
UNIT 10 HUMANISTIC AND EXISTENTIAL THERAPIES*

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10.0 OBJECTIVES

After reading this unit, you will be able to

- describe humanistic and existential therapy;
- explain person centered therapy; and
- discuss gestalt therapy.

10.1 INTRODUCTION

Dr. Mahima (Academic Counsellor) was in conversation with learners of BAPCH on various psychotherapies. She wanted to introduce humanistic and existential psychotherapies to the learners and also wanted them to understand how these therapies are different from psychoanalysis and behaviour therapies. Let us look at the conversation between Dr. Mahima and the learners.

Dr. Mahima (Academic counsellor): So learners, today we are going to

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discuss about humanistic approach. Do you have an idea what it is about.

Seema (learner): *Maam, we did touch upon humanistic and existential approach under the 6th Unit. Also Maam, I think the client centered therapy and gestalt therapy come under humanistic approach.*

Dr. Mahima: *Thats right Seema. Though client centered therapy that is covered under humanistic approach is known as person centered therapy.*

Salim (Learner): *Ok Maam.*

Dr. Mahima: *Humanistic approach is often refereed to as third force in psychology. Can anyone tell me why?*

Kapil (learner): *Maam, I am not so sure. What we have learner so far is about psychoanalysis and of course we also focused on cognitive behaviour therapies.*

Dr. Mahima: *To some extent Kapil, the answer to my question lies in what you said. Psychoanalysis is often considered as the first force which mainly focuses on past experiences and unconscious and so on. The second force is behaviourism which focuses on external stimuli and response, reinforcements and so on. And the focus of humanistic approach is on present (not past experiences) and also the individual is seen as having motivation to achieve their potential and also able to solve their own problems and issues.*

Navjyot (Learner): *That really sounds interesting Maam. This view point is applied in therapy would really create a conducive environment for the client to resolve his/ her problems and issues.*

Dr. Mahima: *You said it all Navjyot. So let us look at this therapy.*

Learners: *Yes Maam.*

As is apparent from the discussion between Dr. Mahima and the learners, humanistic approach emerged as a third force where the focus was on the individual and his/ her potentials. An individual is seen as being in a better position to understand his/ her problems and it is also believed that he/ she will be able to solve his/ he own problems. Thus, the therapists mainly plays a role in creating a conducive environment for the client.

In the present unit, we will discuss briefly about humanistic and existential therapy and then explain person centered therapy and gestalt therapy.

10.2 HUMANISTIC THERAPIES¹

Humanistic approach is often referred to as third force mainly because it emerged as a reaction to psychoanalysis and behavioural approach. This approach thus does not focus on past experiences or childhood experience. It also does not focus on external stimuli or reinforcements. Rather the focus of this approach is on the positive aspect of human beings. It believes that each and every human being has a potential to become fully functional and thus is in better position to under and solve his/ her own problems and issues. The focus is also on problem in the present rather than its past.

The five fundamental principles of humanistic psychology by Bugental in

1964 (page 19) are described as follows:

1. Human beings, as human, supersede the sum of their parts. They cannot be reduced to components.
2. Human beings have their existence in a uniquely human context, as well as in a cosmic ecology.
3. Human beings are aware and aware of being aware—that is, they are conscious. Human consciousness always includes an awareness of oneself in the context of other people.
4. Human beings have some choice and, with that, responsibility.
5. Human beings are intentional, aim at goals, are aware that they cause future events, and seek meaning, value, and creativity.

Box 10.1 Assumptions of humanistic approach

Some of the main assumptions of humanistic approach (Gelso and Fretz, 2009, page 256) are as follows:

1. Every individual has worth and dignity.
2. There needs to be subjectivity in the way life is lead.
3. All individuals display a tendency, that is inherent in nature, towards self actualisation.
4. Individuals are basically rational and can be trusted.
5. Focus of the therapeutic process needs to be on here and now and importance need to be given to authentic human encounter in the context of the relationship between the therapist and the client.
6. Human experience needs to be accommodated in scientific methods.

Though a number of therapies are discussed under humanistic approach, like person centered therapy and gestalt therapy, the main characteristics of humanistic approach include:

- Understanding the personal experience of the individual.
- Uniqueness of the individual and the problem or issue displayed by him her.
- The relevance of subjectivity and inner state of the individual that needs to be valued.
- The tendency to grow and for self actualisation as displayed by the individuals that will help them to become better self aware, accept themselves in order to become fully functional persons and to become more productive.
- The responsibility lies with the individual and it is considered that the individual is in better position to not only understand his/ her problem and issues but also in a better position to deal and cope with them and cope with them.

In the present unit, we will focus on person centered therapy and gestalt

Check Your progress II

- 1) List any one assumption of humanistic approach.

10.3 PERSON CENTERED THERAPY¹

Carl Rogers is the founder of person centered therapy. It can be described as non-directive counselling and client centered counselling. This therapy can be used in any setting where a helper aims to promote human psychological growth. Rogers work is regarded as one of the principal forces in shaping current counselling and psychotherapy.

In Rogers person centered therapy, human beings are seen as possessing goodness and the desire to become fully functioning that is, to live as effectively as possible. According to Rogers, if people are permitted to develop freely, they will flourish and become positive, achieving individuals. Because Rogers's theory expresses faith in human nature, it is considered as humanistic approach to counselling.

Rogers person centered therapy is based on a theory of personality referred to as self-theory. An individual's view of self within the context of environment influences his actions and personal satisfactions. If provided with a nurturing environment, people will grow with confidence toward self-actualisation. If they do not receive love and support from significant others, they will likely to see themselves as lacking in worth and see others as untrustworthy. Behaviour will become defensive and growth toward self actualisation will be hampered.

An important principle of self theory is the belief that a person's perceptions of self and environment are reality for that person. For example, if an individual sees himself as incompetent, he will act on that belief, even if others view him as brilliant. This personal reality may be changed through counselling but not by a direct intervention as substituting the judgement of the therapist for that of the client.

Thus, the person centered therapist's perception of people is based on four key beliefs:

- 1) People are trustworthy
- 2) People innately move toward self – actualisation and health
- 3) People have the inner resources to move themselves in positive directions and
- 4) People respond to their uniquely perceived world.

10.3.1 Goals of Person Centered Therapy

The goal of person centered therapy is to provide a safe, caring environment

where clients get in closer touch with essential positive elements of themselves that have been hidden or distorted. Less distortion and more congruence lead to greater trust that their organism can be relied on for effective reactions to people and situations.

Two primary goals of person centered therapy are increased self esteem and greater openness to experience. Some of the related changes that this form of therapy seeks to foster in clients include:

- i) Closer agreement between the client's idealised and actual selves,
- ii) Better self-understanding,
- iii) Lower levels of defensiveness, guilt and insecurity,
- iv) More positive and comfortable relationships with others., and
- v) An increased capacity to experience and express feelings at the moment they occur.

Rogers believed that people are trustworthy and have vast potential for understanding themselves and resolving their own problems and that they are capable of self directed growth if they are involved in a respectful and trusting therapeutic relationship.

According to Rogers, if the above three attitudes are communicated by the helper, those being helped will become less defensive and more open to themselves and their world, and they will behave in socially constructive ways. Therapists use themselves as an instrument of change.

Person centered therapy focuses on the person, not on the person's presenting problem. Goal is to assist clients in their growth so they are better able to cope with both today's problems and future problems.

The basic drive to fulfilment implies that people move toward health if the way seems open for them to do so. Thus, the goals of counselling are to set clients free and to create those conditions that will enable them to engage in meaningful self-exploration.

Therapists concern themselves mainly with the client's perception of self and the world. This approach provides clients with a rare opportunity to be truly listened to without evaluation or judgment.

Therapist does not choose specific goals for the client. (B-203) Primary responsibility for the direction of therapy is on the client.

General goals of therapy are:

- a) Becoming more open to experience,
- b) Achieving self-trust,
- c) Developing an internal source of evaluation,
- d) Being willing to continually grow and helping a person become a fully functioning person.

Also the clients have the capacity to define their goals.

This added trust results in reduced feelings of helplessness and powerlessness, fewer behaviours are driven by stereotypes and more by productive, creative and flexible decision making.

Treatment of Mental Disorders **10.3.2 The Therapeutic Process**

According to Rogers, the therapist needs to provide conditions that would permit self discovery and encourage the client's natural tendency toward personal growth. The core conditions as described by Rogers are empathy, unconditional positive regard and congruence or genuineness which is considered necessary and sufficient for therapeutic personality change.

The person centered therapy provides a frame of reference as much as if not more than a counselling method. In Carl Rogers' original perspective, clients (as all people) are seen to engage continually in the attempt to self-actualise. This optimistic philosophy led to the promotion of a model of counselling in which clients are regarded as their own best resource for growth and change. Rogers (1951) early non directive approach developed into Person centered therapy which emphasised accuracy in empathy. In its current form, the person centered approach underscores the reciprocal nature of the helping relationship. At the core is a well known set of constructs about the intrinsic nature of people and the functioning of the helping relationship rather than the counselling method (the Core Conditions).

Competent practitioners are thus defined by their level of self awareness and capacity to engage in a meaningful helping relationship rather than any technical knowledge of Person Centered counselling. Valuing the unique phenomenological position of the client, Person Centered counselling still retains the positive and optimistic value base of early work but now elaborates a more sophisticated model of humanity.

The concept of core conditions is inextricably linked to the early work of Rogers (1957). The terminology has since evolved but the fundamental principle of the concept of core conditions remains essentially unchanged. The original strong version of the model holds that core conditions are necessary and sufficient for clients to experience therapeutic change. Later post modern or sophisticated versions of Person Centered counselling posit that the conditions are foundations for change and adds other broader requirements (Rennie 1998).

The original shortlist of core conditions has been considerably expanded (Carkhuff 1969):

- Unconditional positive regard
- Empathic understanding
- Genuineness and congruence
- Transparency
- Self disclosure
- Concreteness
- Cultural awareness

Creating trust in the helping relationship is a fundamental tenet of all person centered therapy. Not only must the client learn to trust the therapist, but also the therapist must trust that the client is the best person to set their own goals and access their own resources to achieve them. The problem is, however, that people often come to counselling because they are thwarted in their capacity to identify or reach their own goals (Haley 1976).

Rather than being a passive “listening post”, then, the therapist must strive to actively listen, actively engaging mind to compare what is being revealed to previous disclosures. Clients in turn use the process to try to make sense of their experience.

Egan (1994) distinguishes primary and advanced empathy. Primary empathy is said to depend on therapists attending, listening and communicating back their understanding of the clients position as experienced by the client. Advanced empathy, however, also incorporates self-disclosure, directiveness and interpretations. The sophisticated version thus gives a more active role to the therapists processing and implicit use of a theoretical framework rather than relying on purely experiential nature of the counselling encounter as the main source for the validation of material presented by the client.

There is often an opportunity for relearning emotional experiences through advanced emotional empathy. As the relationship between the client and therapist develops so it becomes possible for the client to cautiously re-experience feelings. This marks the dawning of self-awareness, recognising links between past and present, preparing the ground for problem resolution (Brems 1999).

The process of therapeutic change in Person centered counselling represents a movement from purely cerebral to feeling states and gives immediacy. It also marks a change to an internal locus of control. Mearns (1994) distinguishes osmotic (slow developing change) and seismic (sudden shift) in experience of the self. The Person centered therapy contains much confrontation. Clients may be challenged to construct a new response to long held perceptions. Empathy is itself a confronting activity, challenging clients about the quality and validity of their feelings. The therapists own congruence can also challenge clients where behaviours are offered as challenge to the counselling situation.

Reframing the client’s narrative and confronting discrepancies in their account can open up possibilities for change. Rogers (1980) posits the counselling process is a means of rediscovering denied experiences. It aims to put clients in touch with themselves.

Therapist’s confrontation should be born out of respect and a desire to help the client through the struggle to realise their own potential. It is particularly important, however, for therapists to get the power dynamic right so that the client comes to understand that the therapist becomes responsible to rather than for the client (Mearns 1994). The aim, then is to help clients realise their own power.

Schmid (1998) points out that person centered counselling is in fact a radical approach. The Latin and Greek etymology of “person” is associated with mask or face. Schmid reminds us that in Greek theatre the mask did not hide the character but served to reveal the personification of the gods. Contemporary psychological meaning of the person is defined by two traditions: as an independent being; as a being in a relationship. Both concepts have powerful implications for psychotherapeutic counselling. Rogers’s original usage is consistent with the first definition, representing a celebration of self hood as emancipated from the social milieu. The latter definition, however, implies persons are defined by, and indeed can only exist

as, reflections of interactions with others. Schmid also contends the parallel definition creates a tension which finds its way into therapy. The client aims to become their own essential self (independent being). The therapist also tries to manifest self authentically (congruence). Paradoxically, however, it is the therapeutic relationship (being in a relationship) which is the sole vehicle for the journey.

Let us look at the relevant core conditions:

Empathy: It refers to the therapist's ability to understand the client at a deep level. Rogers refers to the internal frame of reference to denote the client's unique experience of personal problems. In order to stay within the client's internal frame of reference, it is necessary for the therapist to listen carefully to what is being conveyed (both verbally and nonverbally) at every stage of counselling. Once the therapist understands the feelings and experiences of the client, the same thing needs to be communicated to the client. Rogers also uses the term external frame of reference to describe the lack of understanding and contact. When a therapist perceives the client from an external frame of reference, there is little chance that the client's view will be clearly heard. This does not help the client to benefit from counselling.

Unconditional positive regard: People need love acceptance, respect and warmth from others but unfortunately these attitudes and feelings are often given conditionally. As many people who come into counselling have experienced these attitudes, Rogers believed that therapists should convey unconditional positive regard or warmth towards clients if they are to feel understood and accepted. This means that clients are valued without any conditions attached even when they experience themselves as negative, bad, frightened or abnormal. When attitudes and of warmth and acceptance are present in counselling, clients are likely to accept themselves and become more confident in their own abilities to cope.

Genuineness and congruence: The Person Centered Therapy relationship must always be an honest one. The counselor needs to be real and true in the relationship. Individuals who cannot accept others (that is, because of personal values and beliefs they hold rigidly and apply to all), or who will not listen and try to understand cannot do Person Centered Therapy. The therapist must embody the attitudinal quality of genuineness and to experience empathic understanding from the client's internal frame of reference and to experience unconditional positive regard towards the client. When the client perceives the therapist's empathic understanding and unconditional positive regard, the actualising tendency of the client is promoted.

Congruence means that the therapist is authentic and genuine. The therapist 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 therapist is 'really like'.

Transparency: Transparency means even negative feelings about a client, if any exist, are expressed. The therapist shows a non-possessive feeling of love for the client and is able to, after a time, be empathetic enough to understand the client enough to metaphorically walk in the individual's shoes.

Concreteness: The next condition, concreteness, is the counsellor's skill in focussing the client's discussion on specific events, thoughts and feelings that matter while discouraging intellectualised story telling. Concreteness is a precaution against the rambling that can occur when the other three conditions are employed without sufficient attention to identifying the client's themes. If the therapist is totally accepting of each client as a person, relates emphatically to the client's reality and behaves in a genuine way, the client will be free to discover and express the positive core of his being. As clients come to perceive themselves more positively in the nurturing environment, they will function more effectively. Therapists not only provide the nurturing environment that is missing in client's lives but also serve as role models of how fully functioning persons relate with others.

Self disclosure: The issue of degree to which person centered therapists may express and disclose themselves in the person centered relationships is contentious. However there is general agreement that self expression and self disclosure and willingness to be known are different from congruency. The therapist responds to the client from the therapist's frame of reference. The therapist should be willing to be known on the progress and success of therapy.

The issue of the therapist's self disclosure to the client is constantly revisited and many take the view that at times and in limited ways this may be a useful thing to do.

Self disclosure and self expression are most likely to be helpful to the client and the therapeutic relationship when

- They are relevant to client and the client's present experiencing.
- They are a response to the client's experience
- A reaction to the client is persistent and particularly striking.
- In response to the questions and requests from the client, the therapist answers openly and honestly and helps dispel the mystique.
- When it seems the client wants to ask a question but does not directly voice it.
- To make an empathic observation – that is to express a perception of an aspect of the client's communication or emotional expression
- To correct for loss of acceptance or empathy or incongruence.
- To offer insights and ideas.

10.3.3 Therapeutic Relationship

The underlying philosophy of human nature is more important in the practice of client-centered therapy than any particular set of techniques or any body of knowledge. In this therapy, helpers learn how to be therapists rather than how to do counselling. Because clients are seen as having the potential to solve their own problems, therapists are not perceived as having expert knowledge to share with clients.

The person centered therapy is based on respect for the client, on the establishment of an empathic bond and on the willingness of the therapist to be open and genuine with the client. In addition to these qualities, there

Treatment of Mental Disorders is also an emphasis on facilitating each client's growth or self-actualisation which can be achieved only in the presence of core conditions.

The counselling skills which are essential for the development of a therapeutic relationship between therapist and client are:

- Active listening
- Responding to clients through reflection of feeling and content
- Paraphrasing and summarising
- Asking open questions
- Responding appropriately to silence and client non-verbal communication

Silence, acceptance, restatement, empathy and immediacy responses occur most frequently with the client taking the lead on what is discussed and being responsible for outcomes. Client centered therapists encourage careful self exploration but they tend to avoid confrontation and interpretation as tools for hastening insight.

The possibility of transference reactions is acknowledged in person centered therapy but they are not highlighted by the therapists as they become hindrance in helping the clients achieve independence and autonomy. Similarly, the concept of unconscious motivation is also acknowledged in person centered therapy but therapists do not focus on it or directly ask the client to work with dreams. But as the therapy is person centered, if clients wish to look at dreams or unconscious, they are at liberty to do.

There is little focus on specific action planning except as initiated by the client. It is assumed that as the client becomes free to actualise his potential through the exploration process, behaviour change will occur naturally and without prompting from the therapist.

A central variable related to progress in person centered therapy is the relationship between therapist and client.

- A person centered therapist is a facilitator.
- It is not technique-oriented.
- A misunderstanding—this approach is simply to restate what the client just said or the technique of reflection of feelings (It is incorrect).
- The therapeutic relationship is the primary agent of growth in the client.
- Therapist's presence: being completely engaged in the relationship with
- clients.
- The best source of knowledge about the client is the individual client.
- Caring confrontations can be beneficial.

10.3.4 Therapeutic Techniques

The person centered therapy has certain distinctive components and these are given below:

- Therapist's attitude can be necessary and sufficient conditions for change.

- Therapist needs to be immediately present and accessible to clients.
- Intensive, continuous focus on patient's phenomenological world.
- Process marked by client's ability to live fully in the moment.
- Focus on personality change, not structure of personality.

Therapy begins at first contact. In the first interview, a person centered therapist will go where the client goes. For Carl Rogers, empathy, unconditional positive regard, and congruence. (genuineness) were the 3 basic requirements to create a therapeutic environment. Respect is shown immediately for client. In addition to the basic requirements of the therapeutic environment for the therapist, Rogers believed the client must focus on self-concept, locus-of-evaluation and experiencing. Therapy's length is determined by client (In person centered therapy termination is decided by the client). Quick suggestions and reassurances are avoided by the therapist. Empathy involves understanding another individual by "living" in their internal frame of reference. Person centered therapists believe that empathy, unconditional positive regard, and congruence are necessary and sufficient conditions for therapeutic change. Congruence as stated earlier is a correspondence between the thoughts and the behaviour of a therapist. This is very essential if intervention has to be effective. Person centered therapy focuses most heavily on the present. A successful person centered therapy outcome would be defined by the client's evaluation that therapy was beneficial.

Therapist's attitude and belief in the inner resources of the client, not in techniques, facilitate personal change in the client.

- i) Use of self as an instrument of change.
- ii) Focuses on the quality of the therapeutic relationship.
- iii) Serves as a model of a human being struggling toward greater realness.
- iv) Is genuine, integrated, and authentic.
- v) Can openly express feelings and attitudes that are present in the relationship with the client.

The function of the therapist is to be present and accessible to clients, to focus on immediate experience, to be real in the relationship with clients.

Through the therapist's attitude of genuine caring, respect, acceptance, and understanding, clients become less defensive and more open to their experience and facilitate the personal growth.

Person centered therapists need to be knowledgeable about themselves and comfortable with this information. They must be more congruent than their clients. Being genuine does not mean sharing every thought or feeling with the client. It means being a helpful, attentive, caring person who is truly interested in the client and able to demonstrate that interest.

Lets look at some of the techniques of person centered therapy:

Active listening: The first technique emphasised in client – centered therapy is active listening and its reflection of content and feelings. Demonstrating empathy for the client requires highly attentive and interactive listening skills. The physical steps common to this are facing the clients, leaning

toward them and making good eye contact. This position and the use of facial and body expressions that relate to the client's comments will at least initially put the therapists and clients in physical contact. Then the therapists hears and sees what is communicated. Both the words and the actions of the client are used to develop an understanding of the content and feelings being presented.

Taking in information is only the first part of active listening. Therapists must then reflect the content and feelings of clients back to them to have value. For example, 'I hear you saying.....,' "so you are feeling....." and "you seem to be feeling.... because of..." are the ways therapists and therapists explore with the client how accurate their empathy is.

The process of active listening helps both therapist and client clarify the content and feelings of a situation and is a learning process for each participant. Therapists who can treat their own mistakes and growth during this learning process in a genuine manner also help clients accept their uncertainties and weaknesses.

Reflection of content and feelings: The first step in the empathy exploration process tends to be the recognition and reflection of the actual words stated and the feelings that are most obvious. As client and therapist get to know each other better, an effective therapist would be better able to see behind these surface interactions and begins to see and convey feelings clients do not even recognise they are expressing. Describing to the client what has been recognised is like an extended listening, observing and reflecting of the person's world. Reflection can also bring together complex elements of the client's world that draw a more accurate picture of the client as a whole than the individual elements that provide.

Appropriate self - disclosure: A genuine relationship enables the client to see relevant parts of the therapist's phenomenological world as well as the client's world. Appropriate self disclosure allows clients to compare their views of the world with the view of another individual whom they have come to trust and value as a significant human being. These comparisons give clients the chance to review and revise their views based on information they might otherwise not have had available or which has been too threatening to accept. The supportive relationship allows the client to try out new thoughts and behaviours at the rate and in a manner most appropriate for them.

Immediacy: Immediacy provides a here- and- now approach to the relationship in general and to feelings in particular. The relationship between the therapist and the client is seen as the most important therapeutic factor in part because it is available for immediate examination. Therefore, the feelings that both client and therapist are currently experiencing are often the most therapeutic ones available. Statements that receive primary emphasis are ones like "How are you feeling now?" and "your statements make me feel" On the other hand, statements seen as less therapeutically useful might be "Why did you feel that way?" "What did the other person think?" or what did you believe then?"

A major reason for client centered therapist's emphasis on the here and now is that reactions between client and therapist or therapist can be verified, checked and explored immediately by both participants.

This therapy has wide application within the helping professions, voluntary sector, human relations training, group work, education and institutional settings where the goals are to foster good interpersonal skills and respect for others.

This therapy is also useful in dealing with the clients in the first stage of crisis.

Women clients would benefit from this therapy as they are encouraged to consider and identify their own feelings and needs, which many women may never been able to do before.

People with relationship difficulties would also benefit as the client centered therapist gives them respect, understanding and openness which they may not have experienced in everyday life.

The principles of the person centered approach have been applied to a variety of therapeutic situations including marriage counselling and family therapy.

Many self help groups like Alcoholic Anonymous extend core conditions of respect, understanding and openness for people who want to change.

Success is dependent on therapists and therapists maintaining high trust in the feelings and actions of the client and themselves. Lack of trust often causes therapists to rely on passive reflection responses. These are necessary but become inadequate as the need for a more comprehensive therapeutic relationship develops which includes directness that comes with culturally, situational and personally relevant feelings and interactions.

Check Your Progress II

- 1) State any one core condition of person centered therapy.

10.4 GESTALT THERAPY ¹

The development of Gestalt therapy is attributed to Fritz Perls and this therapy as well can be categorised under humanistic approach and is based on gestalt psychology. The word Gestalt is German word that means ‘Whole’. And the main idea that the Gestalt theory is based on is that “ the whole is greater than sum of its parts”. Mind and body thus are not seen as separate entities in gestalt therapy and the focus of the therapy is on physical, mental and emotional aspects of an individual.

The basic themes in gestalt therapy in the context of its theory of personality (Gelso and Fretz, 2009, page 262) include:

As mentioned earlier one of the major themes of gestalt theory is that the whole is greater than sum of its parts and human beings function as a whole and unified organisms.

1. Section 10.4 is authored by Prof. Suhas Shetgovekar

Treatment of Mental Disorders An individual could face situations in his/ her life that lead to disequilibrium and thus the individual is constantly seeking equilibrium. If he/ she has any needs that have not been met, then it results in an incomplete gestalt which creates a need for completion.

Polarities or opposites are present in personality and in an unhealthy individual, these are dichotomous and not harmonious in nature. For an individual to function adequately and effectively, these polarities need to be integrated.

There is a boundary between self and others (contact boundaries) that needs to be permeable so that adequate contact is possible, and at the same time it needs to be rigid enough to ascertain autonomy. This related to the concept of ecological interdependence of the individual that denotes how individuals exist by connecting and differentiating self and others.

Yet another theme in gestalt theory is that of human regulation that may vary in terms of degrees related to what is (leading to healthy functioning) and what should be (could lead to development of neurosis).

Awareness is seen as an important aspect that can lead to positive change and development. The focus is also on here and now.

10.4.1 Key Concepts in Gestalt Therapy

Let us now discuss about some of the key concepts in gestalt therapy.

1) Layers of neurosis: Though, gestalt therapy does not focus on a theory of neurosis, Fritz Perls suggested layers of neurosis that includes certain layers. These include phony, phobic, impasse, implosive and explosive.

The first layer is phony or also called as synthetic level. This level is denoted by lack of authenticity and acting out of an ideal self concept. Phony layer is followed by phobic, Impasse and implosive layers. These layers denote how the person becomes more real as they deal with the objections within them towards becoming authentic. The phobic layer denotes avoidance of psychological pain and impasse is denoted by lack of willingness to change. Implosive layer is denoted by contact involved in the deadness in their imploding. This is the level where the individual will become more and more aware. Implosion in turn leads to the next layer that is explosion. Explosion is denoted by authenticity and denotes an individual who is capable to both experiencing and conveying his/ her emotions.

2) Contact boundaries: In gestalt, the contact boundaries can also be discussed (that we briefly mentioned earlier). Contact boundaries are in the context of how an individual connects and separates from other individuals and objects. The boundaries are an outcome of the experiences of an individual. And Polster and Polster (Sharf, 2012) have described the following boundaries:

- **Body boundaries:** These are the boundaries that put restrictions on the sensations or the sensations are placed off limit.
- **Value boundaries:** These are related to the values and denote the values held by the individuals that they are resistant to change.
- **Familiarity boundaries:** These denote events that repeat frequently and are not seen as posing any challenge.

- **Expressive boundaries:** These are boundaries related to expressing ones-self. These often develop early in life.

It may so happen that the boundaries become disturbed or vague and in that case the following patterns may emerge. These patterns (Sharf, 2012) have been given in table 10.1.

Table 10.1 Patterns of Contact Boundaries Disturbance

Sr. No.	Pattern of Contact boundaries disturbance	Description
1	Introjection	The views as expressed by others are accepted without questioning or even reviewing them. Introjection can be unhealthy or healthy based on the situation and circumstances. Thus, there is a contact and the values and standards that are associated with the said contact are accepted without any reviewing. A child or adolescent may accept the view of a friend without questioning or reviewing it.
2	Projection	In projection, certain aspects related to oneself are dismissed or disowned by assigning them to others. Thus the aspects related to ones self are are projected on others. The boundary between others and self get extended in projection. An individual may blame his superiors for loosing a promotion opportunity, though he/ she as such did not put in efforts at job.
3	Retroflection	An individual will do things himself/ herself, that he/ she wanted someone else to do. Or he/ she does things to himself/ herself what he/ she wanted to do to others. A person may harm himself/ herself than being aggressive towards others.
4	Deflection	This can be explained as different degrees related to how an individual may avoid contact. A distraction could be designed in order to avoid or reduce contact. Avoiding talking to others or avoiding any contact with others.
5	Confluence	The boundary between others and self becomes less. Thus, the boundaries get merged. Confluence is experienced by individuals who have a strong need to be accepted by others. A healthy confluences is similar to empathy, though unhealthy confluence may lead to individuals to isolate from others.

3) Awareness: Awareness is a significant aspect of gestalt therapy. And in this context awareness mainly refers to what is happening at the moment in the present rather than what happened earlier or what is remembered. Awareness is also related to contact boundaries that was discussed earlier and the more aware an individual is, the more he/ she will be in contact with his/ her boundaries. There are four main types of awareness as have been explained by Polster and Polster in 1973 (Sharf, 2012, page 250).

- Awareness that is awareness of both related to sensation and expressions.
- Awareness of both physical and emotional feelings.
- Awareness of desires and wants.
- Awareness related to values and assessments.

4) Present: The main theme and also a basic principle of gestalt therapy is here and now. Even past and further events and phenomenon are seen through present. Past can be assessed in present by focusing on the unfinished business. This is an important term and can be explained as unexpressed feelings from the past. A similar concept in this context is unfinished pleasure, that is, “being able to complete something that is enjoyable that has been left undone so one can experience the joy of the activity” (Fredericson, 2007 as cited in Sharf, 2012, page 251).

The Gestalt can be aptly described in terms of I and Thou, that denotes the relationship between the client and the therapist. Here and Now, that emphasis present, and What and How, that relates to the importance given to the process rather than content. Also here what’s happening and how it is happening is also focused on.

10.4.2 Goals of Gestalt Therapy

One of the main goals of gestalt therapy is to help persons or clients grow and mature. Though maturity and growth are based in integration, that again emphasises the basic idea of gestalt therapy where the whole is seen as greater than sum of its parts. Integrate thus denotes that an individual’s feelings, perceptions, thoughts, various physiological processes and so on are part of a larger whole. Yet another goal is help clients become independent as well as help them become self-responsible. Enhancing self awareness of the client is also a goal of gestalt therapy. Self awareness is also important for growth, maturity and integration of an individual.

Thus, gestalt therapy can help individuals become self aware. It can also help individuals in avoiding projections and thus be self responsible. The individual thus is able to identify and meet their own needs and desires without interfering or violating the rights of the other individuals. Gestalt therapy also helps an individual to be aware about their own sensations and he/ she is able to maintain an adequate contact with others and objects. The individual is also able to take responsibility of his/ her actions and consequences.

10.4.3 Therapeutic Relationship

Positive therapeutic relationship between the therapist and client is very important in gestalt therapy. The therapist needs to play an important role in terms of understanding the client and conveying this understanding to the client. Empathy also is an important aspect of therapeutic relationship in gestalt therapy as is in person centered therapy. As was mentioned earlier, that bringing about growth, maturity and integration in the client is an important goal of Gestalt therapy and therapeutic relationship is seen as a means to fulfil this goal.

10.4.4 Assessment in Gestalt Therapy

Assessment as such has not been systematically addressed by gestalt therapy (Sharf, 2012). Though, in Gestalt therapy, the therapist will pay attention to the feelings, sensations, bodily movements etc. of the client. A client assessment sheet was developed by Joyce and Sills in 2001 (Sharf, 2012) that mainly focus on assessment of self awareness and contact boundaries of the client. Even with reference to Gestalt therapy as such not much information regarding diagnosis of serious psychological problems and disorders is available (Yontef, 1988). Though a gestalt psychotherapist can focus on five phases, namely, sensation/ awareness, mobilisation, contact, resolution/ closure and withdrawal (Sharf, 2012, page 254) to diagnose psychological disorders.

Sensation/ awareness relates to how the client intakes experiences through various senses. individuals having borderline disorder for instance could have difficulty in maintenance of relationship as they are not able to adequately take in experiences through the senses. Mobilisation denotes a movement from awareness to developing a want or need. In this context, example of phobia (irrational fear) can be used, where a person may refrain from certain actions or certain situations due to fear. Contacts relates to contact with others as well as self. Contact may also lead to affective arousal in the individuals. An individual could be emotionally aroused, but may not be aware about his/ her feelings and emotions or relate affectively with others. Resolution/ closure occurs as a result of disengagement from an experience. An individual having Post Traumatic Stress Disorder (PTSD) may find it difficult to disengage from the traumatic event and move to other events. Gestalt therapy can help such individuals to attain closure by helping them express their feelings about the issue faced by them. the end of the resolution/ closure is withdrawal where the individuals will move towards other contact experiences. Individuals with certain psychological disorders may find it difficult to withdraw and move on to other experiences.

Beisser (1970, page 77) aptly describes that “Change occurs when one becomes what he is, not when he tries to become what he is not”. The process of change (leading to integration) as well has three main components, namely:

Discovery: The individual or client gets a new perspective of themselves or the issue faced by them.

Accommodation: A learning takes place that certain new ways and behaviours can be used in order to deal or resolve the problem.

Assimilation: There is a learning related to how the new behaviours are chosen and they also learn how changes can be made to their environment and how they can assertively obtain what they need from others (Sharf, 2012).

10.4.4 Exercises and Experiments in Gestalt Therapy

Some of the exercises and experiments in gestalt therapy are:

Enhancing awareness: One of the major goals of gestalt psychotherapy is enhancing awareness of the awareness of the client and in this regard the therapist could use awareness questions and statements, awareness

by means of non verbal behaviours, enactment and language, awareness by means of self dialogues, awareness by means of dreams, awareness of how one avoids, awareness about self as well as others and so on. This also includes enhancing awareness of the clients feelings and emphasising awareness.

besides enhancing awareness, integration is yet another aspect of gestalt therapy and the techniques of gestalt therapy are used in such a way that they lead to integration of the individuals as a whole.

Some of the techniques and procedures used by gestalt therapist include the following:

Confrontation: One of the major exercises used by gestalt psychotherapist is confrontation. In confrontation, the therapist will confront the way the client presents himself/ herself, his/ her expression of what the client is and what he/ she is feeling in the present. The therapist will also identify and note any discrepancies in the expressions of the client and then contradict them. For example, the therapist may say to the client “You say you are not stressed, but you are fidgeting with your hands”.

Direct guidance: The therapist may also provide certain instructions to the client about the exercises and behaviours that are needed in certain moment.

Self disclosure: Self disclosure is also often used by gestalt therapist and the therapist may share with the client his/ her experiences in here and now.

Interpretations: Gestalt therapists may also use interpretations, though, the focus of interpretations on why rather than the theme of gestalt psychology the focuses on how and what. Though in gestalt therapy use of interpretation is is not preferred as they may lead to responses that are intellectualised and immediate experiences may not get reflected in the same.

Lets us look at some of the exercises and experiments of gestalt therapy

Games of dialogue: As was discussed earlier, as per gestalt theory of personality, Polarities or opposites are present in personality and in an unhealthy individual, these are dichotomous and not harmonious in nature. In an individual who is health these polarities are integrated. For individuals that have polarities, games of dialogues can be effectively used to make the client aware of these polarities. Awareness can thus help the individual become more centered. In this context the two chair technique can be used where the client is asked to a stage a dialogues between the two parts or polarities in him/ her. There can be two chairs that are placed in a room and the client will sit on one chair that represents one part and then has a dialogue with the other part. Then the client will change the chair and then have a dialogue from the other part or polarity. One of the significant polarities that are focused on in gestalt therapy is Top dog, denoting the aspect of personality that focuses on ‘shoulds’, that is authoritative and critical and the other is under-dog, that denotes impulsivity and childlike tendencies.

Unfinished business: Earlier we briefly mentioned about unfinished business. In gestalt therapy unfinished business represents a gestalt (whole) that is incomplete. Thus as and when an unfinished business is detected, the client is encouraged to complete it. Though, we need to note that

any individual or client will have numerous unfinished businesses with significant others (parents, spouse, children) in their lives. Resentment is often seen as a significant unfinished business in individuals that need to be dealt with (Gelso and Fretz, 2009). In unfinished business, one chair technique is often used. In this exercise, the client sits on one chair and an empty chair is placed in front of him/ her. The client is then expected to imagine the person with whom he/ she has conflict or unfinished business so as to resolve the same.

Taking responsibility: In gestalt therapy, the client is encouraged to be self responsible and is often asked to say “I take responsibility”. Though this may seem as a very simple exercise, it can be effective in driving home the idea that one is responsible for his. her own actions and behaviours.

Playing the projection: This is yet another interesting exercise in gestalt therapy, where the client is asked to role play his/ her projection. Thus if the client feels that the his/ her parent has extremely high expectations from him/ her, the client is asked to play the role of the parent having high expectations. And in case any polarities emerge while projections are played then the two chair technique could also be used. Even dreams can be analysed in a similar manner, where the client is asked to play the role of every object and persons he has seen in the dream. Thus if the client saw an empty bench in a garden in his dream, then he/ she is asked to play a role of that empty bench.

Reversals: In this technique, the client is asked to play a reverse role of what he/ she is expressing. So is a client is submissive, then he/ she is asked to reverse the role and be domineering. Or if the client is pessimistic in his/ her expressions, he is asked to be optimistic. reversals can help the client to become more aware.

Exaggeration: This is another technique in Gestalt psychology, where the client is encouraged to exaggerate the movements and gestures so as to enhance his/ her awareness regarding his/ her body movements. becoming aware and paying attention to the nonverbal behaviour is a significant aspect of gestalt therapy.

Repetition: This is similar to exaggeration, but is applicable in the context of what is said by the client. Thus, the client is asked to loudly repeat the sentences and it is expected that the hidden feelings would get reflected through this exercise.

Both exaggeration and repetition help uncover the hidden feelings and become more aware.

Check Your Progress III

- 1) List the layers of neurosis.

10.5 EXISTENTIAL THERAPY*

With reference to existential therapy, it can be considered as an approach that helps individuals in examination of issues that carry personal meaning. Existential therapy is not described as a style of how psychotherapy is practiced. rather, it can be described as an attitude related to psychotherapy or the way of thinking about psychotherapy (Correy, 2013, page 126).

Some of the main principles of existential theory includes the I- am experience, that is denoted by the experience of being that is also referred to as ontological experience (Sommers- Flanagan and Sommers Flanagan (2015). Further there are also main four dimensions of existence or existential ways of being-in-the-world (Sommers- Flanagan and Sommers Flanagan (2015, page 125) that include:

- 1) **Unwelt:** That is the physical world or being with the nature
- 2) **Mitwelt:** This denotes the social world or being with others.
- 3) **Eigenwelt:** This includes the world of self or being with oneself.
- 4) **Uberwelt:** This denotes over world or being with the spiritual.

Yet another principle of existential theory is the diemonic, that is explained as “the natural function which has the power to take over the whole person” (May, 1960, page 123). Diemonic could be positive or negative. And as such the goal of existential therapy in this content would be to bring about an integration of diemonic urges that are both biological and natural. And this is done with a purpose to enhance creative and constructive behaviours.

These dimensions are both ubiquitous and simultaneous and individuals may ten to focus on one particular dimension more that the others or could even shift from one dimension to other based on situational factors and their intentions.

The main assumption of existential theory as stated by Kottler and Montgomery (2011, page 128) is that “inner conflict is due to the individual’s confrontation with the givens of existence”. The four givens include death, freedom and its outcome, that is, existential aloneness and meaninglessness. Thus, the main goal of existential therapy is to help the clients in exploring the “givens of their life. A session that incorporates existential approach will include discussion on issues related to self awareness, isolation, personal meaning, freedom, angst, responsibility and death or mortality (Kottler and Montgomery, 2011). The focus of this approach is on present and now. And in order for the person to be fully alive, he/ she needs to be self aware, live in present and not focus on past or future. Self awareness is an important aspect of existential therapy and it is based on freedom, choice and responsibility. The more the self awareness, the more is the possibility of freedom. It is important to note here that humans are both free as well as limited. they are free in terms of being creative, doing what they want to do and express themselves. Though, they could also be limited based on the constraints posed by the environment and social conditions. Thus, one of the main aims of existential therapy is to increase the capacity of self awareness.

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As suggested by existential therapy, human beings are free to choose and thus they themselves define their destiny. Three main values can be highlighted in this context. The first value has to do with freedom to become, given the limitations that could be natural or imposed by self. Secondly, the capacity related to how one reflects on the choices made by them. And thirdly, the capacity to take actions based on the choices made (Correy, 2013, page 135). Thus freedom also means the responsibility that one takes towards one's life.

Confronting loneliness or aloneness is also a significant aspect of the approach. The approach also focuses on the individual's personal journey to seek his/ her purpose of life, which is again seen as a continuous process rather than a one-time activity. Freedom as viewed by this approach is often seen as terrifying by individuals as they are presented with choices that they need to choose from and take decision that could be difficult and challenging. Often interchangeably used with anxiety, angst is seen by the existential approach as being experienced by all the individuals. The approach also stresses on taking one's own responsibility, whether it related to the choices made and decisions taken by them or their freedom. The approach also focuses on death which is seen as making a person more alive (Kottler and Montgomery, 2011).

Existential therapy as such is complex and also difficult to carry out, also because the focus is not on the techniques but on the stance or position that is taken by the therapist. The relationship between the client and the therapist (I-thou relationship) is of utmost importance. Genuineness and the connection between the therapist and the client are seen as means by which exploration and insight can be promoted during a therapeutic process. The therapist thus needs to take due care that the client feels a connection with the therapist that is authentic. The therapeutic process of existential therapy is not unidirectional and thus the therapist needs to work not only on helping the client develop his/ her self-awareness but also needs to work on enhancing his/ her own self-awareness. The therapeutic practices of this therapy are not based on techniques. Rather, the therapy focuses on understanding the meaning of being human (Correy, 2013, page 133).

The main goals of existential therapy include authenticity. Thus the client is required to work towards realising that they may not be completely authentic and that they need to work in direction of realising their full potential. The client also needs to focus on the purpose of their life and existence and then pursue the purpose. The awareness of this purpose of life is also an important aspect of existential therapy. The therapy is also directed to develop a sense of aliveness amongst the clients and to experience his/ her existence in a real way.

Earlier we discussed about the main four dimensions of existence or existential ways of being-in-the-world and in this context it can be said that an individual with neurotic tendencies would be overly concerned about *Umwelt*, that is the biological world and not adequately concerned about *Eigenwelt*, that is their own world (Sharf, 2012).

The existential therapeutic process includes the following:

Focusing on here and now: As was also discussed earlier, the focus on this therapy is on being in the present.

Developing a connection between the felt experiences of the client and relationships with others.: This mainly includes integrations of what is felt by the client in to his/ her relationships.

Connecting with the past: Though the focus of this approach is on present and now, the client is encouraged to reexperience the past and the emotions attached with that experience. Thus, the client is encouraged to relive the experiences and then work on them in ways that were not possible at that point of time.

Application of what was learned during the therapy to everyday life: The client is encouraged to apply and integrate what he/ she has learned during the therapeutic process in his/ her everyday living.

In existential therapy, assessment is often carried out by listening to the themes related to meaninglessness, isolation, death and mortality and so on. It also includes assessment of dreams. Objective tests as well as projectiles tests are also used (Sharf, 2012).

Some of the techniques used in existential therapy include paradoxical intention (that can also be described as anti-suggestion), cognitive reframing, awareness and existential integration and constriction, expansion and centering. Constriction denotes the moments or periods in our lives when there are inhibitions and expansion denotes growth and moving forward. And centering denotes finding a centre as constriction and expansion takes place in one's life.

To summarise about existential therapy, as was stated earlier, its focus is on meaning and as such it is a very complex therapy. It is often used along with other therapies in order to help clients deal with their issues and problems or for treating psychological disorder.

Check Your Progress IV

- 1) Explain the four existential ways of of being-in-the-world.

10.6 LET US SUM UP

To summarise, in the present unit we discussed about the humanistic and existential therapy. Humanistic approach is often referred to as third force mainly because it emerged as a reaction to psychoanalysis and behavioural approach. This approach thus does not focus on past experiences or childhood experience. It also does not focus on external stimuli or reinforcements. Rather the focus of this approach is on the positive aspect of human beings. It believes that each and every human being has a potential to become fully functional and thus is in better position to under and solve his/ her own problems and issues. The focus is also on problem in the present rather than its past. The five fundamental principles of humanistic psychology by Bugental were also highlighted.

Further the unit discussed about person centered therapy. Carl Rogers is the founder of person centered therapy. It can be described as non-directive counselling and client centered counselling. This therapy can be used in any setting where a helper aims to promote human psychological growth. Rogers work is regarded as one of the principal forces in shaping current counselling and psychotherapy. In Rogers person centered therapy, human beings are seen as possessing goodness and the desire to become fully functioning that is, to live as effectively as possible. According to Rogers, if people are permitted to develop freely, they will flourish and become positive, achieving individuals. Because Rogers's theory expresses faith in human nature, it is considered as humanistic approach to counselling. In the context of this therapy, the therapeutic process, the therapeutic relationship and therapeutic techniques were also discussed.

The unit also discussed about gestalt therapy that was proposed by Fritz Perls. the key concepts in gestalt therapy, goals of gestalt therapy, assessment in gestalt Therapy and exercises and experiments in Gestalt Therapy were also discussed.

Further, the unit focused on existential therapy. Existential approach can be considered as an approach that helps individuals in examination of issues that carry personal meaning. Existential therapy is not described as a style of how psychotherapy is practiced. rather, it can be described as an attitude related to psychotherapy or the way of thinking about psychotherapy. the existential therapeutic process was also briefly discussed.

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10.8 KEY WORDS

Existential therapy: Existential therapy is not described as a style of how psychotherapy is practiced. rather, it can be described as an attitude related to psychotherapy or the way of thinking about psychotherapy

Humanistic approach: Humanistic approach is often referred to as third force mainly because it emerged as a reaction to psychoanalysis and behavioural approach. This approach thus does not focus on past experiences or childhood experience. It also does not focus on external stimuli or reinforcements. Rather the focus of this approach is on the positive aspect of human beings. It believes that each and every human being has a potential to become fully functional and thus is in better position to understand and solve his/ her own problems and issues. The focus is also on problem in the present rather than its past.

Gestalt Therapy: Gestalt therapy was proposed by Fritz Perls and this therapy can be categorised under humanistic approach and is based on gestalt psychology. The word Gestalt is German word that means 'Whole'. And the main idea that the gestalt theory is based on is that "the whole is greater than sum of its parts".

Person centered therapy: This therapy was proposed by Carl Rogers and it can be described as non-directive counselling and client centered counselling. This therapy can be used in any setting where a helper aims to promote human psychological growth. In person centered therapy, human beings are seen as possessing goodness and the desire to become fully functioning that is, to live as effectively as possible. According to Rogers, if people are permitted to develop freely, they will flourish and become positive, achieving individuals. Because Rogers's theory expresses faith in human nature, it is considered as humanistic approach to counselling.

10.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

- 1) List any one assumption of humanistic approach.

One of the assumptions of humanistic approach is that individuals are basically rational and can be trusted.

Check Your Progress II

- 1) State any one core condition of person centered therapy.

One of the core conditions of person centered therapy is unconditional positive regard.

Check Your Progress III

- 1) List the layers of neurosis.

The layers of neurosis are phony, phobic, impasse, implosive and explosive.

Check Your Progress IV

- 1) Explain the four existential ways of being-in-the-world.

The four existential ways of being-in-the-world (Sommers-Flanagan and Sommers Flanagan (2015, page 125) include:

1. Umwelt: That is the physical world or being with the nature
2. Mitwelt: This denotes the social world or being with others.
3. Eigenwelt: This includes the world of self or being with oneself.
4. Uberwelt: This denotes over world or being with the spiritual.

10.10 UNIT END QUESTIONS

1. Explain the humanistic therapies.
2. Describe person centered therapy with a focus on its goals and therapeutic techniques.
3. Explain gestalt therapy with a focus on its key concepts.
4. Explain the goals of gestalt therapy and describe the exercises and experiments in gestalt therapy.
5. Describe existential therapy.