Unit- II

Course Code: MED15204DCE

COUNSELLING

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Counseling is a process of helping individuals or group of people to gain self-understanding in order to be themselves. Counseling is a reflection of a professional relationship between a trained counselor and a client. Olayinka (1972) defined it to be a process whereby a person is helped in a face-to-face relationship while Makinde (1983) explained counseling as an enlightened process whereby people help others by encouraging their growth. Counseling is a process designed to help clients understand and clarify personal views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and a resolution of problems of an emotional or interpersonal nature. It believes that every human individual has the potential for self-growth, self-development and self-actualization.

Counselling is ……

A process between two persons

A professional job of a professionally trained person

A process to help the person in solving his problems independently

Definitions

1. According to Shostorm and Brammer, "Counselling is a purposeful reciprocal relationship between two people in which one, a trained person helps the other to change himself or his environment".
2. According to Ruth Strong Counseling is a face to face relationship in which growth takes place in the counsellor as well as the counselee
3. According to Myers, "Counselling means a relationship between two persons in which one person provides special assistance to the others."

4. According to Webster dictionary counselling is defined as-Consultation, mutual interchange of opinions, deliberating together.
5. According to Wren, "Counselling is a dynamic and purposeful relationship between two people who approach a mutually defined problem, with mutual consideration of each other to the end that the younger or less mature or more troubled of the two is aided to a self-determined resolution to his problem".
6. According to Shertzer and Stone, "Counselling is an interaction process which facilitates meaningful understanding of self and environment and results in the establishment and or clarification of goals and values for future behaviors".
7. According to English and English Dictionary, "Counselling is a relationship in which one person endeavours to help another to understand and solve his adjustment problems".
8. According to Merle M. Ohlsen, "Counselling is an accepting, trusting and safe relationship in which clients learn to discuss openly what worries and upsets them, to define precise behaviour goals, to acquire the essential social skills and to develop the courage and self-confidence to implement desired new behavior.
9. According to Edwin Lewis, "Counselling is a process by which a troubled person (client) is helped to tell and behave in a more personally satisfying manner through interaction with an uninvolved person (counsellor) who provides information and reactions which stimulate the client to develop behaviour which enable him to deal more effectively with himself and his environment.

If all the definitions are analyzed we can come to the following conclusions.

a. Counselling is a two way process.
b. It involves two individuals.
c. There is mutual relationship between two individuals.
d. It helps an individual to gain self-understanding self-acceptance and self-realization

Characteristics of Counselling

1. The aim of counselling is to help a student form a decision, make a choice or seek direction
2. It helps a counselee to acquire independence and develop a sense of responsibility, explore and utilize his potentialities.

3. It is more than advice giving. The progress comes through the thinking that a person with a problem does for himself rather than through solutions offered by the counsellor.
4. Its function is to produce changes in the individual that will enable him to extricate himself from his difficulties. Emotional rather than purely intellectual attitudes are the raw material of the counselling process.
5. It helps an individual to know himself better, gives him confidence, encourages his self-directedness and provides him with new vision to grow.
6. It develops mutual relationship between two persons.
7. It makes the Problem clear through discussion.

Principles of Counselling:

The principles on which the process of counselling is based are-

1. **Warmth:**

The Counsellor should communicate personal warmth and make the client feel welcome valued as individuals.

2. **Acceptance:**

The Counsellor should accept the person & his feelings for what he is without criticizing him. He should also accept the person irrespective of age, race, sex, etc.

3. **Genuineness:**

The counsellor should be very honest with himself and with client he should be very open, friendly and undefensive.

4. **Empathy:**

Instead of showing sympathy to the person having problem, the counsellor should show empathy, which means to sense the feelings and experience of another person.

In order to make good relationship the above qualities should be acquired by a counsellor. He should imbibe these qualities to follow the principles of counselling properly.

To conclude we can say that interview is essential in counselling process. Although it has some limitations, it must be supplemented by other techniques.

Types of Counselling

1. Directive
2. Non Directive
3. Eclectic

Directive Counselling

Williamson is the chief exponent of Directive counselling. It is Counsellor Centered and Prescriptive. The counsellor assumes the major responsibility of solving the problem. Counsellor identifies, defines, diagnoses and provides a solution to the problem. Counsellor directs thinking by informing explaining, interpreting and advising. Its emphasis is on the problem.

Steps: Role of the Counsellor

1. **Analysis:-** collecting data from various sources to understand the client's problem.
2. **Synthesis:-**interpreting and organizing data to reveal students assets, liabilities, adjustments etc.
3. **Diagnosis:-** identifying the nature and cause of the problem.
4. **Prognosis:-** predicting the future development of the problem.
5. **Counselling:-** taking steps to bring about adjustment.
6. **Follow up:-** Evaluation of the effectiveness of counseling.

Merits

1. Time saving and economical
2. Gives happiness to the counselee as he gets a solution to this problem.
3. Emphasis is on the intellectual rather than the emotional aspect.

Demerits

1. Client is dependent
2. Fails in saving the client to commit the mistakes in future
3. Scarcity of information regarding the client can create the possibility of wrong counselling
4. Emotional problems may be better solved by Non Directive counselling

Non Directive Counselling:

The Chief exponent of non-Directive Counselling is Carl Rogers. It is Client Centred, Permissive Counselling. Counselee is allowed free expression Counsellor only directs and guides. Counsellor asks a few questions, so as to think about the solution of the problem. Counselee takes active part, gains insight into the problem with the help of the counsellor and arrives at the decision and action to be taken Counsellor's role is passive. Goal is independent and integration of the client rather than the solution. Role of the

counsellor is to create an atmosphere in which the counselee can work out his own understanding. Emotional aspect rather than the intellectual aspect is stressed. Counselling relationship is the establishment of a warm, permissive and accepting climate which helps the client to express his self structure.

Procedure of Non-Directive counseling

1. Defining the problematic situation
2. Free expression of feeling
3. Classification of positive and negative feeling
4. Development of insight
5. Termination of counselling situation

Merits

1. Removes the emotional blocks, help individual to bring out repressed thoughts and reduces tension
2. Leaves its impression for a longer time
3. Freedom of the individual
4. Relieves tensions due to catharsis
5. Moves toward acceptance of himself
6. Confronts weaknesses without feeling threatened

Demerits

1. Slow and time consuming process
2. Wisdom and judgement of the client cannot be relied upon
3. All the problems cannot be sorted out through talking
4. It revolves around the client
5. Client leads the conversation
6. Sometimes due to the counsellors passiveness, the client hesitate in expressing his feelings
7. Open ended questions are asked
8. Diagnostic instruments are not used
9. Client can act with his own intellect
10. The entire responsibility is of client
11. All the problems cannot be solved orally

12. Not successful always

Eclectic Counselling

Chief exponent of eclectic counseling is Bordin Thome. Coordinative methods are used in this counseling. The need and personality of the client are studied and then he selects the techniques. The main techniques used are reassurance, giving information, case history, testing. Both counsellor and client are active and cooperative, they participate in conversation turn wise and solve the problem. Counselling may be evaluated along a continuum from directive to non directive to directive. Eclectic is a continuation and synthesis of directive and non-directive counseling. Both counsellor and counselee are active and cooperative. Both do the talking in turn. The problem is solved jointly.

Procedure (Steps) of eclectic Counselling

1. Initial interview.
2. Develops rapport and does structuring so that client understands what to expect from the counseling.
3. Tentative diagnosis and plan of counselling is formulated.
4. Gathers information about the client and the client needs to be helped to assimilate this information.
5. Client achieves emotional release and gains insights, modifies perceptions/attitudes about himself and situations.

Advantages:

1. Its Practical value is very high.
2. Both client and counsellor are active.

Disadvantages:

1. Some people are of the view that both the types cannot be mixed together.\
2. It is vague and opportunistic.
3. In eclectic counseling, question arises how much freedom should be given to the client, no definite rule.

Process of counseling

There are three Stages of counseling process

The First Stage: Initial Disclosure:

In first stage Counselor tries to understand the nature of the problem of the client. For that he first establishes repo with client. He develops relationship of trust and confidence so that the client can disclose his feelings and his problems. Here he gathers information to promotes understanding of clients problem. For that he can use different tools and techniques.

Initially the client expresses two sets of feelings i.e. i) I know I need help ii) I wish I weren't here. Therefore central task of the counsellor in this stage is to allay the client's fears and encourage self-disclosure. Attending paying careful attention to the client's words and actions.

Counsellor observes clients behavior for indications of content and feeling not expressed in verbal message. It is the first contact between the client and the counsellor, but it remains important throughout the counselling process. In this stage, clients are helped to articulate their personal concerns and to place those concerns in a context so that the counsellor can understand the personal meanings and significance the client attaches to them. The main aim of this stage is promote trust in the client.

Following characteristics describe the helping relationship.

1. **Empathy -** Understanding others experience as if it were yours.
2. **Genuineness -** Being natural, consistent in behavior and dependable in the relationship.
3. **Unconditional positive regard -** Caring without condition
4. **Concreteness -** Using clear language to describe the client's situation.

The Second Stage: In-depth Exploration

In second stage i.e. in depth exploration the counselor and client try to explore the problem further. In this stage hey try to understand the problem and its solution. They identify the nature of the problem and what kind of change is required to solve the problem, what can be the future of the problem and to solve this problem what are the resources and then the explore possible approaches

Client begins to formulate a new sense of hope and direction.

Counsellor at first discusses the diagnostic impressions of the client's dynamic and coping behavior.

As the relationship becomes more secure, the counsellor begins to confront the client with observations about his/her goals or behavior. This will help the client arrive at newly challenged and refined views of self.

Third stage: Commitment to action

After that counselor helps the client to chose the best option and they plan out the course of action. The counselor helps the client to fulfill the plan and get feedback at the end Client relates his behaviour to accomplish goals. This stage includes identifying possible alternative courses of actions (decisions) the client might choose. Once an action decision is made the client tries some new behaviors. The counsellor supports and reinforces the trying of new behaviors.

HISTORY

Psychologists in the United States virtually ignored psychoanalysis from the 1890s to the 1920s and then vigorously opposed it from the 1920s until about the 1950s. By the middle of the twentieth century, psychologists were subjecting psychoanalytic concepts to rigorous experimental tests, and subsequently many of the psychoanalytic principles were incorporated into mainstream psychology. By the 1990s, psychoanalytic theory was considered a cornerstone of modern counseling and psychotherapy. Of the several hundred therapies in use from the 1970s to the 1990s, most derived some fundamental formulation, technique, or impetus from the psychoanalytic system. Let's begin with a brief overview of psychoanalytic theory from its founder, Sigmund Freud, to current practitioners.

Freud was born in Freiberg, Czechoslovakia, in 1856, and died in London in 1939. He grew up in a time of great scientific progress, which influenced the development of his psychological theories. For example, one of the most important scientific works of that time was the Origin of the Species by Charles Darwin. Darwin's idea that a human was an animal among other animals and thus could be studied naturalistically was a foundation for Freud's study of the workings of the human mind. A second major influence came from the field of physics. Hermann von Helmholtz proposed that a human was an energy system that obeys the same physical laws as other matter. This conception of people led to Freud's idea that human motivation was influenced by unconscious sources of energy.

At seventeen Freud entered medical school, where he was strongly influenced by Ernst Brucke, a prominent physiologist. Brucke's influence ultimately led Freud to create a dynamic

psychology involving transformations and exchanges of energy within the personality. After medical school Freud studied the nervous system and earned a reputation as a promising young neurologist. He began to specialize in the treatment of nervous disorders. He first studied in France with Jean Charcot, who used hypnosis to treat hysteria and other disorders. Hypnosis became a key component of Freud's practice as well. He then studied with Joseph Breuer, who had developed a cathartic method of therapy to treat.

While scientifically exploring underlying causes of behavior, Freud formulated the idea of unconscious forces. In the 1890s he began analyzing his own unconscious forces, and during this time he wrote the Interpretation of Dreams. This work contained his views on the dynamics of the mind as well. In 1901 he published the Psychopathology of Everyday Life, which proposed that slips of the tongue, errors, accidents, and faulty memory are the results of unconscious motives. In 1905 he published three other important works: A Case of Hysteria, which described the treatment of hysterical disorders; Three Essays on Sexuality, which showed how sexual conflicts can produce neurosis; and Wit and Its Relation to the Unconscious, which proposed that much humor was a covert form of communicating hostility.

All of these works led to the psychoanalytic system of psychology. However, it was not Freud or his writings alone that made the psychoanalytic system so powerful and widespread. Equally important were the men who gravitated to him in what came to be known as the Vienna circle. Otto Rank, Alfred Adler, Carl Jung, Karl Abraham, Max Eitingon, Sandor Ferenczi, Hans Sachs, and Ernest Jones all started out as confederates and disciples of Freud but later developed, extended, and reformulated his theories, often in bitter disagreement with their mentor. In particular, Jung and Adler moved away from the “pure” psychoanalysis of Freud and developed their own theories and following. In 1909 Freud was invited to America by G. Stanley Hall to speak at Clark University. Following this initial visit, prominent psychologists in America such as Hall and William James became receptive to the components of psychoanalytic. While Freud's ideas were taking root, he continued to refine the psychoanalytic system, and from 1914 until his death in 1939 he extended his ideas into an ego psychology through which he attempted to understand the total personality. The Nazi rise to power prompted numerous adherents of Freud to leave continental Europe for America in the 1930s. America thereon became the world center for psychoanalysis. From the 1930s to the 1950s, theorists and therapists such as Karen Horney, Erik Erikson, Harry Stack Sullivan, and Erich Fromm broadened basic Freudian psychoanalytics. These theorists, characterized as Neo-Freudians, included cultural and social determiners and the development of interpersonal relationships as necessary extensions of the psychoanalytic view. A number of contemporary psychoanalytically oriented therapists have developed innovations to Freudian and Neo-Freudian formulations. Some of

these newer approaches to psychoanalytic therapy are described in the section on strategies for helping clients.

OVERVIEW OF FREUDIAN PSYCHOANALYTIC THERAPY

Freudian psychology has been tagged with several names: psychoanalysis, psychoanalytic theory, psychodynamic theory, psychodynamic therapy, psychodynamics, psychoanalytic psychotherapy, dynamic psychiatry, dynamic psychology, and depth psychology. By whatever name, it is a psychology of the conflicting forces inherent in the dualistic nature of humankind. The conflicting dualism of the mind may be dichotomized into conscious and unconscious. The dualism of humans in society may be dichotomized into the person as a biological animal and the person as a social being. It is through conflicts between the conscious and the unconscious and between the biological motivating forces in people and the social tempering forces in the environment that the personality develops, acculturation occurs, and values are acquired. Freud described this human motivation as being governed by the tendency to seek pleasure (a biological drive) and to avoid pain. He called this tension-reducing force the pleasure principle Freud's conception of the development of neurosis grew from his studies of hysteria and hypnosis. In these studies he found that certain unacceptable events and thoughts people had consciously experienced were sometimes repressed into an area of the mind he called the unconscious. These experiences, which were of a sexual nature directly influenced the person's behavior and caused hysterical symptoms. These ideas were the basis of Freud's theory of the development of neurosis (Fancher, 1973). Thus, the hysterical neurotic became the accepted prototype for the early Freudians' understanding, diagnosis, and treatment of maladjusted patients. The methods of psychoanalysis grew from the early studies of hysteria and hypnosis. Hypnosis was found to be useful for relieving hysterical symptoms in some cases, but not all of Freud's clients responded equally well to this method. Freud thereupon began to use an open-ended, gently guided discovery technique to bring to light childhood sexual fantasies. This technique evolved into the free association method, one of the cornerstones of classic psychoanalysis. The primary goal of this method is to make unconscious material conscious and thereby promote insight and understanding. Interpretation is then applied to the unconscious material, as it is applied to dreams, facilitating the client's understanding of the influence of unconscious motives on present behavior. Finally, the client uses transference, an emotional response to the therapist that represents a repetition of the individual's fantasies about a past relationship (such as with a parent), to gain insight and eventually to resolve the neurotic conflict Rapport (1967), identified seven postulates or

assumptions that have driven psychoanalytic therapy from the middle of the twentieth century to the 1990s:

1. Access to unconscious functioning comes through the associative process.
2. Later mental structures have to be explained by earlier experiences, by turning back to the past.
3. Psychic continuity is a lifelong process.
4. Mental life has meaning.
5. Determinism, the conviction that nothing that happens is accidental, is an accepted principle.
6. Instinct, that is, as the source of motivation in bodily processes, is an accepted concept.

The assumption of the concept of the unconscious is necessary because conscious experiences leave gaps in mental life that unconscious processes bridge. Auld and Hyman hold that postulate one (which they added to the other six assumptions developed by Rapport), is the guiding rationale for psychoanalytic technique. Thus, their view of psychoanalytic therapy is built on the premise that insofar as the psychodynamics of the patient "can be elucidated by pursuing his or her associations, the therapist and the patient, working together, can understand the patient and have a constructive effect on the patient's life."

Therapists use all of the powerful tools that the psychoanalytic system has to offer. But in modern practice therapists do not simply instruct clients to talk at length about their childhood experiences and fantasies. Rather, psychoanalytic therapists are committed to discovering what clients are experiencing and discovering in the moment---collaboratively with their therapists in the therapy room. Auld and Hyman (1991, p. 6) contend that "more than any other kind of therapy, psychoanalytic therapy deals with the here-and now." According to Arlow (1989, 1995), effective psychoanalytic treatment can best be understood by examining empathy, intuition, and introspection. Arlow explains that empathy is a form of "emotional knowing," central to the psychotherapeutic process, whereby a therapist exercises the ability to identify with and share the client's experiences both affectively and cognitively. He describes intuition as the organization, in the therapist's mind, of the myriad of data communicated by the client "into meaningful configurations outside the scope of consciousness" of the therapist, yet made conscious through unconscious mental operations. The therapist becomes aware of such unconscious material through introspection, a process using mental free association, whereby the therapist consciously synthesizes the client's accumulated communications. These introspections are not communicated to the client but rather are used to understand and help the client finally to attain the insight and ego strength needed to cope with whatever emotional traumas or dilemmas brought him or her to

therapy in the first place. The communication of empathy directly to the client has been recognized and recommended by many modern psychoanalysts as a prerequisite to effective psychotherapy

THEORY OF PERSONALITY

According to Arlow (1995), personality "evolves out of the interaction between inherent biological factors and the vicissitudes of experience." Psychoanalytic personality theory is based on several fundamental principles. Freud proposed that the personality consists of three major parts---the id, the ego, and the superego (Hall, 1954).

THE ID

The id exists at birth and is the source of psychic energy and the instincts, the most important of which are sex and aggression. Energy in the id is mobile and can be readily discharged through action and wish fulfillment. One function of the id is to fulfill the pleasure principle, which, as we have seen, is a basic motivating force that serves to reduce tension by seeking pleasure and avoiding pain. The id is the newborn's reservoir of emotional energy. A basic function of the id is to maintain the organism in a state of tension-free comfort. When the infant is hungry, the id seeks immediate gratification to restore the infant to a state of comfort. Frustration occurs when the infant's oral erotic wishes are not immediately satisfied. The experience of overcoming early frustration initiates learning and development. The sucking instinct serves some important purposes. It satisfies the oral erotic need for stimulation and satisfaction. Because of this a cathexis-the concentration of one's psychic energy on some person, thing, idea, or aspect of self-develops between the infant's need for protection and satisfaction and the mother, the mother's breasts, or the bottle. The infant's early experience of locking the mouth onto the nipple may serve as the first "click" of insight and thereby the root of all later learning. Thus the id is the energizer and the starting point of the organism's personality.

THE EGO

The ego is a complex psychological organization that acts as an intermediary between the id and the external world. It has both defensive and autonomous functions. It is not present at birth but is developed as the person interacts with the environment. To function as this intermediary, the ego operates by the reality principle. The reality principle postpones the discharge of energy until an object that will satisfy the need, or reduce tension, is found. Unlike the id, the ego is able to tolerate tension and thus delay gratification. The reality principle is served by the secondary process, which consists of discovering or producing reality through a plan developed by thought and reason. The

secondary process interacts with the environment and develops the ego. These lines of development are also influenced by heredity and maturational processes. The ego has been called the executive of the personality because it controls and governs the id and the superego and maintains interaction with the external world.

THE SUPEREGO

The superego is the moral, social, and judicial branch of the personality; it represents the ideal rather than the real. The superego strives for perfection rather than pleasure or reality. It develops as a result of the need to control the aggression that results when needs are not immediately satisfied. The superego develops from the ego by assimilating parental standards and eventually substitutes parental authority with its own inner authority. It takes over the governance of the psyche and mediates between the person and the environment. It acts as the moral and social gatekeeper and keeps the person's baser instincts from running rampant. The superego has two subsystems- the ego ideal and the conscience. The ego ideal is composed of the child's conceptions of what the parents consider to be perfection, or the perfect person. These conceptions are established through experiencing parental acceptance. The conscience is composed of the child's conceptions of what is considered to be morally bad and is established through experiencing admonitions, punishment, or lack of acceptance.

In summary, the id is the reservoir of the psychic energy that operates the three systems of personality. Since the id can receive gratification only through reflex and wish fulfillment, the ego rationally satisfies the impulses of the id by selecting objects in the environment that will reduce tension and bring pleasure. The ego eventually obtains control of most of the id's psychic energy. The superego serves as the moral arm of this personality structure, using the prohibitions of conscience to block discharge of energy or directing the discharge of energy through the ego ideal. A person who is dominated by the id will tend to be impulsive; one who is dominated by the superego will be overly moralistic and perfectionist. The ego functions to keep the individual from these two extremes. Where the ego is working well, the personality is a unified blend of the three systems

THE DEVELOPMENT OF PERSONALITY

Childhood sexuality plays an important role in the development of the personality. The infant is capable of receiving sexual gratification from rhythmic stimulation of any part of the body; Freud termed this polymorphous perversity. As the infant matures, the generalized ability to receive sexual gratification decreases as certain parts of the body become preferred sites for gratification. In other words, the possibilities for gratification of the sexual instinct narrow as the infant develops. Freud postulated a series of developmental stages that describe this narrowing process of sexual

gratification. These stages, now referred to as the stages of psychosexual development, are as follows.

ORAL STAGE

This stage occurs during the first year of life and develops from the act of feeding in which the mouth and lips naturally come to receive more stimulation than other parts of the body. Because oral responses had been demonstrated to have strong sexual connotations in perversions, neuroses, and latent dream content, Freud thought that the nonnutritive components of an infant's oral behavior were sexual. Conscious and unconscious memories of oral experiences have a central position in the psychological life of the infant, and new experiences are organized around these memories Freud proposed that the mouth has five functions: (1)taking in, (2) holding on, (3)biting, (4) spitting out, and (5) closing. Each is a prototype for certain personality traits. These functions take on symbolic meaning in the adaptations the individual makes in coping with the anxieties and stresses of life. For example, taking in through the mouth is the prototype for acquisitiveness, holding for tenacity, and spitting out for rejection. Whether these traits become part of one's personality depends on the amount of anxiety and frustration experienced in the oral stage. For example, an infant who was weaned too soon or too abruptly may develop a strong tendency to be possessive in order to avoid repetition of the anxiety and frustration of the weaning experience.

ANAL STAGE

The anal stage develops during the second and third years of life as the anal area begins to assume a central position in the child's sexual development. This area becomes more strongly associated with sexual gratification than the mouth. As children become capable of voluntary muscle control and eventual bowel control, they discover that sexual stimulation occurs from voluntarily retaining and expelling feces. Anal ideas and memories involve such activities as elimination, retention, smearing, or cleaning. Just as with the oral stage, the prototypes of later personality characteristics develop during the anal stage. Expulsive elimination is the prototype for emotional outbursts and temper tantrums in later life. Toilet training, which usually occurs during this time, can have the effect of establishing prototypes for later conflicts with authority figures, meticulous cleanliness and orderliness, or even generosity and philanthropy.

PHALLIC STAGE

This stage occurs after mastery of the tasks of toilet training. At approximately age three or four the child discovers the pleasures of genital manipulation and another shift of the zone of sexual stimulation occurs. Because of increased dexterity, the child can now have regular and intense pleasure by stimulating the genitals. It is during this stage that the Oedipus complex develops. Freud named this stage for its parallels with the Greek play Oedipus Rex, in which Oedipus kills his father

and marries his mother. The Oedipus complex develops when the child has intense sexual feelings for the parent of the opposite sex. The male child fears castration by the powerful father and subsequently represses his desires for the mother and identifies with the father. The female child thinks she has already been castrated and thus suffers from penis envy and is not as fearful of her mother as the male is of his father. Difficulties in the resolution of the Oedipus complex may lead to problems of sexual identity

LATENCY PERIOD

The first stages constitute the pre-genital stages. Fixation at any one of these stages may produce oral, anal, or phallic character types in later life. These stages are precursors to the fourth stage of psychosexual development, the latency period, which extends from age five or six to puberty. At about age six, the sexual instinct diminishes and the child enters a stage of sexual quiescence. During this stage, children enter school and apply themselves to the tasks of learning. Although the sexual instinct is repressed, the sexually charged memories of the previous stages are still intact and will influence personality development

GENITAL STAGE

This fifth stage of psychosexual development occurs at puberty and is characterized by non-narcissistic behavior that develops in the direction of biological reproduction. Characteristics of this stage are an attraction for the opposite sex, socialization and group activities, marriage and the establishment of a family, and vocational development. The genital stage becomes fused with the pre-genital stages as kissing, caressing, and sexual intercourse satisfy pre-genital impulses. This stage lasts from puberty to death or senility, whichever comes first

In summary, Freud emphasized the role of sexuality in the development of personality. The narrowing manifestations of sexuality proceed through five psychosexual stages of development. As the person proceeds through these stages, propelled by inherent forces and molded by the environment, he or she acquires various components of personality. Fixation at any of the first three stages may produce certain personality types, such as the oral, anal, or phallic character. Although there are two further stages of psychosexual development, the basis for the individual's personality in later life is determined during the first three stages.

MAJOR CONCEPTS

Psychoanalytic theory embodies a host of formulations, assumptions, and concepts. The major Freudian concepts that we will mention are the unconscious, instincts, identification, displacement, the Freudian symbol, defense mechanisms, transference, and free association.

THE UNCONSCIOUS

The unconscious is an actual entity of the mind, the lowest of its three layers. The preconscious is the middle layer and the conscious is the upper layer. The contents of these three layers of the mind vary in their degree of availability to conscious awareness. Some are readily accessible, because resistance to their expression is weak; others are not available except through psychoanalysis. What seems most important about unconscious content is the influence it exerts on the behavior of the consciously unaware individual. Its effects range from forgetfulness, slips of the tongue, and accidents to neurosis manifested in hysterical symptoms. Freud explained that the unconscious stores material that is unavailable to awareness because of incompatibility. The incompatibility is between certain unacceptable ideas and the ego, which represses those ideas. Wolman (1989) introduced the concept of the proto-conscious rather than the preconscious. The proto-conscious is described as a bridge between conscious and unconscious phenomena. For example, many altered states of consciousness such as lucid dreams, posthypnotic states, meditation, and para-psychological phenomena are observed on the proto-conscious level when individuals are neither totally conscious nor totally unconscious. Fluctuating modes and shifts from the unconscious to proto-conscious states of mind, and vice versa, may be observed in schizophrenics and autistic children.

INSTINCTS

Instincts are organic motivational forces, or drives. Freud recognized two classes of instincts-the life instincts, which he labeled libido, and the death instincts, or thanatos. The seat of the instincts is the id. Instincts direct psychological processes and function as the motivational forces in people. Each instinct has a source (energy), an aim (removal of a need), an object (such as food), and an impetus (strength).

IDENTIFICATION

Identification is an ego mechanism that is important in personality development. One form of identification is the incorporation of the qualities of another person into one's personality. According to Hall (1954), there are four types of identification:

1. Narcissistic identification is identification with others who possess the same trait as the identifier, such as athletic ability.
2. Goal-oriented identification is identification with someone who has a trait the identifier hopes to acquire. A male child wanting to be strong like his father is an example.
3. Object-loss identification occurs when someone attempts to regain a lost object by identifying with it. The child who tries to regain parental love through attempts to please his or her parents by adopting their values and standards is an example.
4. Authority identification is identification with the prohibitions set down by parents and

other authority figures. This type of identification leads to the development of the conscience.

DISPLACEMENT

This is the process by which psychic energy from the instincts can be rechanneled from one object to another. Only the object of the instinct varies; the source and the aim of the instinct remain the same. Through this process a major portion of the personality is formed. The development of the personality through displacement is a complex process by which multiple tensions can be reduced, and the object chosen may be far removed from the drive that started the process. For example, the original drive for oral gratification, which is first satisfied by sucking the nipple, will undergo several displacements thumb sucking, candy sucking, cigarette smoking, beer drinking, eating, talking, oratory, and so forth.

THE FREUDIAN SYMBOL

The Freudian symbol is a socially acceptable representation, usually in dreams, of an unconscious and objectionable thought, wish, or object. For example, the penis may appear in dreams as an elongated object or an object capable of penetration, such as a knife, gun, snake, statue, spire, or cigar. The vagina is represented by objects capable of being receptacles, such as a cave, box, tunnel, or pocket. In psychoanalytic treatment, the symbols in dreams, which may represent a wide range of unconscious thoughts, are analyzed as a means to make unconscious material conscious.

DEFENSE MECHANISMS

Defense mechanisms are used by the ego to reduce anxiety associated with threatening situations and feelings. Anxiety is generated by the instinctual demands of the id and the pressures of the superego. In contrast with realistic measures for dealing directly with the source of the threat, defense mechanisms distort, deny, or falsify the reality of the anxiety-producing situation. These protective mechanisms are used by most people, and at times, particularly when the ego is developing, may prevent the person from being overwhelmed by parental and societal demands. Such demands may become so excessive that the defense mechanisms employed thwart the natural development of the person and thereby become unhealthy. Some of the more important defense mechanisms are as follows (Wolman, 1968).

1. Repression.

Repression forces a threatening memory, thought, or perception out of consciousness and prevents it from returning. Repression may prevent a person from seeing an object that is actually in view, or it may allow distortion of objective reality in order to protect the ego from the danger associated with the perception. Freud attributed hysterical disorders to repression. Repression may

contribute to a conversion reaction resulting in so called psychosomatic disorders such as asthma, arthritis, and ulcers

2. Projection.

When forces from the id or the superego threaten a person, the ego sometimes attributes those forces to an external source. The ego is attempting to convert internal anxiety into an objective external anxiety that is easier to handle. Thus, projection is the attribution of one's feelings or characteristics to people in general. One who is unhappily married may reduce the anxiety associated with that condition by concluding that all marriages are unhappy.

3. Reaction formation.

Reaction formation occurs when the ego sidetracks the expression of a threatening impulse by prompting the person to behave in the opposite way. A person who crusades against vice and corruption may be doing so (unconsciously) to deny an urge to participate in these same activities. The principal features of reaction formation are an exaggerated demonstration of the opposite feeling and an inflexibility of expression of that feeling. Reaction formations are also employed against external threats, as in the case of exaggerated friendliness toward or obedience to someone or something that is feared.

4. Fixation.

Fixation is a psychological stunting whereby the person fails to proceed from one developmental stage to another. People generally experience anxiety when faced with the prospect of engaging in a new behavior; they worry about performing adequately, are afraid of being ridiculed for failure, or fear punishment. Most people will take the risk in order to grow. However, some people feel such great anxiety at the thought of the anticipated situation that they refuse to engage in the new behavior and thus remain fixated at an earlier developmental level. This fixation, a fear of leaving the old for the new, is also called separation anxiety.

5. Regression.

Regression is a retreat to a previous stage of development. Some forms of regressive behavior are so common they are viewed as childish. The college freshman regresses when he or she returns to the security of the parental home every weekend or drops out of school rather than face the anxiety of confronting the world “alone.” A more severe expression of regressive behavior is withdrawal into a world of daydreams and fantasies to the exclusion of independent functioning in society (Hall, 1954).

TRANSFERENCE

Transference is a key concept in psychoanalytic therapy. It occurs when the client's feelings are directed toward the therapist as though the therapist were the source of the feelings. The

therapist's analysis helps the client distinguish between the fantasy and the reality of the feelings transferred from some previous significant person to the therapist (Arlow, 1995). Also, the client is helped to gain an understanding of how he or she "misperceives, misinterprets, and relates to the present in terms of the past" (p. 32). Since most transferee's feelings are unconscious, the skill of the therapist is needed to help the client realign these distorted relationships.

FREE ASSOCIATION

Free association is a technique that encourages the client to report to the therapist without bias or criticism whatever enters his or her mind. Such reports enable the therapist to uncover repressed material. The analysis of hidden conflicts helps the client gain the insight that is the core of growth (Fine, 1973, p. 21). According to Auld and Hyman (1991, p. 243), "free association is the primary method (perhaps the only one) by which the therapist and the patient gain access to unconscious conflict [emphasis added]. Thus, free association becomes the defining element of psychoanalytic therapy."

PSYCHOANALYTIC THERAPY

Small and Bellak developed a six-step model for brief psychotherapies. First, the problem is identified. Second, a detailed history is taken to secure data that will reveal the client's personal experiences and lead to a diagnosis. Third, causal relationships are established. Fourth, methods of intervention are chosen. The fifth step incorporates the working through phase. The sixth and final step is to leave the client with a positive transference. In step four Small and Bellak recommend environmental manipulation strategies, similar, to those suggested by Ellis's (1995) rational-emotive behavior therapy (REBT), which depart from and greatly augment the procedures used in traditional psychoanalytic therapy. Examples might include the therapist telephoning family members or friends; job placement referrals for the client; teaching clients cognitive skills to use when problems beset them; and even providing clients with audiotaped cassettes of therapy sessions to listen to in their homes, cars, or offices to enhance their ego coping strength during periods of crisis or stressful situations.

AUTONOMOUS PSYCHOTHERAPY

Auld and Hyman (1991, p. 3) brought Freudian psychotherapy into contemporary usage through what Szasz (1974) termed autonomous psychotherapy. They employ some of the basic formulations of both Szasz and Freud and apply modern psychodynamic techniques based on empirical research findings of the past fifty years. In autonomous psychotherapy the therapist and client develop a

working alliance, built on mutual trust and a supportive and empathic relationship, that facilitates both parties in bringing the client's unconscious conflicts to light. The supportive, caring, and empathic relationship, similar to what we would construe to be a person-centered modality, operates to elicit free association to uncover unconscious material needed for the therapy to move forward. Unlike the person-centered approach, which uses basic facilitative conditions to help clients become more self-actualized, autonomous psychotherapy practitioners use these basic facilitative techniques to effect therapy while providing optimum client autonomy. Thus the autonomous psychotherapist uses fewer artificial means, such as hypnosis or word association, than do traditional psychoanalytically oriented therapists in assisting their clients to uncover therapeutically important material from the unconscious. The therapist must be knowledgeable and skilled in facilitating the associative process, working through transference issues, dealing with the client's repression, handling resistance, and performing other psychoanalytic techniques. But the curative factors lie in the associative process, the therapist's ability to make appropriate interpretations within the working alliance, and the capability and motivation of the client and therapist to experience autonomy, work through defenses, and deal with issues of transference and other impediments to resolving unconscious conflicts.

BEHAVIORAL THERAPY

Unlike other theories of psychotherapy, behavior therapy has its roots in experimental psychology and the study of the learning process in humans and animals. Although a few physicians used approaches that are remarkably similar to behavior therapy as it is practiced today, there was no systematic study of behavior that led to principles of behavior change until the work of Ivan Pavlov. Pavlov's observations about the salivation of dogs before receiving food led to the study and development of classical conditioning (also called respondent conditioning). Influenced by Pavlov's conditioning experiments, John Watson applied these concepts to human behavior. Another important approach to learning is operant conditioning, developed by B. F. Skinner, which examines how environmental influences affect or shape the behavior of individuals. Classical and operant conditioning study observable behaviors that operate outside the individual. In contrast, social cognitive theory, developed by Albert Bandura, deals with internal or cognitive processes and attempts to explain how individuals learn through observations or perceptions of their environment. These three approaches (operant and classical conditioning and social learning theory) are described in more detail in this chapter, as is the current status of behavior therapy.

Behavior therapy is an approach to psychotherapy that aims to reinforce desired behaviors, while eliminating undesired behaviors. The therapeutic techniques used in behavioral therapy are based on the principles of operant conditioning developed by B.F. Skinner.

1. Behavior therapy focuses on behaviors, not the thoughts and feelings that might be causing them; it is not concerned with the psychoanalytic state of the subject.
2. Behavior therapies are based upon the premises of operant and respondent conditioning.
3. Systematic desensitization and exposure therapy are two common techniques used in behavior therapy.
4. In the second half of the 20th century, many therapists coupled behavior therapy with the cognitive therapy of Aaron Beck and Albert Ellis, to form cognitive-behavioral therapy (CBT).
5. Third Generation Behavior Therapies later moved away from cognitivism and back toward various forms of behaviorism, and include such therapies as Acceptance and Commitment Therapy (ACT) and Dialectical Behavioral Therapy (DBT).
6. Operant Conditioning developed by B.F. Skinner, utilizes positive and negative reinforcement and positive and negative punishment to alter behavior.
7. Classical conditioning; it is a form of learning in which one stimulus (the conditioned stimulus or CS) comes to signal the occurrence of a second stimulus (the unconditioned stimulus or US). The US is usually a biologically significant stimulus, such as food or pain which elicits a response from the start; this is called the unconditioned response or UR. The CS usually produces no particular response at first but after conditioning, it elicits the conditioned response or CR. It was originally thought that the conditioned stimulus would become associated with, and eventually elicits, the unconditioned response.
8. A learning theory is a conceptual framework that describes how information is absorbed, processed, and retained during learning. Behaviorism, cognitivism, and constructivism are the three main categories of learning theory.

EXAMPLES

An example of positive reinforcement is when a father gives candy to his daughter when she picks up her toys. If the frequency of picking up the toys increases or stays the same, the candy is a positive reinforcer.

Behavioral therapy, also known as behavior modification, is an approach to psychotherapy based on the learning theory. Behavioral therapy aims to treat psychopathology through techniques designed to reinforce desired behaviors, while eliminating undesired behaviors. In its broadest sense the methods focus on behaviors, not the thoughts and feelings that might be causing them; it is not concerned with the psychoanalytic state of the subject.

Edward Thorndike first used the term "behavior modification" in 1911, and in his article Provisional Laws of Acquired Behavior or Learning he makes frequent use of the term "modifying behavior". The first occurrence of the term "behavior therapy" was most likely in a 1953 research project by B.F. Skinner Figure 0, Ogden Lindsley, Nathan H. Azrin, and Harry C. Solomon. Other early pioneers in behavior therapy include Joseph Wolpe and Hans Eysenck. In general, behavior therapy is seen as having three distinct points of origin: South Africa (Wolpe's group), The United States (Skinner), and the United Kingdom (Rachman and Eysenck). By nature, behavioral therapies are:

1. Empirical (driven by data)
2. Contextual (focused on the environment and context)
3. Functional (interested in the ultimate effect or consequence of a behavior)
4. Probabilistic (viewing behavior as statistically predictable)
5. Monistic (treating the person as a whole, rather than seeing the mind and body as separate)
6. Relational (analyzing bidirectional interactions)

Behavior therapy breaks down into two disciplines: a more narrowly defined sense of behavior therapy and behavior modification. However these distinctions are not absolute, and some crossover occurs in practice. Behavior therapy generally treats psychopathology with respondent conditioning (also known as classical conditioning, developed by Pavlov), while behavior modification makes use of operant conditioning (developed by B.F. Skinner). Systematic desensitization is a kind of behavior therapy in which a client is taught relaxation skills and then gradually learns to use them to react toward and overcome situations in an established hierarchy of fears. Similarly, exposure

therapy involves the exposure to the feared object or context without any danger in order to help clients overcome their anxiety. A closely related therapy used widely in the treatment of obsessive-compulsive disorder is exposure and response prevention.

Behavior therapy can be used in couples relationships, chronic pain, stress-related behavior problems, anorexia, chronic distress, substance abuse, depression, anxiety, and obesity. While many behavior therapists remain staunchly committed to the basic approaches of operant and respondent conditioning, in the second half of the 20th century, many therapists coupled behavior therapy with the cognitive therapy of Aaron Beck and Albert Ellis, to form cognitive-behavioral therapy (CBT). In some areas the cognitive component was helpful, but in other areas it did not enhance the treatment, which led to the pursuit of Third Generation Behavior Therapies. This movement has been called clinical behavior analysis because it represents a movement away from cognitivism and back toward radical behaviorism and other forms of behaviorism, such as functional analysis. This area includes Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Analysis System of Psychotherapy (CBASP), behavioral activation (BA), Kohlenberg and Tsai's Functional Analytic Psychotherapy, integrative behavioral couple's therapy, and dialectical behavioral therapy.