achieving those goals. Depending on the client’s nature and personality, and the feasibility, the strategies are decided. Here, it may be noted that if the strategies do not work out well, then both counselor and client go back to the previous steps and rework. It may be that the problem was not clearly understood or the goals were not properly set; so it is a cyclical process.

**Termination and Follow Up:** This is the last step of the counseling process which has its own significance. Counseling, being a relationship, has to be ended
in an appropriate and effective manner. The counselor needs to take care different issues such as, preparing the client for the termination beforehand; making the process of termination a gradual and smooth one, not an abrupt one; dealing with issue of client dependence on the counselor; overcoming resistance to termination; attending to any unresolved issues; indicating a follow up plan; and finally instilling confidence in the client that the client can handle the things on his/ her own now.

Thus broadly we can describe the counseling process in terms of three stages such as:

- Developing the counseling relationship
- Working in this relationship
- Terminating the counseling relationship

Throughout this process, the counselor needs to use various skills about which you will learn next.

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<th>Self Assessment Questions 2</th>
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<tr>
<td>1) Why is goal setting important in counseling?</td>
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<td>2) How does establishing rapport in counseling help?</td>
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1.5 COUNSELING SETTING AND SKILLS OF COUNSELING

Counseling is a relationship marked by confidentiality. It is a situation where the client comes with his/her problems and difficulties and expects to learn how to deal with them. Hence the counselor should inspire trust, confidence in the client; and the counseling setting should make the client feel welcome and relaxed to be able to share things. The physical setting of the counseling room should exude warmth and comfort. It should be properly lighted with adequate ventilation. The room should be neatly arranged without any clutter. The place should also ensure confidentiality. The counselor should observe the following:
The success of the entire counseling process depends on the use of counseling skills by the counselor. Right from the beginning of building up rapport with the client till the termination of the counseling, the counselor needs to use various counseling skills in an effective manner.

The success of any counseling relationship depends on two main things:

• **Personal qualities of the counselor:** The counselor should have positive mental health, open-mindedness, genuine concern for fellow human beings, caring and understanding attitude, sensitivity and critical thinking. Thus self awareness, awareness about others and understanding others are important personal qualities that will help the counselor become an effective counselor. The counselor should be clear about his/ her attitudes, motives, beliefs and values. A helping attitude with sensitivity and empathy makes for the base of an effective counselor. The counselor should also have a sense of warmth and genuineness in helping others.

• **Professional qualities of the counselor:** Counseling is a profession and the counselor needs to acquire the professional qualities by undergoing proper education and training, learning the skills and competencies, and adhering to the counseling code of ethics. Proper academic training in counseling theory and skills is essential to be called as a counselor. Ethical guidelines need also to be followed to ensure a professional conduct during the process of counseling.

Both personal and professional qualities of counselors are important in creating a facilitating relationship and bringing about therapeutical change in the client.

1.5.1 **Basic/Core Conditions of Counseling**

There are certain basic or core conditions which are important for creating the therapeutic climate in which counseling will take place. In absence of this therapeutic atmosphere, counseling will not be effective. These core conditions are trust, acceptance, genuineness, unconditional positive regard and empathy. Let us discuss about these in detail.

1) **Trust:** The counselor aims at creating a trusting and safe environment for the client so that the latter feels assured enough to share his/ her thoughts and feelings with the counselor. The client is in a state of anxiety and disturbed feelings, with a lack of confidence and trust. The foremost requirement in a counseling relationship is to build up trust in the client for the counselor and the counseling situation. This should be established in the first session itself. As clients perceive the counselor as trustworthy, they will take greater emotional risks of expressing their inner anxieties, worries, and fears.
ii) **Acceptance:** The client has come to the counseling situation feeling rejected, devalued and abandoned of his/ her perceptions, feelings and values. Counselor conveys to the client a sense of acceptance irrespective of the client’s views, behaviours and actions. The client is accepted as he/ she is, without any judgement or criticism. This conveys respect for the client as an individual. Trust and acceptance are the starting points in any counseling relationship.

iii) **Unconditional positive regard:** The counselor has positive regard or respect for the client which should not be base on any condition. The client is accepted and respected for what he/ she is. There are no conditions put on the relationship. The counselor accepts the client in total. Uncoditional positive regard communicates caring, worth and dignity to the client (Rogers, 1957). It is an attitude of valuing the client as a unique and worthwhile person (Cormier & Hackney, 1995). Being respected for without any conditions or judgements attached frees the individual and opens up possibilities of change within the individual.

iv) **Genuineness:** It refers to being genuine or real about who we are. The counselor comes across to the client as being a person who is genuinely interested in the client’s welfare. He/ she does not put up a mask or a façade. This is crucial to create trust in the relationship. The counselor also needs to be congruent with his/ her feelings; expressing his/ her feelings and attitudes at the moment. There is consistency in the counselor’s words, actions and feelings. Such transparency also encourages the client to get in touch with his/ her own real feelings.

v) **Empathy:** The counselor is able to show empathy towards the client by experiencing the client’s world as he/she experiences it. It communicates a real understanding of the client’s situation, thus fostering trust in the client.

The above are the key elements of a counseling relationship which leads to an effective counseling environment. According to Rogers (1957), unconditional positive regard, genuineness, congruence and empathy are the necessary and sufficient conditions for all good interpersonal relations and for all therapeutic change. These are also the basic skills for effective counseling.

### 1.5.2 Other Counseling Skills

There are various other counseling skills which are described as below:

i) **Attending skill:** Attending skills are important through the entire process of counseling; however, more so in the initial stages of counseling to create trust and acceptance. Attending skills also help in conveying genuineness and empathy. Attending means focusing on the client and concentrating on what he/ she is telling. Attentiveness can be both verbal and non verbal. Verbal attentiveness is conveyed through such phrases and prompts as, ‘yes’, ‘go on’, ‘uh..mm’ etc. Non-verbal attentiveness is conveyed through the counselor’s postures and gestures. The body language of the counselor should communicate genuine interest in the client. As shown in the figure below, non-verbal component contributes more to communication (Mehrabian, 1971) – only 7% of our communication is verbal, whereas 58% is gestures and 35% is voice tone.
ii) **Active listening:** Listening is much more than simply hearing and active listening means listening with real understanding and paying attention not only to the words but also to the client’s thoughts, behaviour and feelings. The counselor is not distracted and does not judge what the client is saying. This helps the client to feel understood and validated. This also reflects the client’s state of mind accurately.

Active listening or attentive listening is required through the entire process of counseling. It enables the counselor to respond back to the client in a way which makes communication between the client and counselor more open and effective. There are certain barriers to communication which the counselor needs to keep in mind.

**Barriers to communication:**

- Giving advice
- Offering solutions
- Preaching
- Judging or criticizing
- Praising and agreeing
- Reassuring
- Analysing

iii) **Paraphrasing and Reflection:** The counselor needs to listen to the client and respond appropriately. While responding, the counselor can focus on the content as well as the feeling of the client, that is, what the client says and how does he/ she feel. The skill to respond accurately to client’s thoughts and feelings enables the counselor to convey empathy. Paraphrasing focuses on the cognitive component of the client’s message, while reflection focuses on the affective component of the client’s message. It is not simply repeating back the client’s words. On the other hand, the counselor rephrases the client’s thoughts and feelings in a fresh way. This gives feedback to the client that the counselor is really trying to understand him/ her. This also helps the client to see things in a more focused way.

iv) **Self disclosure:** It refers to revealing things about oneself to others. Self disclosure helps the counselor come across as being genuine. It also enables the client to see things in a less severe way, that is, there are others with similar experience or situation. However, a bit of caution needs to be exercised with regard to the extent to which the counselor should self disclose.

v) **Immediacy:** The skill of immediacy helps the client and counselor become aware of the situation in counseling at the present moment. At times during the counseling process, there might be a feeling of no progress, or the client becoming indifferent etc.; in such situation, the counselor uses immediacy to focus on the feelings experienced by the client and the counselor at the
present moment. It conveys genuineness and tries to refocus on the goals of counseling.

vi) Confrontation: The counselor sometimes need to confront the client regarding his/ her potentials, defenses, discrepancies or distortions in his/ her behaviour. This will act as a challenge to the client encouraging him/ her to see things from a different angle.

vii) Questioning: The counselor uses open-ended questions and close-ended questions during the counseling interview. Open-ended questions are those which allow the client to elaborate and expand the things. Whereas, close-ended questions elicit single-word responses. Use of more open-ended questions helps the client to open up and express his/ her thoughts and feelings in an elaborate way. The counselor needs to make an appropriate use of open-ended and close-ended questions depending on the requirement of the counseling situation.

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<td>2) What are the personal qualities required of a counselor?</td>
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<td>3) Why does counselor need to have unconditional positive regard for the client?</td>
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<td>4) What is attending skill?</td>
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5) Distinguish between open ended and close ended questions.

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1.6 ASSESSMENT TECHNIQUES IN COUNSELING AND GUIDANCE

Counselor uses different assessment techniques as part of the counseling interview. The various methods of assessment are interview, observation, case study and psychological tests.

1.6.1 Interview

Interview is one of the most commonly used assessment tool. Counselors use interview method to help gather information about clients and clarify results of other assessments.

After establishing rapport, the counselor engages in what is called intake interview or history taking in which detailed history of the client both in the past and the present is collected. In addition to the background data of the client, the appearance and behavior of the client are also noted. History taking is the first important step to understand and analyse the problem. Data regarding different aspects of the client’s life is collected such as, information about the family, client’s educational history, medical history, work experience, social relationships, client’s behaviour, attitudes, values, coping strategies and strengths etc.

The counselor should keep note of the following aspects during the interview:

- **Verbal:** What is the client saying?
- **Para-verbal:** How is the client saying it? What is the tone, pace, words used, volume etc.
- **Non-verbal:** What are the postures and gestures of the client? What do they convey?
- **Situation:** Where is the interview conducted and for what purpose?

Interview can be structured, i.e., carefully planned and systematic which follows pre-determined steps and questions; whereas unstructured interview allows for flexibility, that is, the client can have more freedom in the topic and direction of the interview. Here, open questions are used more.

1.6.2 Observation

The counselor must be a keen observer who can get important information from observing the non-verbal behaviour of the client. The behaviours to be observed are,
• **Appearance:** is the client neatly dressed or clumsy; calm or composed?

• **Posture:** How does the client sit or stand?

• **Eye contact:** Does the client maintain eye contact?

• **Behaviour/Manner:** Is the client agitated, restless, anxious etc.?

• **Body language:** Do the gestures of the client convey anything?

The non-verbal cues are significant indicators of the affective or feeling aspects of the client. Behavioural observations may be used clinically such as to add to interview information or to assess results of treatment.

There are different types of observation method: (a) Naturalistic Observation, where behaviour is observed in its natural setting; (b) Participant Observation, where the observer is a participant, thus allowing an insider’s view of the situation; (c) Structured Observation, which controls the influence of external factors that may affect the behaviour; and (d) Unstructured Observation, which allows a broad spectrum of behaviour to be observed.

### 1.6.3 Case Study

Case study is used to study in depth or in detail a specific situation or a single person. The case study method originated in clinical medicine (the case history, i.e., the patient’s personal history – idiographic method). Case study uses a variety of methods such as questionnaires, interview, observations, diaries, psychological tests etc. to collect information about the client/ case. Information is collected about the background data, educational record, medical history, job history, personal interest and characteristics, social relationship etc.

### 1.6.4 Psychological Tests

Psychological tests are objective and standardised measure of a sample of behaviour. Standardisation is the most important term here, which means the test is characterised by a uniform procedure of administration, scoring and interpretation. A good psychological test must be both reliable, i.e., give consistent results over time, across raters etc.; and valid, i.e., measure what it intends to measure. It should also have proper norms. The different types of psychological tests are tests of aptitude, attitude, interest, achievement, personality and intelligence. These tests may be verbal, non-verbal or performance tests; and administered individually and/or in the group.

### Self Assessment Questions 4

1) Mention the important factors which the counselor need to take note of during a counseling interview?

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1.7 ROLE OF COUNSELING AND GUIDANCE PERSONNEL

Counseling and guidance personnel has significant role to play in varied settings ranging from educational set up to the workplace. The counselor serves a varied group of clientele with diverse needs. The role of counselor is always geared up to meeting the needs of the client and enable them to achieve their potential and goals. Counseling mainly aims at helping the client understand himself/ herself, explore and weigh the options, and decide the course of action. The goal of counseling mainly is to enable the client to overcome the immediate problem and also to equip them to meet future issues and problems. In this regard, counseling aims at three things: self awareness of the client, understanding the strengths and limitations, and finally bringing in change in the behaviour and personality of the client.

The role of counselor by and large remains the same for all types of counseling situations. However, there is a little difference in the role of the counselor in vocational counseling and personal counseling. In the former – educational and vocational counseling, the counselor is mainly concerned with factual information. The major task here is collection, organisation and dissemination of career related information. The counselor helps the client in becoming aware of one’s self and then making a proper decision regarding educational and vocational choices. However, in counseling clients with emotional and behavioural problems, the counselor aims at enabling the client to express his/ her feelings, understand the fears and anxieties, resources and weaknesses; and make intelligent choices, plans and decisions. Thus the overall emphasis of educational and vocational counseling is on cognitive aspect whereas counseling related to personal issues put emphasis on affective aspect.
The different settings in which counseling and guidance personnel can serve are described below.

1.7.1 Counseling in Schools

Counseling rendered in schools is called educational and vocational counseling. Counselors in schools play an important role in guiding our future generation in educational and vocational choice. As the child grows, he/ she needs to be aware of his/ her interests, strengths, limitations and values so that he/ she can be aware of himself/ herself and learn to take proper decisions and make good choices in life. The school counseling and guidance personnel works in collaboration and partnership with the school teachers, authorities, parents, educators, and community members to help the students adjust successfully to the school situation, achieve well and make a smooth transition to higher education and work field.

The counselor in the school plays a varied role ranging from counselor to consultant, and coordinator. He/ she acts as an agent of orientation, assessment and prevention. The counselor provides orientation to the students to facilitate his/ her life in the school. As an agent of assessment, the counselor assesses the students with regard to their abilities, skills, interests, attitude and aptitude so that proper guidance can be given for the future path. The counselor also has an important role to play in recognizing early warning signs, preventing school violence and promoting a safe school. The school mental health practices can be strengthened with the contribution of the school counseling and guidance personnel.

The role of a school counselor at the elementary school stage is as follows:

- Orienting the child with regard to the goals of the school;
- Finding out the early warning signs of future problems like learning difficulties, acting out behaviours like fights, impulsiveness, restlessness, obstinacy, moodiness, bullying, depression etc.

The role of the counselor at the secondary and higher secondary stage is as follows:

- Orienting the students with regard to the programs, policies and counseling activities of the school;
- Assessment of the students;
- Helping students’ academic achievement;
- Providing guidance and counseling high school and higher secondary stage;
- Counseling students about their personal development;
- Prepare the students’ for their work life later on.

1.7.2 Counseling Adolescents

Adolescence is a crucial stage in the growing stage of our children. Children in their later part of schooling have reached the adolescence stage. However, adolescence is such an important phase of life having great impact on the personal, social and emotional growth and development of the individual that counseling of adolescents has received special attention.
Adolescents are neither children nor adults. They are in a phase of transition from a carefree childhood to an independent responsible adulthood. They move from being part of a family group to being a part of the peer group and then standing on their own. In the process, they face uncertainties, insecurities and anxieties about their ownself, their relation to others, their future and their role in the society. Counselor provides the much needed counseling and guidance to the adolescents at this crucial juncture of their life.

Adolescents experience growth spurt and the associated biological and physiological changes. This also has an effect on their emotional and social life. Adolescents continually explore, challenge and change their perception and thinking about the way they view their world. The role of counselor is to understand this phase of life: the adolescents’ aspirations and inhibitions; their achievements and insecurities; and their sense of independence and need for affiliation also. A few points regarding adolescent counseling are as follows:

- Helping adolescents to become aware of themselves;
- Enabling them to understand peer pressure;
- Providing guidance about risk taking behaviour;
- Counseling them about issues of friendship and sexuality;
- Helping them to understand their goals and aspirations.

### 1.7.3 Counseling in Family

The role of counselors in family areas has become much more crucial in the recent times with advance in economy, communication and technology. Family values and relationships have undergone change which has an impact on each of the family members. Family is the main instrument in the socialisation of the child. It plays an important role in the growth and development of the individual. It shapes the attitudes and belief system of its members.

As an individual has a life span, similarly a family has a life cycle starting from courtship and marriage to empty nest and old age when children leave home and the couple is again on their own. Throughout this life cycle, demands are placed on the family by its’ members, tensions arise, expectations come up, arguments made, justifications given and rebellions are made. At the same time care, support, advice, guidance and encouragement are also given to its’ members by the family. A dynamic family system evolves with the changing times and contributes to the achievement and success of the members.

The role of the counselor is to help the members understand the family as a system. The counselor addresses the issues of family tension, guilt, blame and scapegoating, faulty communication, maladjustment and family expectations. The counselor helps the members conceptualise and experience their problems from a broader perspective. This creates open and clear interaction among family members, overcome family crisis and responding to the challenges effectively. The goal of a counselor is to change the family system to make it better and more effective.
Self Assessment Questions 5

1) Describe the role of counselor in family counseling?
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2) What are the functions of a counselor at the secondary stage of counseling?
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1.8 MULTICULTURAL COUNSELING

Cultures have a significant influence on our life. We are surrounded by our culture everywhere and culture influences each and everything we do and think. Culture impacts our perceptions, thoughts, feelings and actions. Therefore, we need to be aware of the influence of our culture on our behaviour.

Multicultural counseling has gained ground recently, although cultures have been in existence since long. Multiculturalism essentially means respect for diversity. It may be noted here that all guidance and counseling situation can be termed multicultural as clients from various backgrounds and cultures come for counseling. Let us see the meaning of multiculturalism here. Most often, we think multicultural means belonging to different races and ethnicity. However, multicultural should also include gender, age, social class, religion, language etc. The clients by virtue of belonging to a particular gender, age or socio-economic status and class, bring their unique personal history and culture into the guidance and counseling situation. A counselor, sensitive to multicultural counseling, needs to take cognizance of these things. For example, we talked about the counseling setting in Section 1.5 earlier and it was mentioned that the counselor should face the client straight and should have proper eye contact. However, the space needs and space perceptions may vary depending on the client’s and counselor’s gender, their class or status etc. Similarly in some families, it may not be appropriate for a child to look straight in the eyes of the adult. So if the client is a child coming from such a family, he/she may not maintain proper eye contact.

Hence, the role of counselor becomes more crucial from a multicultural perspective. Every counselor should be aware of the multiculturalism in counseling. A trained counselor should be aware of his/her own cultural perceptions, stereotypes and beliefs, and how these colour his/her thoughts and behaviour. The counselor should also respect the client’s cultural beliefs and interactions. Being sensitive to the cultural issues, helping the clients to see things
from alternate perspectives, recognizing the importance to have open dialogue about issues related to culture can maintain the respect and dignity of the client and make the counseling process more effective.

**Self Assessment Questions 6**

1) What is the meaning of multicultural issues in counseling?

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1.9 ETHICS IN COUNSELING

Counseling as a profession follows certain ethical guidelines. Ethics help maintain professionalism and ensure the safety and benefit of the clients. Ethics refers to the professional values, principles and standards that govern the relationship between the counselor and the client. It outlines the professional responsibility of the counselor. Ethical standards serve the following purpose:

- Promotes the stability and dignity of the profession.
- Provides guidelines in case of disputes and malpractices.
- Ensures competent professional behaviour.
- Protects the client from any harm arising out of counseling.
- Protects the interests of both the client and the counselor.
- Promotes the welfare and wellbeing of the client.

Now let us see the ethical guidelines involved in counseling:

i) **Confidentiality:** The client needs to be ensured of the confidentiality of whatever the client expresses during the counseling process. Remember the first step of the Counseling process – rapport establishment. An important task of counselor in this stage is to talk about confidentiality to the client. Being assured of confidentiality helps the client build trust on the counselor and encourages the client to share his/her troubled thoughts and feelings, worries and anxieties. However, there are limits to confidentiality. It refers to situations where the counselor can disclose the information shared by the client. In cases of threat to the life of the client or the counselor, and in cases of requirement by the law, the counselor can breach this confidentiality.

ii) **Beneficence:** It refers to acting in the interest of the client for his/her welfare. Beneficence refers to the client’s responsibility to do good for the client.

iii) **Nonmaleficence:** Nonmaleficence is the concept of not causing any harm to the client. It includes avoiding sexual, financial and emotional or any other form of client exploitation; avoiding incompetence or malpractice; not providing services when unfit to do so due to illness, personal
Counselling deals with human beings who are in distress and problem and come to the counselor for help, support and guidance. Hence counselors have a high ethical responsibility to provide counseling in a very professional manner, maintaining the trust and protection of the client, and delivering in an effective way for the betterment of the client.

### Self Assessment Question 7

1) What are the purposes served by ethical standards?

2) What is the importance of confidentiality in counseling?

3) Define Nonmaleficence.

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### 1.10 COUNSELING IN CHANGING INDIA

Counseling in India is of ancient origin. The first counselor was Lord Krishna himself and the Bhagawad Gita embodies the finest principles of counseling for all time to come. Indian tradition has considered parents and teachers as the counselor. They are held in high esteem having the capability to provide counseling to the young generation. However, with globalisation and economic changes, the youth looks to alternative sources for getting information and guidance, e.g., the internet. Rapid developments in information and communication technology, urbanisation and industrialisation have placed new and unique demands on the individuals. The new age Indian today is confused, unsure, lacks direction and indecisive. At the same time, he/ she has vision, will power, belief
in himself/herself, and the desire to do something. In such a scenario, the role of counselor has become very crucial. Society is changing; along with this, attitudes, aspirations and values of the individuals are also changing. For example, attitudes of the society towards women climbing up the ladder of work hierarchy and getting success is becoming comfortable. The counselor has to rise to the occasion in this changing India and sustain the confidence of the individuals in the counseling service.

1.11 LET US SUM UP

In this Unit you learned about the meaning of counseling and differentiated it from guidance and psychotherapy. The five main steps/stages in the counseling process were described. You also learned about how should be the physical setting of a counseling situation and the skills which an effective counselor should possess. You came to know about the role of counselors in various settings and the importance of being sensitive to multicultural issues in counseling. Finally you became aware about the ethics in counseling.

1.12 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) According to Pepinsky and Pepinsky counseling is “a relationship which refers to the interaction that (i) occurs between two individuals called ‘counselor’ and ‘client’, (ii), takes place within a professional setting and (iii) is initiated and maintained as a means of facilitating changes in the behaviour of the client. The counseling relationship develops from the interaction between two individuals, one a professionally trained worker and the other a person who seeks his services.”

2) Counselling and Psychotherapy can be differentiated as follows:

<table>
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<tr>
<th>Counselling</th>
<th>Psychotherapy</th>
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<tr>
<td>• Counseling is concerned with the normal day to day issues and problems of living.</td>
<td>• Psychotherapy deals with problems of severe nature that may have serious implications for living an effective balanced.</td>
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<tr>
<td>• Counseling is provided only in outpatient setting as it concerns mild problems of daily living.</td>
<td>• Psychotherapy thus involves long term relationship with the client and can be provided in both inpatient and outpatient settings life.</td>
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<tr>
<td>• Counseling focuses more on the present and aims at bringing about change in the behaviour and personality of the client.</td>
<td>• Psychotherapy focuses on the past and aims at bringing about insight.</td>
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3) Functions of Guidance are Informative, Educative, Orientational and Developmental; whereas the functions of counseling are Remedial, Problem Solving and Change oriented.
Self Assessment Questions 2

1) Goal setting is important in counseling as it serves the following functions: motivational, educational, evaluation and clarification.

2) Establishing rapport in counseling helps the client to build up trust and confidence in the counselor.

Self Assessment Questions 3

1) SOLER stands for Sit squarely, Open posture, Leaning forward, Eye contact and Relaxing manner.

2) The personal qualities required of a counselor include open mindedness, genuineness, caring, sensitivity and critical thinking.

3) The counselor needs to have unconditional positive regard for the client as it conveys caring, worth and dignity to the client.

4) Attending skill is paying attention to both verbal and non-verbal aspects of the communication of the client.

5) Open-ended questions are those which allow the client to elaborate and expand the things. Whereas, close-ended questions elicit single-word responses.

Self Assessment Questions 4

1) The counselor should keep note of the following aspects during the interview:
   - **Verbal**: What is the client saying?
   - **Para-verbal**: How is the client saying it? What is the tone, pace, words used, volume etc.
   - **Non-verbal**: What are the postures and gestures of the client? What do they convey?
   - **Situation**: Where is the interview conducted and for what purpose?

2) The types of observation method are naturalistic, participant, structured and unstructured observation methods.

3) Psychological tests measure aptitude, attitude, interest, achievement, personality and intelligence.

Self Assessment Questions 5

1) The counselor addresses the issues of family tension, guilt, blame and scapegoating, faulty communication, maladjustment and family expectations. The role of the counselor is to help the members understand the family as a system to make it better and more effective.

2) The functions of the counselor at the secondary and higher secondary stage is as follows:
   - Orienting the students with regard to the programs, policies and counseling activities of the school.
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• Assessment of the students.
• Helping students’ academic achievement.
• Providing guidance and counseling high school and higher secondary stage.
• Counseling students about their personal development.
• Prepare the students’ for their work life later on.

Self Assessment Questions 6

1) Multicultural issues in counseling refer to diversity of the individuals to whom counseling is provided. This diversity is not only in terms of race and ethnicity, but also age, gender, social class and status etc.

Self Assessment Questions 7

1) The following purpose is served by ethical standards:
   • Promotes the stability and dignity of the profession.
   • Provides guidelines in case of disputes and malpractices.
   • Ensures competent professional behaviour.
   • Protects the client from any harm arising out of counseling.
   • Protects the interests of both the client and the counselor.
   • Promotes the welfare and wellbeing of the client.

2) Confidentiality in counseling helps the client to have trust on the counselor and encourages the client to share his/her troubled thoughts and feelings, worries and anxieties.

3) Nonmaleficence is the concept of not causing any harm to the client. It includes avoiding sexual, financial and emotional or any other form of client exploitation; avoiding incompetence or malpractice; not providing services when unfit to do so due to illness, personal circumstances or intoxication.

1.13 UNIT END QUESTIONS

1) Counseling is both an art and science. Explain.
2) Describe the various steps in the counseling process.
3) Explain the importance of the core conditions of counseling.
4) Describe the role of counselors in adolescent counseling.
5) Why is multicultural counseling crucial?
6) Counseling has become the need of the hour in the changing Indian society. Justify.

1.14 REFERENCES


### 1.15 SUGGESTED READINGS


UNIT 2  PSYCHOTHERAPY

Structure

2.0  Introduction

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2.2  Concept of Psychotherapy
    2.2.1  Definition
    2.2.2  Aims of Psychotherapy

2.3  Schools of Psychotherapy
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    2.3.2  Behaviour Therapy
    2.3.3  Humanistic Psychotherapy
    2.3.4  Existential Psychotherapy
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2.4  Phases of Psychotherapy
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2.6  Ethics in Psychotherapy

2.7  Factors that Influence the Outcomes of Psychotherapy
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    2.7.2  Client and Therapist Factors
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2.8  Psychotherapy in India

2.9  Let Us Sum Up

2.10  Answers to Self Assessment Questions

2.11  Unit End Questions

2.12  References

2.13  Suggested Readings

2.0  INTRODUCTION

As social beings, humans are dependent on each other for maintenance of their biological and psychological well being. When this is threatened in any way, they typically turn to each other for help. Learning how to help people with psychological problems has been a challenge for any mental health professional. This is where psychotherapy comes in to the picture. Psychotherapy plays an important role to help individuals suffering from psychological problems.
Psychotherapy is a technical term used in clinical fraternity to treat sufferings of an emotional nature using the theories and principals of Psychology. Though not very structured as psychotherapy is today, we get reflections in philosophical writings in epics and so on about the concepts that were quite psychotherapeutical.

In the present unit, we will mainly discuss about the definition of psychotherapy and its aims. Further the schools of psychotherapy will be discussed in detail. The unit will also discuss the phases and modalities of psychotherapy.

### 2.1 OBJECTIVES

After studying this Unit, you will be able to:

- Understand the concept of Psychotherapy;
- Explain the different types of therapies;
- Describe the various phases of Psychotherapy;
- Know the different modalities of Psychotherapy;
- Discuss the client and therapist factors in Psychotherapy; and
- Gain knowledge about Psychotherapy in India.

### 2.2 CONCEPT OF PSYCHOTHERAPY

Let us now discuss the concept of psychotherapy with the help of its definition and aims.

#### 2.2.1 Definition

Psychotherapy can be defined in a broad fashion as comprising three distinct components: a healing agent, a sufferer, and a healing or therapeutic relationship (Frank and Frank 1991). Strupp (1986) specified that psychotherapy is the systematic use of a human relationship for therapeutic purposes of alleviating emotional distress by effecting enduring changes in a client’s thinking, feelings, and behaviour. The mutual engagement of the client and the psychotherapist, both cognitively and emotionally, is the foundation for effective psychotherapeutic work. Traditionally, the term psychotherapy has been used to refer to the treatment of mental disorders by means of psychological techniques, in a client-therapist relationship. It is a process in which a trained professional enters a relationship with a client for the purpose of helping the client with symptoms of mental illness, behavioural problems or for helping him towards personal growth. Wolberg (1988) conceptualizes psychotherapy as an endeavour to alter the behaviour and change the attitude of a maladjusted person towards a more constructive outcome. He defines psychotherapy as, “a form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with a client with the object of…

- removing, modifying or retarding existing symptoms,
- mediating disturbed patterns of behaviour, and
- promoting positive personality growth and development”
2.2.2 Aims of Psychotherapy

Psychotherapy is more than a talk between two people regarding some problem. It is a collaborative undertaking, started and maintained on a professional level towards specific therapeutic objectives. These are:

- **Removing existing symptoms**: To eliminate the symptoms that are causing distress and impediments is one of the prime goals in psychotherapy.

- **Modifying existing symptoms**: Certain circumstances may militate against the object of removing symptoms (e.g. inadequate motivation, diminutive ego strength or financial constraints); the objective can be modification rather than cure of the symptoms.

- **Retarding existing symptoms**: There are some malignant forms of problems e.g. dementia where psychotherapy serves merely to delay an inevitable deteriorative process. This helps in preserving client’s contact with reality.

- **Mediating disturbed patterns of behaviour**: Many occupational, educational, marital, interpersonal, and social problems are emotionally inspired. Psychotherapy can play vital role from mere symptom relief to correction of disturbed interpersonal patterns and relationships.

- **Promoting positive personality growth and development**: Deals with the immaturity of the normal person and characterological difficulties associated with inhibited growth. Here psychotherapy aims at a resolution of blocks in psycho-social development to a more complete creative self-fulfillment, more productive attitudes, and more gratifying relationships with people. It also aims at…
  - Strengthening the clients motivation to do the right things.
  - Reducing emotional pressure by facilitating the expression of feeling.
  - Releasing the potentials for growth.
  - Changing maladaptive habits.
  - Modifying the cognitive structure of the person.
  - Helping to gain self knowledge.
  - Facilitating interpersonal relations and communications.

Self Assessment Questions 1

1) Define Psychotherapy.

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2) List the aims of Psychotherapy.

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2.3 SCHOOLS OF PSYCHOTHERAPY

There are various schools of psychotherapy, let us now discuss them one by one.

2.3.1 Psychodynamic Therapy

Psychodynamic theory begins with contribution of Sigmund Freud with the focus on increasing ego strength and/or reducing the pressure of denied impulses, so that the client will be free to run his own life. Psychodynamic therapy is based upon the assumption that problems occur because of unresolved — usually unconscious — conflicts, often originating from childhood. This therapy promotes understanding and enhances coping amongst the clients. Free association is often used by the psychoanalysts in order to bring out the hidden unconscious wishes and conflicts in an individual. In free association, the client is asked to say whatever that comes to his/her mind. This therapy also focuses on dream analysis, because according to this therapy, during sleep there is profound relaxation of normal ego controls than is possible in free association and hence unconscious processes are freer to operate in sleeping than in waking thought. Consequently dream provides a potentially rich source of information about unconscious needs. The analysis of transference is also the core of psychoanalytic therapy. In which the client held strong personal feelings toward the analyst which simply could not be understood in terms of actual events of therapy or the analyst’s character or behaviour. This transference can be positive (like admiration, love and respect) as well as negative (hate, contempt or anger). Freud believed that such reactions were not only barriers to therapy but they might indeed be vehicle of therapeutic change. The essential fact about transference is that it brings hidden and repressed feelings and conflict into the present where they can be examined, understood and resolved.

2.3.2 Behaviour Therapy

Behaviour therapy mainly deals with modifying or changing undesirable behaviour. In this psychotherapy the maladaptive behaviours are identified and then with the help of various techniques such behaviours are replaced or modified. Learning theories have played an important role in behaviour therapy. And the contributions of Ivan Pavlov in terms of classical conditioning and of B. F. Skinner in terms of operant conditioning are noteworthy.

Classical conditioning

Classical conditioning was proposed by Ivan Pavlov. His experiment in which the dog was conditioned to salivate after ringing of the bell forms basis of this
Psychological Therapies

learning theory. Classical conditioning can be described as a learning process that is a result of associations between an environmental and a natural stimulus. Learning thus occurs due to pairing between conditioned stimulus and unconditioned stimulus.

**Operant conditioning:** This learning theory was proposed by B. F. Skinner. This is also known as instrumental conditioning. Here the learning takes place as a result of reinforcement, reward and punishment that determine whether a particular behaviour will be repeated or not.

Let us now discuss some of the techniques used in behaviour therapy:

- **Simple Extinction:** This is based on the principle that particular learned behaviour will become weak and eventually disappear if it is not reinforced. One of the simplest ways to decrease or eliminate a particular maladaptive behaviour is by removing the reinforcements that encourage such behaviours. The behaviour may not be consciously reinforced but may be unknowingly reinforced by people around the client/client.

- **Aversive Conditioning:** This is based on the principle that a learned behaviour will be weakened when it is followed by pain or punishment. Thus a maladaptive behaviour can be reduced or removed when it is paired with pain/punishment. Such a technique can be used with clients/clients with substance abuse or clients with destructive behaviours, sexual problems, and deviant behaviours. In certain cases such a technique can also be used in such a way that there is positive reinforcement of stimulus that are related to termination of pain.

- **Response shaping:** This can be described as a process in which the responses of individuals are shaped in such a way that he/she is able to use responses that are not initially present in his/her behavioural inventory. Behaviours can also be shaped with suitable reinforcements that lead to increase in certain behaviours.

- **Assertive Training:** This technique can be used to increase assertive behaviour on the part of the client/client. This includes appropriate expression emotions. Increased assertive can help the client/client by increasing his/her wellbeing and will enhance his/her ability to improve social skills, achieve social rewards and can increase his/her life satisfaction.

- **The Token Economy:** The focus of using tokens rather than using primary reinforces is that they bridge the delay between the occurrences of the desired behaviour and the ultimate reinforcement. Thus as the client makes his bed, sweeps the floor or takes on a job responsibility, he immediately receives the requisite tokens. The goal of token economy program is to develop behaviour that will lead to social reinforcement from others, to enhance the skill necessary for the individual to take a responsible social role in the institution eventually, to live successfully outside the institution. Although token economy can be used even with those outside the institution, especially with children for increasing desirable behaviour.

- **Modelling:** Response shaping can be tedious and time consuming, especially when complex responses are to be learned, such responses can be acquired much more readily if the subject observes a model and is then reinforced
for imitating the models behaviour. Albert Bandura developed this form of behaviour modification based on social modelling. As a therapeutic measure, Bandura points three ways in which modelling can influence behaviour:

1) It can serve as a basis for learning new skills and behaviour.
2) It can serve to eliminate fears and inhibitions, and
3) Finally, it can facilitate pre-existing behaviour patterns.

- **Systematic Desensitization:** This technique is developed by Joseph Wolpe and aims specifically at the alleviation of maladaptive anxiety. The technique involves the pairing of relaxation with imagined scene depicting situations that the client has indicated cause him or her feel anxious. In this the anxiety experienced by the client are paired with relaxation, thus helping the client systematically desensitize the anxiety while imagining about the object or situation that provokes anxiety in him/ her. This technique has been very effective in helping individuals deal with phobias. The process of systematic desensitization includes the following steps:

  1) The client is helped to practice relaxation technique. Deep state of relaxation can help client deal effectively with anxieties and fear. Thus the client is asked to practice the relaxation technique during the therapy as well as at home so that client is easily able to practice relaxation.

  2) In the second step, the client and the therapist discuss about the phobia experienced by the client and a hierarchy of fears is created. For example, if the client is scared of lifts a list of hierarchy is created in such a manner:

     1) Looking at the lift
     2) Watching people get in to the list.
     3) Entering the lift
     4) Entering the list and waiting inside for five minutes.
     5) Entering the list and going on the first floor
     6) Entering the lift and going on the fifth floor

     Thus in a similar manner a hierarchy of fear is created.

  3) Then the client is one by one made to imagine each of the hierarchies and whenever he/she feels slightest of anxiety he/ she is asked to practice relaxation technique.

- **Implosive Therapy:** Another method of behaviour therapy is Implosive therapy. This is in a way similar to systematic desensitization technique. The technique focuses on avoidance of anxiety arousing stimuli as a source on neurotic behaviour in an individual. The technique involves imagination and reliving of anxiety provoking situations by the client. In this case, rather than trying to banish the anxiety from the treatment sessions, the therapist deliberately attempts to elicit a massive flood or “implosion” of anxiety. With repeated exposure in safe setting, the stimulus loses its power to elicit anxiety and the neurotic avoidance behaviour is extinguished. But because of its flooding of anxiety at the same time, it’s unethical and used less frequently.
2.3.3 **Humanistic Psychotherapy**

Humanistic therapy is an approach where the main emphasis is on client’s subjective, conscious experiences. The therapist’s focus is more on the present. The client plays a far active role as compared to the therapist who mainly plays the role of creating a conducive environment.

The major form of humanistic therapy is client developed by Carl Rogers. The therapy by Carl Rogers is known as Client Centered Therapy or more recently as Person Centered therapy. This therapy mainly focuses on empathy, unconditional positive regard by the therapist towards the client and communication of empathy and unconditional positive regard by the therapist to the client.

2.3.4 **Existential Psychotherapy**

Existential approaches to psychotherapy have tended to emerge at times, and in regions the world, where there was a groundswell of interest in existential philosophy. Frankel and Rollo May were the major contributors. Existentialism is a philosophy concerned with the meaning of human existence. They believe that people are free to choose among alternatives available to them have a large role in shaping their own problems of moral conflicts falls under Logotherapy. In meaning of life for himself. This meaning I uniqueness, his destiny, his heritage all come together to give a new meaning to his life.

2.3.5 **Gestalt Therapy**

Perls’s Gestalt therapy was born in Germany. Gestalt psychologists Wertheimer, Koffka, Kohler, Lewin and Goldstein contributed to development of this therapy. Gestalt theory emphasises organisation and relatedness, which is in contrast with reductionism of Wundt-Tichner and mechanical behaviourism of applied this theory to human life, integrating the various aspects dynamic, affective, cognitive and social in one whole and then understanding it as a total unity.

2.3.6 **Interpersonal Therapy**

Interpersonal therapy was given by Gerald L. Klerman and Myrna Weissman based on the ideas of Harry Stack Sullivan. As the name suggests this therapy mainly focuses on the present and past social roles and interactions of the client. One or two problems currently experienced by the client are taken into consideration during the therapy. Issue related to conflicts with friends and family member or even colleagues. It can also help individuals deal with grief and loss. Other issues like retirement and divorce can also be dealt with this therapy.

Thus in the present section of the unit we discussed various schools of psychotherapy. Besides the above, there are other therapies as well, they are, Cognitive therapy, Cognitive-Behaviour therapy (CBT) and Rational Emotive Behaviour Therapy (REBT). These will be extensively discussed in our next unit.

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<td>1) What is the assumption of psychodynamic therapy?</td>
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2.4 PHASES OF PSYCHOTHERAPY

2.4.1 Beginning Phase

The beginning stage of therapy has for its principle objective the establishing of a working relationship with the client. Without such mutuality, there will be no therapeutic progress. Because the working relationship is so vital to success in a therapy, all tasks must be subordinated to the objective of its achievement. To ensure an adequate working relationship the client must be motivated by:

- Clarifying and removing misconception about therapy.
- To convince the client that the therapist understands his sufferings and is capable of helping him.
- Defining the objective of the therapy.

2.4.2 Middle Phase

Once the therapeutic relationship is consolidated, and the client has accepted a more active role of working on his problem, then it’s time to enter middle stage of treatment. This has as one of its objectives the revelation of the causes and consequences of the client’s disorder. Middle phase is further divided into:

*Early middle phase:* Main objective of early middle phase is to delineate and explore environmental frustrations and maladaptive interpersonal drives through interviewing, and to probe unconscious conflicts that mobilize anxiety and vitiate basic needs.

*Late middle phase:* Main objective of a therapist in late middle phase is to help the client to make changes in the maladaptive behaviour and give incentive for those changes. He also helps the client in dealing with forces that block action, mastering the anxieties surrounding normal life goals, correcting remediable environmental distortions, adjusting to irremediable conditions, making adjustment to those symptoms and abnormal character patterns that for one reason or another cannot be removed during present therapeutic effort.
2.4.3 Terminal Phase

Theoretically, psychotherapy is never ending since emotional growth can go on as long as one lives. In a more usual and limited sense, psychotherapy should be terminated when the stated goals are reached. The terminal phase necessarily begins with therapist and client taking stock of his/her current status and future prospects and deciding whether goals are closely enough approached. Although termination can occur even before the goals are reached. The conditions under which termination of therapy is indicated are:

- Achievement by the client of planned treatment goals.
- Decision by the client or therapist to terminate on the basis of incomplete goals.
- The reaching of an impasse in therapy or the development of stubborn resistances that cannot be resolved.
- Counter-transference the therapist is unable to control and
- Occurrence of physical reasons, such as moving of the residence of client or therapist.

It is also important to discuss here how long these therapies take to bring about a change in a client. According to Frank (1973) therapeutic changes occur in phases and it starts with restitution of well-being (remorlization), followed by a relief of symptoms (remediation) and finally result in an improvement in functioning (rehabilitation). Obviously, in order for a therapy to cross through all these phases adequate number of sessions will be required. But what is that optimal number? Though it is tough to give ‘a size that fits all’ number; however, based on the number of sessions proposed about various techniques such as CBT and IPT, it seems 8 to 12 weeks of twice weekly sessions are required followed by maintenance treatment at long-intervals. It is to be noted that if the client is not responding to therapy after many sessions the therapist should re-evaluate the suitability of the therapeutic technique chosen. Likewise, even if the client has responded well, too many sessions might prove counterproductive or resulting in diminishing returns.

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2.5 MODALITIES OF PSYCHOTHERAPY

2.5.1 Individual Therapy

This consists of one to one interaction between the therapist and the client. The client gets complete and undivided attention of the therapist and thus is able to deal with his/her specific problems effectively. This is also one of the main advantages of individual therapy. The therapist also gets an opportunity to fully focus on the client and help him/her adequately. However, one of the disadvantages of this therapy is that the client cannot be observed within a social or family context.

2.5.2 Group Therapy

This involves around three to fifteen clients with whom the therapeutic session is conducted at a time. Such a therapy is effective to provide group support to the client as they can interact and understand each others problems and even relate with each other. For example, group therapy can be carried out with bereaving individuals. Such a therapy can also be less expensive as compared to individual therapy.

2.5.3 Family Therapy

This approach is most useful when it is necessary to work on dynamics within the family group. This therapy mainly focuses on issues involving interaction between family members in order to improve overall functioning of the family. Family therapy addresses the concerns of any family member, yet it is most likely to influence children, whose daily reality is directly affected by family context. Bowen’s intergenerational model of family systems, Structural family therapy by Minuchin are some of the family therapies that can be effectively used.

2.5.4 Couple’s Therapy

As the name suggests this modality focuses mainly on the couples. It is mainly designed in order to modify the interactions between two people in order to resolve conflict between them. Such conflicts can be social, emotional, sexual, or economic. The therapy necessarily involves development of therapeutic relationship with the client-couple. Techniques like role play can be used in order to help the couple resolve the issues.

2.5.5 Child Therapy

The differences between adult and child psychotherapy stem from many factors such as the nature of the problems exhibited by children, children’s dependence on adults, assessment issues, client-therapist relationship etc. For example, most of the problems encountered in the child are present in the normal course of development in lesser levels (e.g. aggression, hyperactivity, anxiety), and it is a special challenge to decide whether and when to intervene (Kazdin, 2003). Similarly, unlike the treatment of adults, child therapy ends by returning the client not to his own care alone but to that of the parents. Thus the aim is not only to have children look at themselves more squarely, but to promote a more open relationship between children and parents that can meet their emotional needs.
needs as they grow up in a better way (Wolff, 2000). Furthermore, children’s
dependence on adults makes them particularly vulnerable to multiple influences
over which they have little control, like parental mental health, marital and family
functioning, stress in the home, difficult living circumstances, etc. (Kazdin, 2003).
The whole problem gets compounded due to the fact that often children are not
able to give clear accounts of their problems that aggravate the dependence on
parental and other authority figure’s accounts and, at times, these accounts are
highly coloured by reporter’s own psychopathology and perception. Finally, the
therapist client relationship is, somewhat, blurred in child psychotherapy.

Self Assessment Questions 4

1) Differentiate between individual and group therapy.
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2) What is family therapy?
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2.6 ETHICS IN PSYCHOTHERAPY

The psychotherapist must respect and protect civil and human rights and the
central importance of freedom of inquiry and expression in therapeutic effort.
They strive to help the public in developing informed judgments and choices
concerning human behaviour. This Ethics Code provides a common set of
principles and standards upon which psychotherapist build their professional
relationship with the client. (APA, 1992)

1) When obtaining informed consent to therapy, therapist informs clientsCLIENTS early in the therapeutic relationship about the nature and anticipated course
   of therapy, fees, and involvement of third parties.

2) When the therapist is a trainee and the legal responsibility for the treatment
   provided resides with the supervisor, the client/client, as part of the informed
   consent procedure, is informed that the therapist is in training and is being
   supervised and is given the name of the supervisor.

3) When therapist agree to provide services to several persons who have a
   relationship (such as spouses, significant others, or parents and children),
   they take reasonable steps to clarify at the outset, which of the individuals

are clients/clients and what relationship the therapist will have with each person. This clarification includes the therapist’s role and the probable uses of the services provided or the information obtained.

4) If it becomes apparent that therapist may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), he/she should take reasonable steps to clarify and modify, or withdraw from, roles appropriately.

5) When therapist provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

6) In deciding whether to offer or provide services to those already receiving mental health services elsewhere, therapists carefully consider the treatment issues and the potential client’s/client’s welfare. Therapists should discuss these issues with the client/client or another legally authorized person on behalf of the client/client in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

7) Therapists do not engage in sexual intimacies with current therapy clients/clients. They should not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/clients. They should not accept as therapy clients/clients persons with whom they have engaged in sexual intimacies.

8) When entering into employment or contractual relationships, therapist make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/client.

9) Therapist terminate therapy when it becomes reasonably clear that the client/client no longer needs the service, is not likely to benefit, or is being harmed by continued service.

10) Therapist may terminate therapy when threatened or otherwise endangered by the client/client or another person with whom the client/client has a relationship.

11) Except where precluded by the actions of clients/clients or third-party payers, prior to termination therapists provide pretermination counselling and suggest alternative service providers as appropriate.

**Self Assessment Questions 5**

1) What information is to be provided to the client during informed consent?

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2.7 FACTORS THAT INFLUENCE THE OUTCOMES OF PSYCHOTHERAPY

Let us now discuss the factors that can have an influence on the outcomes of psychotherapy.

2.7.1 Nonspecific Factors

Psychotherapy attempts to alleviate emotional sufferings and enhance personality adjustment through planned psychological interventions. But it is not the only medium through which such benefits may be achieved. There are varieties of forces which serve to ameliorate neurotic symptoms and sometimes under fortunate circumstances leads to personality growth. Among the coincidental factors associated with psychological changes are:

1) “Spontaneous” remission or cures: Spontaneous cure occurs more frequently than one can admit because both physical and emotional difficulties are associated with periods of exacerbation and periods of remission, and without any cause they vanish on their own. Sometimes the most pernicious form of psychoses show tendency toward spontaneous remission. Although we have a tendency to focus only on the evil consequences and forget that constructive regenerative influences may be coincidently present. This indicates that the individual has healing forces within himself that are capable of altering a presumably fatal illness. The exact mechanisms involved in spontaneous recovery or cure are not exactly known but a number of operative factors suggest that:

i) Life circumstances may change and open up opportunities for gratification of important but vitiated needs, normal and neurotic.

ii) Provocative stress sources may disappear as a result of the removal of the initiating environmental irritant or because the individual extricates himself from it.

iii) Crumbling and shattered defences, whose failure promotes adaptive collapse, may be restored to their original strength, or be reinforced by new, more adequate and less disabling defences. The return of sense of mastery in the course of buttressing failing defences will help to return the individual to functional equilibrium.
2) **Influences that automatically arise out of any “helping” situation:** A brief contact with an intelligent authority in which an emotionally disturbed person can confide brings about relief which may satisfy the ambitions of both sufferer and helping agency. The factors which influence helping relationships are:

i) **The Placebo Effect:** An individual who is suffering from physical or emotional problem and seeking help may attach himself or herself to the instrument or person in whom he has trust. His conviction regarding the infallibility of the object or the person may be great enough to induce a cessation of the symptoms. When this occurs solely on the basis of conviction or trust, it’s called *placebo* influence. In medical profession, placebo effect is recognised as a potent healing force.

ii) **The Relationship Dimension:** Every helping situation is characterised by a special kind of relationship that develops between the therapist and subject. Implicit, if not explicit, the individual has understanding and trust that the therapist has knowledge, skill and desire to help him overcome the problems for which he has sought the professional help. The more bewildered and helpless the person, the greater the reliance he places on the expert individual. It is a most important factor in the psychotherapeutic situation, particularly at the beginning of treatment and later when reaching the goal.

iii) **The Factors of Emotional Catharsis:** Sometimes a sheer act of talking can provide an individual with considerable emotional relief. It exposes suppressed attitudes and the ideas that the person has been keeping from himself, at the same time releases tension, softens inhibitions and liberates conscious and unconscious conflicts that have been held in check. In the unburdening process, there is often a relief of guilt feelings in relation to past experiences, particularly sexual acting-out, hostile or aggressive outburst and competitive strivings.

iv) **The Factors of Suggestion:** In any helping relationship many forces are operative, including the need to identify oneself with helping personage who serves as a model. There is then an unqualified tendency to assimilate the precepts and injunctions of the helper purely on the basis of suggestion. There are a number of variables that appear to regulate the forcefulness of suggestion (Wolberg, 1962):

- The significance to the individual of the suggesting agency.
- Significance to the subject of the specific content of offered suggestions from the helping agency.
- Degree of anxiety that is mobilised in the subject by his acceptance of a specific suggestion or by the relationship itself.

v) **Group Dynamic:** Group exerts a powerful influence on the individual. They may be responsible for significant changes among the constituent members. The effect of alcoholic anonymous on victims of alcohol dependence syndrome, and of the more recent on drug addicts, are examples of how even serious personality defects may be benefitted through constructive group adventures.
2.7.2 Client and Therapist Factors

Client variables

A client variables can be seen as moderators or mediators of change. There are various socio-demographic variables of client that may affect the outcome of psychotherapy. For example, studies have shown that CBT is more effective in reducing the depressive symptoms in older clients (Arean et al., 1993; Kemp et al., 1992). Likewise, socioeconomic status (SES) has been found to be related to continuation of psychotherapy. Berrigan et al in 1981 found a positive relationship between higher social status and length of stay in treatment has been found. Even gender can be a determinant of the outcome of psychotherapy. Thase et al (2000) found across various studies that women who were manifesting more severe depression did better in interpersonal therapy than they did in cognitive therapy.

Therapist variables

Similar to client’s variables there can be many therapist’s variable’s that can affect the outcome of psychotherapy. For example, therapist’s age, emotional well being, aptitude and similar other variables can have some effect on the outcome. The practice of psychotherapy requires that the therapist possesses special personality characteristics that will enable him to establish and to maintain the proper kind of relationship with his client. Some of the aspects that important with regard to the therapist are:

**Empathy:** The most important characteristic of the good therapist is his capacity to empathize with others. It can be explained as imagining oneself in another person’s situation. It enables the therapist to appreciate the turmoil the client experiences in his illness and the inevitable resistance he will manifest towards change. Lack of empathy interferes with the respect the therapist needs to display towards the client, with the interest to be shown in his welfare, with the ability to give him warmth and support when needed, with the capacity to concentrate on his production and to respond appropriately. Empathy should not be mistaken for sympathy or a tendency to overprotect the client. Empathy means tolerance of clients making mistakes, of using his own judgment and of developing his individual sense of values. This means that the therapist must not harbour preconceived notions as to the kind of person he wants the client to be.

**Unconditional Positive Regard:** The second feature of a therapist which Carl Rogers regarded as essential is ‘Unconditional Positive Regard.’ synonymous with this are *acceptance or warmth.* By Unconditional Positive Regard Carl Rogers wished therapist to ‘prize the person’. Unconditional positive regard can be explained as being non judgemental and accepting the people the way they are for their uniqueness and individuality. With this feature therapist begins their relationship with a person by directly communicating that he accepts them, no matter how they might speak or what they might have done. The aim of this condition is to create a climate within which the person in need can feel safe.

**Genuineness:** Genuineness denotes open communication. Instead of person in need trying to guess, what therapist really means, or trying to decode the differences between what he says and the image his body communication provides...
Psychotherapy

them with, there is a directness and openness about the way therapist communicates. Genuineness on part of the therapist encourages sharing of feelings and open communication on behalf of the client. Genuineness on the part of the therapist will also discourage the client from pretending, denying and concealing from the therapist.

**Flexibility:** Rrigidity in therapist is a destructive force in psychotherapy. It prevents the therapist from coordinating his approach with the exigencies of the therapeutic situation. Flexibility is not only essential in the execution of technical procedure, but in other aspects of therapy; such as, the defining of goals and setting of standards. Flexibility is also necessary in interpreting the value system of the culture, in order to permit the relaxation of certain austere demands in the face of which a change in client’s severity of conscience may be thwarted.

**Objectivity:** Awareness of his own feelings and emotional problems helps the therapist to remain tolerant and objective in the face of irrational controversial and provocative attitude and behaviour manifested by the client. No matter what the client says or thinks, it is urgent that the therapist has sufficient control over his feelings so as not to become judgmental and, in this way, inspires guilt in the client. Objectivity tends to neutralize untoward emotions in the therapist, particularly, over-identification, which may stifle the therapeutic process and hostility which can destroy it. Objectivity enables the therapist to endure attitudes, impulses and actions at variance with accepted norms. It permits the therapist to respect the client and to realise his essential integrity, no matter how disturbed or ill he may be.

**Sensitivity:** It is essential for the therapist to perceive what is happening in the treatment process from the verbal and non-verbal behaviour of the client. Not only must the therapist attuned to the content of the client’s communication, but he must be sensitive to the mood and conflicts that underlie the content. He must be aware also of his own feelings and attitudes, particularly those nurtured by his personal problems and emotional limitation that is inspired by contact with the client. These qualities presuppose a superior intelligence and judgment with the ability to utilise one’s intelligence in practical life problems.

### 2.7.3 Psychotherapy and Medication

The treatment of clients with psychotherapy and medication simultaneously is a common practice throughout the world. Most mental health professionals regardless of disciplines, emphasise the importance of psychotropic medication, in conjunction with psychotherapy. In fact, psychotherapy and pharmacotherapy are complementary to each other from various perspectives. For example,

- Pharmacotherapy can make amenable for psychotherapy. A client in severe depressive or anxiety state may not show interest in psychotherapy; however, after some improvement with medication they can reach a stage where psychotherapy can be started as they become amenable to discuss their problems.
- Medication can increase self-esteem by decreasing feeling of hopelessness, futility and passivity as well as enhancing the acceptability of treatment.
- Medication, for some clients works as placebo effect allowing more substantial therapeutic alliance.
• Medication may not only increase the likelihood but also the speed and magnitude of response to psychotherapy.

• On the other hand psychotherapy when added to an ongoing pharmacotherapy may have following benefits:
  – Psychotherapy promotes improved adaption and coping.
  – Psychotherapy improves compliance with pharmacotherapy.
  – Psychotherapy, even in clients with most severe disorder, decreases the likelihood of recurrence of symptoms.
  – Psychotherapy decreases relapses when medications are stopped.

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<td>3) List the therapist variables that can have an impact on the outcomes of psychotherapy.</td>
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2.8 PSYCHOTHERAPY IN INDIA

In India, Giridra Sekhar Bose was stated the psychoanalysis movement. The Indian Psychoanalytical Society was founded by him in 1922. According to him, social and biological factors, as stated by Freud, may not lead to repression, but, psychological opposition of infantile wishes were causes of repression. Surya and Jayaram in 1964, were first to express their dissatisfaction against the Western Psychotherapy. They focused on the relevance of the local language and situational
direct support as opposed to intrapsychic explanations. Efficacy of western psychotherapy in Indian culture has aroused attention and concern. On one hand where Westerners are inductive and analytic; the Easterners are deductive and have high value for harmony.

The self and the outer world are perceived in different manners by the Western and Eastern Cultures. The original meaning of health i.e. “swasth” (self reliant or self-supporting) almost sounds similar to the perceived western idea of individual independence. Further, the perception of self is in terms of ‘us’ in collective consciousness. Both Mahal (1975) and Neki (1977) agree that the West fosters individual independence while Indian culture fosters social dependence and both arrived at the conclusion that Western psychotherapy is not adequately applicable in Indian culture. In recent times Western psychiatrists have found our traditional meditation technique and Yoga to be useful. In Indian literature varieties of practice have been mentioned for the cure of psychological disorders.

Yoga is one such practice that can be used in order to treat and prevent psychological disorders. It is an ancient system of thought and practice. It can also be effectively used in order to maintain and promote physical and psychological wellbeing.

Analysis of therapeutic relationship in Indian setup has led to particular concept known as Guru-Chela relationship. The concept implies that in the therapy the therapist should be more active and assume responsibility for the decision making (Neki, 1984). Surya and Jayaram (1996) have also highlighted that Indian client readily accepts the dependency relationship and seek support. Neki (1977) described the concept of Guru-Chela relationship which is the culturally more appropriate and suitable framework for psychotherapy in India. Hoch (1977) found some similarities in Indian traditional healing technique and western psychotherapies.

### 2.9 LET US SUM UP

Psychotherapy is a complicated process and almost 100 years have passed since the use of systematic therapeutic approach. Psychotherapy can help one to gain better understanding of his/her condition or situation, identify and change behaviours or thoughts that negatively affect one’s life, understand relationships and experiences in a better way and develop self awareness. Thus in this unit we discussed about the concept of psychotherapy with the help of its definition and aim. We further focused on various schools of psychotherapy like Psychodynamic Therapy, Behaviour Therapy, Humanistic psychotherapy, Existential Psychotherapy, Gestalt therapy and Interpersonal Therapy. We also deal with various phases of psychotherapy and discussed the modalities of psychotherapy like individual therapy, group therapy, family therapy, couple’s therapy and child therapy. We also discussed about ethics in psychotherapy and factors that can influence psychotherapy. Lastly we briefly discussed about psychotherapy in India.

In the next Unit we will discuss about cognitive therapies.
2.10 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) Wolberg defined psychotherapy as, “a form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with a patient with the object of removing, modifying or retarding existing symptoms, mediating disturbed patterns of behaviour, and promoting positive personality growth and development”.

2) The following are the aims of psychotherapy:
   - Removing existing symptoms
   - Modifying existing symptoms
   - Retarding existing symptoms
   - Mediating disturbed patterns of behaviour
   - Promoting positive personality growth and development
   - Strengthening the patient's motivation to do the right things
   - Reducing emotional pressure by facilitating the expression of feeling
   - Releasing the potentials for growth
   - Changing maladaptive habits
   - Modifying the cognitive structure of the person
   - Helping to gain self knowledge
   - Facilitating interpersonal relations and communications.

Self Assessment Questions 2

1) Psychodynamic therapy is based upon the assumption that problems occur because of unresolved, usually unconscious, conflicts, often originating from childhood.

2) Assertive technique includes appropriate expression of emotions on the part of the client. Increased assertive can help the client/patient by increasing his/her wellbeing and will enhance his/her ability to improve social skills, achieve social rewards and can increase his/her life satisfaction.

3) The main emphasis in Humanistic therapy is on client’s subjective, conscious experiences and on the present.

Self Assessment Questions 3

1) The client be motivated to ensure adequate working relationship with the help of the following:
   - Clarifying and removing misconception about therapy
   - To convince the client that the therapist understands his sufferings and is capable of helping him
   - Defining the objective of the therapy.
2) The conditions under which termination of therapy is indicated are:

- Achievement by the client of planned treatment goals
- Decision by the client or therapist to terminate on the basis of incomplete goals
- The reaching of an impasse in therapy or the development of stubborn resistances that cannot be resolved
- Counter-transference the therapist is unable to control, and
- Occurrence of physical reasons, such as moving of the residence of client or therapist.

Self Assessment Questions 4

1) The difference between individual and family therapy is as follows:
   
   Individual therapy consists of one to one interaction between the therapist and the client. The client gets complete and undivided attention of the therapist and thus is able to deal with his/her specific problems effectively. Where as group therapy involves around three to fifteen clients with whom the therapeutic session is conducted at a time.

2) Family therapy is most useful when it is necessary to work on dynamics within the family group. This therapy mainly focuses on issues involving interaction between family members in order to improve overall functioning of the family. Family therapy addresses the concerns of any family member, yet it is most likely to influence children, whose daily reality is directly affected by family context. Bowen’s inter generational model of family systems and Structural family therapy by Minuchin are some of the family therapies that can be effectively used.

Self Assessment Questions 5

1) When obtaining informed consent to therapy, therapist informs clients/clients early in the therapeutic relationship about the nature and anticipated course of therapy, fees, and involvement of third parties.

2) While taking decision about providing services to those already receiving mental health services elsewhere, the following should be considered:

- The treatment issues and the potential client’s/client’s welfare.
- Therapists should discuss the above issue with the client/client or another legally authorized person on behalf of the client/client in order to minimize the risk of confusion and conflict
- Consultations with the other service providers can also be carried out when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

Self Assessment Question 6

1) The nonspecific factors that can have an influence of the outcome of psychotherapy are:

   Spontaneous” remission or cures that occur more frequently than one can admit because both physical and emotional difficulties are associated with
Psychological Therapies

periods of exacerbation and periods of remission, and without any cause they vanish on their own. Influences that automatically arise out of any “helping” situation is another nonspecific factor. A brief contact with an intelligent authority in which an emotionally disturbed person can confide brings about relief which may satisfy the ambitions of both sufferer and helping agency. The factors which influence helping relationships are placebo effect, relationship dimension, factors of emotional catharsis, factors of suggestion and group dynamics.

2) Empathy is the most important characteristic of the good therapist is his capacity to empathize with others. It can be explained as imagining oneself in another person’s situation.

3) Empathy, Unconditional Positive Regard, Genuineness, Flexibility, Objectivity and Sensitivity are the therapist variables that can have an influence on psychotherapy outcome.

2.11 UNIT END QUESTIONS

1) Define Psychotherapy and explain its aims.
2) Explain various schools of psychotherapy.
3) Discuss in detail that factors that can have an influence on the outcome of the psychotherapy.
4) Explain various ethical issues to be considered in psychotherapy.

1.12 REFERENCES


Wolberg, L.R. (1962). The Technique of Psychotherapy (2nd ed.), Grune & Stratton, Inc. USA.

2.12 SUGGESTED READINGS


UNIT 3  COGNITIVE THERAPIES

Structure

1.0  Introduction
3.1  Objectives
3.2  Cognitive Therapy
   3.2.1  Cognitive Model
   3.2.2  Impact of Thought on Reaction Pattern
   3.2.3  Therapeutic Relationship
   3.2.4  Therapeutic Process
   3.2.5  Cognitive Techniques
3.3  Cognitive Behaviour Therapy
   3.3.1  Principles of Cognitive Behavioural Therapy
   3.3.2  Goals
   3.3.3  Behaviour Techniques
   3.3.4  The Use of Homework Between Sessions
3.4  Rational Emotive Behaviour Therapy
   3.4.1  ABC Model
   3.4.2  Irrational Beliefs
   3.4.3  Goals
   3.4.4  Therapeutic Relationship
   3.4.5  Therapeutic Process
   3.4.6  Techniques Used in REBT
3.5  Let Us Sum Up
3.6  Answers to Self Assessment Questions
3.7  Unit End Questions
3.8  References
3.9  Suggested Readings

INTRODUCTION

Holden in 1993 described that thoughts, beliefs, and internal images that individuals have with regard to events in their lives can be termed as cognitions. In this unit we will discuss whole range of cognitively-oriented psychotherapies such as cognitive therapy (Beck, 1964) Rational Emotive Behaviour Therapy (REBT; Ellis, 1962), transactional analysis (Eric Berne, 1960), stress inoculation training (Meichenbaum, 1985), dialectical behaviour therapy (DBT; Linehan, 1993) and others. Cognitive therapies emphasise upon the use of logical faculties to overcome emotional difficulties, as the common premise of all cognitive theories is that thought or cognition determines feeling and behaviour of people. Therefore modification of maladaptive ways of thinking, through various cognitive and behavioural techniques leads to productive change in emotions and behaviour.

In the present unit, the Cognitive Therapy, Cognitive Behaviour Therapy and Rational Emotive Behaviour Therapy will be discussed.
3.1 OBJECTIVES

After the reading this Unit, you will be able to:

• Discuss Cognitive Therapy as developed by Aaron Beck;
• Describe Cognitive Behaviour Therapy (CBT); and
• Explain Rational Emotive Behaviour Therapy.

3.2 COGNITIVE THERAPY

Cognitive therapy was developed by Aaron Beck in the early 1960s. He developed psychotherapy for depression that was highly structured, short term and that focused on present. The psychotherapy was developed in order to deal with current problems and to modify dysfunctional behaviour and thinking process (Beck, 1964).

However, since then cognitive therapy has been successfully adapted to a diverse set of clinical problems such as – anxiety and phobias, substance abuse schizophrenia, obsessive compulsive disorder, post-traumatic stress disorder health anxiety, chronic pain, bipolar disorder, chronic fatigue syndrome, eating disorders, and working with couples and families groups, psychiatric inpatients, personality disorders, children and young people and older people.

Intervention in cognitive therapy is based on a cognitive formulation, the beliefs and behavioural strategies that characterise the specific disorder, for example cognitive behaviour therapy for panic disorder involves testing the patient’s catastrophic misinterpretations (usually life- or sanity-threatening erroneous predictions) of bodily or mental sensations (Clark, 1989). Anorexia requires a modification of beliefs about personal worth and control (Garner & Bemis, 1985). Substance abuse treatment focuses on negative beliefs about the self and facilitating or permission- granting beliefs about substance use.

3.2.1 The Cognitive Model

The cognitive model, hypothesizes that individuals’ emotions, behaviours, and physiology are influenced by their perception of events. The situation in itself does not determine the reaction and feeling of the individuals’ rather it is associated with how they perceive and interpret the situation which is expressed in “Automatic Thoughts”

1) Automatic thoughts: Automatic thoughts are not the result of deliberation or reasoning. It comes rapidly, automatically and involuntarily to mind and is situation specific. It can be triggered by external events (e.g. late for a meeting: ‘They’ll think badly of me. My opinion won’t count. I’ll lose their respect’) and/or internal events (e.g. pounding heart: ‘I’m having a heart attack. I’m going to die. Oh God!’). Automatic thoughts are not peculiar to people with psychological distress and it may commonly occur in any individual, for example a student while reading a chapter might have the automatic thought, “I don’t understand this,” and may feel slightly anxious. However he may spontaneously (i.e., without conscious awareness) respond to the thought in a constructive way: “I do understand some portion of the chapter; let me read the chapter again”. This kind of automatic reality testing and responding to negative thoughts is a common experience.
2) **Core beliefs:** Core beliefs are the fundamental beliefs that individuals have about themselves, others and the world. The beliefs are formed through early learning experiences in different situations, genetic predisposition toward certain personality traits, and interaction with significant others. The core beliefs are so deeply embedded that individuals do not even articulate them and regard these ideas as absolute truth. Mostly people hold positive and realistic core beliefs (e.g., “I am substantially in control”; “I can do most things competently”; “I am a functional human being”; “I am likable”; “I am worthwhile”). Negative core beliefs mainly activates during emotional disturbance and are characterised to be more rigid, inflexible and concrete than core beliefs of normal individuals. Example of negative core beliefs are - about self, (‘I’m weak’), others (other people are untrustworthy”) and the world (“The world is a rotten place”).

Judith Beck (2005) suggests that negative core beliefs that an individual has about his/her own self can be further classified into three broad categories – helplessness (“I can’t do anything right.”, “I am out of control.”), unlovability (I am undesirable.” “I am bound to be abandoned”) and worthlessness (“I am unacceptable.” I don’t deserve to live.”). Further the content of the core beliefs are specific to a particular disorder. For example

- Core beliefs associated with Depression viz. helplessness, failure, incompetence, and unlovability.
  - Self “I am incompetent/unlovable”
  - Others “People do not care about me”
  - Future “The future is bleak”
- Core beliefs associated with Anxiety viz. risk, dangerousness, and uncontrollability
  - Self “I am unable to protect myself”
  - Others “People will humiliate me”
  - Future “It’s a matter of time before I am embarrassed”

3) **Cognitive biases/distortions:** The information received is processed in a negative or biased manner once the negative core belief is activated. These biases are termed as cognitive distortions that affect the interpretation of events in a way that is consistent with the content of the core belief, thereby maintains the core belief and disconfirm any contradictory evidence. For e.g. a person experiencing depression after the loss of his/ her job will believe ‘I am good for nothing” (fortune-telling) because he/she believes he/she is not good enough (core belief). Let us now look at some of the common information-processing distortions or biases:

a) **Selective Abstraction:** Under selective abstraction, the focus is on the negative aspect of information rather than the whole information.  
   **Example:** Because I got low marks in an assignment, I am a failure. Though the person might have scored much better on another assignment. But he/she will focus only on the assignment in which he/she scored less.
b) **Arbitrary Inference:** Drawing conclusions in the absence of sufficient evidence. Arbitrary inferences are of two types – mind reading and negative predictions. In mind reading a person assumes he knows what others are thinking about him, failing to consider other, more likely possibilities. *Example:* “He thinks that I don’t know the first thing about this project”. In negative prediction an individual, without any concrete evidence, will believe that something negative is going to take place. *Example:* “I know I am going to fail in the examination”. Such thinking will exist despite of having answered the exams well.

c) **Catastrophizing:** The future events are negatively predicted without taking into consideration other more likely outcomes. *Example:* “I’ll be so upset; I won’t be able to function at all.”

d) **Dichotomous Thinking:** (also called all-or-nothing thinking): Situations are viewed only into categories instead of on a continuum. In other words one thinks that either something has to be exactly the way he wants or it is a failure. *Example:* “If I’m not a total success, I’m a failure”.

e) **Tunnel Vision:** Only the negative aspects of a situation are taken into consideration. *Example:* “My superior can’t do anything right. He’s critical and insensitive and lousy at his work.”

f) **Overgeneralisation:** In overgeneralisation an individual on the basis of a single incidence develop extreme beliefs which they then apply inappropriately to other events. *Example:* “Because I was uncomfortable at the meeting I don’t have what it takes to make friends”.

g) **Labelling and Mislabelling:** In this labels are assigned to oneself and others. These labels are negative and fixed and are not supported with evidence. A person might label and mislabel oneself and others as failure, useless, irresponsible and so on. *Example:* ‘I failed to get the promotion, so I am a failure’.

h) **Magnification or Minimisation:** This type of cognitive distortion occurs when an individual magnifies imperfection and minimises good points, and this then leads to a conclusion that supports a belief of inferiority and feeling of depression. *Example:* “Getting a mediocre evaluation proves how inadequate I am. Getting high marks doesn’t mean I’m intelligent.”

i) **Personalisation:** In this an individual relates an external event to themselves even when there is no basis for such a connection. *Example:* “The person sitting on the next table in the restaurant looked at me harshly because I did something wrong.”

### 3.2.2 Impact of Thought on Reaction Pattern

In a specific situation, individuals’ perceptions are influenced by underlying beliefs. Further the perception are expressed by situation-specific automatic thoughts. These thoughts, in turn, influence one’s emotional, behavioural, and physiological reaction.
The following Figure 3.1 illustrates how the hierarchy of cognition influence the reaction patterns viz: emotional, behavioural and physiological.

![Diagram](image)

Figure 3.2 illustrates the cognitive conceptualisation of a student illustrating how his beliefs influence his thinking, which in turns influences his reaction.

![Diagram](image)

### 3.2.3 Therapeutic Relationship

With reference to cognitive therapy, the therapeutic relationship between client and therapist is collaborative in nature. The therapist brings skills and knowledge of psychological processes, to guide the clients in determining goals for therapy and means for reaching these goals. The clients bring their own experiences (thoughts and feelings) for change. The clients participate in the selection of goals and share the responsibility for change and jointly with the therapist explore the strategies for change.
Thus the therapist acts as a catalyst with an aim for the clients to attribute improvement in their problems, to their own efforts, in collaboration with the therapist

3.2.4 Therapeutic Process

Cognitive therapy follows a structured approach. In the course of treatment the initial sessions focus on assessment of the problem, development of collaborative relationship, case conceptualisation based on cognitive model and socialisation. As therapy progresses, more emphasis is placed on identifying negative automatic thoughts and beliefs and modifying them. A wide range of cognitive and behavioural techniques are used to identify and to modify dysfunctional thoughts and beliefs. Socialisation is one such technique that involves educating the clients about cognitive therapy, discussing the client’s role in the therapy along with the therapist’s role and presenting case conceptualisation, wherein the link between cognition, emotion and behaviour is explained. If socialisation is overlooked, clients might be bewildered by the therapist’s questions and behaviour and prove more resistant to the clinical interventions than would normally be the case.

1) Techniques to elicit automatic thoughts: A basic question is asked to the client to elicit automatic thoughts:

“What were your thoughts at that time”? The therapist asks this question when:

Clients describe a problematic situation or a time

A shift the in (or intensification of) affect is noticed during a session

If clients are unable to answer the question (“What was just going through your mind?”) directly, then the question is asked after they respond to the either of the following:

- Ask how they are/were feeling and where in their body they experienced the emotion.
- A detailed description of the problematic situation is elicited
- Client is requested to visualize the distressing situation.
- Client is made to role-play the specific interaction with the therapist (if the distressing situation was interpersonal).
- Client is asked to use imagery to describe the specific situation.

Dysfunctional Thought Records (DTRs): DTRs is used for recording the automatic thoughts that occur during and after or outside the therapy sessions. It will provide the therapist with information about the content of the negative automatic thoughts. Columns are provided in the DTR form in which the client can record details about certain upsetting situations/events, automatic thoughts, moods as a result of the automatic thoughts. Further the evidence against and for the automatic though can also be recorded. Formulation of balanced thoughts and subsequent changes in the mood can also be recorded. The DTR record can help client identify the triggers that lead to automatic thoughts and create a link between automatic thoughts and moods and emotions. It will thus help in effective evaluation of automatic thoughts so that the client becomes more and more aware by placing them in contexts regularly.
2) **Techniques to modify dysfunctional thoughts/belief:** A wide variety of cognitive and behavioural strategies are used as a means of cognitive change in cognitive therapy.

### 3.2.5 Cognitive Techniques

**Defining and operationalizing terms:** The first step in modifying negative automatic thoughts is to understand the meaning, the client attributes to such appraisals, as certain words may have different meaning for different people. For e.g. a client may state his main fear is of ‘losing control’. The fear could be of losing behavioural control, losing mental control and its appraised consequences. Some useful questions for operationalising terms are:

- When you say that you will (lose control, cannot cope) what do you mean?
- If you could not (control, cope etc.) what is the worst that could happen?
- What would (cannot cope, lose control etc.) look like?

**Guided Discovery and Socratic Questioning:** Guided discovery is a process whereby the therapist acts as a guide to help clients uncover and examine their maladaptive thoughts and beliefs by asking them a series of questions to help them gain distance (i.e., see their cognitions as ideas, not necessarily as truths), evaluate the validity and utility of their cognitions, and/or decastastrophize their fears and discover new ways of thinking and behaving. The series of questions are termed as Socratic questions (the Socratic questioning method, derived from the philosopher Socrates, involves a dialectical discussion.)

Beck et al. (1993) states that Socratic questions ‘should be phrased in such a way that they stimulate thought and increase awareness, rather than requiring a correct answer’. Let us now look at the examples of Socratic questioning,

1) What evidence supports this idea? and what evidence is against this idea?
2) Is there an alternative explanation or viewpoint?
3) What is the worst that could have happened? If it happened, how could you cope? What is the best that could have happened? What is the most realistic outcome?
4) What are the consequences of your believing the automatic thought? What could be the consequences of changing your thinking?
5) What would you tell [a specific friend or family member] if he or she were in the same situation?
6) What actions should you take?

**Reattribution:** Clients often take up responsibility for events and situations for which they are not solely responsible and this makes them feel guilty and depressed. Therapists help clients to distribute the responsibility of the event fairly. Different types of reattribution procedures are psychoeducation, Socratic questioning, and homework assignments. For example a student felt that she got “C” in her exams because she is incompetent. Through Socratic questioning therapist helps her to evaluate her dysfunctional thoughts and find other reasons for her failure.
Therapist: how much do you believe that you got a C on your exam because you’re basically incompetent?

Client : Oh, close to 100%.

Therapist : I wonder if there might be any other reasons.

Client : . . . Well, there were some portions that were not really covered in class.

Therapist : Okay, anything else?

Client : I missed two classes, so I had to borrow notes, and my friend’s notes were not that good.

Therapist : Anything else?

Client : I don’t know. I studied some things a lot that did not come in the exam.

**Labelling Distortions:** Identifying and labelling cognitive distortions help in invalidating the negative automatic thoughts and beliefs. In this initially the client is asked list their automatic thoughts and then he/ she is asked to rate his/her beliefs for the listed automatic thoughts on a scale of 0-100. Next, the distortions in each thought are identified. Thereafter a rational response is substituted for each thought that is followed by a rating of belief in each alternative response. It relies on teaching clients to identify thinking errors in their automatic thoughts.

**Decatastrophizing:** This technique is used to help client’s evaluate that they are overestimating the nature of a situation, and overcome their fear of an outcome that is unlikely to happen. Decatastrophizing procedure involves examining negative automatic thoughts for their validity, looking for previously unrecognized attributes, interests, or coping mechanisms and stimulating the client to look beyond the immediate situation. “What if” technique is used by the therapist wherein the therapist asks the client, if X happens what would be the worst that could happen in this situation?, and the client has to give answers to explore actual rather than feared events.

**Cognitive Continuum:** This technique is useful to modify both automatic thoughts and beliefs that reflect polarized thinking, (i.e., when the patient sees something in all-or-nothing terms) such as a student believing if she is not a superior student, she is a failure. She might be asked to draw a horizontal line representing the full continuum of her belief from 0% to 100%. Then she will be asked to indicate a rating at which she falls on the continuum (e.g. 0%). The student then is asked to provide ratings for other students as well on that continuum. (e.g. students who would be considered at 20%, 30%, criteria, through 80% and 90%). Simultaneously, the student repeatedly revises where she stands on the basis of these anchors.

In most instances, when clients consider the full spectrum of people who could be included on this continuum, they generally conclude that they are comparably in a favourable position.

**Advantages and disadvantages analysis:** This technique serves two aims; a) increases patients’ motivation; b) helps in eliciting assumptions or beliefs underlying the maintenance of particular cognition. In advantages-disadvantages analysis, the client is asked to draw a 4 × 4 quadrant, with the old belief and the
new core belief listed across the top, and “advantages” and “disadvantages” listed
down the side. Then, clients record the advantages and disadvantages of each
belief. An effort should be made to generate more disadvantages of the old
negative belief as it would motivate the client to change by becoming aware of
the reasons chosen by them to change their thought and behaviour.

**Intellectual–Emotional Role Play:** Also known as called point–counterpoint,
this technique is useful when clients say that *emotionally* they feel the belief is
true but *intellectually* they can see that a belief is dysfunctional. In such a situation
therapist first asks the client to play the “emotional” part of their mind that strongly
endorses the dysfunctional belief, while therapist plays the “intellectual” part. In
the second segment roles reverse. In both the segments, both therapist and client
speak in the first person “I.” This kind of switching in the roles provides the
clients with an opportunity to speak with the intellectual voice that modelled by
the therapist. Therapists use the same emotional reasoning and the same words
that the patients used. Using their (clients) own words and not introducing new
material helps clients to respond more precisely to their specific concerns. If
clients are unable to formulate a response while in the intellectual role, therapists
either switch roles temporarily or come out of role to discuss the stuck point.

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<thead>
<tr>
<th>Self Assessment Questions 1</th>
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<tbody>
<tr>
<td>1) Explain the following terms</td>
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<tr>
<td>a) Automatic thoughts</td>
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</table>
| ..........................................................................................................
| ..........................................................................................................
| b) Core beliefs |
| ..........................................................................................................
| ..........................................................................................................
| c) Dichotomous Thinking |
| ..........................................................................................................
| ..........................................................................................................
| d) Personalization |
| ..........................................................................................................
| ..........................................................................................................
| e) Decatastrophizing |
| ..........................................................................................................
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### 3.3 COGNITIVE BEHAVIOUR THERAPY (CBT)

The Cognitive Behaviour Therapy is based on Cognitive model. In fact, the term
“Cognitive therapy” is now used synonymously with “cognitive behaviour
therapy”
However, in cognitive therapy where the stress is on the cognitive aspect, in cognitive behaviour therapy, both cognitive and behaviour are focused on.

Earlier in this unit we developed a fair idea about the cognitive therapy. Let us now discuss the principles of cognitive behaviour therapy.

### 3.3.1 Principles of Cognitive Behavioural Therapy

The following are the principles of cognitive behavioural therapy:

1) **Cognitive behaviour therapy requires a sound therapeutic alliance:** Therapeutic relationship needs to involve empathy, warmth, and a little bit of appropriate humour and creativity to stimulate the therapeutic dialogue. This helps in order to enhance the process of identifying and modifying beliefs that are maladaptive.

2) **Cognitive behaviour therapy emphasises collaboration and active participation of the client:** The therapy is seen as teamwork and the client is encouraged to actively participate during sessions. Further decision regarding how often the client and therapists should meet, and what homework will the client carry out is decided by both the client and the therapist together.

3) **Cognitive behaviour therapy is goal oriented and problem focused:** CBT targets on the discrete problems rather than vague and amorphous goals of feeling good, getting better or increasing self-esteem. The therapist works with the client on generating solutions and not simply gaining insight into the problems.

4) **Cognitive behaviour therapy is educative:** In the initial session the therapist educates the client about the nature and course of the disorder, about the process of cognitive behaviour therapy, and about the cognitive model (i.e., how thoughts influence emotions and behaviour). The therapist also plays an active role in helping the client in setting goals, identifying and evaluating thoughts and planning behavioural change during the therapeutic process.

5) **One of the aims of cognitive behaviour therapy is to be time limited:** Based on the symptoms displayed by the client the sessions are determined. Certain clients will require comparatively lesser time than others. Clients with depression and anxiety disorders may be treated for around six to 14 sessions. Whereas certain other clients may require 1 or 2 years of therapy or even longer in order to modify their rigid dysfunctional beliefs and patterns of behaviour.

6) **Cognitive behaviour therapy sessions are structured:** The sessions in CBT are structured. The therapy will follow a structure that is similar to a treatment plan. First, the overall therapy follows a structure that approximates the treatment plan. Each session is planned and structured in such a way that it will have a beginning that will include mood checking, review of the week, setting goals/ agenda together for the session. It will also include a middle part that has to do with review of the homework, discussions about the goals/agenda and problems faced in achieving the goals/ agenda, setting new homework and summarisation of the session. The final part includes seeking feedback of the client. This format helps the client to understand
the therapeutic process in much better manner and enhances the chances of self therapy after termination.

7) **Cognitive behaviour therapy emphasises on the here and now problems:** The focus of CBT is on present and current problems of the client. However, the problems or issues in the past are considered only when the need is strongly expressed by the client and failure to comply could negatively affect the therapeutic relationship. Past issues are also considered when the client is not able to get rid of the dysfunctional thinking and therefore the roots of their beliefs during childhood need to be explored in order to help the client adequately.

### 3.3.2 Goals

The main goals of CBT are to help clients identify, inspect, challenge and argue the beliefs and thinking in present that is affecting them in a negative manner. Further the goal of this therapy is to aid them in developing new, more useful and helpful ways of thinking so that they can function more effectively.

### 3.3.3 Behaviour Techniques

In CBT besides the techniques of cognitive techniques, behaviour techniques are also used. We already discussed cognitive technique under cognitive therapy. We will now discuss about behaviour techniques.

**Modelling:** The clients are asked to identify someone in their life who they believe has a better way of handling a specific situation. Once they’ve identified that person, the clients are asked why they think the other person would be better able to handle these situations. Then the clients are asked them to act in the same way that person would behave in the situation and see what happens to their thinking and feeling. The clients are asked to report back at the next session.

**Exposure:** In this anxieties experienced by the client are to be hierarchical arranged from least to most anxiety provoking situations. The clients are deliberately exposed to increasingly anxiety provoking situations, with an aim to confront the fear instead of avoiding it and are asked to stay with the discomfort till the ultimate goal of becoming desensitized to the triggers is achieved. The rationale behind this approach is that with time, the anxiety will subside or disappear through a psychological process of habituation and the associated dysfunctional thought (e.g. fear of fainting, or fear of embarrassment) is modified. The exposure may be either real or imaginary. Exposure therapy can be effectively used for obsessive-compulsive disorder and phobias.

**Graded Task Assignments:** This technique is used when clients are overwhelmed by a task (by focussing on how far they are from the goal, instead of focusing on their current step) and are unable to handle it. The behavioural goal is broken down that into smaller pieces that can be taken one at a time and help the clients move toward their ultimate goal and as a result it modulates the mood and challenges the appraisal of helplessness.

**Activity Scheduling:** It is a structured method of learning about the clients behavioural patterns, encouraging self monitoring, increasing positive mood and
designing strategies for change. A daily or weekly activity log is used in which clients schedule their daily activities on an hour-by-hour basis so that they can use their time more productively and effectively and reap the cognitive and behavioural benefits of doing so.

**Reinforcement:** These interventions are used mostly to supplement homework assignments. If the clients comply with the primary assignment, they enjoy a mutually agreed upon and appropriate reinforcement. Reinforcement is typically something the client enjoys doing such as reading a book, taking a walk, watching television, and so on. However, if the client does not comply with the primary assignment then a penalty is introduced, which is typically something the client does not enjoy.

**Skills Training:** Clients often lack some social skills either on interpersonal or practical levels that block their ability to reach their goals. The methods employed to train in social skills include, assertiveness training, anger management skills, relaxation skills, behaviour rehearsal etc. Social skills are important for effective management of stress and for building suitable social support.

**Relaxation Therapy:** This has to do with breathing exercise that will help the client relax. The client is often asked to breathe deeply and breathe out gently and focus on his/her breathing during this exercise. Breathing slowly and regularly at a respiratory rate of 10 to 12 breaths per minute, helps to counter hyperventilation or reduce tension. This exercise also helps to distract the client from autonomic cues.

### 3.3.4 The Use of Homework Between Sessions

The use of homework or between-session assignments is essential to CBT. As the main objective of the approach is to help clients make effective and lasting changes in their lives, it is crucial that whatever is being discovered in the sessions be applied in the client’s life.

Homework allows clients to test out whatever they have learnt in therapy and creates additional material for further discussion. By specifically having clients do something between sessions, they are being educated to become their own therapist.

Collaborating with clients on assigning the homework increases likelihood that clients would comply with the homework.

### Self Assessment Questions 2

1) List the principles of cognitive behaviour therapy.

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3.4 RATIONAL EMOTIVE BEHAVIOUR THERAPY

REBT was originally called ‘Rational Therapy’, soon changed to ‘Rational-Emotive Therapy’ and again in the early 1990’s to ‘Rational Emotive Behaviour Therapy’. The basic theory and practice of rational emotive therapy was formulated by Albert Ellis in 1962.

The practice of REBT mainly focuses on emotional-behavioural functioning of humans and how these can be modified if required. The central hypothesis is the concept that not events, but how these events are interpreted by the individual that force people to have emotional behavioural reactions. REBT, also posits that a person’s biology also affects their feelings and behaviours as individuals have inborn tendencies to react to events in certain patterns that may not necessarily be influenced by the environmental factors. The persons belief pattern or system is considered to be influenced by the biological inheritance of the persons as well as his/her learning throughout life.

3.4.1 ABC Model

Ellis conceptualised ABC model to illustrate the role of cognition on behaviour and emotion. In this ABC model he explained that emotional or behavioural symptoms are consequences (C) that are determined by a person’s belief systems (B) regarding particular activating experiences or events (A).

The belief system of an individual may be either “rational” or “irrational”.

Rational belief and behaviour is viewed as effective and potentially productive, whereas irrational belief results in unhappiness and non-productivity and leads to many types of emotional problems and stand in the way of achieving goals and purposes of an individual’s live. Implicit in the Irrational thinking/belief are the “I musts”, and “I should” that contribute to the emotional disturbance. For example a person may continually think “I should be thoroughly adequate and competent in everything I do”. Such thinking can affect the person negatively.
and lead to behaviours and emotions that are self defeating and self devaluing. Here is an example of the effect of Rational and Irrational Belief on the emotion and behaviour:

<table>
<thead>
<tr>
<th>Rational Belief</th>
<th>Irrational Belief</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A) Activating event – what happened:</strong></td>
<td><strong>A) Activating event – what happened:</strong></td>
</tr>
<tr>
<td>Ms. S fails in her psychology exams</td>
<td>Ms. S fails in her psychology exams</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B) Beliefs about A:</th>
<th>B) Beliefs about A:</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is unfortunate; I will do better</td>
<td>I have to have an A on the exam; I am worthless person because I didn’t get an A on the exam</td>
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</table>

<table>
<thead>
<tr>
<th>C) Reaction:</th>
<th>C) Reaction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotions: Frustrated because of the performance</td>
<td>Emotions: Deep despair, a sense of worthlessness</td>
</tr>
<tr>
<td>Behaviour: Choose to study hard for the next exam.</td>
<td>Behaviours: Might choose not to study further.</td>
</tr>
</tbody>
</table>

It can be seen in the above table that C is not a direct consequence of A, but B also had played an important role in triggering the behavioural and emotional consequences.

### 3.4.2 Irrational Beliefs

Ellis identified the following irrational beliefs that might be the root of most psychological maladjustment:

1) I need love and approval from those significant to me – and I must avoid disapproval from any source.

2) To be worthwhile as a person I must achieve, succeed at whatever I do, and make no mistakes.

3) People should always do the right thing. When they behave obnoxiously, unfairly or selfishly, they must be blamed and punished.

4) Things must be the way I want them to be, otherwise life will be intolerable. My unhappiness is caused by things that are outside my control – so there is little I can do to feel any better.

5) My unhappiness is caused by things that are outside my control – so there is little I can do to feel any better.

6) I must worry about things that could be dangerous, unpleasant or frightening – otherwise they might happen.

7) Because they are too much to bear, I must avoid life’s difficulties, unpleasantness, and responsibilities.

8) Everyone needs to depend on someone stronger than themselves.
9) Events in my past are the cause of my problems – and they continue to influence my feelings and behaviors now.

10) I should become upset when other people have problems, and feel unhappy when they’re sad.

11) I shouldn’t have to feel discomfort and pain – I can’t stand them and must avoid them at all costs.

12) Every problem should have an ideal solution – and it’s intolerable when one can’t be found.

Ellis coined the term “musturbation” for all types of must statements. Musturbating develops irrational beliefs and leads to emotional disturbance.

3.4.3 Goals

The goal of REBT is to minimize emotional disturbances, decreasing self-defeating self-behaviours, help individuals think more clearly and rationally by restructuring the belief system and self evaluation especially with respect to the irrational “should’s”, “musts” and “ought’s” that prevents a positive sense of self worth and emotionally satisfying life.

3.4.4 Therapeutic Relationship

In REBT techniques like empathy, unconditional acceptance of client, encouragement is used in order to enhance therapeutic relationship. The therapist also has to ensure that the client does not become dependent upon the therapist during the therapeutic process. Therapeutic relation is seen as an important aspect of the therapy in REBT. The therapist plays an active and directive role and teaches the client, how thinking, emotions, and behaviour are interrelated and actively challenge, provoke and dispute the irrational beliefs of the client. The therapeutic relationship is also collaborative. Therapist and client together design homework assignments and develop new ways of thinking.

3.4.5 Therapeutic Process

The core of REBT is the application of the ABC philosophy to the clients’ problem. Following this philosophy the process of REBT follows a particular sequence in its therapeutic sessions:

- Defining and agreeing on a target problem for the session.
- Assessing A, the Activating event relevant to the problem. It can be divided into two parts: what actually happened and what was perceived by the client. Therapist asks about specifics to confirm an activating event as it helps in getting a clear picture. For example an activating event may be presented by the client as ‘My marks in psychology exams are terrible’, which is actually a combination of perception and evaluation. To ascertain a clear picture therapist might ask ‘what are your actual marks in psychology?’
- Assessing C, the consequent emotion. Distinguishing between helpful and self-defeating emotional distress.
- Identifying and assessing secondary emotional problem.
• Assessing Beliefs (B), especially irrational beliefs. Irrational beliefs (IB) causing the unwanted reactions.

• Teaching the client the connection between IBs and self-defeating consequent emotions, the IB-C connection, ensuring that the client sees that their unwanted reaction resulted from their thoughts.

• ‘D’ that stands for Disputing Irrational beliefs, ‘E’ that stands for Effect that the client wants to achieve and ‘F’ that stands for further actions to be taken, are also added to ABC format.

• Disputing (‘D’) the irrational Beliefs—IBs. Helping the client to dispute their irrational beliefs, using a range of techniques. Replacing beliefs that are agreed to be irrational.

• Deepening conviction in rational alternatives to IBs—rational Beliefs or RBs.

• Effect (‘E’) once the irrational beliefs are disputed and replaced by rational thoughts, it minimizes the negative emotions while bringing about more satisfying enjoyable feeling.

• Helping the clients put Rational Beliefs into practice (‘F’), by developing homework assignments. Identifying and dealing with any potential blocks to completion of the homework.

3.4.6 Techniques Used in REBT

As the name suggests REBT focuses on Cognition, Behaviour and Emotions of the client. These are considered to be interrelated and can have an impact on each other. Let us now discuss the techniques that can be used with regard to these three aspects.

1) Cognitive techniques

   The cognitive techniques used in REBT are:

   **Disputation:** Here certain direct questions, logical reasoning and persuasion are used. These are used to challenge and dispute the irrational beliefs displayed by the client.

   **Coping Self-Statements:** This technique can be used in order to strengthen rational beliefs For example A person who wants to get nothing less than a distinction in his/ her examination may write down and repeat “I want to score a distinction but it is alright if I don’t.”

   **Reframing:** In this the negative events are re-evaluated. For example instead of calling an inability to speak in public as awful, it is termed as uncomfortable. This will help client understand that even negative events can be perceived in a positive light. This is done mainly by asking the client positive aspects of a negative event. If for example the negative event is inability of the client to speak in public, the client will list the advantages of this negative event, like; the client can say that at least he/ she came to know about what area he/she can improve upon.
**Double-standard dispute:** As the name suggests this helps the client realise about his/her double standards about his/her beliefs. For example, if the client feels that the fact that he/she failed to make a good presentation in office proves that he/she is miserable and good for nothing, he/she is asked about what he/she would say if his/her friend had done the same thing. Would they term their friend as miserable and good for nothing, if the answer is ‘No’ then the client is made conscious about his/her double standards. This can especially be used effectively with certain resistant beliefs displayed by the client.

**Catastrophe scale:** This is a useful technique to get awfulising into perspective. A vertical line is drawn on a sheet of paper and marked 100% at the top, 0% at the bottom, and 10% intervals in between. Once this is done, the client then has to rate the situation, object, items etc. that they are catastrophising about and insert those items in to an appropriate place on the chart. Such an exercise is repeated with other items as well. For example, at 0% - ‘Having a quiet cup of coffee at home’, 20% - ‘Having to clean the house when there is a cricket match on television’, 70% - being burgled, 90% - being diagnosed with cancer, 100% - being burned alive, and so on. Then the client compares the rating of the feared item with the rating of other items and may realise that he/she was exaggerating the badness involved in the feared item. Thereafter the client move the item down the list until it is in perspective in relation to the other items.

**Devil’s advocate:** Also known as reverse role-playing. In this the therapist role plays the client’s belief and vigorously argues in its favour whereas the client tries to ‘convince’ the therapist that the belief is dysfunctional. This technique is useful when the client has developed an understanding that, but requires help in order to consolidate that understanding.

2) **Emotive techniques**

**Time projection:** This technique is used to explain and show to the clients that one’s life, and the world in general, continues even after an occurrence of feared or unwanted incident. The clients are asked to visualise the unwanted event occurring, then imagining going forward in time from a week, to a month, to six months, then in a year, two years, and so on, considering how they would feel at each of these points in time. This enables the client to understand that life goes on, even though they may need to make certain adjustments.

**Rational-emotive imagery:** This can be termed as a type of mental practice. In this the client is asked to imagine situation that is negatively perceived by the client and that would bring out negative feelings in the client. Once these feeling are experienced by the client they are changed to more positive and appropriate feelings. The client keeps practicing such a procedure ‘several times a week for a few weeks’ then reaches a point where he/she is no longer troubled by the event.
3) **Behavioural techniques**

**Exposure:** Exposure is one of the most frequently used behaviour techniques in REBT. In this the client is encouraged to face or experience the situation that he/she fears the most and would otherwise avoid. The exposure is panned and involves use of cognitive and coping skills. This technique is carried out with the purpose of testing the validity of the client’s fear, de-awfulising the fear and developing the confidence of client in his/her coping skills and to increase the discomfort experienced by the client.

**Shame-attacking exercises:** This technique involves confrontation by the client of his/her fear of shame. It involves behaviour of the client in such a way that attracts disapproval. Use of this technique will lead to increase in tolerance for discomfort. It will also lead to reduction of concern about being disapproved and will increase the client’s ability to take risk. For example: wearing loud or unmatched clothes (if the client is obsessed about dressing or appearance), asking a silly question at a lecture (face the fear of being seen as stupid). Through this the client learns that the world does not stop even if a mistake is made and everything need not be perfect.

**Paradoxical behaviour:** This technique is often used in order to deal with or modify dysfunctional tendencies. In this the client is encouraged to behave in a way that is contrary to the tendency. For example, a perfectionist person could deliberately do some things that are less than his usual standard.

**Postponing gratification:** This particular technique can be effectively used in order to deal with low frustration tolerance. This is done by delaying gratification that a person might get by for example, smoking, eating sweets, consuming alcohol etc.
Bibliotherapy: In this client is asked to read a self-help book.

Activity Homework: The therapists assign homework activities to the clients in order to combat their ‘demands’ and ‘musts’ and reduce their irrational beliefs. For example, rather than quitting a job a client may continue to work with unreasonable boss and listen to the unfair criticism and mentally dispute the criticism and not accept the boss’s belief as their own irrational beliefs. Initially the clients may feel anxious or self-conscious but are able to comprehend the irrational beliefs underlying their emotions.

Self Assessment Questions 3
1) What is the goal of REBT?

2) Explain the following terms
   a) Reframing
   b) Time projection
   c) Paradoxical behaviour
   d) Activity homework

3.5 LET US SUM UP

Thus in the present unit we discussed about Cognitive therapy, Cognitive Behaviour Therapy and Rational Emotive Behaviour Therapy. All these therapies in a way focus on how thinking pattern can have an impact on an individual. We also dealt with the goals and various techniques under these therapies. While comparing cognitive therapy, CBT and REBT, one of the similarities between the three therapies is that they deal with the beliefs of the client and seek in a way to modify the belief system of the client. CBT also focuses further on behaviour and REBT focuses on both behaviour and emotions. In cognitive therapy and CBT the cognitive distortions are focused on. Whereas in REBT, ABCDE technique is used in order to help client deal with his/ her irrational
beliefs. With regard to cognitive therapy, the techniques used by a therapist will depend on the disorder of the client. However in REBT same approach is used for various disorders. In all the three therapies, the therapeutic relationship is relevant and therapist plays an active and important role.

In the last unit of this block we will discuss about anger management stress management and crisis intervention.

### 3.6 ANSWERS TO SELF ASSESSMENT QUESTIONS

#### Self Assessment Questions 1

a) These are thoughts that come rapidly, automatically and involuntarily to mind and are situation specific. They can be triggered by external events and/or internal events.

b) Core beliefs are the fundamental beliefs that individuals have about themselves, others and the world.

c) In dichotomous thinking, the situations are viewed only into categories instead of on a continuum.

d) In personalisation, an individual relates an external event to themselves even when there is no basis for such a connection.

e) Decatastrophizing involves examining negative automatic thoughts for their validity, looking for previously unrecognised attributes, interests, or coping mechanisms and stimulating the client to look beyond the immediate situation.

#### Self Assessment Questions 2

1) The list the principles of cognitive behaviour therapy are as follows:
   - It requires a sound therapeutic alliance
   - It emphasises collaboration and active participation of the client
   - It is goal oriented and problem focused
   - It is educative
   - It aims to be time limited
   - The sessions under CBT are structured
   - It emphasises on the here and now problems.

2) In graded task assignment, the behavioural goal is broken down that into smaller pieces that can be taken one at a time and help the clients move toward their ultimate goal and as a result it modulates the mood and challenges the appraisal of helplessness.

3) Methods like assertiveness training, anger management skills, relaxation skills, behaviour rehearsal etc. are used in order to help client enhance their social skills.

#### Self Assessment Questions 3

1) The goal of REBT is to minimise emotional disturbances, decreasing self-defeating self-behaviours, help individuals think more clearly and rationally by restructuring the belief system and self evaluation especially with respect to the irrational “should’s”, “musts” and “ought’s” that prevents a positive sense of self worth and emotionally satisfying life.
2) a) Reframing involves the re-evaluating the bad events as ‘disappointing’, ‘concerning’, or ‘uncomfortable’, rather than as ‘awful’ or ‘unbearable’.

   b) In time projection, the clients are asked to visualise the unwanted event occurring, then imagining going forward in time a week, then a month, then six months, then a year, two years, and so on, considering how they would feel at each of these points in time.

   c) Paradoxical behaviour is used to change a dysfunctional tendency by encouraging the clients to deliberately behave in a way contradictory to the tendency.

   d) In activity homework, the therapists assign homework activities to the clients in order to combat their ‘demands’ and ‘musts’ and reduce their irrational beliefs.

3.7 UNIT END QUESTIONS

1) What are the principles of Cognitive Behaviour Therapy?

2) Explain the components of cognitive model.

3) Explain the relationship between automatic thoughts, beliefs and behaviour.

4) What are the common cognitive biases? How do they originate?

5) Explain the significance of Dysfunctional Thought Record in Cognitive Behaviour Therapy.

6) Explain the techniques used to elicit automatic thoughts.

7) Explain with suitable examples the cognitive and behavioural techniques of Cognitive Behaviour Therapy.

8) Explain the ABC model of REBT.

9) What are irrational beliefs that cause psychological problems? Discuss the techniques used by a rational emotive therapist to dispute the irrational belief.

10) Explain the sequence followed in a Rational Emotive Behaviour Therapy Session.

11) Compare between REBT and Cognitive Behaviour Therapy.

3.8 REFERENCES


3.9 SUGGESTED READINGS


UNIT 4 ANGER AND STRESS
MANAGEMENT, CRISIS
INTERVENTION

Structure

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4.1 INTRODUCTION

This Unit is the last but of course a significant component of this block. The present Unit will help you in understanding the concept of anger and stress. It will also deal with the ways and essence of managing the two strongly felt emotions. In the view point of Charles Spielberger, PhD, a psychologist who specialises in the study of anger. Anger is “an emotional state that varies in intensity from mild irritation to intense fury and rage.” On the other hand, Stress may be deliberated as a state of physical or mental unrest within an individual which may have been caused due to some physical, chemical, or emotional change. It is necessary for you to understand these two emotions first and then the process which can help out in managing these two emotions. Lastly, this unit will also help you in understanding the concept of ‘Crisis Intervention’ which helps an individual to face the situation and try to balance the physical or emotional changes at the time of crisis (e.g.– fear, anger, stress, violence and so on).
4.2 OBJECTIVES

With the help of the present Unit, you will be able to:

- Discuss the concept of “anger” and “stress”;
- Describe the ways of managing the level of “anger” and “stress”;
- Explain the concept and techniques of “crisis intervention”.

4.3 CONCEPT AND NATURE OF ANGER

Anger is one of the basic emotions found amongst all individuals in any part of the world. In other words, it can be said to be a human emotion which is completely normal and healthy. Nonetheless when it gets out of control, it can lead to destructions and havoc results. For example, it may lead to problems at work, in your personal relationships and can have a negative impact on your quality of life.

Several studies have been conducted in order to understand the nature of anger. It has been found that anger is an emotion that creates an imbalance in the emotional state of an individual and it is accompanied by physiological and biological changes. When you get angry, there is an increase in your heart rate and blood pressure. The levels of your energy hormones, adrenaline, and noradrenaline also increase. Anger leads to a complete exhaustion of physical as well as mental state of an individual. It can be caused by either an external or internal event. You could be angry at a specific person (such as a coworker or supervisor) or event (a traffic jam, a canceled flight), or your anger could be caused by worrying or brooding about your own personal problems. Memories of traumatic or enraging events can also trigger angry feelings amongst individuals.

Once the emotion of anger is felt, it is reflected in our behaviour. It is better to express anger because any suppression of anger leads to further physical or psychological problems. A very common and natural way to express anger is to respond aggressively. It is a natural, adaptive response to any kind of threat which inspires powerful, often aggressive, feelings as well as behaviours, and allows us to fight or defend ourselves when we are attacked. A certain amount of anger, therefore, is necessary to our survival.

While, we cannot express our anger simply by being destructive or annoying others, as we are delimited by our moral conscience, social norms, laws. Thus, although the emotion is strongly felt, we try to find out different ways which may be a conscious or an unconscious method to reflect or deal with it.

4.3.1 Dealing with Anger

As discussed earlier, we try to find out ways with the help of which anger can be dealt with. Basically there are three ways which the individuals use to deal with anger—expressing, suppressing, or calming. Assertiveness is of great use while dealing with anger. It is a healthier way of expressing anger, which is different from aggression. To be assertive one has to have a clear idea about one’s needs, how these needs can be met without harming or hurting others. Assertiveness involves being respectful to others and yourself. Expressing: Expressing anger in correct manner is very important.
Supressing is a process in which the individual tries to temporarily block/ suppress, then convert or redirect the angry feelings. When anger is felt, the individual stops thinking about it, and changes his/her focus to something positive/ relaxing. This helps an individual in suppressing and then converting the feelings of anger in positive ideas and reflecting them in more constructive behavior. The danger in this type of response is that if it isn’t allowed outward expression, the anger can turn inward—on the individual itself. Anger turned inward may cause hypertension, high blood pressure, or depression.

Calming is one of the way in which an individual tries to control his/her overt as well as covert behaviour, which means to have a complete control over self when the emotion of anger is felt. The individual tries to calm down the inner responses as well by using relaxation techniques (like counting numbers from 1 to 10) and letting go the negative feelings and also behaves in a well controlled way.

Now a question may arise to your mind that what about those who never express anger nor use any of the above mentioned ways to deal with it? The answer is expression is significantly related to the process of sensation and feelings that is, once the presence of any positive or negative stimulus is sensed by an individual, the individual accordingly feels positive or negative towards the stimulus. There comes the essential role of expression/behaviour. The individual may express his/her lovingness or hatred towards the stimulus. As far as feeling of anger is concerned, unexpressed anger can lead to several irrational and psychological problems. It can lead to pathological expressions of anger, such as passive-aggressive behavior (getting back at people indirectly, without telling them why, rather than confronting them head-on) or a personality that seems perpetually cynical and hostile. People who are constantly putting others down, criticizing everything, and making cynical comments haven’t learned how to constructively express their anger. Not surprisingly, they aren’t likely to have many successful relationships.

4.3.2 Dynamics of Anger

It is interesting to know that anger as an emotion is felt due to several underlying forces or reasons. Some of the underlying forces behind anger can be pointed out as follows:

- Anger is often felt when we think of some thing we desired but did not get at childhood stage.
- Usually when we are exhausted, stressed out and our body resources are down the tendency to have the emotion of anger is high.
- When we are angry, we lack the power of logical reasoning. In other words, we are rarely ever angry for the reasons we think.
- We often become angry towards an individual who possess the trait which we cannot tolerate even within ourselves.
- Astonishingly, anger felt today may be a result of old disappointments, traumas, and triggers.
- Past events may act as a trigger for generating the emotion of anger. For example, at times we get angry because we were hurt as a child.
- We get angry when a current event brings up an old unresolved situation from the past.
The emotion of anger upsurges or increases at situation which has a similar content, words or energy that was felt by us ever before.

**Self Assessment Question 1**

State whether the statements are ‘true’ or ‘false’

1) During the state of anger, we have a strong power of logical reasoning.

2) Calming is one of the way in which an individual tries to control his/her overt as well as covert behaviour.

3) Anger is one of the basic emotions which are found amongst all individuals.

4) Suppressing is a process in which the individual tries to permanently block/ suppress, then convert or redirect the angry feelings.

### 4.4 ANGER MANAGEMENT

As discussed in the previous section that a little amount of anger is necessary and normal. It can be expressed in an outbursting manner (for example- yelling, throwing things, hurting others and so on) while it can also be suppressed which may later have negative repercussions (for example – physical illness, psychological disorders and so on). The healthiest way to deal with anger is through constructive mode. In short, the best way to deal with the state of anger is through managing the emotion of anger. Anger management can help in reducing both the emotional feelings and the physiological arousal of an individual that occurs due to the state of anger. This anger management can be done simply by having a good control of self. The basic fact that you need to understand is that you cannot throw away or avoid the things or the people that enrage you, nor can you change them, but you can learn to control your own reactions.

#### 4.4.1 Significance of Anger Management

Managing anger is important for an individual because it more likely impairs sound judgment, damages interpersonal relationships, blocks achievement and success and also creates a negative impact on the way people see you. Some of the significance of anger management can be pointed out as follows:

- **Anger management can help us in having a sound physical health:** A high level of anger state leads to continuous stress and tension which has an adverse effect on our physical health. Anger management can help us in preventing heart diseases, diabetes, high cholesterol levels, insomnia, and high blood pressure by strengthening our immune system.

- **Anger management can help us in having a positive mental health:** Studies reveal that chronic anger consumes a large amount of our mental energy and blocks the rationale thinking which may further lead to impaired judgment. Where in, anger management is a positive way which can help us focusing, making choices, concentrating, looking at facts and figures, see
the bigger picture, and enjoy life. Thus, it helps us in preventing psychological disorders like depression, hyper tension and other mental health problems.

- **Anger management can help us in having positive interpersonal relationships:** Explosive anger leads to conflicts, differences, hatred, and lack of trust amongst individuals. Anger management helps in the outlet of the emotion in a constructive way which can create a positive and healthy interpersonal relationship anywhere (at home, at work place, amongst friends and so on).

### 4.4.2 Ways of Anger Management

You should be acquainted with the fact that it is better to deal with situations well in advance which may later create problems and lead to maladjustment. This fact is equally applicable to anger. As discussed earlier if the emotion of anger goes beyond control then the individual may suffer from various physical, physiological as well as psychological problems at later stages. So now the question arises – **how to deal with anger well in advance?** At an earlier stage, if you feel you are angry towards some event, person or object, there are certain ways with the help of which you can control or express your anger in most constructive or healthiest way. Some the ways or methods can be discussed as follows:

- **Follow the traffic rules:** Yes! The way you follow the rules of the traffic while driving can be equally applied to the real life situations. The *red light* of the traffic signal says- *stop*. If you are in a situation where you feel that your level of anger is going out-of-control anger, first of all stop the thoughts that are coming to your mind instantly. Inhibiting of thoughts at this stage will help you to apply your logics. Now, try to find out the reason why do you think you should be so angry? Or why is your fuse is so short? At times we imitate the ways which we have learnt from our elders ever since our childhood. If we observed others in our family screaming, hitting each other, or throwing things, then the lesson that we might have learnt is that this is how anger is supposed to be expressed. Traumatic events and high levels of stress can make us more susceptible to anger as well. Now when you have applied your rationale thinking, your body changes like increase heart beat, sweating, breathing have slowly reached back to the normal condition. This is the state of the *yellow light* of the traffic signal which says- *get ready*. Now, with your full senses under your control you are ready to face the situation, which is similar to the *green light* of the traffic signal which says- *go* and face the situation in the smoothest way.

- **Control your act and then react:** Anger might not always be the result of the unfavorable situation, person or object. At times, frustration, unmet needs, embarrassment, insecurity, hurt, shame, or vulnerability might be the underlying factors that might have generated the feelings of anger within you. In order to express anger in appropriate ways, it is necessary for you to realise and accept the real feelings and immediately deal with it. It is always better to face reality instead of reacting mere on basis of assumptions.

- **Avoid situations which provides warning signals:** Even before you are aware of your own reaction, the body starts reflecting certain warning signs. As discussed earlier also, that like emotional feelings, anger is also a requisite
component for us. It fuels the “fight or flight” system of our body, and therefore prepares us to either confront the situation or avoid/move away from the situation. If ever you have another chance to face a similar distasteful or unpleasant situation, or a negative thought towards some person, object or event which made you angry, then it is better that you avoid or stay away from such situations. It is because the angrier you get, the more your body gets exhausted. Becoming aware about triggers of anger in your self can help a great deal in dealing with your anger before it is out of control. Certain stressful events that trigger anger can also be identified.

Diary writing is one of the best ways with the help of which you can keep a track of your regular routine and try to identify activities, times of day, people, places, or situations that trigger irritable or angry feelings. Maybe you get into a fight every time you go out with a certain group of friends. Or it may be the traffic that you face daily while going or coming from your office which drives you crazy. These are nothing but the triggers that you need to be aware of and you have to think about ways to avoid these triggers or view the situation differently so it does not make you feel angry.

- **Follow relaxation techniques:** If you confront a situation that generates anger, you need to recognize these warning signs and anticipate your triggers; then you can act quickly to deal with your anger even before it spins out of control. There are many techniques that can help you keep your anger in check and help you to unwind and relax like:

  * **Technique of deep breathing:** Deep and slow breathing helps out in releasing the tension smoothly. The process of deep breathing technique is to breathe deeply from the abdomen, getting as much fresh air as possible into your lungs. Further, deep breathing and relaxing imagery, can help in calming down the angry feelings. That is, once you are taking deep breathe in and out, you have to very slowly utter words or phrases like “relax,” “take it easy” and then imagine or visualise a relaxing experience, from either your memory or your imagination. Meditation and yoga can also help one to calm down. Daily practice will automatically help you to repeat the process whenever you are in a tense situation.

  * **Technique of senses:** We feel any stimulus only when our senses are stimulated. Keeping this in mind one can use the senses of sight, smell, hearing, touch, and taste for relaxation. For example, listening to music or picturing yourself in a favorite place can help you feel comfortable.

  * **Techniques of massage and exercise:** A gentle massage on the area which you feel is getting tensed helps you to relax for example roll your shoulders if you feel it is getting tensed or simply massage your neck and scalp. Simple exercises or even a morning walk helps in releasing of constrained energy or blocked ideas so you can approach the situation with a cooler head.

  * **Technique of counting:** This is the best technique that can be used when you are in a “fight or flight” situation. Count from one to ten when you have started getting the feel of anger. A focus on the counting helps the mind to understand and control the feelings. If you still feel out of control by the time you reach ten, start counting again.
• Cognitive Restructuring: Cognitive restructuring means changing the process or way of thinking. When anger goes beyond control people behave in a very aggressive, exaggerated and overly dramatic way. These all happen because the positive thoughts are blocked somewhere in mind at this juncture and an individual is guided by negative thoughts. When such a sequence occurs, one should try to replace these thoughts with more rational ones. For instance, instead of telling one self, “oh, how could this happen to me? It is awful, it’s terrible, everything’s ruined,” you should tell yourself that, “I am aware that the situation is frustration but it is not end of the world and if I get angry it is not going to help”.

Once you start thinking about the positive aspects you will realize that adverse reaction is in no way going to solve the present problem. Rather, there may be another way to find out a more acceptable solution.

Further, applying logical reasoning, positive and rationale thinking helps you to get a more balanced perspective. Remind yourself that the world is “not out to get you,” you are just experiencing some of the rough phase of your life. You should repeat these thoughts whenever you are angry and you can deal with your own anger in the best possible way.

It is clear from the above techniques or methods, that anger can be handled and responded to in a more healthy way. The after effect of the anger depends upon how effectively it is communicated or channelised. No doubt, anger can be a tremendous source of energy and inspiration for change. Anger should be managed in such a way that it does not hamper relationship, priority and main focus of the individual. Rather one should have an attitude of ‘forgive’ and ‘forget’. Rather one should have an attitude of ‘forgive’ and ‘forget’. Also one should think before and then speak, because an effective communication can win any situation.

4.4.3 Controlling Anger Through External Help

If you find that, despite putting the previous anger management techniques into practice, you are unable to handle the situation and you are every time getting yourself into trouble, then you need an external help. Seeking help from outside does not means that you are weak; rather it shows your willingness to face it. Some of the ways of external help to deal with anger are as follows:

• Therapies: Getting help through professions such as psychologist can help you to undergo the sessions of therapy. Therapies help in finding out the reasons behind an individual’s anger and identify triggers that lead to anger.

• Training Classes: The individual can attend workshops and training classes in order to learn out effective skills and techniques for managing anger.

Self Assessment Question 2
Fill in the Blanks:
1) “Fight or flight” system of our body prepares us to either ................................................................. or ................................................................. the situation.
2) Deep and slow breathing helps out in releasing the ................................. smoothly.
3) ......................................... helps in changing the process or way of thinking.
4) Seeking help from outside ................................. means that you are weak; rather ......................................... your willingness to face it.
4.5 STRESS: ITS CONCEPT AND MEANING

Stress is a condition of bodily or mental unrest which occurs as a result of any physical, emotional or chemical imbalance in our body. There are several factors that may cause stress. As mentioned earlier, the physical and chemical factors that may cause stress include trauma, infections, toxins, illnesses, and injuries of any sort. While the emotional factors that lead to stress and tension are numerous and varied, having mainly psychological basis. Basically, stress is a state which leads to instability and disparity in normal body functions.

Now a question that may come to your mind is – “Is anger related to stress”? The answer is – “Yes”, anger can be one of the causal factors leading to stress. Secondly, you would think that if stress interrupts the normal functioning and balance of our body, then is stress bad for us? Not necessarily. A mild degree of stress and tension is essential for us. For example, feeling mildly stressed when carrying out a project or assignment or preparation for our examination, often compels us to do a good job, focus better, and work energetically. Similarly, physical exercise also leads to stress and changes the temperature and other functions of the body, but then it leads to a good health. Therefore, stress to an extent is necessary provided it is dealt or managed in a positive manner.

4.6 TYPES OF STRESS

Stress differs in its types, intensity and form. There are individual differences in the extent to which an individual can tolerate the different levels of stress. Generally stress can be of two types which can be explained as follows:

4.6.1 Acute Stress

The most common type of stress found amongst individuals throughout the world is “Acute Stress”. Acute stress is a kind of stress which occurs due to the anxiety of the near future or dealing with the very recent past. At times, it is also a good thing to have such kind of a stress in life. The examples of acute stressors are – running, exercising, or any kind of exciting or thrilling experiences such as riding a roller coaster. The acute stress is of short duration, and is a result of the excitement and fun that an individual experiences for the specific time period. This kind of a stress does not cause much harm to the body.

4.6.2 Chronic Stress

Unlike acute stress, “Chronic Stress” causes a lot of wear and tear to the human body. The extent of damage due to this kind of stress may lead to very serious health risk like memory loss, loss of spatial recognition, loss of eating, if it continues over a long period of time. The effect of chronic stress differs from person to person and also varies amongst men and women. Studies have shown that women can bear longer durations of stress than men without showing any maladaptive change, whereas, men can deal with stress of shorter duration better, but if the duration of stress increases, they have a chance to develop mental issues.
Prior discussions have already reflected that like the emotion of anger, stress is also an unavoidable and normal part of life. We cannot discard or remove stress from our lives. Still there are certain relaxation techniques and other methods to manage stress so that we have control over our stress and normal body functions. Some of the methods with the help of which stress can be dealt with can be described as follows:

- **Identifying the sources or stressors**: One of the major ways to deal with stress is by identifying the sources of stress in your life. Many times there are certain hidden or underlying, thoughts or anxieties that govern our feelings and behaviours. These underlying thoughts and anxieties can be revealed if you look closely at your habits, attitude, and excuses. It may be that you every time feel yourself loaded with work or you always feel your work place or home to be crazy always, or you blame other people or outside events responsible for your stress. In such circumstances, it is necessary for you to accept your role and responsibility. It is only you who can create and maintain your role, and your environment/others have little to do with it. Once you are able to identify the stressors of your life and try to understand your role, then the level of stress will automatically remain under your control.

- **Avoid or Alter the Situation**: If a situation or person makes you feel stressed, then it is better to avoid such a kind of situation or person. At times you cannot avoid such situations or persons from your life, then in such case try to alter it. You should also be flexible, open to new ideas and compromising. Further, you should also be prepared for the worst situation. You should wisely deal with problems by anticipating them in advance and preventing them. For example, you have your exams the next day but your friend is excited to tell you the story of the movie that he had watched, be bold enough to tell him that he has only five minutes to talk.

- **Have a Positive attitude**: Having a positive attitude helps us in changing our outlook and providing a big picture of the stressful situation. If we cannot change the stressor, we can at least change ourselves. One can adapt to stressful situation and regain self control by changing the expectations and attitude. Like each coin has two sides, each situation has different perspectives; it depends upon the way you perceive it. For example, if you are caught in a traffic jam, then instead of fuming you can always look at it as an opportunity to pause and reorganize, listen to your favorite radio station, or enjoy some alone time.

- **Accept and Move Forward**: At times you cannot remove or alter the sources of stress, for example, death of a loved one, a serious illness, or a national recession. In such cases, the best way to cope with such stressors is to accept them as they are. Acceptance may be difficult, but in the long run, better than worrying about the situation which cannot be changed. The major challenges of your life can be looked upon as opportunities for your personal growth. If the stressful situation has been a result of your own fault, then rethink and learn lessons from the mistakes.
• **Relax and Recharge Yourself:** One of the ways to manage the level of stress is to relax and recharge yourself. Nurturing yourself by taking out time for fun and relaxation is a better way to handle the day to day stress. Morning walk, spending time in nature, long bath, listening to music, giving time to your pets, massage are few of the ways which can help you to relax and face the life in a more positive way. Further a healthy life style like having healthy diets, regular exercise and enough sleep can boost energy within you so that you can deal with the stressors more effectively.

Apart from the above mentioned tips of managing stress there are certain therapies, meditation techniques like yoga, building of self resilience which helps out in increasing the level of concentration and focus, and thereby lowering the level of stress within oneself.

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<th>Self Assessment Question 3</th>
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<td>Answer the following questions:</td>
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<td>1) What is stress?</td>
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<td>2) How can you identify the sources of stress?</td>
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<td>3) What damage can a chronic stress lead to?</td>
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### 4.8 CRISIS INTERVENTION

According to Kanel Kristi (2012), Crisis can be explained in terms of “a precipitating event, a perception of event that causes subjective distress and failure of a person’s usual coping methods, which causes a person who is experiencing the precipitating event to function at lower levels compared to his/
Gilliard and James (1988) describe crisis as inability of a person to cope with a particular event because it is intolerably difficult and exceeds the resources and coping mechanisms of an individual.

Let us now discuss some of the characteristics of crisis (James, 2008):

1) Crisis can be perceived as both danger and an opportunity. It can be perceived as danger because an individual can get affected to such an extent that there can be negative consequences. It can even lead to suicide or homicide. However, it can be opportunity in a way as it can encourage an individual to seek help.

2) Symptoms displayed during crisis are complex. It is also possible that one or more people have been affected by the crisis and thus it will become extremely difficult to provide intervention.

3) There might not be a quick solution to dealing with a crisis. It is also possible that the crisis situation is as a result of a short term solution that was initially used by an individual to deal with a situation which failed and resulted in a crisis.

4) Crisis is universal, that is, anybody can experience or is prone to it.

5) Crisis is most often accompanied by imbalance, instability and disorganisation.

Crisis can occur as a result of any situation or event experienced by an individual, it can be death of a near or dear one or abuse and violence; it can also be failure to achieve something. The main this is that the individual fails to deal with the situation due to lack of resources and coping mechanism.

Crisis intervention is a technique with the help of which an individual can come out from the extremes of any crisis situation (be it stress, anger or any such situation) in an effective way. At the time of crisis, people feel to be disorganized, inadequate, alienated, or needy which generates amongst them the feeling of inadequacy, arrogance, or dependency. At extreme situations they may withdraw or they may attack on others for their survival. Such people pretend as if they do not need any help, even when they need it desperately. There are ‘crisis workers/counselors’ who professionally help such people or families to regain the feeling of security and stability. It is always essential for a crisis worker to remember that the people or families in crisis crave respect, care, and compassion. There are certain treatment approaches and techniques which can help the clients (the one who is suffering from crisis situation) to cope up and come out of such phases in certain stepwise procedures. The crisis intervention is a strategy which helps an individual change his/her affective (feeling), cognitive (thinking), and behavioral (doing) patterns that hinder in their adjustment, adaptation and appropriate role behaviour.

4.8.1 Approaches and Treatment in Crisis Intervention

The different approaches with the help of which crisis intervention can be done are explained as follows:

- **“Community Systems” Approach:** This approach stands on the belief that a person’s pathology is more affected by its environmental systems. So, there should be an involvement of the family as a whole as a criteria for crisis intervention. Similarly, it has been found that coordination and
Psychological Therapies

Involvement of all available community agencies and resources are of paramount importance to successful resolution of most crises. There should be complete coordination between community services like health, legal, social service, education, volunteer in order to deal with families in crisis. For instance, many clients have grown to distrust agencies/organisationsthat assure them for better prospects of their career, health, and so on but do nothing for them.

In such circumstances, the crisis counselor can provide stability and consistent support for families by guiding them to the appropriate organisations which can meet their needs in the best way. At the initial stage of crisis, the crisis counselors accompany the clients to the organisations accordingly and later on the family begins to stabilise, and the members of the family take more individual initiatives.

- **The Multiple Impact Approach:** The multiple-impact approach is an approach which highlights the team effort of several crisis counselors as an expertise teamin dealing with the dysfunctions at family as well as community level. Therapists of a single team are assigned to family members for the treatment. The initial session may be with the entire family and then time is spent with specific family members. The family members are encouraged to express their feelings, what else they want to clarify, and what they want to work on in the future.

- **Cognitive Behavioural Approach:** This approach lies on the ground that an individuals’ abusive or victimised behavior is a result of his/her belief systems and thought processes. It is the technique of cognitive restructuring which can help out in changing the clients’ irrational and maladaptive beliefs. The cognitive behavior therapy helps in effective child management, parenting, and parent training and, more recently, in shaping adult behaviour.

- **Task-Centered Approach:** Task-centered methods of treatment aims at providing tasks like problem solving, decision making to the family in crisis which helps in making the family move towards more independent behavior and less abusive behaviour.

- **The Family Treatment Approach:** As discussed earlier also, in the crisis intervention, the major focus is on the family system rather than one individual. The crisis counselor tries to analyse the unwanted abusive or dysfunctional behavior of the family members with a keen observation and understanding of the family secrets, myths, splits and breakups. This treatment focuses on keeping the relations of the family members intact.

- **The Eclectic Team Approach:** The term ‘eclectic’ refers to ‘diverse’; thereby this approach focuses on treating the family with the help of a team of crisis counselors belonging to different specialisation or disciplines. The process of eclecticism gives a broader outlook in which the crisis counselors can combine different approaches and help the family to restore their sense of well-being and ability to cope.
4.9 LET US SUM UP

It can be summarized from the above discussions that the emotion of anger as well as the stress are important and normal part of our life. Its effect upon us depends on the way we manage and deal with it. Further, ‘crisis intervention’ is one of the technique in which the crisis counselors with the help of different approaches, try to restore the stability and normal functioning of the family members who have become hostile and abusive in nature as well as actions.

4.10 UNIT END QUESTIONS

1) Point out the different dynamics of anger. What are the different ways of dealing with anger?
2) Explain the different relaxation techniques used for managing anger.
3) What is stress? What are the different ways of managing stress?
4) Describe the different approaches used for treatment in crisis intervention.

4.11 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1
1) False
2) True
3) True
4) False

Self Assessment Questions 2
1) Confront or avoid/move away from
2) Tension
3) Cognitive restructuring
4) Does not: it shows

Self Assessment Questions 3
1) Stress is a condition of bodily or mental unrest which occurs as a result of any physical, emotional or chemical imbalance in our body.
2) By trying to observe and understand the hidden or underlying, thoughts or anxieties that govern our feelings and behaviours.
3) The extent of damaged due to this kind of stress may lead to very serious health risk like memory loss, loss of spatial recognition, loss of eating, if it continues over a long period of time.

4.12 REFERENCES

Books
Crisis Intervention Strategies: By Richard James, Burl Gilliland, Cengage Learning, 2012


Journals


Anger and Stress Management, Crisis Intervention


Websites:


4.13 SUGGESTED READINGS


