

---

# UNIT 1 INTERVIEW, CASE HISTORY AND TESTING

---

## Structure

- 1.0 Introduction
- 1.1 Objectives
- 1.2 Interview
  - 1.2.1 Definition of Interview
  - 1.2.2 Characteristics of Interview
  - 1.2.3 Types of Interview
- 1.3 Case History Interviews
  - 1.3.1 Basic Issues in Case History
  - 1.3.2 Case History Taking (Format)
  - 1.3.3 Mental Status Examination
- 1.4 Psychological Testing
  - 1.4.1 Definition and Characteristics of Good Psychological Test
  - 1.4.2 Classification of Tests
- 1.5 Let Us Sum Up
- 1.6 Unit End Questions
- 1.7 Glossary
- 1.8 Suggested Readings

---

## 1.0 INTRODUCTION

---

There are various assessment techniques in counselling and guidance. Interview, case study and psychological testing are popularly used for assessment of the client. These techniques enable the counselor to obtain specific information and to explore behaviour or responses in depth. Interview is a conversation with a particular purpose. We have seen and are aware of the selection of candidates through interview and other assessment methods and we also know how the employees' interview is taken. These interviews are of different types, as for instance some are structured, some unstructured, and some others semi structured and so on. The intake interview is one of the most important interview which takes place in the first contact of the client with the counselor. Depending upon the purpose the most appropriate type of interview is selected. In counseling all forms of interview are used. Case history taking requires one type of interview. Often it is in standardised format. Psychological testing is objective measure which is used to assess the client. To measure personality, aptitude, intelligence, and interest etc. psychological tests are used. All these tools help the counselor in diagnosing the client's problem. In this unit we are going to discuss some features of interview, case history and psychological testing.

---

## 1.1 OBJECTIVES

---

When you have completed this unit, you will be able to:

- Define interview as a method of counselling;

- Identify some of the characteristics of interview;
- Explain different types of interviews;
- Explain how interview skills are acquired and developed;
- Describe the role of interviewee and interviewer; and
- Analyse the various sources of error in the interview.

---

## 1.2 INTERVIEW

---

Interview technique is widely used by the psychologist for increasing counsellor's understanding of the client. It enables the counselor to obtain specific information and to explore behaviour or response in depth. In many respects, an interview resembles tests which has reliability, validity, prediction and structure. The interview remains one of the most prevalent devices in clinical, industrial, counseling agencies, schools and correctional settings. This technique is important since this is scientific in nature. Interview is interaction between two or more people. The situations may differ. In some interviews it is one to one interaction, in others it might be that a single person is taking interview of many people at the same time, like family interviews that are conducted for therapy.

### 1.2.1 Definition of Interview

"Interview is a method for gathering data or information about individual" (Kaplan & Saccuzzo, 2005). Thus interview is conversation with a purpose. Conversation may not have purpose and start anywhere and stop anywhere without assignment of specific role of individuals interacting. Although there are many types and purposes of interview, all share certain factors. Now we see some characteristic of interview method.

It is different from conversation in a number of aspects (Refer to table below)

**Table: Differences between interview and conversation**

<b>Interview</b>	<b>Conversation</b>
Purpose of interview is clear	Purpose is not clear
Rapport and relationship establishment is essential	No need for any rapport
Recording of information in some form is required	No recording is required
Validity of interview is assessed	Validity of conversation not assessed
Role of interviewee and interviewer is assigned	No assignment of roles

### 1.2.2 Characteristics of Interview

To understand the basic concept and characteristics we will discuss some essential features of interview.

#### 1) *Attitude of interviewer and interviewee*

If the interviewer is understanding and genuine then it is likely that the interview will be more valid. Also as pointed out by some experts, communication and

assessment are important functions of interviewer. It is the responsibility of the interviewer to direct and continue interactions. The interviewer should be an expert in this field. Many times clients do not return for a second session and this may be related to the interviewer's skills. For example, while taking case history if the counselor is understanding and genuine in interaction with the client, the latter will be more comfortable and will become less inhibited and thus open up with the concerned problems personal and impersonal, in the interview situation. On the other hand if the client senses that the counsellor does not understand the problem and appears insensitive, then the counselee may refuse to part with much of the information relating to the problem and thus will leave the counselling session half way and leave.

Thus the climate built during the interview influences the degree of client's willingness to disclose personal information (Whiston, 2009).

If the interviewer has to obtain the required information from the interviewee then it is essential that the counselor establishes adequate rapport with the client. Interviewee should have the ability to communicate, translate the emotions and thoughts into words and organised thoughts. The client is expected to be cooperative.

### 2) *Proper atmosphere*

In order to help client feel comfortable, the counselor has to create a congenial atmosphere both physical and emotional. Physically the room should be pleasant, well aired, with privacy indicating that the client can talk whatever comes to mind without any hesitation. In the interview, the counselor should avoid certain questions which may cause embarrassment to the client. So also the counselor should avoid certain responses that may put off the client and make the client clamp up. In fact the interview should be smooth and not probing or inquisitive that might also put off the client. For example if the person who is interviewing is found to be probing, hostile or judgmental then obviously client will not feel comfortable and thus withhold the needed information. It is very essential to be sensitive to the feelings of the client during the interview. Also if during the interview the interviewer tries to give false assurance then that may make the other person uncomfortable. This will also decrease the respect for the person who is interviewing the person. It is not always necessary that people seek some solution when they are mentioning their problems to someone. The responses of criticism, arguments, and authoritarian approach etc., should be avoided.

### 3) *Interviewer's effective response*

Some responses that are encouraging are required. Interviewer should serve as an understanding listener, allowing client to talk freely, treat what is being said in its context, and ask questions only at appropriate times. Open ended questions are more effective in the interview. It is important that the interviewer keeps aside the biases and conducts the interview. One may not necessarily agree to the content of the material that is produced in the interview, nevertheless, the interviewer should encourage the client to continue what he or she was saying keep the conversational flow going.

### 4) *Measuring understanding*

A great deal of research has been carried out by Carl Rogers in this regard. He has analysed the responses that are given by the client to classify them on five

levels. The basis for this is the empathy by that person. If the person has more empathy then it is likely that he will have higher level of understanding of the client and his or her problems. Level 3 and 2 are adequate for conducting the unstructured and semistructred interview.

#### 5) *Recoding responses*

Responses of client should be taken in some form. It can be taken in detail writing while interview is in progress. It has an important advantage in that the client may feel that whatever is being conveyed by him/her appears important as whatever the client says is being recorded by the interviewer. This encourages the client to part with more and also in depth information.

If whatever the client says is not noted down immediately, the possibility of the counselor distorting or forgetting certain information that the client gave is high and this can be avoided by writing it immediately.

However, writing down the information immediately has also certain disadvantages and these include the cutting the flow of communication by the client.

Recording can also be through electronic devices. In such recording a microphone is placed in front of the client with the client's permission. Yet, such a device which is recording all that the client wants to convey may make the client feel uncomfortable and thus the client may not be as uninhibited and free as he or she would have been otherwise. Hence the interviewer / counsellor should make sure that the client not only has no objection for recording the narration but will not feel uncomfortable to talk freely. Ethically too this prior permission for recording is a must. Also it must be ensured that the client if need be should get a choice to put off the recording which is considered by the client as confidential.

If the counselor chooses to write down whatever is being told by the client, the same may be done by noting down points and not verbatim or in detail.

#### 6) *Interveiw is different from communication*

The interactions of two or more people in the interview session are very different from communication. As mentioned earlier, Interview is interaction with purpose. Communication may not have any purpose. It starts anywhere and stops anytime because of lack of purpose. In interview the role of interviewer and interviewee is specified. Interviewer has the responsibility to continue the interview and also direct the interview.

### **1.2.3 Types of Interview**

Interviews are classified in different categories depending upon the procedure employed. Here we will study four important types of interview i.e. structured, unstructured, semi structured and intake interview. Case history interview is discussed in a separate section. Let us begin with structured interview.

#### a) *Structured Interviews*

As the name implies the structured interviews are the ones in which interviewer asks a pre planned set of questions in the same manner and sequence for each client. This method is used when same information is required from all

interviewees or for getting information from the same client on other occasions. The questions that are asked are structured and standardised. These are objective questions, irrespective of the fact who is being interviewed. These are followed by everyone. The sequence of the questions is also important. And to conduct this type of interview, it is necessary that the interviewer is properly trained in this skill. There are clear cut guidelines given how and in what sequence the questions should be asked. For example, take the 'clinical assessment questionnaire' that is given by the DSM IV classification system. The interview is quite structured here and requires the interviewer to follow a very clear guideline relating to particular disorder. Each disorder has different criterion and accordingly the questions are formed. To conduct such clinical interviews, the person concerned should get formal training in the clinical set up. Otherwise the data collected by this method is not taken as valid.

Information collected by this method can be organised easily, and comparison between responses is possible, because the interview questions are in written format and clearly structured. One important advantage of structured interview is that certain words which might otherwise be used can be avoided as it may cause problems during interview. Because it is so structured that it is considered more reliable and valid. A major limitation of this method is that it relies exclusively on respondents.

b) *Unstructured interviews*

Unstructured interview is opposite to structured interview. The interviewer may have an idea about possible questions but depending upon the needs of the client, the order and sequence of questions can be changed, modified etc. by the interviewer. Certain questions which may not be very relevant or wrongly worded can be modified by the counselor. During the interview if the counselor finds that certain questions need to be added or deleted the counselor may do so.

Thus questions are asked as per the flow of communication. Due to this freedom in asking questions more spontaneous responses are given by the client. The major advantage of this method is flexibility. Example of this type is the interview that is conducted by the media on the opinion of the common man on certain issues. They address the issues that are important to the common man but that does not assure that the information that is gathered is always valid. They may just hide the information that does not fit to their belief system. However, unstructured interviews are less reliable and more prone to error than structured interviews.

c) *Semi-Structured Interview*

Many times semi structured method is used to minimize the disadvantages of both methods. It is a combination of structured and unstructured method. Certain questions are always asked, but there is freedom to add questions.

d) *Intake Interview*

The initial interview is the first meeting in which interviewer works with client to gather information about the problem with which the client has approached the counselor. This interview includes presenting problem, general life situation, history and interpersonal functioning. Some time it is called as history interview.



---

## 1.3 CASE HISTORY INTERVIEWS

---

After initial interview in depth information is gathered by case history interview. This is type of structured interview with the focus of getting the details of the patient's life. History taking is important for diagnosis and therapy. This method of interview will be discussed here in more details.

### 1.3.1 Basic Issues in Case History

Each field of science has different way of taking history. The way in which the lawyer takes the case history would be different from the medical professional. Each field has a particular format of the case history. This not only gives the understanding of the current status but it also helps us to have understanding about the factors that have caused development of those symptoms. This is life sketch of the person. The background and the etiological factors are obtained in the process of case history. The rapport is established while taking the case history. If the interviewer is a good listener then there are more chances that the client will give details about himself.

In the first part of case history taking, details about demographic information such as name, age, gender, residential address, education, occupation, marital status etc. are taken in detail. All the minor things like where he stays and the area, all these things are mentioned in details. Then details about who has referred him are taken into account. All these information may not seem quite useful at face value, but with increasing experience we understand that this information can be used later for the management of the case.

The next part is about the referral. Who has referred this person? The next information is about the actual problem that the person is facing right now is taken. The sequence for this purpose is in the order that the complaints have started. Details about how these symptoms started, how they progressed and what is the duration of this, etc., are all mentioned. To understand if the person had difficulty in developmental years, the details about this are taken. The person is asked about his schooling and the education.

By the time the counsellor reaches this point he is oriented to the kind of personality the person has. To utilise the information constructively, this information is very important. This is clinical evaluation of the personality. In most of the cases, the tests are not administered at this point. If a formal assessment is needed then the referral is made at a later stage.

Then the interviewer asks about the medical history if any. As a psychologist we may not be aware about the details of some of the serious physical illnesses the client might have suffered from. As is known physical illnesses also have an impact on the mental status of the client. However we can judge the psychological impact it has on the client. In this aspect information centers about the illnesses, and also what treatment has worked so far, for that person.

The next issue relates to the person's interest and attitude towards life and other related aspects. This is mentioned in the case history. This will also include the client's political and religious belief system. This includes what the person prefers when he has free time.

The other important aspect of history taking is Mental Status Examination. This is also called Present Status Examination. In this the examiner tries to confirm the information that he has gained in the previous part of the case history. The points like persons' appearance, his speech and thoughts are at the beginning of this section. Then it is also considered if the person was able to attend and concentrate on the interview.

The other important aspect is regarding the pathology. The speech sample is mentioned. The examiner also asks specific questions to evaluate if the thinking normally. According to the phenomenology certain questions about the hallucination and delusion are asked. The person is evaluated on this dimension. In the mental status examination it is also essential to assess if the person is suicidal if he has had any previous attempts.

Overall this segment of the case history taking, leads to the diagnosis. And if not diagnosis at least the clinician is able to reach the provisional diagnosis.

### **1.3.2 Case History Taking (Format)**

#### *1) Identification Data*

- Name: This is necessary but in certain cases it is necessary that we assure them that their name will be kept confidential. Sometimes the client does not want to reveal their identity. The clients may belong to some well known family or some prestigious family so they do not want to tell their name.
- Sex: This helps to understand the person with better cultural perspective. There are specific roles that are assigned to each gender. This is the importance of this aspect.
- Age: The age of the person helps the clinician to understand the developmental phase that he goes through. Each phase has a developmental task. The person's age gives us understanding of the growth of that person. This tells us if he has attained all the tasks at the appropriate time.
- Education: The education tells us about the person's exposure to the external literate world. This is important also because as a clinician if there are any references in the form of reading that we want to suggest. Education of the person does not always indicate he or she will be reasonable, logical and rational.
- School / Institute: The school is the first social experience of the person. He understands the rules that are set by the institutions and that he has to follow them. In that perspective the information regarding school is important.

#### *2) Problem Stated by*

- i) Client: What does the client think about the problem is very important. Others may perceive the problem in different ways than how the client looks at it. Since the client is the one who has to deal with the problem it is important that his understanding is shared with the counselor.

Informant: This information is given by the person who accompanies the client. He gives how he perceives the problem that is experienced by

the client. These two may not always match with each others. These two may have different ways of looking at the same thing.

Others: In certain cases it is important that the information has to be gained on some additional aspects. For example if the client is working at a firm and has problem working there due to anxiety then information regarding this has to be obtained from the employee.

- ii) **Duration of the Problem:** The details of the problems are taken into account. The onset and duration of the problem. In most of the cases the problem arises after there is some stressor. So the details of how the problem started are asked to the client.
- iii) **Intensity of the Problem:** The intensity of the problem will decide the actual therapy that is to be used. This also tells us the urgency that the client has for the intervention.

### 3) *Personal History*

- **Birth and Development:** The informant is asked about the details of the birth. Since we know that delays in attaining the developmental milestones are the good indicators of the intellectual sub normality. The ordinal position that the person has born with affects the development of the personality.
- **School History:** This is the institute that the child first time faces in his life. The school experience does have an impact on the further education of the person most of the times. It is not always detrimental in the development of the person but it shapes the experience of the person.
- **Medical History:** This is not to merely make sure that there is no medical basis for the symptoms, but it is more to understand the limitations of the person. The person may develop certain symptoms as a result of some other physical illness. For example a person who meets with an accident if develops phobia for the open places then this is secondary to the medical history that the person has.
- **Social History:** The social development of the person tells us many things. To what extent the client is related to the community. His position in the community is indicated by this. This also is a good indication of the social support that the person has. The social development is helpful in understanding the impact of culture on the person.
- **Emotional Development:** This aspect tells us the person's capacity to deal with his problem when the counselor suggests it. This is the basis of the person's personality. The emotional development is a process that enables the person to deal with the matter and stress effectively. This tells us whether the person is emotionally behaving appropriately.
- **Premorbid Personality:** This is the personality of the person before the actual onset of the problems faced by the client. It includes his interests that he had and what was his attitude towards himself. These assess what are the ways in which the person copes with the stress. This becomes the basis for the counselor to design the intervention for the client.
- **The clients' fantasy life:** This is one more aspect on which information is obtained. This tells us about the motivations and deprivations of the persons' life.

The details of the daily life are also included in this.

- Sexual / Occupation History

This is the information that is taken carefully from the client. The client may not be able to talk comfortably about the sexual content. Due to the impact of the culture these are topics that the client may not prefer talking too openly. It will depend upon the rapport that is established with the client. The occupational history throws light on the client's overall personality

#### 4) *Family History*

Family is essential source of personality and development, and also in many cases source of frustration. Therefore what are the family ties, what is structure of the family?

- Family Constellation:

Relation	Age	Education	Occupation

- Socio-Economic status: The income of the family, the place where they live, the kind of work that they do, the kind of status they have in the community in which they live, and many such related aspects are important to understand.
- Relationship with Parents: This is especially very important when we are dealing with adolescents problems. Family is the first and important unit in the person's life. This shapes many relations in life. This can be asked to the client and should be confirmed with the parents also. Because it may happen that the client perceives his parents in a misconstrued manner and thus forms an image of them as supportive or non supportive towards self. This perception maybe quite different from the one that is factual in that the parents may not be at all as the client perceives them but may be doing things with good intention. Exactly opposite may also happen, that is, a person may have a false image of his parents. So in both the cases it is very important that we confirm it with reliable source of information.
- Interpersonal Relationship: (within family): This is an important aspect of the family dynamics. How the family members relate to each other is important. The client may not be the victim of the conflict, but he may witness it with some other family members. So this becomes important to see, how much the emotional tie is strong with the family in case of the client.

### 1.3.3 Mental Status Examination

The mental status examination (MSE) has been used predominantly in psychiatry, clinical psychology, and psychiatric social work for several decades, but is being increasingly used by counselors in work settings requiring assessment, diagnosis, and treatment of mental disorders. The MSE is used to obtain information about the client's level of functioning and self-presentation. Generally conducted

(formally or informally) during the initial or intake interview, the MSE can also provide counselors with a helpful format for organising objective (observations of clients) and subjective (data provided by clients) information to use in diagnosis and treatment.

This is the evaluation of the client at the time of the interview. The clinician completes taking the case history. Then he reaches a tentative diagnosis on the basis of the information that is provided by the client and the informant. Now this is the evaluation that tries to confirm the diagnosis. Based on a diagnostic system the clinician asks questions. This helps him to come to a conclusion about the diagnosis. This also confirms the clinical understanding of the symptoms that are given by the client.

- **Behaviour:** The behaviour of the client, if it is age appropriate or not. How does the client behave with the examiner? What is his attitude towards the examiner? These are all the points that are included under this heading.
- **Thoughts:** The thoughts are significant in two important ways. One is assessment of these will tell us more about the personality of the person. Second and very important is that it will also tell us if the person has any disorder of thoughts.
- **Speech:** This is related to the quality of speech of the client. The volume tone and other things are good parameters of the speech quality.
- **Perception:** These are related to all the five senses of the person. Questions regarding this tell us if the person has any illusion or hallucination. This will tell us about the intensity of the problem the client is facing.

### **Higher Mental Processes**

- **Intelligence:** This is the key factor. It helps the client to understand his own problem. If the person is aware about his surroundings and what is his general level of knowledge is the indication intelligence. If there is any indication of low sub normality then a particular test may be administered to assess the intelligence.
- **Memory:** This is also important aspect of intelligence. But this is at the same time an indication of the brain functioning. Disturbance of this is an indication.
- **Attention:** This is one more indication of the brain functioning of the person. Disturbances of attention may be an indication of some problem at brain level functioning.
- **Concentration:** As mentioned above attention and concentration are related to each other. If the attention can be sustained it is called as concentration.
- **Insight:** This means the person understands of his state. Whether he has any understanding of his illness or not.

### **Psychological Examination**

In the following format, the test that has been used for the assessment can be mentioned in an organised manner. This gives us quick understanding in summary of the test administered.

Name of the Test	Raw Score	Stand Score	Interpretation

- **Integrated Note (with theoretical base):** This is the summary of the interview that is conducted by the clinician so far. This leads to a diagnosis. These are usually the positive findings that support the diagnosis.
- **Diagnosis:** This is the final understanding about the client. According to the classification system that the counselor follows, he will diagnose the client. There are two widely used systems as we know. One is DSM IV and other is ICD-10. Since counseling is for normal people above two systems are not used. In counseling different classification is used such as study problem, adjustment problem, negative self concept etc. So with the help of the case history and the Mental Status Examination the client is diagnosed. Diagnosis helps to know symptoms, etiology and therapy planning.
- **Prognosis:** This gives us a clear understanding of what are the chances of recovery. There are few factors which are asset for recovery while some are negative. Counsellor considers good and bad factors and decides the probability of recovery of problem.

**Counseling Design**

- **Choice of therapy:** After understanding all the essential aspects of the client’s problem this is the time to actually do the intervention. The problem that the client is facing can be treated in different ways. It is the skill of the counselor to convey to the client what he has understood about him in the language that the client understands. At this stage with the mutual convenience of the client and the counselor the further contracting for his therapy or counseling is done, the counselor shares this with the client. If there is any need to involve someone in the counselling process in addition to the client, that may be conveyed to the client and to the family member who is to be involved in the programme.

**Self Assessment Questions**

1) Write a detailed note on case history taking in counseling.

.....

.....

.....

.....

2) Illustrate the format of history taking in counseling process.

.....

.....

.....

.....

---

## 1.4 PSYCHOLOGICAL TESTING

---

What is a test?

A test is a measurement device or technique used to quantify behaviour or aid in the understanding and predicting the behaviour. We all do appear for such tests many a times in our lives. The situations may differ, right from the interview that one faces as a child for the school admission till interview as a parent. We all have experiences of appearing for the test in the formal atmosphere, as for instance the job selection tests. These tests will be considered in detail in the next section.

Thus tests in general do scrutinise and give us fair idea about the person's performance for a particular position. This predicts the person's behaviour in that situation. Many tests are devised specially with the purpose of getting the objective information from people in particular area.

Also, specific tests have been devised over a period of time by different experts, which focused on a particular aspect of the person. For example tests were devised to understand the person's ability to appreciate and understand music. The journey of the testing started from the objective evaluation of intelligence and reached very minute but essential aspects of daily life. A wide variety of tests have been devised for the purpose of recruitment during the second world war, since this was the immediate requirement after the economic recession.

### 1.4.1 Definitions and Characteristics of Good Psychological Test

Singh (2008): "A psychological test is a standardised procedure to measure quantitatively or qualitatively one or more than one aspect of a trait by means of a sample of verbal and nonverbal behaviour".

Anastasi & Urbina (2003) defined psychological tests as follows. "A psychological test is essentially an objective and standardised measure of a sample behaviour".

Thus a psychological test is a set of items that are designed to measure characteristics of human beings that pertain to behaviour. The behaviour could be overt or covert.

The above definitions give salient features of psychological tests. Psychological tests are:

- Standardised measure
- Objective in nature
- Measuring some sample behaviour
- Useful for quantitative or qualitative trait.

There are some criterions to call any test as good psychological test. These are the parameters on which the test is judged if it is scientifically useful or not.

- a) *Objectivity*: A test should be objective. Test should be free from subjective factors. There should be objectivity in test construction, scoring and meaning of the scores. If IQ (Intelligence Quotient) of any individual is between 90-109 it will be considered as average all over the world. Thus subjective judgment of any examiner will not affect on the scoring and interpretations.

- b) *Reliability*: Reliability is consistency of scores obtained by the same individual when retested on the same or equivalent forms. The consistent results should be obtained when the test is re-administered. Another way to check the reliability is by dividing the test in two halves. All these methods to test the reliability are named as the types of the reliability for e.g. test-retest, alternate form, split-half, etc.

Reliability is expressed in correlation coefficient. Such correlation should be from -1 to +1. In simple words reliability is self correlation of the test.

- c) *Validity*: The validity of a test indicates what test measure and how well it does so. If a test is measuring what it claims to measure, then it is a valid test. In simple words validity is the correlation of the test with some outside criterion. Thus for determining validity correlation between performance on test and other independently observed behaviour is examined. For example the test that claims it measures anxiety should be able to give a near perfect score of anxiety. There are different types of validity such as content validity, construct validity, criterion validity.
- d) *Norms*: This is the population on which the test is standardised. The scores obtained from such administration become the reference point for the interpretation of the test scores. The norms may differ from test to test. For example if we are looking out for any phenomenon related to school difficulties then obviously the norms are based on that age group and school going children. The raw score of any test is meaningless unless compared with norms. There are different types of norms like age norms, sex norms, percentile norms, standard score norms etc.
- e) *Standardisation*: Standardisation means uniformity of procedure. If scores of different individuals are comparable the procedure should be same for all. The uniformity can be maintained in instruction, time, scoring, norms, reliability and validity. Hence all the detailed information should be given by test constructors.

Aiken (2000) gave various purposes of using psychological tests

- To screen applicants for job
- To classify and place people in different context
- To counsel and guide individuals
- To diagnose problem
- To evaluate cognitive, intrapersonal and interpersonal changes due to certain condition
- To conduct research.

### 1.4.2 Classification of Tests

The tests are classified on the basis of certain criteria. Some categories are given below.

#### a) **Individual and group tests**

Individual tests are those in which the test administrator can use the test on only one person at a time. This gives us in depth understanding of the subject. Most

of the tests of intelligence come under this category. The advantage of this type of test is that, this gives us more reliable results. But then the time consumed is too much in many cases.

Group tests are those in which the same test can be administered to a group at the same time. In fact there are certain tests which also have the norms of the test in the group format. Like the test of creativity. In this group administration is more useful than the individual administration. Most of the paper pencil tests belong to this category. These are the tests which have common instruction and many times the tests are self administering. That means the subject can administer the test on himself by just reading the instructions.

#### b) **Personality tests**

As the name suggests these are the tests that assess the personality of individuals. Personality tests are of many types as for example, pencil paper test, story telling test, ink blot tests, etc. One of the tests is 16 Personality Factors or the 16 PF Test as it is popularly known. This test gives us understanding of the person on various aspects of his or her life, whether suffers from anxiety, depression etc., and the level of intelligence that the person has.

It must be remembered that the tests differ in their contents and structure depending on the factors that it measures. There are certain tests which are based on a particular model. For example the NEO PI is based on the Five Factor Model. Eysenck's personality questionnaire is based on the Three Factor model.

#### c) **Projective tests**

These are tests which try to unravel the unconscious material. In certain cases it may happen that the client is not aware of certain aspects of his own mind. These tests help to understand such aspects. The unknown unresolved conflicts and the motivational forces behind the actions are seen through these tests.

#### d) **Achievement and aptitude tests**

These are the tests which measure the person's motivation to achieve and other aspects of achievement. Aptitude test refers to the ability of the person to learn new things. A person may have aptitude of different skills. It may be aptitude for teaching; it may be aptitude for learning music, etc.

#### e) **Intelligence tests**

The tests of intelligence measure different aspects of the intellect. There are different intelligence tests for different age groups. Also the same test may be differently administered to the different age group individuals.

#### f) **Verbal and performance tests**

Verbal test is that test which requires reading, writing and oral responses. Performance tests on the other hand emphasise on performing on some task rather than answer some questions. In such test tasks like assembling puzzle, placing picture in correct sequence, pointing missing part etc. are used.

**Self Assessment Questions**

1) What is mean by psychological test? Explain characteristics of good test.

.....  
.....  
.....  
.....  
.....

2) Give definition and classification of psychological tests.

.....  
.....  
.....  
.....  
.....

3) Discuss the different types of tests and their use.

.....  
.....  
.....  
.....  
.....

---

**1.5 LET US SUM UP**

---

Interview, case history and tests are mostly used as assessment tools in counselling. Interview may be structured or unstructured. It is used for various purposes from school admission to employment. Case history is a type of interview for gathering in depth personal information. Mostly standard format of case history is used in counseling.

Test is objective and standardised tool for measuring some human behaviour like personality, intelligence, attitude, aptitude, study habits etc. Objectivity, reliability, validity, norms are characteristics of good test.

---

**1.6 UNIT END QUESTIONS**

---

- 1) What is interview? How does it differ from conversation?
- 2) What are the important characteristics of interview?
- 3) What are the various types of interview? Give suitable examples and explain.
- 4) What is case history interview? How does this differ from intake interview?
- 5) Define tests. Why are tests necessary?

- 6) What purpose do the tests serve?
- 7) Discuss the various characteristic features of tests.
- 8) How are tests classified? Give examples.

---

## 1.7 GLOSSARY

---

**Structured interview** : This is an interview questionnaire which is arranged in a certain order and which cannot be changed to suit any situation. Its questions have been so structured that there is no scope for any modification.

**Unstructured interview** : This is an interview in which questions can be asked in any order that the counselor chooses. It is flexible and open ended. The main purpose is to elicit maximum information from the client. This type of questioning helps to organise the interview in such a manner that the client is comfortable and does not feel that he or she is questioned formally.

**Psychological test** : These are standardised tests which are administered to clients to assess varied aspects of cognitive, emotional and behavioural aspects.

**Reliability** : This is concerned with the reliability of a psychological test. For instance if this test is administered to the same group at two different places or occasions should produce similar results. It is like a ruler (scale), which has 12” arranged in an interval of one inch on a continuum of 1 – 12”. If this scale measures a table as 10” long and 8” wide, wherever that table is measured by the same scale it would give the same measurement.

**Validity** : This refers to the test in terms of what it purports to measure. That is if the scale is to measure anxiety, it must accurately state that the particular score will indicate high anxiety etc. When tested by any other instrument it should show high level of anxiety.

**Norms** : This is a frame of reference against which the scores obtained by the concerned subject are seen and interpretation made.

---

## 1.8 SUGGESTED READINGS

---

- Bryman, A. (2008). *Social Research Methods*. New York: Oxford University Press.
- Anastasi, A. & Urbina, S. (2003). *Psychological Testing* (7<sup>th</sup> edi). Delhi: Pearson Education.

---

## UNIT 2 APPROACHES TO COUNSELLING: PSYCHODYNAMIC AND COGNITIVE APPROACHES

---

### Structure

- 2.0 Introduction
- 2.1 Objectives
- 2.2 Freudian Psychodynamic Theory
  - 2.2.1 Basic Concepts
  - 2.2.2 Theory of Personality
  - 2.2.3 Techniques of Psychoanalysis
- 2.3 Neo-Freudian Psychodynamic Theories
  - 2.3.1 Carl Jung
  - 2.3.2 Alfred Adler
    - 2.3.2.1 Basic Concept
    - 2.3.2.2 Process of Counselling
  - 2.3.3 Karen Horney
- 2.4 Cognitive Counselling Approach
  - 2.4.1 Aaron Beck
  - 2.4.2 Albert Ellis
- 2.5 Let Us Sum Up
- 2.6 Unit End Questions
- 2.7 Suggested Readings

---

### 2.0 INTRODUCTION

---

In the last unit we learnt about interview, case history and test as essential tools of assessment. In this unit we will study two approaches to counseling; psychodynamic and cognitive approaches. We will begin with psychodynamic approach. There are number of theories that have been developed in this approach. Psychoanalysis was the first psychodynamic theory. Sigmund Freud propounded this theory and he is called the father of psychoanalysis. The word psychodynamic is broader than psychoanalysis. Psychodynamic approach includes psychoanalytic as well as other non analytical theories. All psychodynamic theories assume that behaviour is motivated by unconscious mental processes that shape the personality. We will classify these theories as Freudian and non-Freudian. Since Freud is the pioneer of psychodynamic approach we will study it in more detail than the others.

Cognitive approach focusses on the thinking process i.e. cognition (how we think). Aaron Beck, Albert Ellis and Donald Meichenbaum are well known cognitive theorists. Cognitive approach assumes that what people think determines their emotions and behaviour. Beck emphasised negative thoughts, Ellis focused on irrational beliefs while Meichenbaum concentrated on inner speech. Now we will discuss all these theories in perspective putting forward the characteristic features and the contributions these theories have made to the field of counselling.

---

## 2.1 OBJECTIVES

---

When you complete this unit, you will be able to:

- Explain basic assumptions of psychoanalytic and psychodynamic theories;
- Describe the process and techniques of psychodynamic theories;
- Compare Freudian and non-Freudian theories;
- Elucidate the basic concepts of cognitive approach;
- Explain Cognitive therapies and Rational Emotive behaviour therapy; and
- Compare different cognitive theories.

---

## 2.2 FREUDIAN PSYCHODYNAMIC THEORY

---

The founder of psychoanalytic theory was Sigmund Freud. His work had profound influence on a number of disciplines, including psychology, sociology, anthropology, literature, and art. He developed first acceptable personality theory and therapy. Ernst Kris defined psychoanalysis as “human nature seen from the vantage point of conflict”. Psychoanalysis views the functioning of the mind as the expression of conflicts. We will study this approach in three parts, First, basic concepts, second, theory of personality and third, techniques.

### 2.2.1 Basic Concepts

- a) **Levels of mental life:** Freud gave three levels of mental life. These levels are based on degree of awareness of thoughts and feelings. He divided mind into consciousness, pre conscious and the unconscious. The conscious level includes everything that we are aware of at a given moment. The conscious mind includes such things as the sensations, perceptions, memories, feeling and fantasies inside of our current awareness. Consciousness plays minor role in psychoanalysis. Preconscious bridges the consciousness and unconscious. It is below the level of consciousness. It contains all thoughts and emotions which are not presently aware, but which we can easily draw into conscious awareness. Thus it can be brought in to the conscious mind by choice. For e.g. recalling what you did yesterday.

The most important and much larger level of mind is unconsciousness. It has all repressed ideas, thoughts, experiences and emotions. The unconscious mind is often represented as an iceberg. Everything above the water represents conscious awareness, while everything below the water represents the unconscious. According to Freud, the unconscious continues to influence our behaviour and experience, even though we are not aware of these underlying influences.

- b) **Instincts:** It is inner somatic excitation. There are many instincts but they can be grouped into life (Eros) and death (Thanatos) instincts. Each instinct has its own psychic energy. The force of life instinct is called as libido energy, death instincts energy were not named. Life instincts seek gratification through sexual satisfaction while death instinct underlies manifestation of aggression, cruelty, suicide and murder. Both instincts are equally important.

- c) **Defense mechanisms:** Conflicts, tension, and anxiety are inevitable in human life. Defense mechanisms aim is to reduce anxiety and painful states. The reason of anxiety is that problem does not have any realistic solution. They are used to protect the individual current self-concept against threat. Defense mechanisms help the individual to reduce anxiety through distortion or denial. For example, a student failed in the examination make him anxious. To reduce this anxiety he says that answers are not properly assessed. Defense mechanisms are employed as a part of the unconscious process of person's mental functioning. Following are commonly employed defense mechanisms:
- i) *Rationalisation:* In rationalisation rational explanation is provided for irrational or unacceptable behaviour. Criminal gives reason of criminality in bad company. It is used to modify guilt feelings. If you do not get admission for certain course you will say the course is not good of career.
  - ii) *Repression:* Unwanted or unacceptable thoughts, feelings, memories are pushed in to the unconscious because their recall may be painful or fearful. Many women repress sexual abuse.
  - iii) *Displacement:* Displacement involves shifting emotional reactions from one person or situation to another. Mother punishes child and child become angry. He cannot express his anger on mother hence he displace it and show it on toys or on younger siblings.
  - iv) *Projection:* To get relief from anxiety person attribute the source anxiety to external world rather than his own fault. Our feelings are attributed to others. Instead of saying I hate her, she hates me will be said.
  - v) *Introjections:* Introjections involves the adoption of other people's attitude or behaviour as if they were one's own. Parents values are interjected by child as his own values.
  - vi) *Reaction formation:* It is developing of opposite feelings or behaviour than ones' own. Hate is replaced by love, anger is replaced by relaxation.
- d) **Psychosexual development:** Throughout life our behaviour is motivated by the need to satisfy our basic drives. Sexuality or libido is not simply genital stimulation but also expressed through many parts of the body called as erogenous zones. These stages are depending on the mode of gratification of libido.
- i) *Oral stage (birth to 18 months):* The first stage of development is oral stage. The mouth is organ of the body to get pleasure. Therefore the oral activities including lips, tongue and associated structure become basic interest. Sucking, swallowing, spitting, biting gives him pleasure and gratification of libido. Freud claimed that excessive or insufficient of oral stimulation lead to oral passive personality in adulthood.
  - ii) *Anal stage (18 months - 3 years):* During this age the focus of libidinal energy shifts from the mouth to anal region. Pleasure comes primarily from the process of elimination and related activities. For the child bowl movements are intensely pleasurable. Child wishes to handle his faeces. Toilet training may poses conflict in child. Freud postulated that all later forms of self control have their origin in the anal stage.

- iv) *Phallic stage* (3-5 years): During this stage gratification is focused on the sex organ. Behaviour of examining, observing and masturbating is seen in this stage. The infant boy forms identification with his father. Oedipus complex appears in this stage. It consists of a sexual cathexis for the parent of the opposite sex and hostility towards the parent of same sex. Oedipus was Greek king unknowingly killed his father and married his mother hence named Oedipus. Freud saw sexual conflicts, guilt and anxiety stemming from phallic stage.
- v) *Latency period* (5- puberty): In latency stage the sexual development appear to be relatively inactive or stand still. The libido energy is channelised into nonsexual activities like athletics and peer relationship.
- vi) *Genital stage* (puberty- end of life): At puberty there is reawaking of the sexual energy and seek its gratification. The libido energy is focused on the genitals, with adult expression of sexuality. The final organisation of personality represents contribution from all four stages.

### 2.2.2 Theory of Personality

The personality is made up of three major components – the id, ego and superego. Each component has its own functions, principles and dynamics. They are closely related with each other and behaviour is production of these interactions. Now we will discuss these components in detail.

*The id:* The id is the source of all basic inherited drives and instincts. The id is governed by pleasure principle. From birth humans are motivated to gratify their biological needs, such as hunger. For instance, if the infant is hungry he cries unless his need for hunger is gratified. Id cannot distinguish between fantasy and reality. The aim of the Id is to obtain pleasure and avoid pain. It attempts to reduce tension by reflex action (sneezing) and primary process. Primary process reduces tension with forming mental image of the object. To reduce tension of hunger mental image of food will be formed but this mental image cannot really satisfy the hunger need. In order to gratify this need in real terms, the ego emerges. This is the second system that takes over to gratify the hunger need, that is the ego.

*Ego:* Id knows only subjective reality but ego understands the external reality. Ego is governed by reality principle. The inner demand is gratified with consideration of outside restrictions. The hungry person has to seek and eat food to reduce tension. Ego functions as executive, balancing between subjective reality and objective reality.

*Super ego:* Superego is not an inborn component of personality. It develops out of the ego. Superego has no energy of its own. In the process of socialisation, the individual learns from parents, teachers and elders all about how to behave in the society, what norms to follow, what is right and what is wrong what is good and what is bad, etc. Through reward and punishment the parents inculcate in children moral values and these in course of time become part of the individual's personality. Superego is the preserver of conscience and hence when a person does something wrong, it makes him feel guilty.

The problems that the individual faces, according to Freud, arise because of imbalance between these three personality components.

### 2.2.3 Techniques of Psychoanalysis

The process of counseling encourages the client to get aware of the material repressed in the unconscious and resolve the conflicts. The client is encouraged to talk freely, to disclose unpleasant, difficult, or embarrassing thoughts. Some time free association method is used in which client is expected to state whatever comes in his mind regardless of its relevance. Dream analysis is also one of the important techniques employed for making aware of the material repressed in the unconscious. Along with the above techniques interpretation of resistance, analysis of transference is used in psychoanalysis.

**Self Assessment Questions**

- 1) Describe the basics concepts of psychoanalysis.  
.....  
.....  
.....  
.....  
.....
- 2) Discuss Sigmund Freud’s theory of personality in detail.  
.....  
.....  
.....  
.....  
.....
- 3) Briefly describe basic concepts and techniques of psychoanalysis.  
.....  
.....  
.....  
.....

### 2.3 NEO-FREUDIAN PSYCHODYNAMIC THEORIES

All the theories which have their roots in the psychoanalytic theories, over a period of time have broken from those roots and started developing their own theories. These theories differed from psychoanalysis mainly in terms of psychosexual development and these theories added certain socio psychological components to the theory. These theories are called psychodynamic theories and these theorists are called as Neo Freudians.

### 2.3.1 Carl Jung

In the initial phase of his career Jung was greatly influenced by the concepts of Freud. However, later on he disagreed with Freud on the high emphasis being given to sexual content and developed his own ideas into theory. The foundations that were laid in an individual's childhood about the spirituality ultimately became the cornerstone of his theory. In this section we are going to learn about (i) The Human Nature and (ii) The major constructs of Jung's theory.

#### i) The Human Nature

The psyche is the combination of the conscious and the unconscious. The unconscious is again divided into collective and personal unconscious. The collective unconscious includes symbols, images, and archetypes common to all people. The personality is composed of the ego, persona, shadow, anima, animus, and self. These are explained below.

- a) *Ego*: Ego is the center of the field of the consciousness. This maintains the relation with the other contents. In the first half of the life of an individual, the ego gets separated from the self and in the later half, the self gets connected with the ego. This is called the process of individuation
- b) *Persona*: Persona is the conscious role we assume in presenting ourselves to the world. This is structured from the introjections that come from the parents and society. This is the combination of the responsibilities and the expectations of others from us. This aspect bridges the gap between the world and the ego.
- c) *Shadow*: Shadow consists of animal instincts that humans inherited in their evolution. The shadow is negative counterpart of ego.
- d) *Anima*: Human is bisexual animal. Masculine and feminine characteristics are found in both sexes. Anima is the collection of feminine qualities in the man. There is a sense of discomfort with self if this part is denied. The person feels driven by a force and is not able to be creative until he accepts this aspect of his personality.
- e) *Animus*: the masculine characteristics in woman is called animus. By living with man women become masculinised.
- f) *Self*: Self comprises the totality of the conscious and unconscious. The self is considered as midpoint of personality around which all the other systems are constellated. It motivates human behaviour to become whole. Thus self is life's goal for which people strive constantly and rarely reach.

#### ii) Major constructs

- a) *Psychological types*: Jung spent much time in psychological types describing the eight possible types. For illustration let us see two of them. The 'introvert - extravert' type is originated with his work. These are the two opposite ways of looking at the world and also how the person perceives the relationships. The extravert is preoccupied with understanding natural phenomenon and explaining them through general principles. Such people are outwardly oriented. They repress their feelings that side so they tend to appear distant, cold and unattached. Introverts are inwardly oriented.





- ii) *Superiority feelings:* The inferiority feelings lead to attempt to overcome superiority. It is not that the person does not want to overcome inferiority but the person wants to be superior to what he is at present ( a state of dependency). For Adler superiority does not mean social distinction, leadership or a prestigious position in society but it is striving for perfect completion. From birth to death, the striving for superiority carries the person from one stage of development to the next higher stage.
- iii) *Social Interest:* Social interest consists of the individual helping society to attain the goal of a perfect society. It is an attitude or outlook towards furthering the welfare of others. Social interest is behaviour like cooperation, social and interpersonal relations, group membership, empathy and so forth.
- iv) *Life style:* Style of life is the system principle by which the individual's personality functions. It explains the uniqueness of the person. Every person has as his or her goal, the superiority and each one tries to achieve the same by different ways. These different ways become a style of life in course of time. This style of life determines how the person confronts the problem.
- v) *Birth order:* We all do wonder why children born in the same family, although with the same atmosphere develop such different personality. Adler was of the view that the birth order in which the person is born makes a difference in shaping his personality.

For instance, according to Adler, the eldest child is the one who receives good attention. And till the time this child is alone, due to the amount of the attention that he gets, he is somewhat spoiled. This child becomes dependable and hard working. But when the new sibling arrives in the family the first born child tends to feel inferior as the attention of the parents get distributed to self and the new born. He feels as if he has lost his position as the unique one and a special in the family.

The second child is in a different position. When this child is born, there is already someone in the family before him as the eldest child, so he learns to accept the existence of the other person in his life. The typical second born is the one who considers himself always in the race and that he has to strive for his position. There is constant competition between the two siblings and that shapes the life of them in different way. The arrival of the second child as the new born brings in more attention to him and this makes him win in the fight more often with the elder sibling.

The middle child often feels that he has been suppressed a lot by the parents. This child may develop an attitude that he is the victim of all ill treatment and deprivation and as a result may carry an image of 'poor me'. He can grow up into a problem child or he may grow up into a more easygoing and more social.

The youngest child tends to be a pampered one. He is another person who gets attention in the family. As they grow up they tend to take their own decisions. Most of the time they have different views from the other members of the family and they choose to do what they think is right. They play a different role than the others.

The only child may not learn to share or cooperate with other children. This child learns to deal with the elders more effectively. Being the only person in attention these children find it hard if they are side lined.

The above are examples of the development of personality as result of the individual's ordinal position in the family.

### 2.3.2.2 Process of Counselling

The basic assumptions of Adler's theory are as given below.

- a) Every behaviour is goal directed
- b) Humans are basically social
- c) The functions of the person become the important part of an individual's personality

His theory focuses on inferiority feelings, which he sees as a normal condition of all people. He believes that this feeling becomes the source of the striving for all humans. These inferiority feelings motivate us to strive for mastery. We are always forced by this feeling and this gives us means to achieve things. He believes that our life course is not determined by only heredity or environment. We have the capacity to interpret the things that are happening around. So in effect we do have control over our lives. Adler thus was the first to say that individual should be understood with reference to the system he lives in.

Based on this Adler has come up with the goals that are put for the counselling as given below:

- Encouraging social interest
- To help the person deal with feelings of inferiority.
- Modifying the views of the client.
- To make the client feel that he is equal to others.
- To change the faulty motivation.
- To make the clients aware that they should make some contribution to the society.

Adler identified clear phases in counselling.

#### • **Phase 1. Establishing the relationship**

Adlerian therapist establishes a collaborative relationship with the client. The quality of the relationship is one of caring, involved, and friendliness. The contact with the person is more important than starting with the problem. That is, the focus is on the person rather than the problem. A positive relation is created in this phase. The client does not believe in his capacity in the initial phase, so the therapist provides the support to the client. The emphasis is more on the experience of the client, and the techniques that are used are not given so great importance. The techniques are used as per the need of the client. The main techniques used in this phase are listening and empathy. This caring way of therapist is likely to make the feel more understood and accepted. As a result he will focus on himself better. It helps the client to also clear the expectations he has from the therapy. He is able to define the goals.

- **Phase 2. Exploring the individuals Dynamics**

There are two parts to this: subjective and objective interview.

In the subjective interview the client is asked to tell his story. Mere active listening skills are not enough, the component of wonder, fascination and interest by the therapist are also equally important. The second part; the **objective interview** is the part in which the details of the problems are taken by the therapist. He also assesses the various other dimensions of the client's life in this part.

Along with this there are few other things which are considered about the client and these are as What are the ordinal position of the client and other details about the family and his position in the family? The therapist also asks the client about the family dynamics of the client. That helps him to understand the client in a better way.

The other aspect in the assessment is that the therapist asks about the earliest recollection the client has about his childhood. Because as per this theory this is the time period which shapes the person's personality in the coming life. The client forms most of his notion of his life in this phase. So the therapist has a clue to them.

The therapist also seeks what are the person's priorities

These are broadly divided in the following types:

- a) People using superiority: These are the people who are interested in leadership. They cannot take life to be meaningless. Their complaints are that they are overworked, overburdened.
- b) The need for control: These are people who want to control the situation. They are ready to be away from others if they can get success in what they are doing.
- c) People seeking comfort: These people want to avoid pain. They avoid facing the problem. They are all right with lesser productivity. They do not want to deal with the problem.
- d) People who want to please: These people cannot take the rejection by others. They always try to please others. They seek compliments. Even the slightest inattention is seen as rejection by these people.

- **Phase 3. Encouraging self-understanding and Insight**

This therapy believes that human life has purpose. If the client is willing to disclose what he feels and how he feels and thinks, these would be of value in his growth and development. The therapist gives the timely interpretation of the clients' life and this in turn makes the client get rid of the unwanted complexities. The interpretations that are shared in this approach are always open ended statements. The therapist here also does not impose his views about the client and this makes the client agree or accept interpretations more easily. The client understands his motivations gradually in this way.

- **Phase 4. Helping with reorientation**

This is the action oriented phase. In this there is mutual agreement between the client and the therapist. The client extends the understanding to action. By this

time the clients' need for belongingness and being valued is satisfied to a great extent. The client is expected to reevaluate the motivations that he is working with so far in his life. He understands what is not working and what is proving harmful for him. In this phase the client thinks about what he can really do about it.

- **Phase 5. Encouragement process**

This is the most distinctive feature of the therapy. In this the therapist makes the client aware about the alternatives that are available to the client. They discuss about these and try to reach a final decision which in turn deepens the therapist's understanding of the client.

The therapist helps to identify much cognition that is harmful for him. He uses different techniques for this purpose. This makes the client feel that he is in charge of his life situation.

- **Phase 6. Change and search for new responsibilities**

In this phase the clients make decisions and also modify their goals. The therapist suggests the client to keep a watch on the process of caching the old pattern. Once the client becomes aware about it, it becomes easier to deal with it. This is the phase in which the client tries to find a solution to his problems.

**Self Assessment Questions**

1) Describe Alfred Adler's Basic concepts of his theory.

.....  
.....  
.....  
.....  
.....

2) Explain Adler'sof counselling.

.....  
.....  
.....  
.....  
.....

3) What are the various phases through which counselling proceeds?

.....  
.....  
.....  
.....  
.....

4) “The basic motivation for human behaviour is superiority”. Illustrate this statement with the help of basic concepts of Alfred Adler.  
.....  
.....  
.....  
.....  
.....

5) Discuss the process of counseling in the context of Adler’s approach.  
.....  
.....  
.....  
.....  
.....

**2.3.3 Karen Horney**

Horney’s theory of neurosis is the best that exists today. She looked at neurosis in a different light, saying that it was much more continuous with normal life than other theorists believed. Furthermore, she saw neurosis as an attempt to make life bearable, as an interpersonal controlling and coping technique.

According to Horney, parental indifference causes adult neurosis. Depending on the child’s perception as to how he or she has been treated , for instance, feeling of a lack of warmth and affection in a parent, the parent who makes fun of their child’s thinking or neglects to fulfill promises, etc., may lead to neurotic disorders.

Using her clinical experience, Horney named ten particular patterns of neurotic needs and these were clumped into three broad coping strategies.

The first strategy is compliance, also known as the moving toward strategy or the self effacing solution. Most children facing parental indifference use this strategy. They often have a fear of helplessness and abandonment, or what Horney referred to as basic anxiety. Such persons restrict their life into narrow borders, including being undemanding, satisfied with little, and being inconspicuous.

Horney’s second broad coping strategy is aggression, also called the moving against and the expansive solution. Here, children’s first reaction to parental indifference is anger, or basic hostility. The need for power, need for control over others, and for a facade of omnipotence and the need for social recognition and prestige, and the need for personal admiration, etc fall in this category.

The final coping strategy is withdrawal, often labeled the moving away from or resigning solution. When neither aggression nor compliance eliminate the parental indifference, Horney recognised that children attempt to solve the problem by becoming self sufficient. This includes the neurotic needs for self sufficiency and independence and those for perfection and unassailability.

While it is human for everyone to have these needs to some extent, the neurotic’s need is much more intense. According to Horney the neurotic makes the need

too central to their existence. Horney's ideas of neurotic needs mirrored those of Adler in many ways. Together, Adler and Horney make up an unofficial school of psychiatry and they are often referred to as neo-Freudians or Social Psychologists.

In her personality theory, Horney reformulated Freudian thought and presented a holistic, humanistic perspective that emphasised cultural and social influences, human growth, and the achievement of self-actualisation. Though she was often considered to be too outspoken, Horney often had the distinction of being the only woman whose theory is included in personality textbooks.

Horney believed that the self is the core of one's being, their potential. If one has an accurate conception of themselves, they are free to realise their potential. The healthy person's real self is aimed at reaching their self-actualisation throughout life. On the other hand, the neurotic's self is split into an ideal self and a despised self.

---

## 2.4 COGNITIVE COUNSELING APPROACH

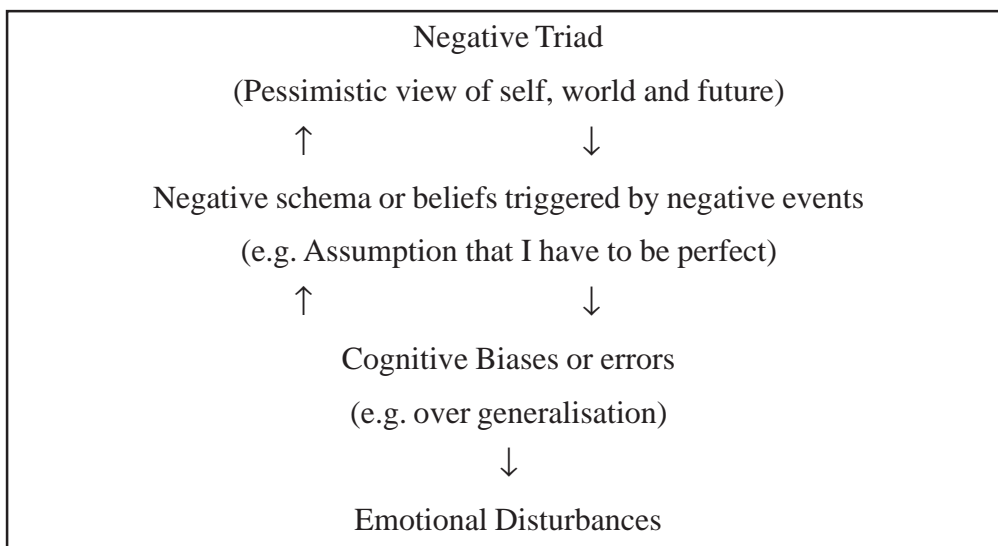
---

The cognitive approach assumes that humans are thinking being. Humans can think rationally, irrationally and commit errors in thinking. This approach views that what people think about the experience or event determines their feelings and actions. Albert Ellis, Aaron Beck and Donald Meichenbaum are known as cognitive theorists. We will see Ellis and Beck in this section.

The ineffective behaviour and emotional problems are viewed as result of faulty thinking. Those who are effective in dealing with the problems tend to put the experience at the higher level and learn from them. Those who have ineffective thinking will focus on the negative aspects and linger on those facts. Albert Ellis developed rational emotional behaviour therapy and Aaron Beck developed cognitive therapy.

### 2.4.1 Aaron Beck

Beck was trained in psychoanalysis but he did not get support for Freud's theory of depression. He found that basic problem in depression is faulty cognitive processing. Beck theorised that many problems especially depression has origin in negative beliefs toward self, world and future called as negative triad. The Counsellor and client try to find out the reasons for the problem with the help of this triad. Beck gave a cognitive model of emotional problem as given below.



Schema is a pattern of organising thoughts in a particular way. For example, we tend to think that “ I should be perfect, if I make mistake it indicates that I am unsuccessful”. Cognitive biases are distortions of facts. In other words cognitive errors are the wrong interpretation that is given to the event. There are 6 types of cognitive errors, which are (i) selective abstraction (ii) dichotomous thinking (iii) over generalisation (iv) magnification, (v) minimisation and (vi) arbitrary inference. These six cognitive errors are explained below:

i) *Selective abstraction*

Here the person focuses only on certain details and ignores the other details. Suppose a mother arranges a surprise party for her son, and the son is not happy with it. The error will be that the son will ignore the fact that his mother has taken efforts to arrange a party, and would focus on the fact that his few friends were not invited for the party and that this was done by his mother to show him in poor colour.

ii) *Dichotomous thinking*

Here the thinking is either or type. That is, the things are completely good or completely bad. Example: the other person either loves me or he hates me. The indifferent attitude is not considered.

iii) *Over generalisation*

This refers to arriving at a conclusion on the basis of very little information. For example if you meet a single foreigner and he turns out to be arrogant then based on this if you conclude that all the foreigners are the same, then you are committing this error.

iv) *Magnification*

This refers to the overestimation of a single event than the actual. For example, if I fail to give good lecture it is magnified and concluded that I can not deliver good lecture.

v) *Minimisation*

Minimising value of some event than what it actually is. For example if someone does ten things for us, and forgets to do one, then if we focus on the one that is not done. This error is committed in this case.

vi) *Arbitrary inference*

Drawing conclusions that have no evidence. Example: having ideas about being in other country as very unsafe, for which one does not have any evidence.

The negative triad affects on schema, schema affect on cognitive error and again reverse effect. Thus emotional disturbances become more and more severe.

The techniques used for this counseling are as follows:

- a) **Persuasion:** In this the client is pushed in the direction to think which is more appropriate to him.
- b) **Suggestion:** the counselor gives the client about going in a particular way that is he explores alternative that are available to the client.

- c) Instruction: very clear cut and precise instructions are giving. In case of daily activity scheduling of the client, he is given very clear instruction how to keep record and what are the activities that he is suppose to complete.

The change in the client takes place through the cognitive restructuring. The first step towards this is by the client's description of the problem. This gives the counselor the understanding how the client is thinking. In this if it is assessed if there are any negative/ dysfunctional or irrational thoughts that are causing disturbance to the client's life. In the second step these are explained to the client. He is made aware about this. In the next step more adaptive alternative patterns or structures are discussed between client and counselor.

## 2.4.2 Alber Ellis

Rational emotive behaviour (REBT) was put forward by Albert Ellis in the year 1955. He was influenced by Roman philosopher Epictetus who stated that "men are disturbed not by things but their views of things". Based on this principle he postulated REBT. In this section attempts has been made to understand basic concepts and process of counseling with the help of ABCDE model.

Ellis viewed that when after any event (A) negative emotional consequences (C) are experienced then person think that it is the consequence of that event but in fact these consequences are of his beliefs (B). To make it clear let's see the meanings of these alphabets.

A = Activating event

B =Beliefs

C = Consequences/ Conclusions

D = Dispute/Discussion/Debate

E = Effect of intervention

*Explanation of ABC model*

Let's start with example

The Activating Event: I went for job interview and I did not get selected

### **The Belief:**

- a) Irrational: It can not stand this rejection, I will never get job, I will always do poorly on job interview.
- b) Rational: I don't like getting rejected, it seems difficult, I should prepare well.

### **The Consequent Emotion:**

- a) Undesirable: anxiety, depression, worthless feeling
- b) Desirable: irritation, frustration, keep trying

### **The Consequent behavioural**

- a) Undesirable: refused to go for job interview
- b) Desirable: continued search for job

When beliefs are irrational the person starts perceiving problem. Beliefs are of rational and irrational. Irrational beliefs are not facts. Ellis identified 11 universal

irrational beliefs such as I must be loved and approved by everyone, I should be perfect and competent, it is easier to avoid difficulties than to face them, unhappiness is caused by circumstances that are out of my control etc.

D step is of intervention. Counsellor debates, discusses, confront with client for understanding whether their beliefs are true or logical. In the above example counselor he will discuss by questioning client why can't you stand this rejection? Why you will not get job? In the beginning client give irrational reason but counsellor asks for evidences and make him aware of facts and his faulty way of thinking.

To practice rational beliefs home work is assigned and discussed in the next session. Thus clients are helped for getting three insights: i) behaviour is not result of past or circumstances but result of rational or irrational beliefs ii) Although problem originated in the past it is continued because of thinking in the same way. Unless previous doctrines are not replaced by new doctrines problem cannot be solved, iii) efforts and practice are essential for change.

The E is effect of changing beliefs system from irrational to rational through counseling at stage D. It changes emotion, behaviour and cognition of client. He will now have more appropriate feelings, do desirable behaviour and able to think rationally.

**Self Assessment Questions**

- 1) Discuss rational emotive behaviour therapy in detail.

.....  
.....  
.....  
.....  
.....

- 2) Describe ABC model of Albert Ellis with appropriate examples.

.....  
.....  
.....  
.....  
.....

**2.5 LET US SUM UP**

In this unit we have discussed psychodynamic and cognitive approaches to counseling. Psychodynamic approach emphasised unconscious motives and past experiences. These approaches are classified into Freudian and Neo-Freudian. We studied Freud, Jung and Adlers theories. Beck and Ellis are studied for cognitive approaches of counseling. Beck gave importance to negative thoughts while Ellis emphasised irrational beliefs as cause of problems. Cognitive therapies are direct and rapid therapies than psychodynamic counseling.

---

## 2.6 UNIT END QUESTIONS

---

- 1) Explain Psychoanalytic theory in your own words.
- 2) What are the techniques of psychoanalysis?
- 3) Why are the theories of Horney and Adler called as Neo Freudian theory?
- 4) What is cognitive counselling approach?
- 5) Describe Aaron Beck's theory.
- 6) Describe Albert Ellis' theory.

---

## 2.7 SUGGESTED READINGS

---

Hall, C. S., Lindzey, G. & Campbell, J. B. (2009). *Theories of Personality*. Delhi: Wiley- India.

Hoffman, M. (2000). *Empathy and Moral Development: The Implications for Caring and Justice*. Cambridge, UK: Cambridge University Press.



ignou  
THE PEOPLE'S  
UNIVERSITY

---

## UNIT 3 THE PERSON CENTERED APPROACH TO ASSESSMENT AND COUNSELLING

---

### Structure

- 3.0. Introduction
- 3.1 Objectives
- 3.2 Basic Concepts
  - 3.2.1 Unique Perception
  - 3.2.2 Rational and Trustworthy Nature
  - 3.2.3 Self Actualisation Tendency
  - 3.2.4 Self Concept and Ideal Self
  - 3.2.5 Positive Regard
  - 3.2.6 Condition of Worth
- 3.3 Rogers' Theory of Personality
  - 3.3.1 The Developing Infant
  - 3.3.2 The Self Concept
  - 3.3.3 Condition of Worth
  - 3.3.4 Fully Functioning Person
- 3.4 Therapeutic Process of Counselling
- 3.5 Relationship between Client and Counsellor
  - 3.5.1 Congruence and Genuineness
  - 3.5.2 Unconditional Positive Regard
  - 3.5.3 Role of the Counselor
- 3.6 Applications
  - 3.6.1 Counselling and Psychotherapy
  - 3.6.2 Human Relations Training
  - 3.6.3 Application in Small Groups
  - 3.6.4 Application in Institutional Change
- 3.7 Evaluation
- 3.8 Let Us Sum Up
- 3.9 Unit End Questions
- 3.10 Glossary
- 3.11 Suggested Readings

---

### 3.0 INTRODUCTION

---

In the second unit we learnt psychodynamic and cognitive approaches to counseling. Psychodynamic approach emphasised on the past and the repressed unconscious materials that affect the personality and behaviour of the individual. In this unit we will be dealing with the study of humanistic approach of Carl Rogers. Humanistic approach assumes that behaviour must be understood in terms of subjective experience of the individual and only the individual can explain the meaning of a particular behaviour. Thus humanistic view emphasises on the person's conscious experiences more than unconscious experience. Every

individual has potential to grow fully. It is an inborn quality and with this ability the individuals will be able to solve their problems on their own by their own efforts. The Counsellor does not provide direct answer to the problems of the individual but assist them to find their own unique and suitable remedies. Hence person centered approach is known as non directional approach. The founder of this approach is Carl Rogers. The person centered approach of Carl Rogers has been one of the most influential techniques in the history of counseling. He put forward this theory in 1942. Based on this theory, he developed the counseling interventions and emphasised the importance of human dignity and also the importance of relationship in the growth of humans.

---

## 3.1 OBJECTIVES

---

On completing this unit, you will be able to:

- Elucidate the basic concepts of person centered approach;
- Explain personality theory of Carl Rogers;
- Describe the process of intervention;
- Identify role and functions of counselor;
- Analyse the applications of person centered approach; and

Let's begin with some basic concepts of person centered approach.

---

## 3.2 BASIC CONCEPTS

---

The basic theory of person centered counseling is stated simply in terms of “if-then” hypothesis.

“If counsellor has certain qualities like congruence/ genuineness, positive regards and empathetic understanding then positive changes will take place in client”.

Most of the theories of counseling and psychotherapy do reflect the lives, needs of people. This approach believes that each individual has his or her own worth and dignity. Each individual is capable of taking decisions and deciding the course of their lives. Rogers sees people as basically good or healthy, or at the very least, not bad or ill. In other words, he sees mental health as the normal progression of life, and considers mental illness, criminality, and other human problems, as distortions of that natural tendency. His theory is a complete theory but simple as compared to that of Freud's psychoanalytical theory.

Some of the important assumptions underlying this theory are given below:

### 3.2.1 Unique Perception

The same experience may be interpreted by each person in different way. Individual perceive it in unique way from the others. Let us see examples, if students are punished for misconduct in the class room. Every student perceives this incident differently. This incident may be perceived as insulting, aggression provoking, mistakes correction, neutral etc. The way we perceive a situation is influenced by our past experiences, needs and expectations. Thus every individual may see the world and perceive the various happenings differently.

Our perceptions of external world guide our behaviour. As we have mentioned above, this approach gives importance to a person and his/her unique ways rather than what is common sense. This means the person should believe in his/her own perception. He has his own, unique way of looking at things and understanding them, without comparing with others. This approach believes that the same event is viewed differently by different people. In other words every individual has a unique way of perceiving things, which may be totally different from that of the other persons. This way of looking at things from one's own the unique inner way is called the phenomenological world. In the words of Rogers, Phenomenological Field is: *"The only reality I can possibly know is the world as I perceive and experience it at this moment.... There are as many 'real worlds' as there are people."*

Environmental factors and cultural background play a vital role in the variation that exists in the person's perception. The more is the congruence in the outer world view and the inner view the more the client is comfortable with himself.

### 3.2.2 Rational and Trustworthy Nature

This assumption again places great belief in the person. This frees the person from being wrong. The basic human tendency is to be rational, and if we fail to do so then we are in a state of imbalance or what we can call as the disturbed state. So the disturbance is not because we commit a mistake, but it is because we are doing something against our natural tendency. No one is born with the motive to cheat others, we tend to trust others and ourselves too. We also are trustworthy as far as others are concerned. These qualities are considered as natural characteristics of human being. The theoretical underpinnings and the counseling interventions are based on these important characteristics of the individual. If this is not considered as real then there will be no point in allowing the clients to take the lead in the therapy sessions.

The appropriate actions of the humans are explained on the grounds that there is a discrepancy between the real self and the ideal self that the person has. People use defenses to save themselves from the realisation that their real self is not the same or congruent to the ideal self. This causes anxiety in the individual and makes him feel that he is not living a life that he has imagined for himself. To keep down the anxiety and to attain a balance state the individual may use defense mechanisms which would reduce this anxiety. With these defenses the individual is able to keep the conflicts that arise to the minimum.

Thus the major part of the Rogerian counseling or therapy is that the counselor will convey the trust to the client through actions and words. For example if the client has been accused of some misdeed, which is considered as a crime by both the judiciary and the society, which may decide to punish the person, in Rogerian counseling sessions, the counselor provides even such a person an atmosphere in which the client feels that someone trusts him. This feeling that another person trusts him or her, is one of the important motivating factors to bring about a change in one's own self, that is changing the behaviour that is being considered as criminal etc.

### 3.2.3 Self Actualisation Tendency

All humans have an inherent tendency towards self actualisation. This self actualisation is defined as the inherent tendency within the individual or within the organism to develop all its capacities in ways that serve to maintain or enhance the organism. Every individual strives to do better and be better in their lives. This tendency is not forced on the persons from any one or any thing outside, but it is from within the person himself / herself. Perhaps the main requirement here is that one should be aware of the same.

Self actualisation is defined as a state of psychological fulfillment. It includes acceptance of self and others, close relationships, goal directedness and naturalness. In the words of Rogers, there is one central source of energy in the human organism. It is a function of the whole organism rather than some portion of it. It is perhaps best conceptualised as a tendency toward fulfillment, toward actualisation, toward the maintenance and enhancement of the organism. Self-actualising means , one is

- 1) Open to experience,
- 2) Trusting in one's experience,
- 3) Holds an internal locus of evaluation and
- 4) The willingness to be in process.

Encouraging these goals is the basic purpose of person-centered therapy. It also includes a need for privacy, orientation toward growth, sense of brotherhood with all people, sense of justice, sense of humor, creativity, and personal integrity. Human being is viewed as a mechanism that tries to develop maximum amount in regard to all the above aspects. This is the force that directs the person. This moves the person in the direction of full growth. Self actualisation is seen as more influential in the development than the environmental factors. This aspect is well recognised by the Rogerian therapists who see that the client is moved by the inner force and thus is less likely to be controlled by the external force. Hence any change brought about from within is far more effective than ones that are enforced from outside world or externally.

### 3.2.4 Self Concept and Ideal Self

An infant has no concept of self or others. As the individual grows and develops and goes through life experiences the ability to discriminate between self and others emerges. The developing infant also brings to discriminate among its experiences and that of others experiences also. It leads to 'I' and 'you' feelings formation. The self reflects our view of who we are at a given moment. Ideal self denotes the self concept the individual would like to possess. Goals and aspirations of our lives are included in the ideal self. In simple words what am I is the real self and what I want to be is the ideal self. For e.g. I am good but I wish to be very good.

**Congruence:** When the real self and ideal self match with each other, the individual experiences a sense of congruence or genuineness. It is the consistency between what one experiences and what one expresses. For e.g. I am talkative and I talk with friends. If the person finds contradictions in the ideal self and real self, these lead to feelings of incongruence. For instance, I want to talk but due to social pressure I keep quiet.

### 3.2.5 Positive Regard

Positive relations with other human beings are essential for human growth and development. It provides feelings of love, care, being valued and a sense of belongingness. Any behaviour of attention or praise is positive regard and this positive regard is very important for feeling good about oneself. To receive positive regard a person may ignore other aspects of self. For e.g. One may like to talk and participate but if the significant people do not approve of it, the person does not talk as in the case of children who like to talk when elders are conversing, but stops because it is considered inappropriate for youngster to talk when elders are conversing. Such behaviour gets positive regard from others.

The needs for positive regard and self regard would never be at variance with organismic evaluation, and the individual would continue to be psychologically adjusted, and would be fully functioning. Sixty years of research has consistently demonstrated that empathy is the most powerful determinant of client progress in therapy. Empathy operating from all three levels, viz., interpersonal, cognitive, and affective is considered to be one of the most powerful tools the therapist has.

### 3.2.6 Condition of Worth

Every person has different values for certain behaviour because of unique self actualisation tendency. If experience is as per self actualisation, then the individual gives positive value to such experience and negative values are given to the opposite or different experience than self actualisation. This is the reason why some one's positively valued experiences get negatively valued by others. However, in many cases to get positive regard sometimes an individual has to compromise his self actualisation tendency. In such circumstances he introjects (incorporates within himself) the values of others and ignores self values. The Person thinks that by doing so, it makes him worthy in the eyes of others. In other words, the individual thinks that if I behave according to the expectations of others I will get more and more positive regard in terms of praise, approval, respect etc.

The above discussed concepts can be summarized in the following sequence:

- Human behaviour is the result of a personal need to grow and develop to full potential.
- People have the inner ability to grow and accept responsibility for their actions
- A person becomes aware of being, that is of "self" or a "self-concept" through experiences and interactions with others.
- Everyone needs to be valued by others and to have positive feelings of self worth.
- A healthy person has a perception of self that is consistent with his/her own experiences.
- Problems arise when a person's internal ideas of self worth and experiences are inconsistent.

The above approach is the humanistic approach and according to Rogers it is not fixed but is open to change even today. Rogers has never claimed that this is complete and fixed approach to therapy. He always thought that it would be better that others would view this therapy as tentative principles in terms of how the therapy progresses. This approach is called also as (i) non directive counseling and (ii) client centered counseling.

In his revision of this approach in 1980 Carl Rogers gave it a name as Person centered counseling instead of client centered therapy as there was a criticism stating that why Rogers' therapy is to be called client centered while, all other therapies too are client centered.

**Self Assessment Questions**

1) Describe the basic concepts of person centered therapy?

.....  
.....  
.....  
.....  
.....  
.....

2) Discuss the role of self actualisation and condition of worth in human growth and problems?

.....  
.....  
.....  
.....  
.....  
.....

3) What is meant by positive regard? Explain

.....  
.....  
.....  
.....  
.....  
.....

4) Discuss the relationship between self concept and the ideal self. Why is congruence between concept of self and ideal self is important?

.....  
.....  
.....  
.....  
.....  
.....

---

## 3.3 ROGERS' THEORY OF PERSONALITY

---

The primary concern of Rogers was not to develop a theory of personality. It was the clinical work of Rogers, the research he conducted and the personality change that occurred as a result of his therapy that resulted in the theory of personality called as the client centered theory or to be called later as the person centered theory of personality. Some of the important components of Rogers theory of personality are presented below.

### 3.3.1 The Developing Infant

The child at the time of birth has its own world of experience. What the infant experiences is its reality. It is the child's organismic experience for its growth. In this organismic world the basic motivation is self actualisation tendency. It is the inborn tendency that forces the infant to do what is good for itself. If the child feels hungry it tries to get food through crying. Along with self actualisation the infant has inherent capacity to add positive and negative value to the experiences. The positive values are given when experiences appear to enhance organism. If security is experienced in the presence of mother, the child gives positive value to the presence of mother near itself. On the contrary when experiences are perceived as negative, fearful, unpleasant etc., and are contrary to the self actualisation tendency the child attaches negative value to such experiences. It is well known that infants cry when it is lifted and handled by an unknown. The infant does not to be with people who are unknown to it. Thus this organismic valuing process helps to direct behaviour to achieve the goal of self actualisation.

### 3.3.2 The Self Concept

As the child grows up, it is able to discriminate between the experiences of its own and the experiences of other people. Self concept develops through the child's experience and perception, which in turn is influenced by the need for positive regard (discussed in the basic concept in the previous section). Thus along with the organismic need, positive regard is also important for the individual, as this need for positive regard also directs the human behaviour. In other words, the person has to see whether the particular behaviour being manifested is fulfilling the organismic need as well as receive positive regards from others. To get the required things, the child wants to cry but mother does not like a crying baby. To get positive regard from mother the child should not cry but be quiet.

### 3.3.3 Condition of Worth

It is of course well known that a child needs love, care, nurturance, affection and acceptance from parents to fulfill its own needs of positive self regard, but sometimes a behaviour which is forced by organismic need is contrary to the need of positive regard. Parents do not accept such organismic behaviour because their value process is different due to their different needs for self actualisation. In such contradictory situation the child starts differentiating between its own experiences which are worthy for positive regard and not worthy for such regard. Sometimes he feels that its own organismic experiences are against its well being. With this perception the child avoids or denies its organismic experiences. In this way the condition of worth becomes a part of its self regard system. The child feels the positive self regard when its experiences are in line with the

experience for which it has received positive regard. On the other hand, if the child's experiences are those for which it has not received positive regard, the child experiences negative self regard. To state this concept in simple terms, it may be stated that the self regard of the person is dependent on the social acceptance from significant people.

Though the individual starts giving importance to positive regard and condition of worth, yet the self actualisation tendency remains the basic motivation for the individual. The problem arises when organismic need and condition of worth are expecting different behaviours. The individual has to solve this conflict by choosing one behaviour. To maintain the positive self regard the child may choose to behave according to condition of worth, that is, the behaviour that gives positive self regard. For instance the child may perceive that the organismic needs are not allowing self to become a good person, so the child decides to act as per condition of worth. Thus the needs for self regard overpowers the organismic need. In this kind of situation, at times the individual may even deny the organismic experience, even though it may not get extinguished.

### 3.3.4 Fully Functioning Person

The next important component of Rogers personality theory is the concept of Fully functioning individual. This refers to the person's behaviour being fully in line with the self actualisation tendency. Such a person has the following qualities:

- i) open to experience
- ii) accepting of one's own feelings
- iii) living in the present rather than past or future
- iv) make free choices and act spontaneously
- v) trusting self
- vi) creative and non-confirming.

This approach is based on the theory called "self theory" of personality. This assumes that the individual's view of self determines the individual's action. How the person perceives self in the context of the environment around, does affect how the person deals with the difficulties. For example if persons perceive their parents as negative then they may get hostile towards their parents especially when they have to deal with problems related to them. The self worth of a person is dependent on the perception if he or she had received adequate love and support from the people who are significant in their life. That means if the parents encourage their children and love them then children will grow up with the feeling of self worth. On the other hand, if the perception is that they have not been given adequate love, and nurturing, then children will grow up with a defensive attitude, and may start fighting with people. This perception is the reality for that youngster who is growing up and if this is causing some problem, personal reality can be changed through counseling.

The above approach of Rogers shows great confidence in the clients. There are four basic beliefs regarding this which are given below:

- People are trustworthy
- People move towards self actualisation automatically.

- People have positively inner resources to move.
- Every person has his own phenomenal world.

**Self Assessment Questions**

1) What is the organismic valuing process?

.....  
.....  
.....  
.....  
.....  
.....

2) Write personality theory of Carl Roger with suitable examples?

.....  
.....  
.....  
.....  
.....  
.....

3) What is full fully functioning person? Discuss in the context of Carl Rogers theory.

.....  
.....  
.....  
.....  
.....  
.....

4) What are the qualities of a self actualised person?

.....  
.....  
.....  
.....  
.....  
.....

## **3.4 THERAPEUTIC PROCESS OF COUNSELLING**

Rogers believed that the success of therapy depends upon two important aspects:

- i) Therapist's personal characteristics
- ii) Therapeutic relationship with the client

Unlike many other approaches no great importance is given to the therapeutic techniques of Carl Rogers' Person centered therapy. As compared to all other therapeutic approaches, this approach believes the greatest in the capacity of the client to change with own effort. As we see the self change is not because of the mechanical things but the client has the potential to grow and hence considerable importance is given to the client's own efforts to change and solve the problems with which the client comes to the therapist for help.

The goal of this person centered approach differs from the other therapeutic approaches. The focus is on the person's growth and not on his problem. The very first goal of therapy is to assist the client in the process of growth. The Counsellor provides a climate which helps the person to become a fully functioning person. The sub goal of this approach is to make the client aware of the kind of mask that he is wearing, that is, putting up a self which is not the real self. For instance, in the process of socialisation it may happen that the person acts according to the demands made upon him and neglect the inner experience. If the demands made upon him are constant and too many, the person tends to forget own real self. During therapy, the counselor has to make aware of this social face that the client is carrying with him or her, as by using this mask too often, the clients lose touch with themselves.

Another sub goal is to make the client aware that there are other possible alternatives to the behaviours. These alternatives are put across to the individual and the client is asked to choose from among the alternatives and discuss again the pros and cons involved in these alternatives. Finally the client is able to select the alternative which appears the most adequate and appropriate. This entire process helps the client grow and become a self actualised person. Rogers gives description of a person who has reached this dimension as mentioned in the basic concept of fully functioning person.

The qualities that he has used to describe are:

- 1) They have openness to experience.
- 2) They have trust in themselves
- 3) They have an internal source of evaluation
- 4) They are willing to grow always.

There are no fixed goals in Rogers therapy. It is left to the client to decide the rate at which one wants to grow and in which direction.

In the developing phases of this therapy one finds that there was a great emphasis on the therapist's active role especially in the initial phases. However in the later years the counsellor became less in control of the counseling. Now the emphasis is on the client's willingness to work. The client comes for therapy for different reasons, but with this approach we interpret that if the client is trying to

seek help then he may be feeling helpless. The client may also feel that he or she is powerless person. In addition the client might be failing to take decisions. Now let us see what does the counseling do to the person who has come for help.

First step is to provide the client with a nurturing atmosphere in which the client can feel comfortable and uninhibited to express and verbalise one's feelings and thoughts. In order to provide such a nurturing atmosphere, the therapist must have the following qualities, viz., congruence, unconditional positive regard and accurate empathy. All these would help the client to grow and deal with the problem with own effort and these qualities are explained below:

- a) **Congruence:** Congruence means the therapist is genuine in his or her expressions. The therapist acts like a real person. There should not be artificial behaviour on the part of the therapist.
- b) **Unconditional positive regard:** This means that the client will be accepted the way he or she is. There are no terms or conditions for that. Whatever thoughts, emotions or behaviour client expresses cannot disqualify the client from getting positive regard from the therapist. For e.g. client's thinking may be negative or the client may not be able to express self properly, yet the counselor will accept the client as he or she is.
- c) **Accurate empathy:** Empathy is understanding the other person by putting oneself into the other person's shoes or looking at the whole thing from the client's point of view. The counsellor puts himself in the place of the client and tries to understand the client's inner world. Suppose the client is a college student and not able to concentrate on studies, then to know him the counsellor will visualise himself as a student of the client's age with a similar background and then try to understand the student's experience. These aspects mentioned about the counselor are very essential qualities if the intervention has to be effective.

As we can see that these are the qualities that we seek even in our real life relations. This is the beauty of this approach, that rather than teaching the technique of counseling, this technique expects the counselor to develop certain qualities and these qualities have to be part of the counselor's skill.

It is believed that the client is able to explore a wider range of belief and feeling if they are provided with the nurturing atmosphere. With the counseling intervention the clients start accepting themselves and the reality as it is. They also become less confused. They develop a belief in themselves and others. If for any reason they do not feel comfortable in the atmosphere, they start understanding where their expectations are going wrong. They understand others better and as a result they themselves feel that they are being understood by others. The clients thus become free from distorted beliefs which enable them to have more choices.

As mentioned earlier, the basic human tendency is to grow and become self actualised. Counselors become the role model for their clients as a fully functioning person. It is very rare that tests will be used with this approach. The client takes the lead to discuss the problems, and the opinion of the client is valued by the counsellor. Confrontations and interpretations are avoided as much as possible with this approach. There is more emphasis on the "self exploration".

This is a process of knowing oneself better and accepting the way one is. This approach believes that when the persons become free from the conflicts that they face they will decide to actualise. This is the beginning of the change that takes place through the process of counselling.

In brief the counselling process has following steps:

- i) Client and counselor meet.
- ii) The client is in a state of incongruence resulted in some problem.
- iii) The counsellor expresses positive regard for the client.
- iv) The counsellor understand client's problem with empathy.
- v) The counsellor shares experience of step iii and iv.
- vi) Client's perception of these qualities change the client positively.

**Self Assessment Questions**

1) What are the therapist's qualities?

.....  
.....  
.....  
.....  
.....

2) Describe the counseling process of person centered therapy in detail.

.....  
.....  
.....  
.....  
.....

3) Discuss the essentials of person centered counselling.

.....  
.....  
.....  
.....  
.....

4) State briefly the steps in client centered counseling process.

.....  
.....  
.....  
.....

---

## 3.5 RELATIONSHIP BETWEEN CLIENT AND COUNSELLOR

---

In this approach, quality of relationship between the client and the counsellor is very important. Because of providing the kind of atmosphere that makes the client become aware about own self, this relationship equips the client to deal with the problem which has been rather difficult to cope with for the client. The main hypothesis here is that a genuine positive relationship can change the person for better. Also it is believed that the problem arises because of condition placed for considering a person worthy, that is, adapting the expected behaviour rather than one's own inner experience.

For this purpose, in this approach, two persons are in psychological contact, the one who seeks help, called the client and the other the counselor, who is expected to be congruent and integrated in this professional relationship. The client gets from the counselor the unconditional positive regard that may be lacking in life. The next task of the counselor is to be able to empathize with the client.

Rogers believed that if empathy and unconditional positive regard etc., are present in the therapeutic relationship then constructive changes do take place in the client. The conditions are the same for any kind of clients and it does not change from person to person. The counsellor does not have accurate knowledge about the diagnosis. Labeling the client is never given any importance. It is more of an equal relationship.

The counsellor does not try to keep his knowledge as a secret. Rather he is open about it and he does discuss it with the client. Since the counsellor accepts the client the way the client is, the client also gradually learns to accept own self and deal with in a better way. Clients in this relationship do realise the worth and the value they have. This makes them more real in dealing with their problems.

The therapy is viewed as a shared journey. The humaneness of the counsellor helps the client to grow, and each therapy session is a learning experience for the therapist as well. This makes him more experienced in guiding the client for the journey. One realistic acceptance in this approach is that, it is considered that both, the client and counsellor are fallible. They may make mistakes. This is the limitation of the human nature.

This is the reason that this approach did create a controversy. Now let us see the integral aspects of the counsellor in detail which is already briefly seen.

### 3.5.1 Congruence and Genuineness

This implies that the therapists are real and they are genuine in the therapeutic process. What the therapists experience and what they expresses does not have a difference. He does not give any artificial expressions or reactions. The negative reactions such as anger, boredom and disapproval are also expressed. The counsellor takes care that they are expressed in a way that they will not harm the client's mind state. To accept this reaction from the counsellor also is a part of being a mature person, so the client is assumed to possess this quality.

### 3.5.2 Unconditional Positive Regard

This is the second aspect of being a good counsellor. The counselor should be able to convey to the client that he or she cares for him. The caring that the counsellor provides is unconditional. It is not dependent upon how the client is behaving in his or her life. For example, the client might be doing something that is not approved by others, but as a professional the counsellor does not pass any comment on this specific behaviour of the client. The counselor is non-judgmental in his or her attitude towards the client. This is a difficult task for the counsellor. He does not evaluate the client with reference to his behaviour, rather he believes in him as a good human being. He at the same time does not support the wrong things that the client is doing. He helps the client to accept himself first and then with the client's desire he helps him to grow, with client's pace.

The caring is non-possessive. The counselor does not push the client to do anything saying that some action is the best thing for the client. Instead, the Counsellor is warm and accepts the client as he or she is, without any conditions and expectations. Along with this, he also makes it clear to the client that being a human being it may not be possible for the counsellor also to be accepting and caring all the time. He explains to the client the limits of the human nature. This develops the understanding on the client's part that they should accept the other person the way he is.

*Empathy:* This technique requires that the counselor is sensitive to what the client is saying and feeling and experiencing. The counselor puts himself in the place of the client and tries to get the accurate feel of the client's reaction in the most possible accurate way. The counsellor tries to get close to the subjective world of the client. By communicating his understanding of the client's feelings, he encourages the client to get closer to his emotions. This helps the client to deal with the emotions and feelings more effectively. Empathy is not mere intellectual understanding of the client's emotional expression but it is also understanding of the deeper meaning and the process that is involved in it. For this purpose, the therapist tunes himself to what the client is saying and what he means by saying that.

### 3.5.3 Role of the Counsellor

It is very clear that the role of the counsellor is being a genuine individual and not in the techniques that are used. The attitude that the therapist has is more important than his knowledge and theories. The Therapist becomes instrumental for the change that takes place in the client.

The therapist becomes the facilitator for that.

The role of the counselor is presented below:

- The therapist's attitude towards the client is one of respect as an equal.
- The therapist provides an atmosphere of acceptance where the client is able to become more aware of *self* and is able to explore his experiences and relationships with others.
- The therapist attempts to understand the client and is genuine and open to his own experience in the counseling relationship.
- The therapist offers the client unconditional acceptance and empathetic understanding. It is not the therapist's role to give advice.

Apart from the role few functions are expected of the counsellor. As we know a lot of importance is given to the client’s abilities to work on it. Rather there are clear cut guidelines about what the therapist is not supposed to be doing. He is not expected to manage, control, and regulate the client.

Following are the Don’ts for the therapist with this approach:

- Do not ask too much details of history.
- Do not ask leading or probing questions.
- Do not make any interpretations of the client’s behaviour.
- Do not evaluate client’s ideas or plans.

<p><b>Self Assessment Questions</b></p> <p>1) What are essential qualities of counselor in person centered approach? ..... ..... ..... ..... .....</p> <p>2) “Counselling relationship leads to better changes in client” illustrate in context with person centered approach. ..... ..... ..... ..... .....</p> <p>3) Describe the role and functions of counsellor in person centered approach. ..... ..... ..... ..... .....</p>
---

---

### 3.6 APPLICATIONS

---

The person centered approach can be applied in a setting where relationship and understanding among individuals are important. The person who is willing to grow can use this approach. Thus this approach can be used in different settings with individuals, groups and with families. It is also useful in the clinical population. Meador and Roger have given four major categories where this approach is applied. We will see these categories in brief.

### 3.6.1 Counselling and Psychotherapy

“Psychotherapy” and “counseling” are terms that are often used interchangeably. Although they are very similar, there are some subtle differences as well.

Technically speaking, counseling involves two people working together to solve a problem. It is a term that is used in conjunction with many types of advice giving. For example, financial planning and spiritual guidance are two types of counseling. Just about anyone may claim to be a counselor if they are in the role of giving advice.

In the context of mental health, “counseling” is generally used to denote a relatively brief treatment that is focused mostly on behaviour. It often targets a particular problematic situation and helps the person to grow up mentally and deal with the problem adequately on his or her own.

Psychotherapy on the other hand is generally a longer term treatment which focuses more on gaining insight into chronic physical and emotional problems. Its focus is on the patient’s thought processes and way of being in the world rather than specific problems.

In actual practice there may be quite a bit of overlap between counseling and psychotherapy. A therapist may provide counseling with specific situations and a counselor may function in a psychotherapeutic manner.

Generally speaking, however, psychotherapy requires more skill than simple counseling. It is conducted by professionals trained to practice psychotherapy such as a psychiatrist, a trained counselor, social worker or psychologist. While a psychotherapist is qualified to provide counseling, a counselor may or may not possess the necessary training and skills to provide psychotherapy.

The client centered approach emphasises the relationship between counsellor and the counselee which is the basic aspect of counselling. The theory of person centered approach is used in school counselling, pastoral counselling, marital and family counselling. It is used in play therapy and speech therapy also.

### 3.6.2 Human Relations Training

Developing and maintaining relationship is very essential for professionals and non-professionals who work with people. To facilitate interpersonal relationship among people the principles of person centered therapy are used extensively. Training of person centered therapy help people to have a positive regard for others, genuineness, and empathic understanding. Thus this approach is applied in training social workers, nurses, physicians, volunteer workers, teachers etc. For leadership training also this approach is considered to be effective.

### 3.6.3 Application in Small Groups

There are various small groups formed for certain goals, such as personal growth, encounter, stress reduction, etc. Some groups are formed for women, married couples, students or families whose members have common interest. To achieve the group goal genuine communication and understanding is important. Person centered approach is applicable in such group to achieve the goal by proper interpersonal relationship with group members.

### 3.6.4 Application in Institutional Change

Another application of person centered therapy is in institutions that aspire for orderly change or enhancement of human relations. This includes schools, colleges, industrial plants, religious organisations, clubs, government agencies etc.

---

## 3.7 EVALUATION

---

We have discussed applications of person centered therapy in different populations. In this section we will see some strengths and limitations of this approach.

Carl Rogers used electronic recording method in counselling that made easy to examine change in the client. The detailed study is possible due to recordings. Every counselling approach gives more or less importance to relationship between client and counsellor. This approach overemphasised relationship. It assumes that the proper relationship makes changes in the client rather than the technique.

The experience and research revealed that this approach is very effective in counselling. Client has to find out the solution of his problem hence he gets more satisfaction than getting a ready made answer. Unconditional positive regard of counselor for client develops feeling of self respect in the client. Client thinks that when other people are so confident about his or her potentials why should he or she not trust own potentials. This approach is criticised for the following points:

- It is taken as too simple approach, but it is extremely difficult to imply. In fact concepts in this therapy are complex than they appear at face value. Counsellor needs lot of skills and experience for counselling.
- The non directive principle limits the counsellor to give a suggestion that will actually save the time and the energy of the client.
- To be genuine most of the time is not so easy thing for the client.
- It is criticised that when self actualisation is major motivation why it does not work at the time of development of the problem.

#### Self Assessment Questions

1) Discuss various applications of person centered approach of counseling.

.....

.....

.....

.....

.....

.....

.....

2) How does psychotherapy differ from counseling?

.....  
.....  
.....  
.....  
.....

3) Evaluate person centered approach of counseling.

.....  
.....  
.....  
.....  
.....

---

### 3.8 LET US SUM UP

---

Person centered therapy is non directional therapy. Problems arise because people do not act as per their natural tendency i.e. self actualisation. It is inherent motivation to guide behaviour for maximum development. To get positive regard the person at times ignores this natural tendency. When persons ignore inner experience of self actualisation and behave as per condition of worth it creates incongruence. Every person has the ability to solve his or her problem effectively. Counsellor makes the persons aware of their natural experiences through genuineness, empathetic understanding and unconditional positive regard. With proper therapeutic relation positive change occurs in clients. Person centered approach is applied in various settings like, counseling and training.

---

### 3.9 UNIT END QUESTIONS

---

- 1) Explain basic concepts of person centered approach of counseling.
- 2) Discuss the role and functions of counselor in person centered approach.
- 3) Evaluate person centered approach of counseling with suitable examples.
- 4) Compare person center approach of counseling with other approaches of counseling.
- 5) What is mean by non directional approach of counselling? Explain with the help of salient features of person centered approach.

---

### 3.10 GLOSSARY

---

**Self actualisation** : Motivation to realise own maximum potential and possibilities. It is considered to be the master motive or the only real motive, all other motives being its various forms. In the Maslow's hierarchy of needs, the need for self-actualisation is the final

- need that manifests when lower level needs have been satisfied.
- Self and ideal self** : The real self is what you really think about your self. The ideal self is the person you would like to be.
- Unconditional positive regard.** : This refers to the term coined by the humanist Carl Rogers. This refers to the blanket acceptance and support of a person regardless of what the person says or does. Rogers believes that unconditional positive regard is essential to healthy development.
- Empathy** : The intellectual identification with or vicarious experiencing of the feelings, thoughts, or attitudes of another.
- Genuineness** : In Person centered counseling by Rogers the counsellor does not present an aloof professional facade, but is present and transparent to the client. There is no air of authority or hidden knowledge, and the client does not have to speculate about what the counsellor is 'really like'.

---

### 3.11 SUGGESTED READINGS

---

Gibson, R.L. & Mitchell, M. H.(2008). *Introduction to Counseling and Guidance*. New Delhi: Person Prentice Hall.

Glassman, W. E. & Hadad, M. *Approaches to Psychology* (4<sup>th</sup> ed.). Open University Press.

Gelso, c. & Fretz, B, (1992). *Counselling Psychology*. New York: Harcourt College Publishers.

---

# UNIT 4 THE NARRATIVE APPROACH TO ASSESSMENT AND COUNSELING

---

## Structure

- 4.0 Introduction
- 4.1 Objectives
- 4.2 Basic Concepts
  - 4.2.1 Listening to the Stories
  - 4.2.2 The Key Beliefs
  - 4.2.3 Fundamentals of Narrative Therapy
- 4.3. Techniques and Objectives of Narrative Therapy
  - 4.3.1 Externalising the Problem
  - 4.3.2 Reconstructing the Story
  - 4.3.3 Unique Outcomes
  - 4.3.4 Alternative Narratives
  - 4.3.5 Boundaries of Narrative Therapy
  - 4.3.6 The Leading Role
- 4.4 Key Assumptions
  - 4.4.1 Client and Problem
  - 4.4.2 Source of Information
  - 4.4.3 Client's Competencies
  - 4.4.4 Client's Acceptance
- 4.5 Goals and Steps in Narrative Counselling
- 4.6 Role of Therapist
- 4.7 Therapeutic Relationship
- 4.8 Techniques of Narrative Counselling
  - 4.8.1 Questioning Technique
  - 4.8.2 Exploration and Deconstruction
  - 4.8.3 Search for Unique Outcomes
  - 4.8.4 Alternative Stories and Re-authoring
  - 4.8.5 Documenting the Evidence
- 4.9 Let Us Sum Up
- 4.10 Unit End Questions
- 4.11 Suggested Readings

---

## 4.0 INTRODUCTION

---

Narrative approach to counseling is the last unit of this block. In this unit we are going to learn how narrative approach is used for counselling. We will first define narrative therapy, and then briefly describe its theoretical assumptions in relation to psychosocial concepts. Narrative therapy is a form of psychotherapy that emphasises the importance of story and language in the development and expression of interpersonal and intrapersonal problems. The term narrative implies listening to and telling or retelling stories about people and the problems in their lives. The pioneers in this approach are Michal White and David Epston. This

approach came into existence in 1990. This approach believes that people construct the meaning of life in interpretative stories, which later on become truth for them. David Epston sees these stories as both describing and shaping people's perspectives on their lives, histories and futures. These stories may be inspiring or oppressive. The counsellors role is to reconstruct these stories.

---

## 4.1 OBJECTIVES

---

After completing this unit, you will be able to:

- Define narrative approach of counseling;
- Explain basic assumptions of narrative approach;
- Describe the role of counsellor in intervention; and
- Analyse the process of narrative counseling.

---

## 4.2 BASIC CONCEPTS

---

The way people experience themselves and their situation is constructed through culturally mediated social interactions which is called "social constructionism". Narrative approach is based on the principle of social constructionism. People construct the meaning of life in interpretative stories, which later on become truth for them. Gradually the person starts internalising the messages that are offered by the surroundings and the culture, both of which have a great impact in this process. The assumption of the approach is that the client's life experiences are internally organised in story form. Hence most often narrative approach involves writing poems, bibliotherapy, and storytelling.

The focus of this approach is on the client's narration of the story. The simple assumption is that we live out of the stories that we tell about ourselves and also what stories others tell about us. The main theme of this approach is that when the client comes for therapy, he approaches the therapist because his story is centered on suffering. The client enters this therapeutic process with 'unconscious script'. The client is so used to carry it for a long time that the person forgets that there are any alternatives to that story. The human nature gets considerably influenced by the social context in which the person lives.

### 4.2.1 Listening to the Stories

The therapist listens to the stories narrated by the client which is an essential part of narrative approach. The stories are heard without interruption and without confrontation by the therapist. This approach focuses on the capacities of the humans to be creative and imaginative. Clients are the primary source of information. The therapist never assumes that the clients have better understanding of their lives which they are living and experiencing. Thus each person has his own way of making a story which is true to his or her life. The sharing of the stories not only changes the person who is telling the story but also the story has an impact on the person who is listening to it.

The reestablishment and reconstruction of these stories are the essential goals of the therapy. The stories are reconstructed. The therapist explores with the client what are the dominant stories in the system of the client. Both therapist and

client focus on these stories and changes that were suggested for these stories. These dominant stories are a part of the large system that each of us have.

Narrative therapy involves working with people who are stuck in problem saturated stories that they tell themselves, and also that which the society has told them, as well as about themselves as to who they are and what their lives signify, etc. These stories have become “disabling” in the sense that the individuals feel that they have lost control of their stories and are unable to change their meaning.

Narrative approach avoids use of diagnosis, though it does believe in the assessment part of the therapy. This approach gives emphasis on to the understanding of the client’s life experiences rather than predicting or interpreting and labeling them with some technical term.

#### **4.2.2 The Key Beliefs**

The key beliefs of the narrative approach are discussed below to understand basic concepts of the narrative therapy:

- 1) People or clients are experts who can to handle their own lives and its problems.
- 2) The therapy views problems as separate entities to people
- 3) It assumes that the individual has a set of skills, experience and mindset that will assist him/her reduce the influence of problems throughout life.
- 4) This therapeutic approach places the individual in both the protagonist and author roles.
- 5) It switches the view from a narrow perspective to a systemic and more flexible stance.
- 6) The aim of this therapy is to help clients realise what forces are influencing their lives and to focus on the positive aspects of their life.
- 7) The narrative approach believes that problems are manufactured in social, cultural and political contexts.
- 8) Each person produces the meaning of their life from the stories that are available in these contexts.
- 9) Stories in a ‘narrative’ context are made up of events, linked by a theme, occurring over time and according to a plot.
- 10) A story emerges as certain events are privileged and selected out over many other events.
- 11) As the story takes shape, it invites the teller to further select only certain information while ignoring other events so that the same story is continually told.

David Epston sees these stories as both describing and shaping people’s perspectives on their lives, histories and futures. These stories may be inspiring or oppressive.

Often by the time a person has come to therapy the stories they have for themselves and their lives become completely dominated by problems that work to oppress them. These are sometimes called ‘problem-saturated’ stories.

Problem-saturated stories can also become identities (e.g. *I've always been a depressed person.*) These kinds of stories can invite a powerful negative influence in the way people see their lives and capabilities (e.g. "I'm hopeless").

Counsellors and therapists interested in narrative ideas and practices collaborate with people and step away from problem saturated and oppressive stories. They try to discover the 'untold' story which includes the preferred accounts of people's lives (their intentions, hopes, commitments, values, desires and dreams).

Counsellors listen to these stories of people's life, their cultures and religions and look for clues of knowledge and skills which might assist people to live in accordance with their preferred way of being.

In essence, within a narrative therapy approach, the focus is not on 'experts' solving problems. It is actually how people discover through conversations, the hopeful, preferred, and previously unrecognised and hidden possibilities that contain the unseen storylines. This is called as the 're-authoring' of people's stories and lives.

The word 'narrative' refers to the emphasis that is placed upon the stories of people's lives and the differences that can be made through particular tellings and retellings of these stories.

### 4.2.3 Fundamentals of Narrative Therapy

In many events of our lives, we tend to focus on particular things and ignore others. Analysing our lives as a play helps us understand the different forces and roles that are influencing our behaviour. This in turn gives us flexibility to invoke the necessary changes for improvement.

The emotional, cognitive and spiritual perspectives of a person are usually combined in order to derive meaning to an event. In many instances, one or two perspectives will prevail over the others, and this will depend upon the particular scenario and the individual's personality traits.

People differ in their perceptions and decision making aspects and they respond to the setting, the characters, the theme and plot.

<p><b>Self Assessment Questions</b></p> <p>1) What are the basic concepts of Narrative therapy?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
--

2) Describe the characteristic features of narrative therapy.

.....  
.....  
.....  
.....  
.....

3) What are the key beliefs of Narrative therapy.

.....  
.....  
.....  
.....  
.....

---

### **4.3 TECHNIQUES AND OBJECTIVES OF NARRATIVE THERAPY**

---

#### **4.3.1 Externalising the Problem**

The techniques that narrative therapists use have to do with the telling of the story. They examine the story and look for other ways to tell it differently. They tell it in another way so as to make the person understand the same situation and event in certain different ways. By this strategy they put the problem outside of the individual, thus externalising it.

#### **4.3.2 Reconstructing the Story**

In Narrative Therapy the problem becomes the antagonist of the story. Certain behaviours are based on particular ‘unhealthy’ or ‘undesired’ characteristics, such as lack of patience, aggressiveness, etc. Thus, they are approached as not a part of the client but as an opposing force which needs to be ‘defeated’.

An example would be a child that has a very bad temperament and tends to be aggressive to other kids at school and his parents. The child might feel guilty for his temperament and blame it on himself (“I don’t know... it is the way I am...”). The counsellor will work with him towards isolating that undesired trait (aggressiveness) and placing it as an external trait not a characteristic of the individual. This strategy helps clients re-construct their own stories in a way which will reduce the incidence of the problem in order to eliminate negative outcomes and reinforce personal development and achievement. The protagonist becomes the author and re-writes the story constructively.

#### **4.3.3 Unique Outcomes**

If a story is full of problems and negative events, the counsellor will attempt to identify the exceptional positive outcomes. When exploring unique positive outcomes in the story, the counsellor will assist the client in redeveloping the

narrative with a focus on those unique outcomes. This focus on unique positive outcomes, assists the client in empowering him/herself by creating a notion that those unique outcomes can prevail over the problems that he or she is facing.

Let us take an example, Let us say Mr. X is a novel writer, and he is given a novel to review and publish the way he prefers. Mr. X had already read it and found it generally poor, but there were some interesting ideas which he appears to have liked. Now he selects these ideas, and re-writes the novel around them. He can thus make a flawed story become a bestseller.

#### **4.3.4 Alternative Narratives**

The focus of Narrative Therapy is to explore the strengths and positive aspects of an individual through his or her narrative. Therefore, the main objective of this therapeutic approach is to improve the person's perspective internally (reflective) and externally (towards the world and others). Alternative narratives are a simple way to relate to this concept. This technique works in combination with unique outcomes. How?

The individual will reconstruct a personal story using unique outcomes, focusing on the positive aspects of a previous story in order to achieve a desired outcome. This process is based on the premise that people can continually and actively re author their own life.

By creating alternative perspectives on a narrative (or event within the narrative) the counsellor is able to assist the client in bringing about a new narrative which will help combat the 'problems'. This is similar to Cognitive Behavioural Therapy as it aims to create a positive perspective of an event.

#### **4.3.5 Boundaries of Narrative Therapy**

Despite being a widely used approach, particularly when combined with other therapeutic approaches, Narrative Therapy has certain boundaries or limitations. In many occasions, diverse clients may expect the therapist to act as the expert, instead of having to 'conduct' the conversation themselves. For this reason, Narrative Therapy can be challenging when the individual is not articulate. Lack of confidence, intellectual capacity and other issues could also undermine the expression of the individual through a narrative.

Another common boundary of Narrative Therapy is the lack of recipe, agenda or formula. This approach is grounded in a philosophical framework, and sometimes can become a particularly subjective or widely interpretative process.

#### **4.3.6 The Leading Role**

The most important aspect of Narrative Therapy is to empower the client. Placing the client as an expert, and understanding his/her story instead of attempting to predict it, indicates the therapist's mindset. The idea is to emphasise the therapeutic relationship, in particular the therapist's attitudes. This standpoint encompasses many of the important aspects of good interpersonal communication, such as demonstration of care, interest, respectful curiosity, openness, empathy, and fascination.

Once this collaborative relationship has been established, the counsellor and the client can move forward and work on how to improve the outcomes of the narrative.

One of the key concepts in narrative therapy is that a person's collection and interpretation of his or her stories is analogous with that person's identity. How people interpret their narratives directly affects how they see themselves. Story and identity are intertwined, and in order to change the identity, the way the story is read or evaluated must change too.

Most people have what are termed problem saturated stories, and these usually shape the identity and become preeminent in the person's mind. These types of stories tend to be so big that they supercede or ignore other parts of a person's narrative that could tell a different story or change the interpretation of life and self. They also tend to give people a black and white view of the self instead of allowing for the idea that multiple the contradictory interpretations that exist at the same time.

A very simple explanation of the goals of narrative therapy, then, is to find these problem saturated stories and begin to test them while looking for other narratives that might be contradictory. This can be accomplished through therapist/client conversations, or in other ways, as by involving a third party to sit in on a session about a specific story of which he or she has personal knowledge. This technique is not always employed, but third parties may lend different perspectives to the client's view of a specific event or series of events that make up a narrative and self-interpretation.

As interpretations become more open, the self is freed from the bondage of limited views. A multi perspective view helps people to author new stories about themselves that are much more authentic and truer to the narrative of a whole life

**Self Assessment Questions**

1) Describe the techniques of Narrative Therapy.

.....  
.....  
.....  
.....  
.....

2) Elucidate the objectives of Narrativge therapy.

.....  
.....  
.....  
.....  
.....

3) What is meant by unique outcomes?  
.....  
.....  
.....  
.....  
.....

4) Describe the boundaries of Narrative Therapy.  
.....  
.....  
.....  
.....  
.....

---

## 4.4 KEY ASSUMPTIONS

---

### 4.4.1 Client and Problem

The client is not defined by the problem that he presents in the therapy setting. This does not happen only from the therapist, but also from the client’s side. A person who is depressed starts considering his personality as depressed. He needs to be made aware that depression is a state and not a long term change that has taken place in the life of the client. People start identifying themselves with the problem. This is discouraged by this approach.

### 4.4.2 Source of Information

The best informant about the client is client, the client knows better about himself than anyone else. His information and his understanding about self are considered as authentic and reliable by the therapist. In fact the client is the biggest expert of his own life, so to understand him better the therapist takes his opinion into account. The experiences of the client are counted more than what the common sense view says because clients spend the maximum time with themselves. Clients do know their conflicts and dilemmas, they might not be able to deal with them effectively on their own but that does not stop them from understanding things in their life.

### 4.4.3 Client’s Competencies

The client is resourceful. He has many skills and competencies to deal with the problems he is facing. So it is the task of the counselor to find out what are the competencies that have worked in the life of the client so far, so that the same can be used effectively to deal with problem in various other later situations too. The counselor should be able to find the strength the client has in his narratives, because that will help the client to find new alternatives based on this exploration.

#### 4.4.4 Client's Acceptance

Change takes place when the client accepts it. Till the point of intervention, it is difficult for the client to believe that they can change their life story. They do not consider themselves as the author of their story. When they accept that they can change the story, this gives them a sense of the alternative that is available to them.

---

### 4.5 GOALS AND STEPS IN NARRATIVE COUNSELING

---

Before learning steps of narrative counseling let us first see the goals of counseling so as to understand every step in proper perspective. There are four goals commonly set for Narrative therapy or counseling.

#### Goal 1

The first goal is to invite people and make them aware about the stories of their life and facilitate them to share the same with the therapist or the counselor.

This opportunity to share these stories enables them to express the stories in new and fresh language. This new language has a positive effect on the client's life. It gives different meaning to the client's understanding of the problem. With this change the client also starts feeling differently and thus the client's behaviour also changes.

#### Goal 2

The second goal is to make the client aware of the impact that the culture has on people living in it. Various aspects of the dominant culture are discussed during the counseling process.

#### Goal 3

The third goal is to enlarge the perspective of life.

#### Goal 4

The fourth goal is to find the alternative to the stories that the client have been holding so far about their life. To achieve the above mentioned goal, generally narrative counseling yields following steps. It should be noted that the narrative approach is more dependent on counsellor's skill than on techniques.

Having presented the goals of narrative counselling, let us now take up step by step the therapeutic procedure.

#### Step 1: Naming the problem

The therapist encourages the client to name the problem. For example the story of a loser. In most instances the story is used with some adjective that is given by the client. Discussion takes place regarding that name and mutually therapist and the client agree to that name. When the patient creates a personalised "working label" for his/her problem, he/she gains power and control. For example, a student perceives himself as not intelligent and hence fails in the examination, and develops story that 'I am not intelligent'.

### **Step 2: Discussion on the depth and intensity of the problem**

This session includes the in depth understanding of the problem that is stated by the client. The therapist tries to understand how this problem had been disrupting the client's life, and how it has been dominating the client's life. A narrative approach advocates externalising the client's problem by locating it outside the individual and within the culture.

When people are freed from self-blame and guilt, they are more likely to take responsibility for the effects of the problem. That may lead to assume a position of resistance and overcoming a problem. For example let us say a student perceives himself as not intelligent because of parents, teachers and other significant people. They told him that he is not intelligent. This is the external reason for problem development.

### **Step 3: To encourage the client to have an alternative way of looking at his story**

So far the assessment is complete for the intervention. At this step the client is encouraged to give up the story that is discouraging him and affecting his life negatively. The therapist does not provide him with a new readymade story rather he encourages him to find an alternative story. The new story is expected to be better than the previous story. The new story is considered to be more constructive.

### **Step 4: Imaging changed life**

The therapist suggests to the client to think about the future on the back drop of the changed story he holds. The client is asked to imagine how would be his life with this changed life story. The mental exercise of how it will change client's life is taken up. The possibilities of the changes that will take place and what are the expected outcome with this is discussed in the sessions.

### **Step 5: The client is encouraged to create an audience to support the new story**

Repetition of the same story to the same audience may block the imagination. Therefore the therapist encourages the client to find new audience that will perceive the story in the right perspective and would also support the client by accepting the story with open mind. Thus it is not enough to recite new story but need to live according to the new story outside the counseling sessions. Since the problem of the client developed in the social context it is essential to create supporting social environment.

---

## **4.6 ROLE OF THERAPIST**

---

The success of narrative approach is more dependent on therapist's skill than on techniques. In the light of basic concepts every approach of counseling expects specific set of behaviour in the counseling process. The role of the therapist in the narrative approach is given below:

- The therapist should be a good facilitator.
- He should be caring towards the client.
- He has to be interested in the client's stories.

- He should be respectfully curious.
- H should not disturb the privacy of the client.
- He should be open to all the stories that come from different clients.

With the above expectations the therapist becomes the participant observer and process-facilitator. One of the basic tasks of the therapist is to help the clients construct a story that is more useful and which will help him to get rid of the problem he is facing. He does this by asking appropriate questions to the client. These questions are not hypothetical but based on the information provided by the client in the story format.

---

## 4.7 THERAPEUTIC RELATIONSHIP

---

Considerable importance is given to the characteristic traits of the therapist. His qualities such as optimism and respect, or his curiosity and his persistence make a great difference. It is said that this therapy is effective if the client's knowledge is valued. This therapy is a complete collaborative work between client and therapist.

The therapist does have an authority in the sessions, however he treats the client as expert of his life. The important thing that we have to understand in this context is that retelling the same life story the clients get saturated with the problem he is facing in his life.

With the help of the therapist the client discovers a different perspective. He also finds better resources. The therapist does ask questions in such a manner that the client is forced to think about the truth he is holding and as a result he starts searching for new alternative to the old story. Thus the past which has been already lived by the client becomes the base for finding the new alternatives.

### Self Assessment Questions

1) Describe the key assumptions of Narrative therapy.

.....

.....

.....

.....

.....

2) What are the goals of narrative counseling?

.....

.....

.....

.....

.....



Therapist asks the questions with due respect to the client. No doubt, he is curious; however, it is different from the questions that are probing. The main purpose of the question is not to dig and get any information from the client rather it is to make the client aware or the therapist to get a direction as to how to go about in the therapy.

When the therapist asks the questions, he takes care that these are not based on any assumptions. These are completely based on the material that the client gave to the therapist during the sessions. This questioning does provide the client with an opportunity to understand the different dimension of their problems. They are forced to think and look at the matters in some other way.

As we can see, questioning the client in this approach is not so easy. It should not challenge the belief that the client has about his life story, at the same time the therapist should be able to make him aware that there are other alternative ways of looking at the problem. Although this appears rather a simple technique, in fact it is very difficult. The client should not feel that the therapist knows it all and that is why asking questions.

He should be assured that his life story is unique in many respects and the therapist is curious to know and work through it. So finding an alternative is a joint venture. The therapist does not give the client a quick fix solution to his problem, rather he encourages the client to find some other alternative by asking him appropriate questions.

#### **4.8.2 Exploration and Deconstruction**

Narrative psychologist is different from the traditional therapist in many respects. We just saw how the technique of questioning is different from the other therapies in counselling.

Now there is one more difference, and that is the therapist does not look at the client as a problem. He separates the client from the problem. Let us understand this. For example in cognitive therapy, specifically REBT the therapist tries to make the client aware that the root cause of his problem are his own irrational beliefs. In addition, these irrational beliefs are creating problems for him. So in a way the clients thinking is held responsible for the problems he is facing. Whereas in this approach the therapist does not label the client as having anything wrong, rather he seeks solution by accepting the client the way he is.

There is no correction suggested from the therapist and the therapist facilitates the client to come up with alternative. Therefore, there is no right or wrong labeling to the story that is held by the client. His story is accepted as it comes from him. The aim of therapy is to provide the client the best of the alternative and the therapist facilitates in such a way that the client himself comes up with it.

The therapist is interested in knowing how the problem first became evident. He also explores how this problem affects the life of the client. In this approach, the therapist tries to help the client to deconstruct the saturated stories that serve no more purpose, and he tries to give a new direction to the story that the client tells. This is done with caution that the client's truth is not challenged but rather than that, he is made gradually aware about the alternatives about the story.

The client is made aware about his taken for granted attitude and that helps him to free himself to find new options to the story that he believes in.

The second part of this technique, which is externalisation, is the process in which the client who was identifying with the problem is separated from the problem. In this process if he could give a name to the problem that is also appreciated by the therapist.

In this technique, the objectivity plays an important role. The client is encouraged to look at his problem in an objective manner so that he can find some alternative. This is the simple rule of life when we are into the problem situation we are not able to think of many alternative solutions but when we look at it objectively we do find many options for the same problem.

The changes in language helps the client to understand the problem in better ways. This leads to the separation of the problem from the person. For example rather than labeling the person as alcoholic, he is referred to as a person who has a problem with alcohol. This way of looking at a problem keeps the problem and the person apart from each other. This creates the hope in the person that he will get a solution to the problem. The impact of culture, in which the client lives, is taken into consideration at this stage of intervention. The therapist motivates the client to deconstruct the impact of the culture.

This method of separating the problem from the person is called 'externalising conversation'. While using this technique two things are done.

- i) First, to map the impact of the problem on the person's life.
- ii) Second, what is the person's contribution in the development of the problem?

When the therapist uses the first technique this generates a great deal of understanding of information that is useful. If this is done then people are less ashamed of them and feel less blamed. This is done systematically so that this makes the person feel that he is being understood by someone. This also serves the purpose of laying the foundation for reconstruction of the story.

As the therapist helps the client to trace the problem, the origin of the problem is understood. The client is able to access the material that he was not aware of. The therapist also asks the question regarding future like "what would happen if the problem persists for a month or so". This always motivates the client to continue the therapy more rigorously and fight with the problem.

The second task is mapping the effect of the person in the development of the problem. This gives the client the feeling that the problem is not all that dominating, and he is not helpless. There is hope to handle the situation. This gives him an opportunity to understand that he has dealt with the problem effectively.

### **4.8.3 Search for Unique Outcomes**

The above questions are asked for externalising. In the next step questions are asked for searching for unique outcomes. The therapist asks the client questions as to what were the moments of choice or success regarding the problem.

For this purpose an experience is chosen which stands apart, even if this is insignificant it is focused.

The therapist asks questions like whether there was any time when the client could take charge of the situation and overcome the problem even for some time. The same questions are asked regarding the future. The client is given a hypothetical situation and asked what he would do if such situation occurs.

After the client shares a unique experience, following questions are posed to him. The questions that are asked are usually the ones given below:

- i) What do you think this tells me about what you wanted in your life and what you have been trying in your life?
- ii) Do you think knowing about this experience will affect my view about you?
- iii) Is there anyone who would be least surprised that you could get hold of the situation?
- iv) What actions would you take to use this knowledge about yourself that you could control yourself?

The above are some of the questions that the therapist asks the client to make him aware about the situation when he was in charge and could handle it effectively.

Now the next task is to convert this unique outcome stories into solution stories. In other words whatever has worked successfully earlier, can it be used again in the forthcoming or anticipated problems?

This technique is called circulation technique. The questions are framed as follows:

- i) Now that you have this understanding of the problem who else should know about it?
- ii) There must be some people who have outdated view about you, would like to update them with the unique experience you had?
- iii) If there are some other people who have similar problems can I share some part of your story with them?

The above questions are not to be asked in a rigid format, but should be asked at the most appropriate time depending on the therapist's skills.

There is no hard and fast rule that they should be asked in the same manner that they have been given here. The asking part will differ from therapist to therapist and from client to client.

In the session the therapist seeks permission from the client if he can ask him a series of questions. Only when the client feels that he will be able to answer them, the therapist asks him the questions. When the permission is taken from the client it is made clear that there is no compulsion on the client to answer them all.

#### **4.8.4 Alternative Stories and Re-authoring**

The process of deconstruction of the stories automatically starts the new stories. The therapist encourages the new stories that the client wants to come up with. The therapist tries to find out clues that are opening to new stories and takes the client into that direction. Sometimes with the help of the clues that are given by the client he develops a competent story.

The turning point comes in the narrative therapy when the client chooses an alternative of a new story over the old problem saturated story.

The therapist through various techniques helps the client to construct more coherent and comprehensive stories.

### 4.8.5 Documenting the Evidence

This approach believes that the story takes hold only when there is an audience that is appreciating it. This is done in the therapy by the therapist. The therapist writes letters to the client regarding his understanding and the changes that are taking place between the sessions. The letters also document the description about the struggle the client is making to make life more meaningful and to what extent the culture is responsible for it. These letters also encourage the client, and highlight the client's achievements.

There are few things that are taken care of while writing a letter to the client:

- The letter starts with the review of what happened in the last session.
- How the problem is affecting the client?
- Questions that the therapist thought about the story the client after the session is over.
- What is the unique outcome and expectation?

The letters written in this way reinforce the carrying the changes from the therapy room to everyday life. This gives the client a message that it is equally important to behave in the outer world along with being in the therapy room. This letter written to the client has effect of three sessions together.

To facilitate the above mentioned process therapist uses two techniques, viz.

- i) poetry and
- ii) journal writing.

Poetry is a deeper form of the narrative therapy. This technique uses more abstract capacities of the client. This creates vivid expressions of the memory of the client. It also helps the therapist to understand the client and his problems better.

The second technique is *journal writing*. This is done with the intention to slow down the client's thought process. The basic belief behind this is, thought and feelings are connected through words. This is used as homework.

<p><b>Self Assessment Questions</b></p> <p>1) Describe the 'questioning technique' in narrative therapy.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
---

2) What is meant by 'search for unique outcome'?

.....  
.....  
.....  
.....  
.....

3) Describe the alternative stories and re authoring.

.....  
.....  
.....  
.....  
.....

4) What is meant by documentuing evidence?

.....  
.....  
.....  
.....  
.....

---

## 4.9 LET US SUM UP

---

The term narrative implies listening to and telling or retelling stories about people and the problems in their lives. The basic aim of this therapy is to explore the client's story through the means of narration. It focuses on the stories of people's lives and is based on the idea that problems are manufactured in social, cultural and political contexts. Each person produces the meaning of their life from the stories that are available in these contexts. These stories may be inspiring or oppressive. The reestablishment of these stories is the essential goal of narrative therapy. The stories are reconstructed. The therapist explores with the client what are the dominant stories in the system of the client. They focus on these stories and changes are suggested for these stories. Questioning is the basic technique used for counseling.

---

## 4.10 UNIT END QUESTIONS

---

- 1) Write detailed note on narrative approach to counseling.
- 2) Discuss the basic concepts of narrative approach of counseling.
- 3) Compare narrative approach with other approaches of counseling with the help of basic concepts and techniques.

- 4) Give the importance of questioning in narrative approach of counseling.
- 5) Discuss different techniques of narrative counseling.

---

#### **4.11 SUGGESTED READINGS**

---

White M, Epston D.( 1990.) *Narrative Means to Therapeutic Ends*. New York: WW Norton and Company.

Cappuzzi, D. & Gross, D. R. (2008). *Counseling and Psychotherapy*. New Delhi: Pearson Prentice Hall.



ignou  
THE PEOPLE'S  
UNIVERSITY