ACCPH
Humanistic Therapies
Humanistic Therapies

Humanistic therapies focus on self-development, growth and responsibilities. They seek to help individuals recognise their strengths, creativity and choice in the 'here and now'.

Existential Therapy (ET)

This is a unique form of psychotherapy as it explores difficulties from a more philosophical viewpoint rather than being technique-based. It is more 'holistic' as it looks at the human condition as a whole.

Rather than rummaging into the past it works from the here and now, exploring the human condition as a whole and what it means for an individual. Emotional and psychological difficulties are due an individual's confrontation and conflicts between their minds with the givens of existence.

Theories of ET

A significant element of existential therapy is that it does not dwell on past events as the reason for problems now. The past is considered so the client can understand the implications of these past events. However; ET does not place blame on these events but uses them as insights. The concept being is that these insights become tools to promote freedom from the past. The client can then assert the right to not be defined by their history and that they are not destined to have a perceived negative future.

Existential therapists help to facilitate a client's encounters with them self and to work alongside them as they explore and create new values and ideals. The therapist will not impose judgements, their role is to help the client find their own perspectives.

The goal of the therapist is to understand the individual's original assumptions with as much clarity as possible to facilitate the same in the client.

Existential therapy believes is that people are basically alone in the world, but have innate desire to be connected with others. This desire can often help the individual understand why they feel the way they.
We need to quickly examine the concept that 'inner conflict stems from an individual's confrontation with the givens of existence'. These givens were noted by Irvin D. Yalom, and include:

- the inevitability of death
- freedom and its responsibility
- existential isolation
- meaninglessness.

These four givens (AKA the 'ultimate concerns') are the bedrock that supports ET. They are the framework in which a therapist helps their client to identify their issues. Once the issues have been identified a method of treatment can be developed.

Due to the 'holistic' nature of existential therapy, it is impossible to describe a single view when it comes to the causes for psychological upset. Therefore the therapy for each person is truly individual.

**The Four Realms**

Within ET there are four different levels of experience and existence which confront people in day to day life. These can be used to help clients to understand the context of their problems. ET says that a person's orientation to the four realms defines their world and reality.

The four realms are:

**The Physical Realm** - This is the world we share with animals, the world of bodily needs. It is the world that stores desire, relief, sleep/awake cycles and nature. Birth, death and physical feelings/symptoms are also part of this realm.

2. **The Social Realm** - Here lies all relationships along with culture, society, language, work, attitudes towards authority, race and family. Therefore our emotions, friendships and romantic relationships are also part of the social realm.

**The Personal Realm** - Concerned with issues of the self, including intimacy (with self and others), personal identity, personal characteristics, strengths and weaknesses. Also the concept of being authentic.

**The Making Realm** - This is our 'perfect world'. Within it are religion, values, beliefs and transcendence.

There are other names given to these four realms.
**How Existential Therapy could help**

It can help people face the anxieties of life head on and allow them to embrace the freedom of choice humans have. This empowers them to take full responsibility for their choices. Existential therapists look to help their clients to live more authentically and have less concern with superficial aspects of modern life. Clients are encouraged to take ownership of their life, to give it an authentic meaning and to live life to the full.

ET is idea for people who view their problems as issues of living rather than symptoms of a psychiatric disorder or illness. Existential therapy is also well suited to those with a terminal illness, contemplating suicide or going through a major transition in their life.
Gestalt Therapy

Gestalt therapy is built upon two central ideas: that the most helpful focus of psychotherapy is the experiential present moment, and that everyone is caught in webs of relationships; thus, it is only possible to know ourselves against the background of our relationships to others.

Gestalt therapy was forged from various influences upon the lives of its founders during the times in which they lived, including: the new physics, Eastern religion, existential phenomenology, Gestalt psychology, psychoanalysis, experimental theatre, as well as systems theory and field theory. Gestalt therapy rose from its beginnings in the middle of the 20th century to rapid and widespread popularity during the decade of the 1960s and early 1970s. During the '70s and '80s Gestalt therapy training centres spread globally; but they were, for the most part, not aligned with formal academic settings.

As the cognitive revolution eclipsed Gestalt theory in psychology, many came to believe Gestalt was an anachronism. Because Gestalt therapists disdained the positivism underlying what they perceived to be the concern of research, they largely ignored the need to utilise research to further develop Gestalt theory and Gestalt therapy practice. However, the new century has seen a sea of change in attitudes toward research and Gestalt practice.

Gestalt therapy is not identical with Gestalt Psychology but Gestalt Psychology influenced the development of Gestalt therapy to a large extent.

Gestalt therapy focuses on process (what is actually happening) over content (what is being talked about). The emphasis is on what is being done, thought, and felt at the present moment, (the phenomenality of both client and therapist), rather than on what was, might be, could be, or should have been. Gestalt therapy is a method of awareness practice (also called "mindfulness" in other clinical areas), by which perceiving, feeling, and acting are understood to be conducive to interpreting, explaining, and conceptualising (the hermeneutics of experience). This distinction between direct experience versus indirect or secondary interpretation is developed in the process of therapy. The client learns to become aware of what he or she is doing and that triggers the ability to risk a shift or change.

The objective of Gestalt therapy is to enable the client to become more fully and creatively alive and to become free from the blocks and unfinished business that may diminish satisfaction, fulfilment, and growth, and to experiment with new ways of being. For this reason Gestalt therapy falls within the category of humanistic psychotherapies. Because Gestalt therapy includes perception and the meaning-making processes by which experience forms, it can also be considered a cognitive approach.
Gestalt therapy relies on the contact between therapist and client, and because a relationship can be considered to be contact over time, Gestalt therapy can be considered a relational or interpersonal approach. Because Gestalt therapy appreciates the larger picture which is the complex situation involving multiple influences in a complex situation, it can be considered a multi-systemic approach. Because the processes of Gestalt therapy are experimental, involving action, Gestalt therapy can be considered both a paradoxical and an experiential/experimental approach.

When Gestalt therapy is compared to other clinical domains, a person can find many matches, or points of similarity. "Probably the clearest case of consilience is between gestalt therapy's field perspective and the various organismic and field theories that proliferated in neuroscience, medicine, and physics in the early and mid-20th century. Within social science there is a consilience between gestalt field theory and systems or ecological psychotherapy; between the concept of dialogical relationship and object relations, attachment theory, client-centred therapy and the transference-oriented approaches; between the existential, phenomenological, and hermeneutical aspects of gestalt therapy and the constructivist aspects of cognitive therapy; and between gestalt therapy's commitment to awareness and the natural processes of healing and mindfulness, acceptance and Buddhist techniques adopted by cognitive behavioural therapy."

**Key concepts of Gestalt Therapy**

Gestalt therapy works through the interconnection of key concepts. These offer insight into the processes involved in therapy sessions between the therapist and client(s).

These are outlined below:

- **Person-centred awareness** - Focuses on the present, and imagining it divorced from the future and past is considered essential. This does not involve the unconscious, just staying with what is present and aware.

- **Respect** - Clients are treated with profound respect. The therapist gives a balance of support and challenge allowing the client to feel comfortable about opening up and acknowledging areas of resistance.

- **Emphasis on experience** - The approach focuses on a client's emotions, perceptions, behaviours, body sensations, ideas and memories. They are encouraged to 'experience' in all of these ways, vividly in the here and now.
• **Creative experiment and discovery** - Therapists have a range of experimental methodologies to test their client's experience. These are very creative and flexible techniques to help them open up and acknowledge hidden feelings.

• **Social responsibility** - The gestalt approach recognises that humans have a social responsibility for self and for others. It demands respect for all people and acknowledges that everyone is different. Ultimately it encourages individuals to adopt an egalitarian approach to social life.

• **Relationship** - being able to relate is considered central to human experience. Gestalt therapy considers individuals as 'whole' when they have a good relationships with themselves and others around them.

### How does gestalt therapy work?

It works by teaching clients how to define what is really being experienced rather than what is merely an interpretation of the events. Clients will explore their thoughts, emotions, behaviours, beliefs and values. From this they can develop an awareness of how they present themselves to others and respond to people and events. They can then create new patterns of behaviour and eliminate obstacles that are preventing them from reaching their full potential.

The therapeutic process will involve a range of techniques and creative 'experiments' appropriate for the client and their specific problems.

Below are some of the most common methods used:

**Role-play** - Role-play can help individuals to experience different feelings and emotions and better understand how they present and organise themselves.

**The 'open chair' technique** - is typically used in Gestalt therapy when a client might have deep rooted emotional problems from someone or something in their life, such as relationships with themselves, with aspects of their personality, their concepts, ideas, feelings etc., or other people in their lives. The purpose of this technique is to get the patient to think about their emotions and attitudes. Common things the patient address in the empty chair are another person, aspects of their personality, a certain feeling etc. was in it. They may also move between chairs and act out two or more sides of a discussion, typically involving the patient and persons significant to them. It uses a passive approach to opening up the patient's emotions and pent up feelings so they can let go of what they have been holding back. A form of role-playing, the technique focuses on exploration of self and is utilised by therapists to help patients self-adjust. Gestalt techniques were originally a form of psychotherapy,
but are now often used in counselling, for instance, by encouraging clients to act out their feelings helping them prepare for a new job. The purpose of the technique is so the patient will become more in touch with their feelings and have an emotional conversation that clears up any long held feelings or reaction to the person or object in the chair. When used effectively, it provides an emotional release and lets the client move forward in their life.

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

**Discussing dreams** - Dreams play an important role in gestalt therapy, as they can help individuals to understand spontaneous aspects of themselves. Fritz Perls frequently asked clients to relive his or her dreams by playing different objects and people in the dream. During this they would be asked questions like: "What are you aware of now?" to sharpen self-awareness.

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

**Experimental freedom** - Gestalt therapy is distinct because it moves toward action, away from mere talk therapy, and for this reason is considered an experiential approach. Through experiments, the therapist supports the client’s direct experience of something new, instead of merely talking about the possibility of something new. Indeed, the entire therapeutic relationship may be considered experimental, because at one level it is a corrective, relational experience for many clients, and it is a "safe emergency" that is free to turn out however it will. An experiment can also be conceived as a teaching method that creates an experience in which a client might learn something as part of their growth.

Examples might include:

- Rather than talking about the client's critical parent, a Gestalt therapist might ask the client to imagine the parent is present, or that the therapist is the parent, and talk to that parent directly
- If a client is struggling with how to be assertive, a Gestalt therapist could either (a) have the client say some assertive things to the therapist or members of a therapy group, or (b) give a talk about how one should never be assertive
- A Gestalt therapist might notice something about the non-verbal behaviour or tone of voice of the client; then the therapist might have the client exaggerate the non-verbal behaviour and pay attention to that experience
- A Gestalt therapist might work with the breathing or posture of the client, and direct awareness to changes that might happen when the client talks about different content. With all these experiments the Gestalt therapist is working with process rather than content, the 'How' rather than the 'What'.

**Attention to body language** - Throughout therapy, a gestalt therapist will concentrate on body language, which is considered a subtle indicator of intense emotions. When specific body language is noticed, the therapist may ask the client to exaggerate these movements or behaviours. This is thought to intensify the emotion attached to the behaviour and highlight an inner meaning. For example, a client may be showing signs of clenched fists or frowning, to which the therapist may ask something along the lines of: "What are you saying with this movement?"
Who can benefit?

Anyone who wishes to gain a better understanding of how their emotional and physical needs are connected.

Gestalt therapy can be applied as a long-term therapy or as a brief and focused approach. It is effective for managing tension, anxiety, addiction, post-traumatic stress, depression and other psychological problems.
Human Givens Therapy (HGT)

The human givens approach to psychotherapy is based on the premise that humans have a set of innate needs (or 'givens') and if these needs are not met, psychological distress can follow. By helping clients to establish which of these needs aren't being met human givens therapy can help to find ways to fulfil these needs.

HGT was introduced in 2003 by Joe Griffin and Ivan Tyrrell.

What are the Human Givens?

When we talk about 'human givens' we are talking about the innate needs a human requires for physical and mental well-being. According to practitioners of human givens therapy, there is a set of human givens that need to be fulfilled in order to be mentally healthy. It is thought that this knowledge of what we need has been programmed into us via our genes, and our requirements have evolved and adapted according to modern life.

Motivation and purpose

The human givens approach was pioneered because of what was seen as "the primitive stage of development" of the field of psychology, psychotherapy and counselling in which there are an estimated 400+ different models to choose from (which is highly confusing for people seeking effective help). This "state of chaos" was thought to indicate that something was fundamentally wrong with these approaches to understanding human nature, mental illness and how to treat it. In contrast, mature sciences (such as physics and biochemistry) have a common ground of understanding. The human givens approach arose from the perception that such a set of organising ideas was lacking in psychology and psychotherapy. It attempts to provide this missing common ground by asking, and suggesting answers to, some fundamental questions:

Q1: What is a human being?

A1: A human being is a life form.

Q2: How is a life form distinct from a non-life form - from an inanimate object such as a stone?

A2: A life form needs to continually obtain nourishment from its environment in order to maintain itself.

Q3: How does a life form obtain such nourishment?
A3: It is born with a set of resources that help it to do this - a ‘guidance system’ that helps it to seek and find appropriate nourishment in the world.

The fundamental, orientating question asked and addressed by the human givens approach is therefore "what do we need and how do we go about getting it?" (with the emphasis on we because evidence suggests human beings cannot be truly well in isolation from one another).

There are two sets of human givens: physical and emotional.

**Given physical needs**

Our physical needs are relatively simple - as humans we need air to breathe, water to drink, food to eat, sufficient sleep and shelter from the elements. Without these, we would not survive for long. In addition to these essential needs, other physical requirements include the need to exercise our muscles and stimulate our senses. We also instinctively seek out a home where we can grow, reproduce and raise our young. This may all sound very primal, but these are the desires and needs we've inherited from early man.

**Given emotional needs**

Our emotional givens are somewhat more complicated and have adapted as we have evolved. At the root of these givens is a desire to connect with the outside world and seek fulfilment. When these desires aren't met we can suffer emotional distress in various forms, leading to mental illness.

The emotional needs outlined within human givens therapy are as follows:

- **Security** - A need to find safe territory and an environment in which we can develop fully.
- **Attention** - A need to both give and receive attention.
- **Sense of autonomy and control** - Being able make choices and having a sense of responsibility.
- **Emotional intimacy** - Knowing that at least one person accepts you in your entirety.
- **Feeling part of a community** - Knowing you are part of something bigger.
- **Privacy** - Having the opportunity to reflect and consolidate experiences.
- **Sense of status within social groupings** - Knowing you are valued within a social setting.
- **Sense of competence and achievement** - Knowing you are competent and successful at something.

- **Meaning and purpose** - A feeling that comes from being stretched in what we do and what we think.

Both sets of needs can have an effect on one another, so all need to be considered within human givens therapy.

The human givens model also consists of a set of 'resources' (abilities and capabilities) that all human beings are born with, which are used to get the innate needs met. These constitute what is termed an 'inner guidance system'. Learning how to use these resources well is seen as being key to achieving, and sustaining, robust bio-psycho-social health as individuals and as groups (families, communities, societies, cultures etc.).

The given resources include:

- Memory: The ability to develop complex long-term memory, which enables people to add to their innate (instinctive) knowledge and learn;
- Rapport: The ability to build rapport, empathise and connect with other others;
- Imagination: Which enables people to focus attention away from the emotions and problem solve more creatively and objectively (a 'reality simulator');
- Instincts and emotions: A set of basic responses and 'propulsion' for behaviours;
- A rational mind: A conscious, rational mind that can check out emotions, question, analyse and plan;
- A metaphorical mind: The ability to 'know', to understand the world unconsciously through metaphorical pattern matching ('this thing is like that thing');
- An observing self: That part of us which can step back, be more objective and recognise itself as a unique centre of awareness apart from intellect, emotion and conditioning;
- A dreaming brain: According to the expectation fulfilment theory of dreaming, this preserves the integrity of our genetic inheritance every night by metaphorically defusing emotionally arousing expectations not acted out during the previous day. (See below)
The expectation fulfilment theory of dreaming

The purpose of our dreams is a hotly debated topic within the psychiatry world, and as part of the human givens approach, Joe Griffin has outlined a theory. This theory - known as the expectation fulfilment theory of dreaming - suggests that the purpose of our dreams is to allow us to 'act out' unfulfilled emotional expectations.

What this means is that as animals we become emotionally aroused regularly, but in many cases it would be inappropriate to act on it - an example of this would be if we were incredibly angry with someone, but were unable to express this. The theory of dreaming suggests that our dreams are metaphorical representations of these unfulfilled urges. There are three key points within the theory:

1. Dreams are metaphorical translations of expectations we have when we are awake.
2. Any expectations caused by emotional arousal that are not acted upon become dreams during sleep.
3. Dreaming works to deactivate the emotional arousal by completing the expectation pattern metaphorically.

When these resources do not work correctly, this in turn leads to the un-fulfilment of human givens, which can cause emotional distress. Human givens therapy looks to establish whether or not there is a problem with the resources and if so, how to rectify this.

Three reasons for mental illness

A further organising idea proffered by the human givens approach is to suggest that there are three main reasons why an individual may not be getting their needs met and thus why they may become mentally ill:

- Environment: the environment is sick - it is toxic, preventing us from getting, or simply lacking, the things we need;
- Damage: there is damage to our internal guidance system - to our 'hardware' (the brain/body) or 'software' (missing or incomplete instincts and/or unhelpful conditioning);
- Knowledge: we may not know what we need; or we may not have been taught, or may have failed to learn, the coping skills necessary for getting our needs met (for example, to use the imagination for problem solving rather than worrying, or how to make and sustain friendships).
When dealing with mental illness or distress this framework provides a checklist that guides both understanding and treatment.

**How human givens therapy works**

The human givens approach is focused on the present and looks at practical solutions to emotional distress. Through discussion and various techniques used by the therapist, the therapy aims to establish which need(s) are not being met, why they are not being met and how this can be changed.

The therapist will tailor solutions for each individual based on their personal experiences and concerns. While the therapy is considered relatively new, it is thought to be helpful for a range of different issues including anxiety, depression, anger management, addiction and relationship difficulties.
Person-centred Therapy

Person-centred therapy - also known as person-centred counselling or client-centred counselling - is a humanistic approach that deals with the ways in which individuals perceive themselves consciously, not how a therapist interprets them to be.

History and influences

Person-centred therapy, now considered a founding work in the humanistic school of psychotherapies, began formally with Carl Rogers in the 1950's. "Rogerian" psychotherapy is identified as one of the major school groups, along with psychodynamic psychotherapy, psychoanalysis, classical Adlerian psychology, cognitive behavioural therapy, and existential therapy.

Rogers affirmed individual personal experience as the basis and standard for living and therapeutic effect. Rogers identified six conditions which are needed to produce personality changes in clients: relationship, vulnerability to anxiety (on the part of the client), genuineness (the therapist is truly himself or herself and incorporates some self-disclosure), the client's perception of the therapist's genuineness, the therapist's unconditional positive regard for the client, and accurate empathy. This emphasis contrasts with the dispassionate position which may be intended in other therapies, particularly the more extreme behavioural therapies.

Living in the present rather than the past or future, with organismic trust, naturalistic faith in your own thoughts and the accuracy in your feelings, and a responsible acknowledgment of your freedom, with a view toward participating fully in our world, contributing to other peoples' lives, are hallmarks of Roger's Person-centred therapy. Rogers also claims that the therapeutic process is essentially the accomplishments made by the client. The client having already progressed further along in their growth and maturation development, only progresses further with the aid of a psychologically favoured environment.

The counsellor or psychotherapist in this approach works to understand an individual's experience from their point of view. The counsellor must positively value the client as a person in all aspects of their humanity, while aiming to be open and genuine. This is vital to helping an individual feel accepted and better understand their own feelings - essentially helping them to reconnect with their inner values and sense of self-worth. This reconnection with their inner resources enables them to find their own way to move forward.
The purpose of person-centred therapy

The core purpose of the person-centred approach is to facilitate the client's actualising tendency (self-actualisation is the belief that all humans will pursue what is best for them). This type of therapy facilitates the personal growth and relationships of an individual by allowing them to explore and utilise their own strengths and personal identity. A person-centred counsellor will aid this process and provide vital support.

According to Rogers, there are six conditions necessary to enable real change. These are:

- Therapist–client psychological contact: a relationship between client and therapist must exist, and it must be a relationship in which each person's perception of the other is important.
- Client incongruence: that incongruence exists between the client's experience and awareness.
- Therapist congruence, or genuineness: the therapist is congruent within the therapeutic relationship. The therapist is deeply involved him or herself — they are not "acting" — and they can draw on their own experiences (self-disclosure) to facilitate the relationship.
- Therapist unconditional positive regard (UPR): the therapist accepts the client unconditionally, without judgment, disapproval or approval. This facilitates increased self-regard in the client, as they can begin to become aware of experiences in which their view of self-worth was distorted by others.
- Therapist empathic understanding: the therapist experiences an empathic understanding of the client's internal frame of reference. Accurate empathy on the part of the therapist helps the client believe the therapist's unconditional love for them.
- Client perception: that the client perceives, to at least a minimal degree, the therapist's UPR and empathic understanding.

Rogers asserted that the most important factor in successful therapy is the relational climate created by the therapist's attitude to their client. He specified three interrelated core conditions:

- Congruence - the willingness to transparently relate to clients without hiding behind a professional or personal facade.
- Unconditional positive regard - the therapist offers an acceptance and prizing for their client for who he or she is without conveying disapproving feelings, actions or characteristics and demonstrating a willingness to attentively listen without interruption, judgement or giving advice.
• Empathy - the therapist communicates their desire to understand and appreciate their clients perspective.

Rogers believed that a therapist who embodies these three critical and reflexive attitudes will help liberate their client to more confidently express their true feelings without fear of judgement. To achieve this, the client-centred therapist carefully avoids directly challenging their client's way of communicating themselves in the session in order to enable a deeper exploration of the issues most intimate to them and free from external referencing.

Rogers was not prescriptive in telling his clients what to do, but believed that the answers to the patients’ questions were within the patient and not the therapist. Accordingly, the therapists’ role was to create a facilitative, empathic environment wherein the patient could discover the answers for him or herself.

A variety of factors can affect an individual's ability to flourish, including low self-esteem, a lack of self-reliance and very little openness to new experiences. The person-centred approach recognises that an individual's social environment and personal relationships can greatly impact these, so therapy is offered in a neutral and comfortable setting where a client can feel at ease, authentic and open to learning about themselves. In this way, the approach offers individuals the opportunity to counteract past experiences that affected conditions of worth (the circumstances under which we approve or disapprove of ourselves).

Other related changes that can be cultivated from this therapy include:

• Closer agreement between an individual's idealised and actual selves.
• Better self-understanding and awareness.
• Decreased defensiveness, insecurity and guilt.
• Greater ability to trust oneself.
• Healthier relationships.
• Improvement in self-expression.
• Overall a healthy sense of change.

Who can benefit?

Generally, person-centred counselling can help individuals of all ages with a range of personal issues. Many people find it an appealing type of therapy because it allows them to keep control over the content and pace of sessions, and they do not need to worry that their therapist will be evaluating or judging them in any way.
The approach has been found particularly useful in helping individuals to overcome specific problems such as depression, anxiety, personality disorders, eating disorders and alcohol addictions. These issues can have significant impact on self-esteem, self-reliance and self-awareness, but person-centred therapy can help individuals to reconnect with their inner self in order to transcend any limitations.
Psychosynthesis

How does psychosynthesis work?

The overall process of psychosynthesis can be divided into two stages: personal and transpersonal.

The personal stage involves the healing and integration of aspects of the personality and the personal self through the process of self-actualisation. This means the client is able to identify and establish control over these aspects of their being, which enables them to attain a higher level of functioning in terms of their work, relationships and other areas of life that are meaningful to them.

The transpersonal stage involves the self-realisation part of therapy, in which the client establishes contact with their deepest callings and desired goals in life. By achieving alignment with the transpersonal self, the client can access their inner guidance and wisdom. This enables them to discover enhanced creativity, a high level of spirituality, and an expanded state of consciousness.

Ultimately, these stages are designed to help clients discover the deep core of who they really are. By building and expanding on a client's personal qualities, their spirituality and self-development, psychosynthesis can help them to utilise their free will and inner resources to remove inner conflicts and create a sense of balance and harmony in their lives.

Psychosynthesis is an approach to psychology that was developed by Roberto Assagioli. He compared psychosynthesis to the prevailing thinking of the day, contrasting psychosynthesis for example with existential psychology, but unlike the latter considered loneliness not to be "either ultimate or essential". Assagioli asserted that "the direct experience of the self, of pure self-awareness is true."

Central to Assagioli's theory the spiritual goals of "self-realisation" and the "interindividual psychosynthesis" of social integration are the harmonious integration of the individual into ever larger groups up to the one humanity. Psychosynthesis was not intended to be a school of thought or an exclusive method but many conferences and publications had it as a central theme and centres were formed in Italy and the United States in the 1960s.

Psychosynthesis departed from the empirical foundations of psychology in that it studied a person as a personality and a soul but Assagioli continued to insist that it was scientific. He developed therapeutic methods beyond those found in psychoanalysis. Although the unconscious is an important part of his theory, Assagioli was careful to maintain a balance with rational, conscious therapeutic work.
Assagioli was not the first to use the term "psychosynthesis". The earliest was by James Jackson Putnam, who used it as the name of his electroconvulsive therapy. The term was also used by Carl Jung and A. R. Orage, who were both far closer to Assagioli's thinking than Putnam. Carl Jung had written, comparing his goals to those of Sigmund Freud, "If there is a psychoanalysis there must also be a psychosynthesis which creates future events according to the same laws."

A. R. Orage, who was publisher of the influential The New Age journal, also made use of the term, which he hyphenated as psycho-synthesis. Orage formed an early psychology study group (which included Maurice Nicoll who later studied with Carl Jung) and concluded that what humanity needed was not psychoanalysis, but psycho-synthesis. The term was also employed by Bezzoli. Freud, however, was opposed to what he saw as the directive element in Jung's approach to psychosynthesis, and argued for a spontaneous synthesis on the patient's part: "As we analyse...the great unity which we call his ego fits into itself all the instinctual impulses which before had been split off and held apart from it. The psycho-synthesis is thus achieved in analytic treatment without our intervention, automatically and inevitably."

**Origins**

In developing psychosynthesis, Assagioli agreed with Freud that healing childhood trauma and developing a healthy ego were necessary aims of psychotherapy, but held that human growth could not be limited to this alone. A student of philosophical and spiritual traditions of both East and West, Assagioli sought to address human growth as it proceeded beyond the norm of the well-functioning ego; he wished also to support the blossoming of human potential into what Abraham Maslow later termed self-actualisation, and further still, into the spiritual or transpersonal dimensions of human experience as well.

Assagioli envisioned an approach to the human being which could address both the process of personal growth—of personality integration and self-actualization—as well as transpersonal development—that dimension glimpsed for example in peak experiences (Maslow) of inspired creativity, spiritual insight, and unitive states of consciousness. In addition, psychosynthesis recognises the process of Self-realisation, of contact and response with one's deepest callings and directions in life, which can involve either or both personal and transpersonal development.

Psychosynthesis is therefore one of the earliest forerunners of both humanistic psychology and transpersonal psychology, even preceding Jung's break with Freud by several years. Assagioli's conception has an affinity with existential-humanistic psychology and other approaches which attempt to understand the nature of the healthy personality, personal responsibility and choice, and the actualization of the personal self; similarly, his conception is related to the field of transpersonal
psychology, with its focus on higher states of consciousness, spirituality, and human experiencing beyond the individual self. Accordingly, Assagioli served on the board of editors for both the Journal of Humanistic Psychology and the Journal of Transpersonal Psychology.

**Aims**

In his major book, Psychosynthesis: A Collection of Basic Writings (1965), Assagioli writes of three aims of psychosynthesis:

Let us examine;

- whether and how it is possible to solve this central problem of human life, to heal this fundamental infirmity of man.
- how he may free himself from this enslavement and achieve an harmonious inner integration, true Self-realisation
- right to relationships with others.

**Model of the person**

1: Lower Unconscious
2: Middle Unconscious
3: Higher Unconscious
4: Field of Consciousness
5: Conscious Self or "I"
Lower unconscious

For Assagioli, 'the lower unconscious, which contains one's personal psychological past in the form of repressed complexes, long-forgotten memories and dreams and imaginations', stood at the base of the diagram of the mind.

The lower unconscious is that realm of the person to which is relegated the experiences of shame, fear, pain, despair, and rage associated with primal wounding suffered in life. One way to think of the lower unconscious is that it is a particular bandwidth of one’s experiential range that has been broken away from consciousness. It comprises that range of experience related to the threat of personal annihilation, of destruction of self, of nonbeing, and more generally, of the painful side of the human condition. As long as this range of experience remains unconscious, the person will have a limited ability to be empathic with self or others in the more painful aspects of human life.

At the same time, 'the lower unconscious merely represents the most primitive part of ourselves...It is not bad, it is just earlier '. Indeed, 'the "lower" side has many attractions and great vitality', and - as with Freud's id, or Jung's shadow - the conscious goal must be to 'achieve a creative tension' with the lower unconscious.

Middle unconscious

The middle unconscious is a sector of the person whose contents, although unconscious, nevertheless support normal conscious functioning in an ongoing way (thus it is illustrated as most immediate to “I”). It is the capacity to form patterns of skills, behaviours, feelings, attitudes, and abilities that can function without conscious attention, thereby forming the infrastructure of one’s conscious life.

The function of the middle unconscious can be seen in all spheres of human development, from learning to walk and talk, to acquiring languages, to mastering a trade or profession, to developing social roles. Anticipating today's neuroscience, Assagioli even referred to “developing new neuromuscular patterns". All such elaborate syntheses of thought, feeling, and behaviour are built upon learnings and abilities that must eventually operate unconsciously.

For Assagioli, 'Human healing and growth that involves work with either the middle or the lower unconscious is known as personal psychosynthesis '.

Higher unconscious
Assagioli termed "the sphere of aesthetic experience, creative inspiration, and higher states of consciousness...the higher unconscious". The higher unconscious (or superconscious) denotes "our higher potentialities which seek to express themselves, but which we often repel and repress" (Assagioli). As with the lower unconscious, this area is by definition not available to consciousness, so its existence is inferred from moments in which contents from that level affect consciousness.

Contact with the higher unconscious can be seen in those moments, termed peak experiences by Maslow, which are often difficult to put into words, experiences in which one senses deeper meaning in life, a profound serenity and peace, a universality within the particulars of existence, or perhaps a unity between oneself and the cosmos. This level of the unconscious represents an area of the personality that contains the "heights" overarching the "depths" of the lower unconscious. As long as this range of experience remains unconscious - in what Desoille termed "repression of the sublime" - the person will have a limited ability to be empathic with self or other in the more sublime aspects of human life.

The higher unconscious thus represents 'an autonomous realm, from where we receive our higher intuitions and inspirations - altruistic love and will, humanitarian action, artistic and scientific inspiration, philosophic and spiritual insight, and the drive towards purpose and meaning in life'. It may be compared to Freud's superego, seen as 'the higher, moral, supra-personal side of human nature...a higher nature in man', incorporating 'Religion, morality, and a social sense - the chief elements in the higher side of man...putting science and art to one side'.

Subpersonalities

Subpersonalities based in the personal unconscious form a central strand in psychosynthesis thinking. One of the first people to have started really making use of subpersonalities for therapy and personal growth was Roberto Assagioli, psychosynthesis reckoning that subpersonalities exist at various levels of organisation, complexity, and refinement' throughout the mind. A five-fold process of recognition, acceptance, co-ordination, integration, and synthesis leads to the discovery of the Transpersonal Self, and the realisation that that is the final truth of the person, not the subpersonalities.

Some subpersonalities may be seen as psychological contents striving to emulate an archetype...degraded expressions of the archetypes of higher qualities. Others will resist the process of integration; will take the line that it is difficult being alive, and it is far easier - and safer - to stay in an undifferentiated state.

Consciousness - the I

"I" is the direct reflection or projection of Self (Assagioli) and the essential being of the person, distinct but not separate from all contents of experience. "I" possesses
the two functions of consciousness, or awareness, and will, whose field of operation is represented by the concentric circle around "I" in the oval diagram - Personal Will.

Psychosynthesis suggests that we can experience the will as having four stages. The first stage could be described as having no will, and might perhaps be linked with the hegemony of the lower unconscious. The next stage of the will is understanding that will exists. We might still feel that we cannot actually do it, but we know...it is possible. Once we have developed our will, at least to some degree, we pass to the next stage which is called having a will, and thereafter in psychosynthesis we call the fourth and final stage of the evolution of the will in the individual being will - which then relates to the 'I' or self...draws energy from the transpersonal self.

The "I" is placed at the center of the field of awareness and will in order to indicate that "I" is the one who has consciousness and will. It is "I" who is aware of the psyche-soma contents as they pass in and out of awareness; the contents come and go, while "I" may remain present to each experience as it arises. But "I" is dynamic as well as receptive: "I" has the ability to affect the contents of awareness and can even affect awareness itself, by choosing to focus awareness (as in many types of meditation), expand it, or contract it.

Since "I" is distinct from any and all contents and structures of experience, "I" can be thought of as not a "self" at all but as "noself". That is, "I" is never the object of experience. "I" is who can experience, for example, the ego disintegrating and reforming, who can encounter emptiness and fullness, who can experience utter isolation or cosmic unity, who can engage any and all arising experiences. "I" is not any particular experience but the experiencer, not object but subject, and thus cannot be seen or grasped as an object of consciousness. This "noself" view of "I" can be seen in Assagioli's discussion of "I" as a reflection of Self: "The reflection appears to be self-existent but has, in reality, no autonomous substantiality. It is, in other words, not a new and different light but a projection of its "luminous source".

Psychosynthesis Star Diagram
Self

Pervading all the areas mapped by the oval diagram, distinct but not separate from all of them, is Self (which has also been called Higher Self or Transpersonal Self). The concept of Self points towards a source of wisdom and guidance within the person, a source which can operate quite beyond the control of the conscious personality. Since Self pervades all levels, an ongoing lived relationship with Self—Self-realisation—may lead anywhere on the diagram as one's direction unfolds (this is one reason for not illustrating Self at the top of the diagram, a representation that tends to give the impression that Self-realisation leads only into the higher unconscious). Relating to Self may lead for example to engagement with addictions and compulsions, to the heights of creative and religious experience, to the mysteries of unitive experience, to issues of meaning and mortality, to grappling with early childhood wounding, to discerning a sense of purpose and meaning in life.

The relationship of "I" and Self is paradoxical. Assagioli was clear that "I" and Self were from one point of view one, writing, "There are not really two selves, two independent and separate entities. The Self is one". Such a nondual unity is a fundamental aspect of this level of experience. But Assagioli also understood that there could be a meaningful relationship between the person and Self as well:

Accounts of religious experiences often speak of a “call” from God, or a “pull” from some Higher Power; this sometimes starts a "dialogue" between the man [or woman] and this "higher Source"...

Assagioli did not of course limit this relationship and dialogue to those dramatic experiences of "call" seen in the lives of great men and women throughout history. Rather, the potential for a conscious relationship with Self exists for every person at all times and may be assumed to be implicit in every moment of every day and in every phase of life, even when one does not recognise this. Whether within one’s private inner world of feelings, thoughts, and dreams, or within one’s relationships with other people and the natural world, a meaningful ongoing relationship with Self may be lived.

Stages

Writing about the model of the person presented above, Assagioli states that it is a structural, static, almost anatomical representation of our inner constitution, while it leaves out its dynamic aspect, which is the most important and essential one. Thus he follows this model immediately with a stage theory outlining the process of psychosynthesis. This scheme can be called the "stages of psychosynthesis", and is presented here.
It is important to note that although the linear progression of the following stages does make logical sense, these stages may not in fact be experienced in this sequence; they are not a ladder up which one climbs, but aspects of a single process. Further, one never outgrows these stages; any stage can be present at any moment throughout the process of Psychosynthesis, Assaglioli acknowledging persisting traits belonging to preceding psychological ages and the perennial possibility of retrogression to primitive stages.

The stages of Psychosynthesis may be tabulated as follows:

- Thorough knowledge of one's personality.
- Control of its various elements.
- Realisation of one's true Self—the discovery or creation of a unifying center.
- Psychosynthesis: the formation or reconstruction of the personality around a new center.

**Methods**

Psychosynthesis was regarded by Assagioli as more of an orientation and a general approach to the whole human being, and as existing apart from any of its particular concrete applications. This approach allows for a wide variety of techniques and methods to be used within the psychosynthesis context: e.g.

- dialogue
- Gestalt techniques
- dream work
- guided imagery
- affirmations
- meditation
- sand tray
- art therapy
- journaling
- drama therapy
- body work
- cognitive-behavioural techniques
- object relations
- family systems approaches

Psychosynthesis offers an overall view which can help orient oneself within the vast array of different modalities available today, and be applied either for therapy or for self-actualisation.

One broad classification of the techniques used involves the following headings:
• **Analytical**: To help identify blocks and enable the exploration of the unconscious. Psychosynthesis stresses "the importance of using obstacles as steps to growth -blessing the obstacle...blocks are our helpers"

• **Mastery**: the eight psychological functions need to be gradually retrained to produce permanent positive change

• **Transformation**: the refashioning of the personality around a new centre

• **Grounding**: into the concrete terms of daily life

• **Relational**: to cultivate qualities such as love, openness and empathy

Psychosynthesis allows practitioners the recognition and validation of an extensive range of human experience: the vicissitudes of developmental difficulties and early trauma; the struggle with compulsions, addictions, and the trance of daily life; the confrontation with existential identity, choice, and responsibility; levels of creativity, peak performance, and spiritual experience; and the search for meaning and direction in life.

None of these important spheres of human existence need be reduced to the other, and each can find its right place in the whole. This means that no matter what type of experience is engaged, and no matter what phase of growth is negotiated, the complexity and uniqueness of the person may be respected—a fundamental principle in any application of psychosynthesis.

**How psychosynthesis could help**

This form of therapy has several strengths - including the provision of a varied range of practical methods that ensure access to, and recognition of, a deeper part of the human self. It ensures that personal growth and development happens according to a client's inner wisdom. Their natural capacity for change and growth that lies deep within is allowed to surface at a steady pace and according to its own pattern.

Furthermore, psychosynthesis addresses all parts of a client's being, which enables them to work through the self-destructive behaviours and conflicts that are hindering their growth, without creating further problems in the process. This makes the therapy hugely beneficial for people suffering from issues such as low self-esteem, anxiety, depression, trauma, PTSD, and work or relationship problems - in essence, anything that is greatly impacting self-worth, well-being and life fulfilment.

Additional benefits of psychosynthesis include:

• Offers insight into how problems can be a catalyst for growth and transformation.

• Provides a toolbox of coping and life skills for further development beyond therapy.
• Helps individuals to rediscover value, meaning and purpose in life.
• Promotes healing from early childhood trauma or abuse.
• Increases self-esteem, self-worth and self-confidence.
• Helps people to become more intuitive and creative.
Reality Therapy

Reality therapy is a person-centred approach that focuses on the here and now rather than issues from the past. Developed by William Glaser in the 1960s, it promotes problem-solving and making better choices in order to achieve specific goals.

Principles

There are several basic principles of reality therapy that must be applied to make this technique most successful.

- Focus on the present and avoid discussing the past because all human problems are caused by unsatisfying present relationships.
- Avoid discussing symptoms and complaints as much as possible since these are often the ineffective ways that clients choose to deal with (and hold on to) unsatisfying relationships.
- Understand the concept of total behaviour, which means focus on what clients can do, directly act, and think. Spend less time on what they cannot do directly such as changing their feelings and physiology. Feelings and physiology can be changed indirectly, but only if there is a change in the acting and thinking.
- Avoid criticising, blaming and/or complaining and help clients do the same. By doing this, they learn to avoid these extremely harmful external control behaviours that destroy relationships.
- Remain non-judgmental and non-coercive, but encourage people to judge all they are doing by the Choice Theory axiom: Is what I am doing getting me closer to the people I need? If the choice of behaviours is not getting people closer, then the therapist works to help the client find new behaviours that lead to a better connection.
- Teach clients that legitimate or not, excuses stand directly in the way of their ability to make needed connections.
- Focus on specifics. Find out as soon as possible who clients are disconnected from and work to help them choose reconnecting behaviours. If they are completely disconnected, focus on helping them find a new connection.
- Help them make specific, workable plans to reconnect with the people they need, and then follow through on what was planned by helping them evaluate their progress. Based on their experience, therapists may suggest plans, but should not give the message that there is only one plan. A plan is always open to revision or rejection by the client.
- Be patient and supportive but keep focusing on the source of the problem: disconnectedness. Clients who have been disconnected for a long time will find it difficult to reconnect. They are often so involved in the harmful
behaviour that they have lost sight of the fact that they need to reconnect. Help them to understand Choice Theory and explain that whatever their complaint, reconnecting is the best possible solution to their problem.

Central to reality therapy is the idea that mental distress is not the result of a mental illness. Instead it is the result of a socially universal human condition that occurs when an individual has not had their basic psychological needs met.

These are:

- love and belonging
- power and achievement
- survival (nourishment and shelter etc.)
- freedom and independence
- fun (enjoyment and pleasure).

One of the core principles of reality therapy is that, whether people are aware of it or not, they are always trying to meet these essential human needs. These needs must all be balanced and met for a person to function most effectively. However, people do not necessarily act effectively at achieving these goals. Socialising with others is one effective way of meeting the need to belong. But how a person chooses to interact with and gain attention and love from others is most often at the root of their psychological dismay.

Reality therapy stresses one major point—people are in control of what they are currently doing in their lives whether or not it is working in their favour toward meeting their basic psychological needs for power, belonging, fun and freedom. And it is through an individual's choices that he or she makes change happen for the better or worse.

In our current society, the survival need is normally being met - it is then in how people meet the remaining four psychological needs that they typically run into trouble. Reality therapy holds that the key to behaviour is to remain aware of what an individual presently wants and make choices that will ensure that goal. Reality therapy maintains that what really drives human beings is their need to belong and to be loved. What also drives humans is their yearnings to be free, and with that freedom comes great responsibility (one cannot exist without the other). Reality therapy is very much a therapy of decision or choice and change, based upon the conviction that, even though human persons often have let themselves become products of their past's powerful influences, they need not be held forever hostage by those earlier influences.
Core ideas

Action

Glasser believes that there are five basic needs of all human beings: survival, love and belonging, power, freedom or independence, and fun. Reality therapy maintains that the biggest reason a person is in pain and acting out is because he/she lacks that one important 'other being' to connect with. Glasser believes the need for love and belonging is the primary need because we need other people in order to satisfy all the other needs. Therefore, in a cooperative therapeutic relationship, the therapist must create an environment where it is possible for the client to feel connected to another 'responsible' person (the therapist) that they actually like and would actually choose as a friend in their real life.

Reality therapy maintains that the core problem of psychological distress is that one or more of the client's essential needs are not being met thereby causing the client to act irresponsibly. The therapist then addresses this issue and asserts that the client assume responsibility for their behaviour. Reality therapy holds that we learn responsibility through involvement with other responsible people. We can learn and re-learn responsibility at any time in life". The therapist then focuses on realistic goals in order to remedy the real life issues that are causing discomfort.

William Glasser's choice theory is composed of four aspects; thinking, acting, feeling, and physiology. We can directly choose our thoughts and our actions; we have great difficulty in directly choosing our feelings and our physiology (sweaty palms, headaches, nervous tics, racing pulse, etc.).

Emotions (feelings) are the client's self-evaluation is a critical and crucial first step. A self-realisation that something must change, realisation and acceptance that change is, in fact, possible, leads to a plan for making better choices—plans that are at the heart of successful reality therapy. The therapist helps the client create a workable plan to reach a goal. It must be the client's plan, not the counsellor's. The essence of a workable plan is that the client can implement it—it is based on factor under the client's control. Reality therapy strives to empower people by emphasising the power of doing what is under their control. Doing is at the heart of reality therapy.

Behaviour

Behaviour, in the real world is an immediate and alive source of information about how we are doing and whether we are happy with what is going on in our lives. However, it is very hard to choose and to change our emotions directly. It is easier to change our thinking- to decide, for example, that we will no longer think of ourselves as victims or to decide that in our thoughts we will concentrate on what we can do rather than what we think everybody else ought to do. Reality Therapists approach changing "what we do" as a key to changing how we feel and how we will work to obtain what we want. These ideas are similar to those in other therapy movements.
such as Re-evaluation Counselling and Person-centred psychotherapy, although the former emphasises emotional release as a method of clearing emotional hurt.

**Control**

Control is a key issue in reality therapy. Human beings need control to meet their needs: one person seeks control through position and money, and another wants to control their physical space. Control gets a client into trouble in two primary ways: when he or she tries to control other people, and when he or she uses drugs and alcohol to give him or her a false sense of control.

At the very heart of Choice Theory is the core belief that the only person the client can really control is him or herself. If the client thinks he or she can control others, then he or she is moving in the direction of frustration. If the client thinks others can control him or her and follows up by blaming them for all that goes on in his or her life, then he or she tends to do nothing and heads for frustration. There may be events that happen to the client which is out of his or her control, but ultimately, it is up to the client to choose how to respond to these events. Trying to control other people is a vain naive hope, from the point of view of reality therapy. It is a never-ending battle which alienates the client from others and causes endless pain and frustration. This is why it is vital for the client to stick to what is in his or her own control and to respect the rights of other people to meet their needs. The client can, of course, get an instant sense of control from alcohol and some other drugs. This method of control, however, is false, and skews the true level of control the client has over him or herself. This creates an inconsistent level of control which creates even more dissonance and frustration.

**Focus on the present**

While traditional psycho-analysis and counselling often focus on past events, reality therapy and choice theory solutions lay in the present and the future. Practitioners of reality therapy may visit the past but never dwell on it. In reality therapy, the past is seen as the source of the client's wants and his or her ways of behaving, not as a cause.

A client's 'Quality World' is examined as to what this person wants in his life and is it realistic. Supposedly each person from birth has taken pictures or stored mental images that he wants in his Quality World. Also, each person strives to attain these things that have given pleasure in the past. Everyone's quality world is different, so naturally when people enter into a relationship their quality world most likely will not match up with their new partner.
Process of Reality Therapy

Involvement

Establishing a relationship with the client is believed to be the most important factor in all types of therapy. Without this relationship, the other steps will not be effective. This is also known as developing a good rapport with the client. In extreme cases, the therapist may be the only person in the client's life who is willing to put up with the client's behaviour long enough to establish a relationship, which can require a great deal of patience from the therapist. In other cases, the client is a part of many relationships, but just needs a relationship with a more consistently positive emphasis. According to Glasser, the client needs to feel that the therapist is someone that he would want in his "Quality World".

Evaluating current behaviour

The therapist must emphasise the here and now with the client, focusing on the current behaviours and attitudes. The therapist asks the client to make a value judgment about his or her current behaviour (which presumably is not beneficial, otherwise the client may not have negative consequences from behaviour motivating enough to seek therapy). In many cases the therapist must press the client to examine the effects of his or her behaviour, but it is important that the judgment be made by the client and not the therapist. According to Glasser, it is important for the client to feel that he is in control of his own life.

Planning possible behaviour

Plan some behaviour that is likely to work better. The client is likely to need some suggestions and prompting from the therapist, but it helps if the plan itself comes from the client. It is important that the initial steps be small enough that the client is almost certain to succeed, in order to build confidence. In many cases, the client's problem is the result of a bad relationship with someone, and since the client cannot change anyone else's behaviour, the therapist will focus on things the client can do unilaterally.

The client may be concerned that the other person will take advantage of this and not reciprocate, but in most cases a change in behaviour will ease the tension enough that the other person also backs off. If this does not happen, the therapist will also encourage the client to build more positive relationships with other people. The relationship with the therapist sustains the client long enough for them to establish these other relationships.

Commitment to the plan

The participant must make a commitment to carry out the plan. This is important because many clients will do things for the therapist that they would not do just for themselves. In some cases it can be helpful to make the commitment in writing.
"No Excuses, No Punishment, Never Give Up"

If there is no punishment, then there is no reason to accept excuses (note that punishment can be ineffective with clients who expect to fail, see Learned helplessness). The therapist insists that the client either carries out the plan, or comes up with a more feasible plan. If the therapist maintains a good relationship with the client, it can be very hard to resist carrying out a plan that the client has agreed would be feasible. If the plan is too ambitious for the client's current abilities, then the therapist and the client work out a different plan.

Who is Reality Therapy for?

It is helpful for addictions, eating disorders, substance abuse, phobias, anxiety, and other behavioural and emotional issues. Also conflict issues at home and in work situations.
**Solution-focused Brief Therapy**

Solution-focused brief therapy - also known as solution-focused therapy - is an approach to psychotherapy based on solution-building rather than problem-solving. Although it acknowledges present problems and past causes, it predominantly explores an individual's current resources and future hopes - helping them to look forward and use their own strengths to achieve their goals.

As its name suggests, solution-focused brief therapy is considered a time-limited approach, however the technique is often incorporated into other long-term therapy types and effects can be long-lasting. It was developed in America in the 1980s by husband and wife team Steve de Shazer and Insoo Kim Berg, along with their team at the Brief Family Center. Together they founded the therapy on seven basic philosophies and assumptions.

These are:

- Change is both constant and certain.
- Emphasis on what is changeable and possible.
- Clients must want to change.
- Clients are the experts and outline their own goals.
- Clients have resources and their own strengths to solve and overcome their problems.
- Therapy is short-term.
- Focus on the future - history is not essential.

These concepts are key building blocks in the formation of the solution-focused approach.

**How does solution-focused brief therapy work?**

Rather than dwelling on an individual's weaknesses and limitations, Shazer and Berg's solution-focused therapy concentrates solely on an individual's strengths and possibilities to help them move forward. It works by helping them overcome problems without tackling them directly - using the solution-building concept to foster change and help individuals to develop a set of clear, concise and realistic goals. It is the role of a solution-focused therapist to help elicit and implement these solutions via a series of discussions.

In these discussions, the therapist will help individuals to envisage a clear and detailed picture of how they see their future - and how things will be better once changes are made. They will also encourage them to explore past experiences and
times when they were as happy as they see themselves in their future vision. These processes aim to evoke a sense of hope and expectation and make a future solution seem possible.

It is essentially the future vision that drives the therapy process forward - ensuring that it is directional and as a result, brief. Therapists can use this future solution to shape the techniques and questions that will comprise discussions. These aim to help the individual realise their potential and find the courage to move forward.

Solution-focused brief therapy techniques

The solution-focused approach involves a variety of techniques used by a therapist to clarify solutions and help the person seeking help find ways of achieving them. These are generally a set of questions tailored to the individual and their specific circumstances. Below is a basic model of solution-focused therapy and common questioning techniques involved:

The Miracle Question

The miracle question or "problem is gone" question is a method of questioning that a coach, therapist, or counsellor can utilise to invite the client to envision and describe in detail how the future will be different when the problem is no longer present.

A traditional version of the miracle question would go like this:

“I am going to ask you a rather strange question [pause]. The strange question is this: [pause] After we talk, you will go back to your work (home, school) and you will do whatever you need to do the rest of today, such as taking care of the children, cooking dinner, watching TV, giving the children a bath, and so on. It will be time to go to bed. Everybody in your household is quiet, and you are sleeping in peace. In the middle of the night, a miracle happens and the problem that prompted you to talk to me today is solved! But because this happens while you are sleeping, you have no way of knowing that there was an overnight miracle that solved the problem. [pause] So, when you wake up tomorrow morning, what might be the small change that will make you say to yourself, ‘Wow, something must have happened—the problem is gone!’”?

Whilst relatively easy to state, the miracle question requires considerable skill to ask well. The question must be asked slowly with close attention to the person's non-verbal communication to ensure that the pace matches the person's ability to follow the question.
Initial responses frequently include a sense of “I don’t know.” To ask the question well this should be met with respectful silence to give the person time to fully absorb the question.

Once the miracle day has been thoroughly explored the worker can follow this with scales, on a scale where 0 = worst things have ever been and 10 = the miracle day, with questions such as:

- Where are you now?
- Where would things need to be for you to know that you didn’t need to see me anymore?
- What will be the first things that will let you know you are 1 point higher?

In this way the miracle question is not so much a question as a series of questions.

There are many different versions of the miracle question depending on the context and the client.

In a specific situation, the therapist may ask,

"If you woke up tomorrow, and a miracle happened so that you no longer easily lost your temper, what would you see differently?" "What would the first signs be that the miracle occurred?"

The client, in this example, (a child) may respond by saying,

"I would not get upset when somebody calls me names."

The therapist wants the client to develop positive goals, or what they will do - rather than what they will not do—to better ensure success. So, the therapist may ask the client

"What will you be doing instead when someone calls you names?"

**Scaling questions**

Scaling questions invite clients to employ measuring and tracking of their own experience, in a non-threatening way. Scaling and measuring are useful tools to identify differences for clients. Goals and progress towards goals are often facilitated by subjective measuring and scaling.

SFBT is famous for inviting clients to get very specific about such subjective measuring and scaling; for example, by asking questions that invite clients to establish their own polarity; and then, measure their progress—fowards and backwards—towards the more desirable pole. SFBT innovated language to make this invitation to more internal rigor sound natural to clients:
What is "the worst the problem has ever been?" (zero or one).
What is "the best things could ever possibly be?" (ten).

The client is asked to rate their current position on their own scale. Questions are used to elicit useful details of behaviour to measure by, resources and support like:

"What's stopping you from slipping one point lower down the scale?".

Clients are then invited to calibrate their own progress precisely:

"On a day when you are one point higher on the scale, what tells you this is a 'one point higher' day?".

Similarly preferred futures can be discussed in light of the client's own scale:

"Where on the scale would be good enough?
What would a day at that point on the scale feel like; what would you do differently?"

**Exception-seeking questions**

Proponents of SFBT insist there are always times when the identified problem is less severe or absent for clients. The counsellor seeks to encourage the client to identify these occurrences and maximise their frequency. They should ask question like:

"What happened that was different"?

"What did you do that was different"?

The goal is for clients to repeat what has worked in the past, and support confidence in taking more and more "baby steps" towards their ideal scenes. This concept and practice was influenced by Milton Erickson.

**Coping questions**

Coping questions are designed to elicit information about client resources that will have gone unnoticed by them. Even the most hopeless story has within it examples of coping that can be drawn out:

"I can see how things have been really difficult for you, yet I am struck by the fact you get up each morning and do everything necessary to get the kids off to school. How do you do that?"

Genuine curiosity and admiration can help to highlight strengths without appearing to contradict the clients perception of "the problem." An initial summary "I can see how
things have been really difficult for you" is for them true and validates their story. The second part "you manage to get up each morning etc.", is also a truism, but one that counters the problem-focused narrative. Undeniably, they cope and coping questions start to gently and supportively challenge the problem-focused narrative.

**Problem-free talk**

Solution focused therapists attempt to create a judgment-free zone for clients where what is going well, what areas of life are problem-free are discussed. Problem-free talk can be useful for uncovering hidden resources, to help the person relax, or become more naturally pro-active, for example. Solution focused therapists may talk about seemingly irrelevant life experiences such as leisure activities, meeting with friends, relaxing and managing conflict. This often uncovers client values, beliefs and strengths.

From this discussion the therapist can use these strengths and resources to move the therapy forward. For example; if a client wants to be more assertive it may be that under certain life situations they are assertive. This strength from one part of their life can then be transferred-generalised to another area where new behaviour is desired.

Perhaps a client is struggling with their child because the child gets aggressive and calls the parent names. If the parent continually retaliates and also gets angry, perhaps they can recall another area of their life where they remain calm even under pressure; or maybe, they have trained a dog successfully who now behaves and can identify how kindness, patience and consistency were keys to eliciting the dog’s good behaviour. This could lead to discussion of using kindness, patience and consistency to create healthy boundaries the child might cooperate with.

Dan Jones, in his Becoming a Brief Therapist book writes:

‘...it is in the problem free areas you find most of the resources to help the client. It also relaxes them and helps build rapport, and it can give you ideas to use for treatment...Everybody has natural resources that can be utilised. These might be events...or talk about friends or family...The idea behind accessing resources is that it gives you something to work with that you can use to help the client to achieve their goal...Even negative beliefs and opinions can be utilised as resources ’

**Who can benefit from it?**

Due to the brief nature of the approach, solution-focused therapy can be particularly beneficial to those who lead fast-paced, modern lifestyles. On average, about five sessions of solution-focused therapy are needed and these typically last for around
50 minutes each. The therapy rarely extends beyond eight sessions, however further sessions and other integrated techniques can be introduced if necessary - in some cases only one session is required.
Transactional Analysis

TA therapy is very versatile, for it can be used in a wide range of areas and incorporates key themes from humanistic, integrative, psychoanalytical, psychodynamic therapies. Though it is commonly recognised as a brief and solution-focused approach, transactional analysis can also be applied as an effective long-term, in-depth therapy.

Founded by Eric Berne in the late 1950s, TA therapy is based on the theory that each person has three ego states: parent, adult and child. These are used along with other key transactional analysis concepts, tools and models to analyse how individuals communicate and identify what interaction is needed for a better outcome.

Throughout therapy, the TA therapist will work directly on here and now problem solving behaviours, whilst helping clients to develop day-to-day tools for finding constructive creative solutions. The ultimate goal is to ensure clients regain absolute autonomy over their lives. Eric Berne defines this autonomy as the recovery of three vital human capacities - spontaneity, awareness and intimacy.

How does transactional analysis work?

Transactional analysis is a talking therapy and sessions are designed to explore an individual's personality and how this has been shaped by experience - particularly those stemming from childhood. This is achieved through skilful questioning and the utilisation of various models, techniques and tools. Sessions can be carried out in the form of one-on-one counselling, or with families, couples or groups.

The atmosphere that supports transactional analysis is non-judgemental, secure and respectful, ensuring that a positive relationship is forged between the therapist and client(s) in order to provide a model for subsequent relationships and communication that are developed outside of therapy.

In this setting the therapist works collaboratively with the individual to identify what has gone wrong in their communication and provide opportunities for them to change repetitive patterns that limit their potential. TA therapists recognise that we all have the potential to live the life we want, rather than the life we are programmed to live. Sometimes however this potential is hindered by repetitive patterns or 'unconscious scripts' that stem from childhood decisions and teachings.
**Key concepts of transactional analysis**

Below is an exploration of some of the key concepts of transactional analysis that a therapist will use in their work.

**Ego-states**: Ego-states refer to the three major parts of an individual's personality, and they each reflect an entire system of thought, feeling and behaviour. These determine how individuals express themselves, interact with each other and form relationships.

These are:

- **Parent ego-state** - A set of thoughts, feelings and behaviours learnt from our parents and other important people. This part of our personality can be supportive or critical.

  There are two forms of Parent we can play.

  The *Nurturing Parent* is caring and concerned and often may appear as a mother-figure (though men can play it too). They seek to keep the Child contented, offering a safe haven and unconditional love to calm the Child's troubles.

  The *Controlling (or Critical) Parent*, on the other hand, tries to make the Child do as the parent wants them to do, perhaps transferring values or beliefs or helping the Child to understand and live in society. They may also have negative intent, using the Child as a whipping-boy or worse.

- **Adult ego-state** - Relates to direct responses in the 'here and now' that are not influenced by our past. This tends to be the most rational part of our personality.

- **Child ego-state** - A set of thoughts, feelings and behaviours learnt from our childhood. These can be free and natural or strongly adapted to parental influences.

  There are three types of Child we can play.

  The *Natural Child* is largely un-self-aware and is characterized by the non-speech noises they make (yahoo, whee, etc.). They like playing and are open and vulnerable.

  The cutely-named *Little Professor* is the curious and exploring Child who is always trying out new stuff (often much to their Controlling Parent's annoyance). Together with the Natural Child they make up the Free Child.

  The *Adaptive Child* reacts to the world around them, either changing themselves to fit in or rebelling against the forces they feel.
I'm OK - You're OK: "I'm OK - You're OK" is probably the best-known expression of the purpose of transactional analysis: to establish and reinforce the position that recognizes the value and worth of every person. Transactional analysts regard people as basically "OK" and thus capable of change, growth, and healthy interactions.

Strokes: Berne observed that people need strokes, the units of interpersonal recognition, to survive and thrive. Understanding how people give and receive positive and negative strokes and changing unhealthy patterns of stroking are powerful aspects of work in transactional analysis. TA therapy recognises that we are greatly motivated by the reinforcement we get as children, and if this was dysfunctional, we are likely to adopt dysfunctional patterns of living as we get older.

Transactions: Transactions refer to the communication exchanges between people. Transactional analysts are trained to recognise which ego states people are transacting from and to follow the transactional sequences so they can intervene and improve the quality and effectiveness of communication. If the ego-states interact and blend in a healthy way, transactions tend to be healthier, but sometimes ego-states can contaminate each other to create a distorted view of the world.

Intimacy

Another motivation recognised in transactional analysis is intimacy. Similarly to strokes, if the intimacy a child experiences is dysfunctional, then they will learn that this type of intimacy is the best he or she can do to meet basic needs and communicate with others. This can lead to the development of repetitive patterns of behaviour that can hinder a person's potential.

Redecision

This refers to an individual's capacity to redecide and make changes to certain decisions made as a child that stem from unconscious scripts. Redecision reflects the assumption of TA therapy that individuals have the potential to lead their lives as they choose. This power is released after a rededuction is made while a client is in their child-ego state.

Games People Play: Berne defined certain socially dysfunctional behavioural patterns as "games." These repetitive, devious transactions are principally intended to obtain strokes but instead they reinforce negative feelings and self-concepts, and mask the direct expression of thoughts and emotions.

Berne tagged these games with such instantly recognisable names as "Why Don't You, Yes But," "Now I've Got You, You SOB," and "I'm Only Trying to Help You." Berne's book Games People Play achieved wide popular success in the early 60's.
**Life Script:** Eric Berne proposed that dysfunctional behaviour is the result of self-limiting decisions made in childhood in the interest of survival. Such decisions culminate in what Berne called the "life script," the pre-conscious life plan that governs the way life is lived out. Changing the life script is the aim of transactional analysis psychotherapy. Replacing violent organisational or societal scripting with cooperative non-violent behaviour is the aim of other applications of transactional analysis. These unconscious scripts often exist as repetitive patterns of behaviour, thoughts and feelings - characteristics that suggest the child ego-state is overbearing and tainting other parts of a person's personality.

**Contracts:** Transactional analysis practice is based upon mutual contracting for change. Transactional analysts view people as capable of deciding what they want for their lives. Accordingly transactional analysis does its work on a contractual basis between the client and the therapist, educator, or consultant.

**Who can it benefit from TA?**

This makes the therapy valuable for helping to solve many types of problems, and it has been successfully applied in wide variety of settings outside of counselling, including organisational training and consultancy, parenting, education, relationships and coaching where communication has been lacking or is of poor quality.
Transpersonal Psychology

Transpersonal psychology (also known as transpersonal counselling) is a humanistic approach to therapy that was developed by American psychologist, Abraham Maslow along with Stanislav Grof and Anthony Sutich in the 1960s.

Transpersonal psychology is a sub-field or "school" of psychology that integrates the spiritual and transcendent aspects of the human experience with the framework of modern psychology. It is also possible to define it as a "spiritual psychology". The transpersonal is defined as "experiences in which the sense of identity or self extends beyond (trans) the individual or personal to encompass wider aspects of humankind, life, psyche or cosmos". It has also been defined as "development beyond conventional, personal or individual levels".

Issues considered in transpersonal psychology include spiritual self-development, self beyond the ego, peak experiences, mystical experiences, systemic trance, spiritual crises, spiritual evolution, religious conversion, altered states of consciousness, spiritual practices, and other sublime and/or unusually expanded experiences of living. The discipline attempts to describe and integrate spiritual experience within modern psychological theory and to formulate new theory to encompass such experience.

Transpersonal psychology has made several contributions to the academic field, and the studies of human development, consciousness and spirituality. Transpersonal psychology has also made contributions to the fields of psychotherapy.

Transpersonal therapists value wholeness - taking the view that the essential self is a combination of the transpersonal, self-transcendent and spiritual aspects of human experience. All of life's experiences are considered valuable and growth enhancing, and every individual is treated according to their innate striving toward a higher reality. Ultimately, in transpersonal psychology healing and growth is approached through recognition of the centrality of self.

Religious and spiritual problems and crises

At the beginning of the 1990s a group of psychologists and psychiatrist, affiliated with the field of Transpersonal psychology, saw the need for a new psychiatric category involving religious and spiritual problems. Their concern was that the mental health professions of the day did not have a good understanding of the religious and spiritual dimensions of mental health. There was also a concern about the possible misdiagnosis of spiritual emergencies.

Transpersonal psychology has also brought clinical attention to the topic of spiritual crisis. Many of the psychological difficulties associated with a spiritual crisis are not
ordinarily discussed by mainstream psychology. Among these clinical problems are psychiatric complications related to mystical experience; near-death experience; Kundalini awakening; shamanic crisis (also called shamanic illness); psychic opening; intensive meditation; separation from a spiritual teacher; medical or terminal illness; addiction.

The terms "spiritual emergence" and "spiritual emergency" were coined by Stanislav and Christina Grof in order to describe the appearance of spiritual phenomena, and spiritual processes, in a person's life. The term "spiritual emergence" describes a gradual unfoldment of spiritual potential with little disruption in psychological, social and occupational functioning. In cases where the emergence of spiritual phenomena is intensified beyond the control of the individual it may lead to a state of "spiritual emergency".

A spiritual emergency may cause significant disruption in psychological, social and occupational functioning. Many of the psychological difficulties described above can, according to Transpersonal theory, lead to episodes of spiritual emergency.

**The role of a transpersonal therapist**

The therapist must assume the role of an equal to their client and must be completely connected on the level of pure consciousness - sharing the same experience as their client does in therapy. This shared consciousness ensures that empathy and insight can take place alongside the therapist's discriminating and analytical stance.

Fundamentally though, the primary mode a therapist must adopt when being with their client is with an attitude of open mindedness, respect, innocence and wonder - as if everything that is said, felt and thought is completely new. Ultimately, both the client and therapist aspire to be present, authentic and self-aware, ensuring an ideal therapeutic relationship and setting that will help to facilitate ongoing healing and growth.

**How does transpersonal psychology work?**

Transpersonal Psychology has been called the Fourth force in psychology, complementing the first three forces of Behaviourism, Classical Psychoanalysis and Humanistic Psychology. In truth, it is an umbrella term under which a range of transpersonal perspectives have developed as a result of attempts to integrate ancient wisdom with modern knowledge. Its formal establishment is relatively recent; its roots lie in the distant past. It includes, for example, Psychosynthesis, the Jungian stream, Core Process therapy and all those psychologies and
psychotherapies influenced by the eastern contemplative traditions of Vedanta and Buddhism, Sufi and Christian mysticism, systems of yoga, meditation and mindfulness, mystery schools and esoteric movements, symbolic systems such as alchemy and more.

All transpersonal perspectives affirm the spiritual potential of human beings to move beyond the ego to both heights and depths of the human psyche. Such perspectives acknowledge the importance of both transcendent and unitive states of consciousness, cultivated and nurtured over thousands of years by traditions which, until relatively recently, were ignored by traditional psychology and psychotherapy.

Transpersonal Psychology is concerned, therefore, not only with understanding ‘breakdown and repair’ or with restoring healthy functioning to the personal ego. Its primary concern is exploring those aspects of consciousness and being that are to do with realising humanity’s highest potential – a potential which is released as we discover and reveal the source and depth of our own Being. It provides an opportunity for us to recognise and value our true worth and that of all individuals, indeed of all forms of life.

Some of the commonly used methods in transpersonal psychology include:

- body awareness and movement
- journal writing
- breathwork
- inner child healing
- guided visualisation
- meditation
- yoga therapy
- goal-setting
- dream work
- assertive training
- gestalt
- regression therapy
- development of the imagination and intuition
- symbolic art work.

**How can transpersonal psychology help?**

Outcomes of transpersonal psychology include an enhanced spiritual connection, greater concern for others, and appreciation of life. These benefits extend to more specific areas of growth and healing depending on the variation of techniques used in therapy. Whilst yoga and body-work can help to relieve stress, improve mental functioning and balance mental, emotional and physical energies, breathing
practices can stimulate calm and initiate an altered state of consciousness. In addition, meditation and guided visualisation can help clients to establish inner peace, whilst hypnotherapy and inner child work can build a positive life outlook and improve self-confidence.