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Practical Psychology

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**PSYCHOLOGICAL COUNSELING WITH
THE BASICS OF PSYCHOTHERAPY**

Handbook

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The manual "Psychological Counseling with the Basics of Psychotherapy", compiled in accordance with the educational and scientific program of the second (master's) level of higher education, is designed to give students an idea of the specifics of psychological counseling and the basics of psychotherapy, about the features, possibilities and limitations of the application of the basic methods of psychological counseling, as well as to master various practical approaches in the implementation of individual psychological counseling.

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Chapter1 Consultative process

Topic 1 Consulting and psychotherapy: definition, purpose, limits of application

Formulation of the problem. In today's world, which is characterized by rapid changes, unexpected situations, cataclysms, there is a great need for support and assistance of the individual. It is known that the activities of specialists in the field of psychology, pedagogy, social work and medicine are often combined under the general name "activities aimed to help" on the basis that regardless of the characteristics, level and degree of influence, methods and means, all these types of professional activities have a common goal, which is to help, train and treat people in certain periods and in various crisis situations of their lives. Undoubtedly, in all types of this help there is a psychological aspect - it is somehow carried out in the process of communication and interaction of the person who helps and the person to whom this help is provided.

The work of a practical psychologist is a kind of activity aimed at helping and has its own specifics. Actually, psychological assistance is aimed at supporting the individual in the process of its development, formation and growth, which is carried out by special psychological methods (techniques). These methods stimulate the manifestation of the ability of each person to take care of themselves, to discover and realize their inner potentials, to solve life's tasks.

According to O. Bondarenko, the methods and forms of work of providing psychological assistance to individuals are borrowed from related fields: sociology (mass surveys, in-depth interviews), psychiatry (almost everything (including elements of hypnosis), rich arsenal of therapeutic techniques) and religion (pastoral instructions). Therefore, it is difficult to find clear boundaries between certain types of psychological care.

Presentation of the main theoretical material. The main types of psychological care: psychological diagnosis, psychological correction, psychological counseling, psychological therapy. Thus, psychological care may include: psychodiagnostics (informing the client of objective psychological information, responsibility for the accuracy and form of the message is borne by the psychologist), psychological correction (organized influence on the client to change his activity and compliance with the age norm of mental development ; an individual program is developed), psychological counseling (assistance for mentally normal people in achieving their personal development goals) and psychotherapy (active

influence of the therapist on the client's personality in order to restore or reconstruct the mental reality of the individual).

Counseling serves as the basis of the activity component because information tasks, issues of knowledge about society, relationships in groups, education, security, development of a person's ability to self-help, is solved mainly through psych developmental, psych regulatory, psych correctional, psychodiagnosics and psychotherapeutic methods and techniques.

Psychological counseling uses methods of this type of psychological care such as psychodiagnosics. Psychodiagnosics is necessary for a more accurate diagnosis; to assess the individual characteristics of the client; when a new method is used; testing itself has psychotherapeutic value (establishing contact, relieving tension, sense of significance); the test results are useful for observing the dynamics of the client's condition and evaluating the results. Psychodiagnosics is aimed at a comprehensive analysis of personality in order to solve practical problems of identifying and overcoming shortcomings in its development, increasing the level of educational or professional activities, ensuring the harmonious uplift of abilities and moral qualities. This type of psychological assistance provides information on the features of the human psyche. Modern psychological diagnostics is defined as a psychological discipline that develops methods for identifying and studying individual psychological, individual physiological personality traits. It is also a branch of psychological practice, which includes the work of a psychologist to identify various qualities, mental and psychophysiological properties and personality traits. Thus, psychodiagnosics is the provision of psychological assistance to the client by providing him with objective psychological information.

The word "correction" has a primary meaning - remedy. Therefore, the implementation of psychological correction is based on a certain understanding of "norms and pathology", which depends on certain theoretical ideas and practical tasks (for example, in the case of associative behavior). There is a definition of psychological correction as a directed psychological impact on certain psychological structures in order to ensure the full development and functioning of the individual. It should be noted that psychological correction can be implemented in various areas of human practice: medicine, pedagogy, social work, where preventive tasks are solved. Psychoprophylaxis is considered as one of the types of psychological care and is aimed at the prevention of mental illness,

rehabilitation of the mentally ill, as well as the preservation, improvement and consolidation of mental health. In the latter aspect, the term "psychohygiene" is often used. There are different views on the coverage of the goals and objectives of psychoprophylaxis and psychohygiene. In general, the types of psychoprophylactic and psychohygienic work can include counseling, correction and psychotherapy.

At the present stage, there are differences in the understanding of psychotherapy, which depend on theoretical scientific attitudes and practical approaches. The term "psychotherapy" is not a purely medical concept, as there is a philosophical and psychological model of psychotherapy, which is based on the interpretation of the primary meaning of the word - "healing of the soul." In this case, the purpose of psychotherapy is not to cure "mental disorders", but to help in the process of formation and growth of personality. In the understanding of psychotherapy, there is a general recognition that this is a special type of professional activity, based on interpersonal interaction and influence of psychological means in providing assistance in solving mental problems and difficulties, which requires special training.

The terms "psychological counseling" and "psychotherapy" are the most widespread terms among professionals in psychological care. The debate over the differences between these terms was particularly acute in Western countries in the 1970s. (in domestic psychology in the 1990s) and, in most cases, caused by the legal aspects of counseling practice.

Since psychotherapy used to be only a medical specialty, it could only be practiced by a person with a higher medical education. At the same time, psychologists not only wanted, could and successfully worked in the field of psychotherapy, but were better prepared for such practices than doctors, especially in Western methods of psychotherapy (group psychotherapy, family therapy, psychodynamic therapy). The occurrence of such terms as "psychological correction", "non-therapeutic psychotherapy", "psychological therapy", "non-clinical psychotherapy" was an attempt to get around this legal restriction. Most experts point out the impossibility of drawing a clear line between these terms and even suggest using them as synonyms.

Psychological counseling, psychological correction and psychotherapy are different levels of psychological care. They are closely related and largely directly intertwined. However, there are some differences in the limits and scope of the intervention, which allows us to divide these areas of activity. Some experts consider such concepts as

"psychological counseling" and "psychotherapy" as synonyms. In this way, A. Ivy suggests calling all specialists in the fields of psychotherapy and counseling therapists. The author argues that the nature of work and personal and professional training of these professionals have much in common.

Thus, a well-known expert in this field Nelson-Jones considers psychological counseling as a psychological process focused on prophylaxis and development. He identifies in counseling goals related to correction (for example, overcoming anxiety or fear) and development (for example, the development of communication skills). In his opinion, counseling is mainly corrective, it ensures the performance of preventive functions. Development is associated with solving the tasks of the individual at various stages of his life (professional self-determination, separation from parents, starting an independent life, starting a family, realizing their own potential, disclosing resources, etc.). Great importance is attached to increasing personal responsibility for one's own life. The ultimate goal of counseling is to teach clients to help themselves, to become counselors for themselves. Nelson-Jones sees the difference between psychotherapy and psychological counseling in that psychotherapy focuses on personal changes and counseling in helping people make better use of their own resources and improve their quality of life. In contrast to psychotherapy, most of the information obtained from counseling is manifested in the client's mind in the intervals between classes (sessions), as well as in periods when clients try to help themselves after counseling.

The difference between psychological counseling and psychotherapy is the rejection of the concept of illness and the focus on a mentally healthy person, more often on his present and future. Psych correction is intended both for healthy people who have problems, and for people who are in a state of "not yet sick, but no longer healthy". People with maladapted behavior and neurotic response that is formed. People who need counseling or correctional assistance are called clients. A client is a normal, physically and mentally healthy person whose life has psychological or behavioral problems, who is unable to solve them on their own and therefore needs outside help. People who see a psychotherapist are traditionally referred to as patients because psychotherapy is historically closely related to psychiatry; among psychotherapists there are often psychiatrists who have received special training.

Psychotherapist's patients are neurotics. A neurotic differs from a normal person in that although he is aware of reality, he cannot be happy in any way because he does not accept it (his appearance, his character, the people around him, the surrounding reality). Thus, paraphrasing the author's psychotherapist, we can define psychotherapy as a method of treatment, and psychological counseling and psychocorrection - as a method of prevention. That is, there are views according to which the main difference between psychological counseling and psychotherapy is that the client (healthy or sick person who covers the problems of existential crisis, interpersonal conflicts, family difficulties or professional choices) is perceived by the counselor as a capable subject who responsible for solving his problem. This position is not entirely justified. In psychotherapy, the client in most cases is also a capable subject, and the problem of personal responsibility is given a very important role in the process of psychotherapy.

Locus of a client's complaint can indicate what kind of counseling or psychotherapeutic help he needs. If the person asking for help has an external locus of complaint (i.e. it emphasizes the negative role of others in the occurrence of their own life difficulties), for example: "My daughter is very restless, therefore we constantly quarrel" or: "My supervisor makes remarks to me without any reason ", is a client of the psychologist-consultant. In a situation where the client is worried about his own inability to control and regulate his inner state, needs and desires (internal locus of complaint), and he says: "I am very quick-tempered, I cannot restrain myself, I constantly shout at my daughter" or "I cannot understand what I am doing wrong, that I constantly get remarks from my boss ", - more often it is clients who need and are ready to accept psychotherapeutic help.

Thus, if the client has already done some work to analyze their own problems and failures and he considers himself responsible for what happens to him - it allows him to move to a deeper and more frank self- knowledge in the process of psychotherapy.

Another difference between counseling and psychotherapy is the specifics of dealing with the complaint. At psychotherapeutic influence complaints as such play an insignificant role as already at the initial stages of work they deepen and reformulate. In addition, the psychotherapist attaches special importance to the analysis of the deep layers of the psyche, the client's past experience, discusses with him his dreams and

associations, leads to understanding the causes of pathogenic experiences and behavior and thus helps to solve personal problems.

E. Shostrom and L. Bramer, speaking about the relationship between counseling and psychotherapy, conditionally divide them by two poles of the continuum. On the one hand, the work of a professional deals mainly with situational problems that are solved at the conscious level and arise in clinically healthy individuals. Here is the field of counseling. At the other hand - a great desire for deep analysis of problems with a focus on subconscious processes, the structural restructuring of the individual. Here is the field of psychotherapy. The sphere between the poles belongs to the activity, which can be called both counseling and therapy.

M. Perre and W. Baumann, considering the relationship between psychological counseling and psychotherapy, as differences indicate the following: a) in psychological counseling among the means of influence in the first place is information (transfer of information to the person who sought help); b) psychological counseling in medicine performs mainly the function of hygiene and prevention; c) within the framework of counseling, options for solving a specific problem are analyzed, but they are carried out by the person himself and not within the framework of counseling, but independently; d) in the practice of counseling changes occur after the end of counseling without the support of a specialist, in psychotherapy - the essence is the process of change, which is accompanied by a specialist.

The similarities and differences between psychotherapy and psychological counseling as types of psychological intervention. The main characteristics:

1. Means of influence (methods): psychotherapy and psychological counseling use psychological means of influence, but in psychological counseling information is the leading technique.
2. Objectives: psychotherapy and psychological counseling aim to achieve more distinct positive changes in the cognitive, emotional and behavioral areas to increase their effectiveness, psychotherapy is aimed at achieving significant personal change, and counseling - to help people make better use of their own resources and improving the quality of life.
3. Functions: psychotherapy performs the function of treatment and partial rehabilitation, and psychological counseling - prevention and development (of course, we are talking about the dominant

areas of psychotherapy and psychological counseling, as in some cases these functions may be intertwined).

4. Theoretical conditionality: psychotherapy and psychological counseling have as their scientific basis psychological theories.
5. Empirical testing: psychotherapy and psychological counseling require the study of the effectiveness of influences.
6. Professional actions: psychotherapy and psychological counseling are carried out by specialists within professional limits.
7. Duration of effects: psychotherapy lasts at least 15-20 sessions; psychological counseling may be limited to 1-5 sessions.
8. The place of change: in psychotherapy changes occur directly in the therapy process and are the essence of the psychotherapeutic process, in psychological counseling options for solving a specific problem are analyzed, but decisions and changes are made by a person not in the counseling process, but after it.
9. The level of the client's independence: in psychotherapy the process of change is accompanied by a psychotherapist, in psychological counseling changes are carried out by a person independently without the support of a counselor.

Psychological counseling differs from other types of psychological assistance in that the client is given a more active role. If in the process of psychocorrection and psychotherapy most of the responsibility is assumed by the psychologist, then in counseling the main psychocorrectional work is carried out by the client. And, accordingly, the client is also responsible for the final result. The psychologist is responsible for the correctness of his conclusions and the content of the problem and for the professional conditionality of the recommendations for solving this problem.

Thus, the main types of psychological care in the presence of defined, and sometimes controversial differences have characteristic features for all of them. Their common goal is to help and support the individual in the process of its formation and development and in the event of various problems and critical situations. This assistance is provided by special psychological methods and techniques in direct communication and interaction with the person.

The main purpose of psychotherapy is the education of flexibility, the ability to find new, effective behavioral strategies; accumulate and rationally use energy resources; provide activity, enthusiasm, optimism; find, store and develop resource states. Psychotherapy is mainly not about setting goals, but the means to achieve them. Therefore, for many

psychotherapies, first of all there is a set of technologies to achieve goals. The above statement characterizes the goals of counseling more than clinical treatment practice. Although, in our opinion, the above definition is quite relevant in defining the psychological model of therapy. It was no coincidence that in psychotherapy itself there are "six models": medical, psychological, social, pedagogical, philosophical and non-differential.

Working in a medical model: a psychotherapist is engaged in the treatment and prevention of diseases and health disorders. This model includes the classical understanding of psychotherapy as a field of medicine, as a specialty that is practiced in a medical institution together with doctors of other specialties.

Psychotherapy in psychological model is occupied with psychological problems, disorders of adaptation and, relatively speaking, the failure of a person, group, family. That is, such disorders that do not reach the level of severe health disorders. By all indications, a person who has sought for psychological help within this model should be referred to as a "client" rather than using the medical term "patient." V. Polster and M. Polster, describe the transition of psychotherapists from a medical to a psychological model: "We only" treated people "until it became clear that mental illness" - is a social label on a person. Later, the term "growth" appeared. Today, the vast majority of people come in search of better life forms, in most cases without thinking about treatment, caring for self-improvement and personal development.

Psychotherapy in pedagogy in our country is just beginning to develop. There are two main areas: therapeutic work with teachers, as well as with students and their families. N. Pezeshkian notes that —... another reader may find it strange that we consider the problems of education together with the problems of partnership, marriage and interpersonal relationships. When we wondered whether such a union would be acceptable at all, our thoughts almost inevitably led us to think that we needed to break with the restrictive notions of parenting as a parent's influence on children. We have explored the basic principles of education in all forms of interpersonal relationships...".

Psychotherapy in its social model is aimed at the formation of adaptive human behavior in a society that is constantly changing. Approaches and methods of such psychotherapy can be used in various social groups: family, class, work community, religious community, village, region, country. The task of social psychotherapy is with the help of psychotherapeutic effects not only to treat the disease, to carry out

psycho-hygienic and psycho-preventive measures, but also to improve the social behavior of the individual. At the same time, no distinction is made between "normal" people and representatives of marginal groups: "mentally ill", "criminals", "unemployed", etc. Moreover, the representatives of each self-respecting method of modern psychotherapy emphasize the effectiveness of their method on the example of marginalized clients. This model emphasizes the close connection between "social", "medical" (including "mental") public health. Thus, social therapy is a phenomenon that can be considered at different levels of society. The levels of social organization will determine the goals, objectives, opportunities and methods used in the process of social therapeutic impact on a particular social object.

The philosophical model of psychotherapy is occupied with the worldview of the individual. Deep psychotherapy rarely does without the analysis of mythology. Such work often leads to the formation of a new hierarchy of myths and belief systems, which, in turn, can change a person's adaptive capabilities, affect his sense of harmony with himself and the world around him.

From the above definitions of psychotherapy models we conclude that psychotherapy and psychological counseling in most cases use the same psychological means of influence, use as a scientific basis psychological theories, are carried out not only professionally but also spontaneously, in amateur practice ("wild psychoanalysis", "kitchen therapy", etc.).

Both counseling and correction and psychotherapy can be carried out in various forms: individual, group, independent, indirect, in addition, special forms of psychological assistance can be used.

Undoubtedly, the boundaries between psychotherapy and counseling are quite conditional, which has been repeatedly noted by various authors. That is, it is very difficult to draw the line between these two types of psychological assistance. Summarizing the existing views of specialists on the differences between psychological counseling and psychotherapy, we can say that the first contact between a mental health specialist (i.e. psychologist, psychiatrist, psychotherapist or psychoanalyst) and the person seeking for help, always begins with counseling and, depending from motivation and problems, can lead to short-term elaboration of a separate problem or unlimited intensive care. In most cases, the duration and intensity (number of sessions per week) of psychotherapy significantly expands its possibilities in comparison with psychological counseling. Neuroses and more severe mental disorders usually require

psychotherapeutic or psychoanalytic intervention, and sometimes a combination with psychopharmacological treatment by a psychiatrist.

Although the most authoritative professional organization in the European Union, which brings together counselors from different scientific schools, the European Association of Psychotherapists officially uses the double term "psychotherapy / counseling", arguing that the distinction between these two areas of psychological care is a difficult task because in many cases it is difficult for a professional to tell whether he is engaged in psychological counseling or psychotherapy. As in counseling and in psychotherapy, as already mentioned, the same professional skills are used; the requirements for counseling and psychotherapy are similar. In two cases, the client's assistance is based on the interaction between the counselor (psychotherapist) and the client. Due to the difficulty of separating these two types of psychological assistance, some practitioners use the terms "psychological counseling" and "psychotherapy" as synonyms, arguing that the activities of a psychotherapist and a counseling psychologist are similar.

Conclusions and prospects for further explorations. Thus, psych counseling interacts quite closely with other types of psychological care. And the distinction between such types of psychological assistance as counseling and psychotherapy is a rather difficult task, and it can be quite difficult for a psychologist to say whether he is engaged in psychotherapy or psychological counseling. It is necessary to approach consideration of this question more differently, that is, to analyze these types of psychological help at least depending on their theoretical direction. In our opinion, the above criteria for differences between counseling and psychotherapy are quite conditional except for the requirements for training (exceptions may occur depending on the theoretical school) and the definition of M. Perret and W. Baumann that in counseling practice changes occur after counseling without accompanied by a specialist, in psychotherapy - the essence is the process of change, which is accompanied by a specialist. It demonstrates a reasoned line between psychological counseling and the psychological model of therapy. For example, psych counseling interaction will have the following structure - stage one "Getting Started", stage two "Gathering Information", stage three "Strategic", stage four "Final" and stage five "Implementation of the plan by the client" (in psych counseling this stage is implemented by the client independently). This is due to the specifics of this type of psychological care - any mentally healthy person is able to solve their problems on their

own. We are constantly faced situations that require effective decision-making skills (most human problems arise because individuals are not able to make the right decision). And in psychotherapeutic interaction, the fifth stage is realized in the presence and intervention of a professional (psychologist). The attribution of such a structure of psychological care to the psychological model of therapy can be argued by the fact that in the fifth stage the emphasis is on personal change. But there may be exceptions - for example, post-counseling psycho-counseling can grow, in some cases, into a psychological model of therapy. Sometimes, only in the process of meeting with the client, the psychologist-practitioner can understand in what mode their interaction will take place (in counseling or psychotherapy). In certain situations, the psychotherapeutic process can turn into a purely consultative interaction and vice versa.

Psychological counseling is closely related, and in many ways directly intertwined with psychological correction and psychotherapy. Moreover, these areas are often mixed up by practicing psychologists themselves. The separation of these areas of activity and their precise definition could serve as a topic for special work. We will confine ourselves here to a very conditional division of them. Let's define psychological counseling as direct work with people aimed at solving various kinds of psychological problems associated with difficulties in interpersonal relationships, where the main means of influence is a conversation constructed in a certain way.

The corresponding form of conversation is actively used both in psycho correctional work and in psychotherapy. But if counseling is focused primarily on helping the client in reorganizing his interpersonal relationships, then the psycho correctional or psychotherapeutic effect is focused mainly on solving the underlying personal problems of a person who underlie most of life's difficulties and conflicts.

A separate topic of discussion is the difference between the terms "psycho correction" and "psychotherapy". It seems that the division of these concepts that has arisen in Russian psychology is rather connected not with the peculiarities of work, but with the entrenched and legalized provision that psychotherapy can be practiced only by people with special medical education. This limitation, from our point of view, is artificial, since psychotherapy implies a non-drug, that is, psychological effect. In addition, the term "psychotherapy" (psychotherapy) is international and in most countries of the world is clearly used in relation to the methods of work carried out by professional psychologists. However, the tradition of

using the term "psychocorrection" in relation to psychological work in our country has already developed, and we will have to use it along with the term "psychotherapy", which is generally accepted in the world community. But since this work is designed for people who do not have special training in the field of psychotherapy or, as we say, psychocorrection, we will designate these differences quite strictly, thus limiting the area where specialist consultants can work, from those cases where their active impact is undesirable, since only the presence of a psychological education and an understanding of the general principles of work to achieve a positive effect is not enough here.

How can we distinguish between counseling and psychotherapy? What is the point of dividing clients' problems into interpersonal and deep personal ones, which has already been mentioned above?

The problems with which the client came, interpersonal or deep personal, are often manifested already in the forms of seeking help, in the specifics of complaints and expectations from a meeting with a psychologist. Clients of a counseling psychologist usually emphasize the negative role of others in the emergence of their own life difficulties; Clients focused on deep psycho-correctional work usually have a different locus of complaints: they are more often concerned about their own inability to control and regulate their internal states, needs and desires. Thus, a client of a counseling psychologist will be characterized by complaints such as: "My husband and I are constantly arguing" or "My wife is jealous of me for no reason." Those who turn to a psychotherapist are more likely to talk about their problems differently: "I can't contain myself, I'm very short-tempered, I'm constantly yelling at my husband" or "I'm not sure how my wife treats me all the time, I think she's cheating on me, jealous of her and apparently for no reason." Such a difference in the locus of complaints means quite a lot and, in particular, the fact that the client himself has already done some work to analyze his own problems and failures. The fact that a person perceives himself as responsible for what happens to him - a step that requires a certain courage - is a guarantee that he is ready for deeper and more frank self-knowledge.

The direction of the locus of complaint and the readiness of a person determines the form of work with him. The main task of the psychologist-consultant is to help the client to look at his problems and life difficulties from the outside, to demonstrate and discuss those aspects of the relationship that, being sources of difficulties, are usually not realized and controlled. The basis of this form of influence is, first of all, changing the

client's attitudes both to other people and to various forms of interaction with them. During the consultative conversation, the client gets the opportunity to look at the situation more broadly, to assess his role in it differently and, in accordance with this new vision, to change his attitude to what is happening and his behavior.

Psychotherapeutic influence is built differently. Complaints as such play a minor role, since already at the initial stages of work they are deepened and reformulated. In a conversation with a specialist, not only the actual situations of the client's relationship are touched upon, but also the past (events of distant childhood, adolescence), such specific forms of mental production as dreams and associations are actively used. An important feature of psychotherapy is special attention to the relationship between the person who sought help, and a professional, whose analysis in terms of transference and countertransference is one of the most important means of deepening and expanding the possibilities of influence, whereas in counseling such issues are almost never discussed. Analysis of the deep layers of the psyche leads to an understanding of the causes of pathogenic experiences and behaviors and thus contributes to the solution of personal problems.

The duration of these types of psychological influence is also different. So, if psychological counseling is more often short-term and rarely exceeds 5 to 6 meetings with the client, then the process of psychotherapy lasts incomparably longer and is focused on dozens, or even hundreds of meetings over a number of years.

Certain differences are also related to the types of clients. At the reception of a psychologist-consultant, you can meet almost any person with equal probability, regardless of his mental status, employment, material security, intellectual potential, etc., while the circle of people whose problems can be solved within the framework of deep psycho- correctional work is more limited. The ideal client is a normal neurotic, with a high level of reflection, able to pay for an often expensive and long course of treatment, having enough time and motivation to do so. To the credit of psychotherapy, it should be said that narrowing the circle of clients and increasing the time of exposure leads to a significant expansion of the range of problems to be solved, which in a certain sense becomes limitless.

It is natural to assume that with such significant differences between these two forms of influence, the training of relevant specialists should also differ. The main requirements for a counseling psychologist, from our

point of view, are a psychological diploma, as well as special training in the theory and practice of psychological counseling (including work under the guidance of a supervisor), which may not be particularly long. The requirements for the education of psychotherapy specialists are much greater, and they include, along with theoretical psychological training and certain medical knowledge, also a long experience of their own psychotherapy and work under the guidance of an experienced supervisor. It is no coincidence that psychotherapy is historically closely related to psychiatry, and among psychotherapists, along with professional psychologists, psychiatrists are no less common, but, of course, also received special training. Note that a person who turns to a psychotherapist is traditionally called not a client, but a patient. It is impossible to imagine a full-fledged training of a specialist in this field without the experience of his own psychotherapy, thanks to which he can better navigate the problems of patients, work more fully without fear of such interference as combustion syndrome or communicative overload, and also freely using such means of influence as transference and countertransference.

The differences between psychotherapy and counseling are a broad and multifaceted topic. Of course, here we can only outline the general lines of their comparison. Those who are especially interested in this issue can be advised to read special literature.

A "man from the street" who turns to a psychologist for help, especially in our country, where not everyone understands what psychology is in principle, does not always understand what kind of plan he needs help and in what form it can be provided. Often, the expectations of clients are inadequate, do not correspond to the reality of life and the logic of relationships (for example, as is often the case, the client begins to demand to make someone fall in love or fall out of love with someone as a result of the influence of a psychologist, etc.). In this regard, often the first thing to do with the client is to explain in what he can expect psychological help and what kind of help. From this point of view, psychological counseling, being more focused on achieving a specific goal and a less binding type of impact, often serves as a kind of stepping stone, the first step towards a longer and deeper psychotherapeutic work. It happens that, having come to a consultant, a person first thinks about his own role in his life failures and begins to understand that in order for him to really be helped, one or even several meetings with a psychologist are not enough. It does not follow that he will immediately seek more serious help - it may not happen soon or never happen, but even the simple

knowledge that help in principle can be provided to him is very important. Such a relationship between counseling and psychotherapy is the basis of the broad and multifaceted possibilities of practical psychology, a guarantee that each applicant can find for himself what is most suitable for him at the moment.

Questions for self-control, reflection and discussion

1. Reveal Freud's views on the nature of anxiety. What does the term "angst" mean?
2. Specify the means and ways in which customers mask anxiety.
3. What somatic symptoms have you had to observe in life and what are the causes of their occurrence?
4. What is the difference between fear and anxiety?
5. In what cases can a person feel a normal fear?
6. What distinguishes a hysterical personality from other people?
7. In what cases can existential guilt become neurotic and vice versa?
8. As you understand Kennedy's statement that "depression is a returned rage."
9. What principles are used by a consultant working with alcohol addicts?

Topic 2. Principles of psychological counseling

Many professions have their own principles and requirements, the implementation of which is mandatory for specialists. For example, in a number of countries around the world there are ethical codes of the psychologist that determine the activities of a professional. For those who work directly with people in the field of psychological influence, these norms are even tougher and stricter, they impose even more requirements and restrictions on the psychologist-practitioner, (Specialitu Guidelines for the Delivery of Services). by Counseling Psychologists, 1981). There are not always unambiguous and simple answers to ethical and moral problems that arise in psychological practice. Entire volumes have been written about the ethical principles of psychological counseling and psychotherapy, in which complex situations are discussed in detail, including how a counselor should behave if during the reception he learns that his client is plotting an antisocial act, if he sees traces of beatings and violence on the child's body, if parents want to know that- Non-compliance with professional principles and requirements in some countries (for example, in the USA) can lead to the fact that a psychologist is deprived of a diploma, the right to practice and offer his professional services, etc.

Of course, in our country it is not yet necessary to expect that non-compliance with professional principles and requirements will be severely punished: there are no necessary conditions for this, such as an organized professional community, legally legalized licenses and permits for practice, a unified training system, etc. But it should be remembered that there are certain principles of behavior of a psychologist-consultant and that following them not only ensures the ethics of professional training.activity, but also is the key to the success of the psychological impact. Let us dwell in more detail on some ethical requirements, the observance of which, from our point of view, is especially important.

Friendly and non-judgmental attitude to the client

Behind this formulation lies a whole range of professional behavior aimed at ensuring that the client feels calm and comfortable during the reception. A benevolent attitude implies not just following generally accepted norms of behavior, but also the ability to listen carefully, provide the necessary psychological support, not condemn, but try to understand and help everyone who seeks help.

Focus on the norms and values of the client

This principle implies that the psychologist during his work should be guided not by socially accepted norms and rules, but by those life principles and ideals, the carrier of which is the client. Effective influence is possible only with reliance on the value system of the client himself, while the critical attitude of the consultant can lead to the fact that the person who came to the reception will close, will not be able to be sincere and open, and, consequently, the possibilities of advisory influence will be practically unrealizable. By accepting the values of the client, respecting them and paying tribute to them, the consultant will be able to influence them in the event that they are an obstacle to the normal functioning of a person.

Prohibition from giving advice

Customers should not be given advice. The reasons for this are quite broad and diverse. First of all, whatever the life and professional experience of a psychologist, it is impossible to give guaranteed advice to another: everyone's life is unique and unpredictable. In addition, advising, the consultant fully assumes responsibility for what is happening, which does not contribute to the development of the personality of the counselor and his adequate attitude to reality. In such a situation, the psychologist puts himself in the position of a "guru", which really harms counseling, leads to the fact that the client, instead of actively striving to understand his life and change it, forms a passive and superficial attitude to what is happening. At the same time, any failures in the implementation of the council are usually attributed to the consultant as the authority who gave the advice, which, naturally, prevents the client from understanding his role in the events occurring with him.

Anonymity

The most important condition for psychological counseling is its anonymity. This means that any information communicated by the client to the psychologist cannot be transferred without his consent to any public or state organizations, individuals, including relatives or friends. There are exceptions to this rule (of which the client is always warned in advance), specifically stipulated by law in many countries. In our country, such an exception, perhaps, can be considered a situation when a psychologist learns during the reception about something that is a serious threat to

someone's life. But, of course, even in this situation, his actions should be as careful as possible and correlate with the interests of the client.

Distinguishing between personal and professional relationships

There are quite a few very experienced and professional counselors who have fallen into the trap of making friends with clients or trying to provide professional help to their friends and immediate family. This path is fraught with many dangers, and not only because, as you know, there is no prophet in his homeland and any recommendations and revelations with loved ones are easily devalued, but also for many other reasons; some of them will be discussed below.

In psychotherapy, there are two important concepts that are of great importance for working with patients: a) "transference", that is, the client's tendency to transfer and project on the psychotherapist and relationships with him his relationships with significant people, underlying problems and conflicts; b) "countertransference", that is, the therapist's tendency to project his relationships with significant people and underlying internal problems and conflicts onto the relationship with the patient. These concepts, introduced into psychoanalysis by S. Freud, are today widely used in the framework of a variety of areas of psychotherapy. They mean that any human relationships, and even such "special" relationships that develop within the framework of psychotherapy, are influenced by the internal personal needs and desires of a person that he most often does not realize. Moreover, even a professional psychotherapist is often "disarmed" by countertransference. It is in order to understand, manage and be able to use his countertransference for analysis purposes, as, indeed, a number of other personal and interpersonal phenomena, for a novice psychotherapist there is a mandatory requirement to undergo his own analysis and long work with a supervisor.

To one degree or another, these phenomena also operate in the process of counseling. But it is difficult to expect that a person who has not received special and in-depth training will be able to successfully work with these complex phenomena. For the consultant, it is enough to understand that the preservation of his authority for the client is largely due to the fact that the latter knows little about him as a person, he has no reason to admire the psychologist and to condemn him as a person. The establishment of a close personal relationship between the consultant and the client leads to the fact that they, as close people, begin to satisfy certain

needs and desires of each other and the consultant can no longer maintain an objective and detached position necessary for the effective resolution of the client's problems.

A decade ago, foreign practical psychology actively discussed and analyzed the various consequences of the entry of the client and consultant (psychotherapist and patient) into personal, including sexual relations, as well as the possible influences of this factor on the therapy process. There were many different points of view. But the general conclusion to which these discussions have led is one: if possible, personal relationships should be avoided, and if something like this does happen, you should be as careful as possible, try to act primarily in the interests of the client and interrupt the process of counseling or psychotherapy as soon as possible.

Involvement of the client in the consulting process

In order for the counseling process to be effective, the client during the reception should feel as involved as possible in the conversation, vividly and emotionally experience everything that is discussed with the consultant. In order to ensure such inclusion, the psychologist must ensure that the development of the conversation looks logical and understandable for the client, and also that the person does not just "listen" to the specialist, but it is really interesting for him. After all, only if everything that is being discussed is clear and interesting, you can actively look for ways to resolve your situation, experience and analyze it.

It happens that during the reception the client suddenly loses interest in the topic under discussion, gets tired, internally does not agree, but does not want to talk about it. In this situation, you should not "escalate the atmosphere", insist, try to find out everything "to the end". It is better if the psychologist changes the topic, jokes and thus defuses the situation, thereby preserving the involvement and interest of the client in the counseling process and ensuring the productivity of the psychological impact.

Goals and objectives of psychological counseling

Undoubtedly, the main purpose of psychological counseling is to provide psychological assistance, that is, a conversation with a psychologist should help a person in solving problems and establishing interpersonal relationships with others. But it is not so easy to answer unequivocally the question of what exactly and how this psychological assistance should be expressed. In principle, a person who has visited a

specialist should become better than he was "before", and if he really felt better, then this can serve as a criterion for the fact that the help was provided. But everything is far from so simple. It happens that after the consultation, the client feels that he was not understood and appreciated, but time passes, and the same person begins to understand that much of what was discussed with the consultant was understood by the latter absolutely correctly and as a result helped him to reassess something in himself. In the same way, the consultant, if meetings with the client continue, may suddenly notice: what in his interpretation was not first heard and accepted by the patient, then is taken into account by him in various situations when building relationships with others.

From the foregoing, it follows that although customer satisfaction is considered the most important indicator of the effectiveness of psychological counseling, much is determined by the nature of the client's problems. Thus, a person experiencing grief or loss can and should expect that after attending a consultation it will be a little easier for him, and the consultant should try to alleviate his grief. In another situation, alleviating the emotional state may not be the direct goal of the consultant: after all, sometimes, even feeling that the conversation with the psychologist was undoubtedly useful, the client may begin to experience his problems much more painfully and acutely, since the feeling of his own guilt and responsibility, which came along with the understanding of what is happening, is by no means easy or pleasant.

The success of psychological counseling largely depends on how the counselor solves such important tasks as listening to the client and expanding his ideas about himself and his own situation. The real problem of many people who seek help from a psychologist is that they have practically no one to talk to frankly, to tell without hiding, everything that worries and worries them. The very fact that the consultant can listen to them carefully and understand them is extremely important, and this in itself leads to certain positive changes. In addition, a calm and thoughtful conversation with a specialist allows you to learn and understand a lot about yourself and about the people around you, which is also valuable, since it serves as "food" for thinking about yourself and people, contributes to the expansion of ideas about the reality around you. For a client seeking help from a psychologist, such a result may be important not only from the point of view of increasing his psychological stability, but also serve as a basis for seeking further help from other specialists, if it seems necessary.

There is another outcome, the achievement of which in the process of consultative conversation seems to be no less important. This is the acceptance by the client of responsibility for what happens to him.

Acceptance by the client of responsibility for what happens to him

During the consultation, the locus of the client's complaint must be transferred from others to itself. Without solving this problem, it is impossible to achieve any real results. Only if a person feels guilty and responsible for what is happening, he will really try to change and change his situation, otherwise he will only expect help and changes from others.

Transferring the locus of responsibility to the client himself is by no means an easy task. It also happens that the only thing that the psychologist manages to do during the reception is to show the client that he himself, at least partially, contributes to the fact that his problems and relationships with people are so complex and negative. But this does not mean that the reception was unsuccessful. On the contrary, in such a situation, the consultant achieved the most important result; after all, realizing his responsibility for the situation, a person can decide for himself how he needs to act in order for positive changes to occur in his life. Although, of course, the help of a psychologist in determining what exactly and how can be changed in a situation is usually very useful.

It happens that a person who came to the reception, from the very beginning declares: "I myself am to blame for everything." But, unfortunately, most often such a statement does not indicate a true understanding of the extent of their responsibility, but is only a kind of flirtation, and usually how clients understand their guilt for what is happening has little to do with the real features of the situation. Coming to the consultation, the client may begin to lament: "Of course it is my fault that my husband and I constantly have conflicts. It's long past time for me to realize that he's just not the kind of person he doesn't care about, and I'm still trying to explain something to him in a human way." Such a statement indicates that the client does not realize that she not only does not understand and does not accept her responsibility for the problems in the relationship, but also insults and humiliates her husband, considering him unable to understand and understand the situation.

But even if it is clear from the way a person speaks that he understands and accepts his responsibility for what is happening, his idea of what and how is happening in relations with others is most likely

superficial. In this regard, the consultant should not be afraid that the conversation about accepting guilt and responsibility will be superfluous. On the contrary, for someone who really understands and accepts the fact of his influence on the events of his own life, discussing this with a psychologist can be all the more useful, since for such a person clarifying the details of the relationship is more likely to lead to the fact that significant changes will occur in his behavior and relationships with people.

There are, of course, situations in which it is not necessary to discuss the problems of guilt and responsibility with the client. These, in particular, are cases when the client comes to the consultation, experiencing grief or a serious personal loss, for example, associated with the death of someone close to him. In a state of grief, people often tend to take on unnecessarily greater responsibility and guilt to those who are not with them and will never be, considering themselves to be involved in their deaths. In such a situation, the work of the consultant should be aimed at correcting inadequate ideas, removing the unnecessary burden of guilt and responsibility from the shoulders of the client (Vasilyuk F.E., 1984, Kast V., 1989).

Position of the consultant in relation to the client

In principle, one can imagine three possible positions of the consultant in relation to the client: the position of equality, the position "from above" and the position "from below". In different theoretical orientations, different positions are attributed to the consultant, but perhaps the most traditional in counseling is the position of equality and partnership in relation to the client, although in this case the guiding and determining role remains with the psychologist. Let's consider this position in more detail.

In the case of equality of positions with a psychologist in the process of counseling, the client feels like a full partner and therefore actively and productively works on a par with a psychologist. He has no reason to hide or distort any information about himself, since the consultant is open, does not evaluate or judge the interlocutor. In fact, in the position of equality, the consultant himself is less vulnerable to the client, because the more authoritative a person is, the more impregnable the position he takes, the more requirements and expectations are imposed on him, the more difficult it is to meet them. Of course, taking the position of equality, the

consultant not only wins, but also loses: after all, the authority occupying the position "from above" is considered more, he is listened to more. It is in the unquestioned authority that the secret of the success of many hypnotists lies - both real professionals and charlatans. Their stance and aura of fame provide them with a successful impact.

One should not present the position of the psychologist during the reception and his behavior as something frozen, unchanging. A good professional is in many ways an actor who, if necessary, is able to take a position "from above", talking about something with unwavering knowledge and authority, or "from below", flirting with the client, trying to increase his self-esteem, emphasize his knowledge and authority.

Means of influence of the consultant

The possibilities of professional influence in a consultant are unusually wide and diverse, but the main among them, undoubtedly, is verbal contact with the client, more precisely, an advisory conversation. This type of conversation is different from what is usually found in life, and mastering such skills on a professional level is a real art. This will be discussed in more detail in the following sections. In the meantime, let's say that a professional conversation is a complex construction built from various kinds of techniques and techniques used by a professional in order to achieve the appropriate effect. An important role among them is played by the techniques of conducting a consultative conversation, such as approving the opinions of the client, stimulating statements, brevity and clarity of the psychologist's speech, etc. The correct use of these techniques ensures the effectiveness of psychological influence, the possibility of establishing and developing contact between the client and the consultant.

An important role in the counseling process is played by techniques and techniques aimed at solving various special tasks that arise during the reception. Among them are a variety of questions aimed at changing and correcting the client's position, homework with a clear prescription of what and how the client should do, discussions focused on the client's making a particular decision, etc. For the most part, these techniques are closely related to the conversation process, directly follow from it and do not act as something special for the client, Specific. Mastering this kind of techniques and techniques, enriching the palette of statements and ideas of the consultant is largely determined by the experience and acquaintance of

the professional with various kinds of theoretical works on psychotherapy and counseling, as well as his professional communication with colleagues.

A special group of counseling techniques is represented by methods and techniques that act for the client as special tasks and exercises that change or deepen the course of the conversation. These include, for example, the "empty chair technique" developed as part of Gestalt therapy, the "contracting" practiced in marital and family therapy. The use of these techniques is largely determined by the theoretical orientation of the consultant, as well as the nature of the problems that the client addresses. Professional acquaintance with a wide range of such techniques in a sense is a criterion for the skill of the consultant, his professional competence. They undoubtedly enrich the consultative conversation, make it more emotional, dynamic.

In addition to verbal means of influence, the consultant must also own a wide range of non-verbal means, including eye contact, voice characteristics, and posture. Most often, the use of these tools does not serve any specific purpose, but provides a consulting process as such, relieving the client's tension, ensuring his comfort and contact with the consultant. The most important condition for successful psychological impact is the correct organization of the conversation.

Organization of a consultative conversation

For an effective psychological impact, the spatial and temporal organization of the conversation is essential, although, of course, much of what can be said about this has already become capitalized.

Conversation space

Ideal for counseling is the situation when the psychologist has the opportunity to receive the client in a specially equipped office for this purpose, where privacy, convenience and comfort are maximally ensured, where nothing attracts excessive attention of the client, does not distract him from the conversation. But even if this option is not available – there is no comfortable furniture and a special room – the consultation can be successfully carried out by specially organizing some part of the space, preferably in a corner where you could seat the client with his back to the

door, limiting his field of vision and, thus, focusing him as much as possible on the consultant.

The ideal option for landing a psychologist and a client is opposite each other and slightly obliquely, so that each of them can easily see the face of the interlocutor, but, if desired, could also look aside without much difficulty. It is best if they do not sit too close to each other and they have enough legroom to stand up or sit in their seat freely. It can be useful when there is something like a coffee table between them, where you can put something or, if necessary, record. But a large desk can become a hindrance and be perceived as a barrier between the client and the consultant.

Conversation time

Time is a very important characteristic of a consultative conversation. First of all, the correct timing of the conversation, when both the client and the consultant have the opportunity to talk calmly, slowly, on a fresh head, largely determines how effective and successful the advisory impact will be.

In addition, time is of great importance for the process of conversation itself, which should have a clearly marked beginning and end. The clock on the table or on the wall is an important attribute of the psychotherapeutic office, reminding the client and the counselor that time passes and they both need to work actively and dynamically. Much of the consultative conversation is subject to the passage of time. In order for any remark or interpretation of the consultant to be truly understood and accepted by the client, it must not appear too late and not too early. The conversation unfolds gradually, but each part of it, each stage must occur in the allotted time period. Otherwise, the consultant may not have time, not keep up with the reception, and therefore, not only not help the client this time, but, possibly, undermine his faith in the effectiveness of the psychological impact.

1. What are the positions of the definition of "psychological counseling"?
2. What is psychological help? Name the basic types of psychological assistance.
3. What are the different psychological counseling from other types of psychological assistance?

4. How can you schematically depict the relationship between psychological counseling and psychotherapy?
5. Formulate universal counseling goals.
6. Determine the process of consulting and the client's counseling.
7. What are the criteria for determining the types of psychological counseling?
8. Describe the principles of psychological counseling.
9. Identify the conditions that ensure the effectiveness of counseling?

Topic 3 Conversation process

An advisory conversation can be compared with a literary work, which has its own prologue, plot development, plot, denouement, climax and epilogue. In other words, the conversation of the consultant with the client is far from a random process, it is organized according to certain rules, following which makes it effective and purposeful. What are the basic rules for conducting a conversation in psychological counseling?

Very conventionally, the conversation of the consultant with the client can be divided into four stages: 1) acquaintance with the client and the beginning of the conversation; 2) questioning the client, formulating and testing advisory hypotheses; 3) corrective effect; 4) end the conversation. The duration of the reception, during which the conversation actually takes place, varies significantly depending on the goals and objectives of counseling, the organizational forms within which it is conducted, as well as the theoretical orientations of the consultant. But still, in most cases, the reception time is one hour (both in our country and abroad). Approximately, this hour can be distributed among the above stages of the conversation as follows: 1) the beginning of the conversation -5-10 minutes; 2) questioning the client --25 35 minutes; 3) corrective impact -10-15 minutes; 4) the end of the conversation -5-10 minutes. Let us dwell in more detail on what each of these stages is, what goals to achieve and what tasks the consultant should have time to solve in the allotted time, what are the simplest methods of organizing the conversation process.

Start a conversation

The first thing that a consultant needs to do during the appointment is to meet and seat the client. The success of the conversation largely depends on how much from the first minutes the psychologist will be able to prove himself a benevolent and interested interlocutor. The consultant can demonstrate his interest and goodwill from the very first minutes of the meeting, rising to meet the client, or even meeting him in the doorway of the office; if necessary, you can help remove your outer clothing, show where it is more convenient to put bags, and then offer to sit down. It is better if the consultant from the very beginning encourages the client with remarks such as: "Pass, please", "Sit back", etc. What is important here, in what can a novice consultant make a mistake?

You should not fuss too much, flirt with the client, from the first minutes try to make active contact with him, offer and promise your help. The situation of the beginning of the conversation for a person who came to the psychologist for the first time is full of discomfort, he needs to be given time to look around, to recover. It's good if the consultant isn't too verbose; immediately before starting a conversation, it is better to pause (not too long -45-60 seconds, otherwise the client may have a state of tension and confusion, but sufficient for him to have time to collect his thoughts and look around).

A very important point in the beginning of the conversation is to get to know the client by name (the possibilities of using the client's name to organize a conversation will be discussed in detail in the next Chapter). In principle, the client may refuse to name himself, but to forget or not to offer him to introduce himself means in many ways dooming the consultation to failure. This means that it is better if the psychologist is presented in the same way as the client - by name-patronymic, just by name, etc. (there may be exceptions to this recommendation related to the age of the interlocutor, as well as to the specifics of the conditions in which the consultation takes place). It is difficult to predict exactly how the client will present himself, so it is better if the consultant gives him the opportunity to call himself the first, using a remark like: "Let's get acquainted with what I call you?" After the client names himself, the psychologist, focusing on his form of representation, will be able to name himself accordingly.

It happens that at the beginning of the conversation, the consultant is faced with a situation where the client needs to explain what psychological counseling is, what he can count on when asking for help. Such a question can be asked even by a person who came to the consultation on his own initiative, but more often the need to explain the goals of counseling arises in a situation where a psychologist has to conduct an appointment outside the walls of a counseling center - at the enterprise, at school, in a hospital. In such cases, people who are not sufficiently informed about the possibilities and limitations of psychological impact are more likely to seek psychological help. It is difficult to offer any universal formula for psychological assistance.all occasions, because for different people the things that seem most important in their professional activities sound differently.

The next step to take is to go directly to the counseling process. It is natural to assume that at first it is necessary that the client tells about

himself and his problems. This move is so logical that often clients themselves begin a story about themselves without a special invitation, sometimes in such a hurry that they forget to introduce themselves. In such a situation, it is better to interrupt the interlocutor and offer to get acquainted at first, at least so that he moves away from the story prepared in advance, looks around, is more attuned to working together with the consultant, and not to a monologue.

If the client is silent, waiting for what the consultant will say, he can be helped to start talking about himself with remarks like: "I listen to you carefully" or "Tell me what brought you here." When a client expresses uncertainty about what and how to talk about, where to start, you can add: "Tell what you think is important yourself, and if you need to know something for me, I will ask you myself, if suddenly the need arises." Sometimes the client can be specially reassured: "Do not rush, you have enough time."

From the very beginning of the conversation, do not forget that the advisory impact is primarily the impact through the word: one inaccurate wording or remark - and the client for a long time can be knocked out of the rut, resentful of the consultant, withdraw, feel insecure and lonely. And then the psychologist will have to spend a lot of time correcting the situation and restoring contact.

Such unfortunate words, which, unfortunately, are often found in the speech of the consultant, include, for example, the word "problem". Using this word at the beginning of a conversation, before the client has applied it to himself, can cause a negative reaction. The "problem" may sound like a sentence or diagnosis to a person, while he may have a completely different assessment of his situation.

Another common mistake of novice consultants is the excessive fixation of the client's attention on the features of the counseling situation with remarks such as: "Do not be afraid", "Do not strain", "Even if you are ashamed to talk about something, you ...". In whatever form such remarks may sound, it follows from them that here you can be afraid of something, be ashamed, in connection with something to strain, etc.

Sometimes it seems that all the warnings associated with the beginning of the conversation are superfluous - "once the client came to the psychologist, he will not go anywhere from him." But that's far from the truth. You can "sit out" your time out of politeness, but will it be useful? To establish a good contact with the client, to organize a conversation correctly from the very beginning - this means in many

respects to ensure the effectiveness of counseling. Uncomplicated contact with a person or questions that are not resolved at the beginning of the conversation can become an obstacle in the development of the conversation just when it will be especially undesirable. Most often, they serve as a fertile ground for the formation of the client's resistance to the psychological impact, which can manifest itself as an unwillingness to continue the conversation, claims to the consultant, a sense of meaninglessness of what is happening, etc.

Resistance to counseling is a common phenomenon at the beginning of the conversation, when the client, already being in the psychologist's office, still asks himself the question whether he should have come here or not. So, for example, when faced with a consultant, he may begin to express doubts about whether the consultant is suitable for him or not by age, gender, professional experience, etc. What can be done in such a situation? First of all, you should not insist too much that since the client got to you, then he should work with you as a consultant. It's best to suggest that you continue the conversation by promising that if a person really needs it, they can turn to another specialist. Discussing this with the client, you can also use some arguments: "Practical psychology is a science, so my personal characteristics do not play such a big role, much more important is the professional qualifications that you can evaluate only by starting to work with me."

It happens that a person who asked for help begins a conversation with general topics and questions that have nothing to do with him personally - why there are so many divorces now, how the peculiarities of the current situation in the country affect relations between people, etc. Of course, you should not completely ignore the client's questions, but interest in the "fate of being" is almost never the basis for seeking advice. In addition, the time of the consultant is limited, and a conversation on general topics can "eat" valuable minutes, which later, when a person begins to talk about himself, will not be enough (you can only blame the consultant, not the client). It must be remembered that such a discussion is most often one of the manifestations of resistance, fear of starting a conversation and its possible consequences, so it is better to take advantage of the opportunity and help the client overcome this situation by asking the question: "Why do you care about these questions, what brought you here personally?". The client may get away from a direct answer, but the psychologist should make such an attempt, and the sooner this happens, the easier it will be for both to change the topic of discussion.

It happens that a person who comes to the consultation asks the consultant to help not himself, but someone else. In such situations, the psychologist should be firm: he works only with those who directly seek help and who are ready to discuss and analyze their life situation from the point of view of their own responsibility for it. Calling, inviting to a consultation, writing letters, etc. means interfering in people's private lives, knowing quite a bit about it and not imagining what the other party thinks about what is happening. At the same time, it is worth demanding that someone who has already come to the consultation be focused on work, recalling that in any conflict there are two sides, and even if the influence of one of them on how events unfold is at first glance insignificant, it undoubtedly exists. Having figured out what it is, you can try to change the situation at least in some way. Entering into such a discussion, one should not forget that the attempt to attribute one's own problems to another is a classic form of resistance, described and analyzed on the pages of many books and textbooks on psychotherapy.

There is still a lot to be said about the forms and types of resistance, but it is not easy to really learn how to work with them, and it is better if there is someone nearby who can give good advice or show effective ways of working in practice. The examples given above are just outlines that can help a novice consultant navigate.

Customer Inquiry

Let's imagine that all the problems of the beginning of the conversation are solved, the client began the story about himself, thus transferring the conversation to the next stage, where the main task of the consultant is to understand his problems as best as possible, to understand what the main conflicts and anxieties are connected with. Conditionally divide this stage of the conversation into two sub-stages, on the first of which the psychologist does not yet know anything about the client and therefore is most interested in the latter telling as fully as possible about himself and his situation. The second stage begins when the consultant already has enough information to formulate psycho-correctional hypotheses and begin to test them.

The first phase of customer questioning

Since in this phase the main goal of the consultant is to "talk" the client, its implementation will be best helped by questions and remarks that stimulate him to the story as much as possible. These are "open" remarks like: "Tell me about your relationship ...", "What kind of family do you have?", "When and how did it start?", etc. The answer to such questions and remarks is projective, everyone can say what is important to him, in a sense it is just an invitation to the client to speak.

Naturally, while the client is talking, the psychologist does not just listen, but works. Conventionally, it is possible to distinguish several areas of work at this stage of counseling. Consultant 1) maintains contact with the client; 2) stimulates him to further the story; 3) contributes to the purposeful development of the conversation; 4) comprehends what the client says.

1. The most effective way to keep in touch with a client while they are talking about themselves is through attentive, empathetic listening. In order for the client to feel that he is being listened to carefully, it is usually enough for the consultant to encourage and approve him, nodding or expressing his consent with inserts such as: "Of course", "Yes-yes" (more about these techniques will be discussed in a special section).

In this phase of the conversation, it is often revealed that the way the client interprets his situation, in what and how he sees the causes of his problems, far from reality, contradictory, negatively characterizes other people, exposing the narrator in a positive light. But to work with this material, not to agree with the client, pointing out his mistakes, at this stage is not worth it. Usually, the psychologist does not yet have enough information on the basis of which it would be possible to adjust the person's point of view, and objections, expressions of disagreement only activate resistance, destroying only the positive contact that is being formed. At this stage, the principle of "acceptance of the client concept" should be adhered to. Do not be afraid that due to the fact that the psychologist at first did not express disagreement with what the client says about himself and the people around him, the subsequent expression of the opposite opinion at the stage of corrective influence will be perceived by the interlocutor more negatively. On the contrary, often already in the process of telling the client's point of view changes, he is preparing to take a new look at himself and others, a different concept of what is happening.

2. Encouraging the client to tell the story has already been discussed a little above. To this we can add that the information useful for the psychologist should include, first of all, the history of the problem (when

and in connection with what it appeared); the client's relationship with all the persons acting in his story, their attitude to the problem; an idea of what exactly caused the problem from the point of view of the person himself and the people around him; the deterioration and improvement of the situation that have ever occurred and what they may have involved; what exactly caused the appeal to the consultation, why it happens now, and not earlier or later. All the points mentioned above should be specifically asked to be told. Questions that can be formulated on the basis of these points should be quite broad, and they usually stimulate the client well to tell the story.

3. Structuring the conversation is necessary for both the consultant and the client. The client should have a logical idea of what is being said and discussed at the moment and why. This, on the one hand, helps to avoid relapses of resistance, since the client begins to feel that not only the consultant, but also himself is responsible for everything that happens during the reception. In addition, understanding what is happening contributes to the concentration of attention, increasing emotional and intellectual activity during a conversation. Structuring the conversation is also useful for the consultant, because it allows you to use the consultation time more efficiently: after all, if the client can easily trace where and how certain topics arise in the conversation, what exactly the newly emerging ideas are connected with, then, therefore, there is no need to repeat or explain something additionally.

But what exactly should the structuring be expressed in? When asking a question, changing the topic of discussion, the consultant should explain why he does it, what caused it. It is perfectly acceptable if this explanation is somewhat at odds with what the consultant actually thinks about it; it is enough that at least some semblance of logic of all transitions in the conversation is observed for the client. The lineups might look like, "You talk a lot about your father, but since we're dealing with a family situation, I'd like you to say a few words about your mother" or "You told me what your relationship is like now, but in order to understand the conflict, I need to know what it was like before and how and why it began to deteriorate."

Another method of structuring the conversation is a brief comment on what the client says, summing up what was said on this or that occasion: "So, from your point of view, your former work colleagues play a big role in this conflict" or "Thus, you told me about your relationship with your son today." Such remarks of the consultant help the client to

evaluate his story, to check whether something important is missed that should be added.

4. Comprehension of what the client says is largely the inner work of the psychologist. It's a very stressful, complicated process. To remain silent, but at the same time to understand and analyze everything that the interlocutor says, is not possible for everyone. How often do you have to observe in everyday life a situation when someone "captures the scene" and begins to talk about himself. Most often, the interlocutor, not being able to speak, loses interest in the conversation, begins to "peck his nose", be distracted. The position of the consultant obliges to the exact opposite behavior. Ways to comprehend what the client says will be discussed in detail later. Here we will briefly dwell only on some technical points that can help the psychologist to be active and understanding throughout the conversation.

In order to fully participate in the dialogue with the client, the consultant should remember the names, titles, dates, various details mentioned by the client. In addition, direct "quoting" of what he said allows you to quickly reorient the client, to demonstrate to him the possibility of a different point of view. In order not to miss something important, the consultant can try to write something down during the conversation. Of course, this first of all requires obtaining the consent of the client, but usually it is quite easy. Problems may arise in another, because it is quite difficult to keep records and at the same time maintain contact with the interlocutor, and in a situation of choice, you should always resolve it in favor of contact. Do not write when the client cries, is very excited, talks about something intimate.

In order to better concentrate on the material, the consultant can repeat aloud or silently the last words of the client before the pause. Such repetition is a good way to stimulate the story and maintain contact, actively used in the school of C. Rogers.

The questioning process, based on the model used here, takes 25-to 30 minutes, but 15-to 20 minutes after the conversation begins, the counselor must already be quite well versed in the problems and situation of the client, be ready to move on to the second phase of questioning - the formulation and testing of consultative hypotheses. Here it is appropriate to dwell in more detail on what hypotheses are in psychological counseling. how they are formulated and verified.

Hypotheses in psychological counseling

Each hypothesis is an attempt by the consultant to understand the client's situation. At the same time, surveys of what is REALLY happening, what are the REAL difficulties of the client's relationship with others, are absolutely meaningless. Objectivity in human relations is a very relative thing. Each participant looks at what is happening from his point of view, relies on his life experience, his own needs, interests, etc. And the notorious third party, which is usually assigned the role of a judge, is also not impartial: everyone has his own views on life and principles, and even the one who, for the sake of truth, tries to get rid of them for a while, does not manage to get far from himself.

But if the consultant is not a judge and does not engage in an objective analysis of the situation, what is the psychological impact based on?

In the first Chapter, it was already mentioned that one of the most important tasks of psychological counseling is to show the client that his position is not constructive and in what way it is not constructive, to help him think through a more constructive position in his life situation, and then implement it in life. Hypotheses in psychological counseling are, in fact, options for more constructive positions in the situation, possible ways to reorient the client in his attitude to his problems.

The consultant's hypotheses are based on what the client tells about himself and his problems. But this is only the basis for their construction. An inexperienced or unprofessional consultant at each reception builds his hypotheses anew, having nothing in reserve. But for a professional who is well acquainted with various theoretical and practical developments in the field of counseling and psychotherapy, the client's story is a set of behavioral patterns interpreted from the point of view of one or another developed concept.

The conceptual vision of what the client is talking about greatly facilitates the work, allows you to better interpret the material, quickly find what can help in the current situation, operate with a large number of ideas in understanding what is happening. And the more ideas in the hypothesis arise from the consultant about certain statements of the client, the more professionally equipped he is, the easier it is for him to work. But a professional should be able not only to comprehend what the client says, but also to transmit, formulate his vision of the situation in such a way that the person who asked for help could understand and accept it. The hypothesis verbally expressed by the consultant is an interpretation.

Interpretation is the cornerstone of psychotherapy, a turning point in the counseling process. For the first time, S. Freud, who began to write about this, could hardly have imagined how many books and magazines in the future would be devoted to the impact of interpretation on the client. In textbooks and publications on counseling and psychotherapy, hypotheses and the possibilities of their verbal expression, that is, interpretations, are given special attention, various kinds of special trainings and discussions are widely practiced, allowing psychologists to learn how to put forward hypotheses and verbally formulate them, numerous studies are conducted aimed at clarifying when, what and how best to say to the client.

One of the important differences between psychological and medical reception is that in medicine, the diagnosis is made by one person - the doctor and communicates it to another - the patient, while the consultant chooses a more constructive position together with the client. The described process can be explained by the following metaphor: the hypotheses and interpretations of the consultant, and the view of the problem, which is eventually accepted by the client, differ as a semi-finished dress of standard size and a dress made of the same fabric and the same style, but specially sewn for this person. The hypothesis adopted by the client acquires a lot of significant and characteristic facts and experiences only for him, that is, it is maximally individualized.

Before giving an interpretation, trying to change the client's idea of what is happening, the consultant must first formulate for himself quite unambiguously what is happening in the client's life, that is, testing the hypotheses that have arisen in him, he must stop at one that is most suitable for this person in a particular situation. Testing the hypotheses that have arisen is the main content of the consultant's work at the next stage of the conversation.

The second phase of customer questioning

What means do the consultant have in order to test the hypotheses that have arisen? If in the first phase of questioning the consultant asked broad questions that provoke the client to a monologue, then in the second phase the nature of the questions changes fundamentally. The wording becomes more subtle, aimed at clarifying the ideas that have arisen in the consultant. These are essential questions: "How many times a week does he come back after twelve?", "When exactly did you first have the feeling that she was unhealthy?". The consultant should strive to ensure that the

client's answers are consistent with the nature of the questions asked, that is, they are accurate and specific. Wording like "often" or "long ago" doesn't work here. For some, it's often once a week, for some it's every day. The more accurate the client's response, the more objective it is, the more it can be considered not only in terms of how the client is used to perceiving his situation, but also from the point of view of the hypotheses and interpretations that the consultant has encountered.

The main and, perhaps, the most reliable approach for a consultant to work at the second stage of questioning is the analysis of specific situations from the client's life, clearly demonstrating his relationships with people, behavior in problem situations, and features of the selected interaction patterns. Working with specific situations is one of the most reliable ways for a consultant to test their hypotheses. It is widely known that the more a person talks about something, the more specific details in the story, the less imprint of subjectivity and one-sidedness and the more opportunities for the consultant to understand those aspects of reality that are not perceived or noticed by the narrator. Small details of the situation are more difficult to invent or distort, and they become a kind of filters through which unconscious or underestimated information passes. But what is it - a full, detailed story about a specific situation, what are the basic requirements for it?

The detailed story should reflect exactly when and in connection with what the described situation arose, where exactly it happened, who took part in it, what exactly the client and other actors said and did, what he thought and felt at the time when the events unfolded, what, from the client's point of view, other participants in the situation thought and felt at that time, how this situation ended, what consequences it had and what it had an impact on.

Let's imagine that the speech at the reception of a psychologist came about a family conflict, and the wife talks about it. In order for her story to be considered as a specific situation, the client must report on what each of the spouses did before the start of the quarrel, how the quarrel took place, when exactly the client felt that she had started and in connection with what, because of what, from her point of view, this feeling arose, what she said herself and what her husband answered to her, what caused the quarrel from his point of view (according to the client's assumption), how and in connection with what the quarrel was stopped, how events unfolded further, how long the relationship was tense, what are the consequences of this quarrel for their relationship.

Only after hearing such a complete story, the consultant can confirm or refute the hypothesis, for example, that the wife herself is the first to provoke conflicts, in order to use them then as a means of pressure on the husband, posing as a victim. The independent story of clients is never so complete as to immediately satisfy the psychologist, and usually a description of the situation is followed by a detailed questioning.

Not always the client easily answers the questions asked by the psychologist. Often you have to spend quite a lot of effort to ensure that the answers are detailed and describe real feelings and experiences, and would not be reasoning on the topic. If at the first stage of questioning the position of the psychologist can be characterized as passive, then here it becomes, if possible, active, the consultant offers alternatives, asks detailed questions, stimulating, if possible, the memory of the client. It happens that the client believes that he has completely forgotten some moments. In such a situation, the psychologist should encourage him: "Remember at least something", "It does not matter if it somewhat does not correspond to what really happened, but you can, knowing your life, imagine as fully as possible how it could be."

Another common difficulty for the client in such a story is describing their own experiences and the feelings of other people. It is the feelings and experiences that should primarily interest the consultant, since they usually reflect reality more deeply, talk more about the poorly realized, often hidden for the client himself desires and conflicts underlying his problems. Most people do not listen to themselves much, do not know how to analyze their experiences. What a consultant can do to analyze the client's feelings and experiences in more detail will be discussed in more detail in the next Chapter, here I would like to emphasize that the psychologist should be persistent, helping the client in every possible way. For example, to offer various alternatives, to encourage: "So you were angry or frightened when you heard this?", "Try to describe your feelings. After all, even if you did not pay much attention to it, you simply could not feel anything at that moment. In a person's life, there are always not only thoughts, but also feelings."

Especially often you have to hear from clients: "I find it difficult to answer" when it comes to the experiences and condition of others. In this situation, the client can be assured that the consultant has enough assumptions. And this is true, since the features of the experiences and behavior of other people are necessary for a psychologist primarily in order to understand how they are perceived and evaluated by the client.

In order for the consultant's hypothesis to be confirmed or refuted, it is not enough to discuss one particular situation; at least two or three such examples are needed. And only if the same pattern of behavior and experience can be traced in all the situations under discussion, the hypothesis of the consultant can be considered confirmed or refuted.

Are there any guidelines for selecting the situations that a client should be questioned about? After all, each story requires time and hard work, therefore, the choice of it obviously should not be accidental.

1. The selected situations should be closely related to the content of the client's main complaints, to those moments of interpersonal relations that are difficult, problematic.
2. The situations discussed should be typical, often found in the client's life, so that they can be used to judge the features of the relationship as a whole.
3. It is desirable that these situations are sufficiently detailed, describing the holistic patterns of interaction, that is, negative, positive and neutral characteristics of the relationship.

Thus, a mother's complaint that her daughter does not care about the order in the apartment and usually throws her belongings everywhere cannot serve as an example of a specific situation. As such, a mother-daughter conversation can be chosen here, which begins from the moment when the mother, when she comes home, finds books and clothes scattered, begins to get angry at her daughter, feels resentment and, approaching her, says: "Everything is the same again." A skillful professional can easily turn this situation further, finding out what exactly she was offended by her daughter for, what she answered and thought, etc.

Most often, it happens that after two or three such specific situations are discussed, the consultant can confidently say which of the hypotheses turned out to be the most suitable, what kind of behavior of the client leads to the fact that problems arise in his life, how can he be helped to relate to what is happening differently and behave accordingly. This means that you can move on to the next phase of the consultative conversation – to the provision of psycho-correctional influence, to the interpretation of what is happening.

Psychological correctional influence

Many of the difficulties of novice consultants are associated with this stage of the conversation. Sometimes a young specialist already has a

fairly good idea of what and how the client does, creating his problems, but he does not know how to show him this. This stage can indeed be considered the most difficult, since the impact exerted should not and cannot take the form of mere advice or recommendation.

What exactly is the psycho-correctional effect, what is associated with its effectiveness, can be described for a very long time. Different schools of psychotherapy and their authors emphasize the importance of various factors in the provision of psychological correctional effects; the leading role in this is given to catharsis, and a change in personal structures, and the acquisition of meaning, etc. But in the end, the effect of psycho-correctional influence is a mystery that is impossible to understand to the end (and, perhaps, is not worth it).

What are the possibilities of providing psycho-correctional influence, are there any technical techniques, the use of which in a dialogue can contribute to solving this problem? Perhaps the easiest way to exert influence, which is effective when the conversation is well organized and logically built by the consultant and it fully uses the possibilities of analyzing specific situations, is to emphasize the contradictions in the client's story, reformulating and restructuring the reality around him with comments like: "At the beginning of our conversation, you complained that your husband often conflicts with you, but you have just described several situations in which you yourself initiated conflicts, and your husband not only did not try to accuse you of something, but, on the contrary, looked for ways to reconcile. Since not only the consultant, but also the client is actively working during the reception, rethinking his life in a new way, even such a small push may be enough for the client to see what is happening in a different way. With such a statement, without trying to discover any new "depths of truth", the consultant nevertheless offers a different, unusual for the client vision of his life situation. The wife turns from a victim into a persecutor, and the husband no longer looks insidious and ruthless, as the client imagined him at the beginning of the reception. This example also clearly shows how the consultant's hypothesis about the real alignment of forces in the family turns into an interpretation offered to the client.

Even if the client's response does indicate a new vision of the situation, this does not mean that the psychologist's work is over. Usually this is just a sketch, the first step, and in order for the changes to acquire a stable outline, further work of a specialist is necessary. The task of the consultant at this stage is to once again carefully analyze the features of

the client's behavior underlying the problems, without missing the fundamental question: what exactly the client seeks to achieve with his behavior, what his needs are satisfied by the conflict. Any inadequate neurotic behavior is always beneficial to the client at some level, since in one way or another it satisfies those unconscious needs that for some reason cannot be satisfied in any other way. The profitability of the symptom is one of the fundamental principles of modern psychotherapy, many books and manuals have been written about this, this provision is discussed in detail from the point of view of various theoretical directions and orientations. We will not dwell on this here, because in this book the more important for us are not theoretical, but technical aspects of consulting. For those who do not understand this axiom of psychotherapy well enough, we recommend that you familiarize yourself with the existing literature.

The tasks of psycho-correctional influence can be considered realized only in the case when not only in the mind of the consultant, but also in the mind of the client, a kind of chain of events is built. The feeling or experience of the client, long-existing or periodically arising in connection with the logic of the development of the relationship, pushing him to achieve his goals and needs (love, power, understanding, etc.) are inadequate means chosen to realize these goals, leading to difficulties in the relationship: a negative reaction of the partner, often exacerbating the client's problems.

Usually, at the stage of psycho-correctional influence, the client is quite well aware of how his behavior and ways of responding contribute to the destabilization of relationships. But whether there are positive behaviors in such situations and what they are, it can be difficult for him to decide on his own. A consultant can be of great help in this, but, of course, without offering specific advice and recommendations. Only the person himself can understand and evaluate what will really work. The role of the psychologist in solving this problem is primarily to help the client formulate possible alternatives to behavior, and then, critically evaluating them, choose the most suitable option.

In different psychotherapeutic schools and approaches, ideas about what and how a professional should do in order for the client's situation to really change. So, for example, in systemic family therapy, clients will be given detailed instructions on what and how they need to do, in psychoanalysis, on the contrary, the psychotherapist will never start talking about the fact that the patient's behavior should change. until the

patient himself begins to talk about the changes already taking place in his life. However, such variability is the lot of psychotherapy, short-term counseling in this regard is more unambiguous: the client should be helped to somehow change his situation, but at the same time you should not strive for any significant results and should rely primarily on how ready the client himself is for changes.

You can start discussing the possibilities of other behaviors and responses with questions like: "Do you think it would be possible to behave differently in this situation?" or "But if you just express your claims, it will look almost the same as you behave now?" and then, carefully analyzing them, choose what is most suitable for this person in his situation. The more specific, developed the client's positive response option, the greater the chances that he will really change his behavior and attitude to the situation.

Unfortunately, such a thorough study of positive behaviors does not happen so often. To do this, either there is not enough time at the reception, or in itself the possibility of a different attitude to the situation for the client is so new and unusual that it requires a long reflection and getting used to it. In this case, you should not insist on the immediate study of positive behavioral patterns. This topic can be proposed as material for the next meeting, the desirability of which in this case should be specifically mentioned. Of course, often, for various reasons, a person has to think about it himself and decide how to proceed. But even releasing him for such independent reflection, the consultant should emphasize that real changes are necessary, understanding yourself and the situation without manifesting it externally may not lead to the desired changes in relationships.

The process of exposure does not always go smoothly. Sometimes in order for a person who came to the consultation to at least somewhat change his attitude to his own life situation, additional funds are needed, a more active and persistent position of the psychologist. One of these techniques is an attempt to expand the perception of the situation by the client, who is asked to look at what is happening from the position of other participants in the situation and evaluate their own behavior through their eyes: "You daily try to get help from your husband, reminding him of his family responsibilities. How do you think he feels about these attempts of yours, how does he perceive and evaluate what you are doing?"

It happens that it is difficult for a client to imagine the position of another person, his own behavior seems to him so unambiguous that the

reactions and actions of another are perceived as strange and inexplicable, and the need for his own changes seems not obvious. Then, having a psycho-correctional effect, the psychologist can take an even more active position. So, the counselor may ask: "What do you think if you were reminded of this so often and in completely inappropriate situations for you, how would you feel about it, what would be your reaction?" Or even more harshly (but then what the consultant says should be obvious): "You probably know that adolescents are very vulnerable, it is very important for them to feel independent. What you do to your son obviously limits him, reminds him once again that he depends on you, and therefore can hardly contribute to the establishment of your relationship with him. "

Usually, such statements by a consultant do not cause a sharp rebuff, but rather encounter a defensive reaction such as: "Well, how else can you behave with him?" The psychologist's answer to this question largely depends on the problems of the client and his life situation, but the main thing is that the consultant is not afraid of expressions of doubt and disagreement on the part of the interlocutor. Most often, starting from them, you can most successfully demonstrate to the client what exactly he is doing and how he does what leads to difficulties in his life.

We will return to such a subtle matter as psycho-correctional influence in the next Chapter, talking about some specific methods of counseling, as well as in subsequent chapters, discussing various cases of clients seeking psychological help. Concluding this section, we emphasize once again that the psycho-correctional impact is, first of all, an attempt to change the client's attitude to himself, to his own behavior, and only as a consequence of this change there is a relief of the life situation, the solution of the problems that have arisen.

End a conversation

It would seem that after the psycho-correctional impact is carried out, the conversation can end. Formally, this is undoubtedly true, but as in the novel there is an epilogue, and in the conversation another stage is necessary, during which the psychologist must carry out a number of activities, without the implementation of which the effectiveness of even the most successful impact can be significantly reduced. These include the following:

- 1) summing up the results of the conversation (a brief summary of everything that happened during the reception);

- 2) discussion of issues related to the further relationship of the client with the consultant or other necessary specialists;
- 3) farewell of the consultant with the client.

Let us dwell on each of these points sequentially.

1. In counseling, it is important that the psychologist and the client not only come to some joint conclusion or decision, but also how this conclusion or point of view was reached during the conversation, that is, on what specific facts from the client's life it is based. Forgetting, the client's misunderstanding of this most important point is one of the main mechanisms of resistance to psychological influence, when a seemingly wonderful idea or a way to change the relationship suddenly begins to be perceived by the client as an unreasonable, incomprehensible decision that arose from where. It also happens that the client himself, after visiting a psychologist, has a desire to discuss with someone what is happening, to share new ideas and experiences, and then it turns out that instead of a detailed and logical story, a person who was actively working during the reception can hardly remember what the conversation was about.

Such problems can be easily avoided if, at the end of the conversation, the consultant sums it up, summarizes what and why was discussed during the reception, and builds the basic logic of the session. The retelling of the content of the conversation should be really very short: the client will not remember it and will only get confused if it is longer than three or four sentences, It is important that everything that the consultant named is really discussed during the reception and exactly those words that are used to summarize, otherwise at the end of the reception there may suddenly be an unexpected dispute with the client about the terms. Such a brief retelling of the content of the conversation may sound, for example, as follows: "Our conversation today was devoted to your relationship with your daughter. We talked about the fact that your conflicts with her are mainly related to the fact that she feels like you are constantly teaching her, you want to express your concern for her, help her with advice. In the course of our conversation, we came to the conclusion that if you could express your feelings in a different way, tell her about your anxieties and experiences, your relationship with her would probably change for the better. Well, it's up to you!"

If the client has questions, some unexpressed ideas and considerations, then a brief summary of the conversation will help him formulate them, so it is advisable to give the client the opportunity to

respond to the end of the conversation, withstanding at least some pause after the result is summed up.

2. The vast majority of clients seeking psychological help for the first time are focused on a one-time reception (this phenomenon is typical not only for our country, but is common almost everywhere (Gaunt S.T., 1985). Of course, in reality, very little can be done in one consultative hour, but, in any case, you can try to instill in a person a taste for thinking about himself and the people around him, the belief that working with a professional can really help in solving personal problems. Unless there is any particular reason, the counselor should not insist on subsequent meetings, it is enough that the client knows that the possibility of seeking help exists, and even if serious problems do not arise, there will always be something to talk about with a psychologist. An invitation to apply if necessary looks more weighty if the consultant tells the client his regular days and hours of reception (or some other necessary coordinates) and makes it clear that some step in the development of the relationship has already been made. It is good if this statement can be confirmed by something practical. For example, by promising that applicants are re- recorded out of turn (for a different fee, in another place, etc.).

Thus, the final remark of the psychologist can be as follows: "I believe that we did a good job today. If you would like to discuss this or any other situation with me again, I will be happy -to meet with you again. I usually receive you here on Tuesdays and Thursdays in the afternoon. You will be recorded out of turn if you say that you have already been to my appointment. "

Often during the reception it turns out that there is a need for a room to receive the help of specialists of another profile, either from the client himself or from someone close to him. The circle of specialists, the need for which most often arises after admission to a psychological consultation, is small - mainly psychiatrists and lawyers. Since the consultant has to be recommended to contact them quite regularly, it is better if he not only advises the client who else to go to, but also names the address and time of the appointment. The ideal option is when a psychologist works with such specialists in cooperation, has a regular opportunity to seek help and advice, leads common clients. But even if this is not the case, information about where, who, when conducts the reception, will not only decorate the conversation, but also increase the likelihood that the client will actually contact the specified address (quite a lot of people experience difficulties at the stage of finding out where and

what is located, especially in our country, where obtaining a trifling certificate often becomes a real matter).

One of the most successful options for completing the first conversation is to decide that the client's contacts with the consultant will continue and they will meet one or more moretimes. Studies show that in order to increase the likelihood of a client coming back and successfully working with him, the consultant must at the end of the first meeting be quite clear about what tasks will be solved during subsequent meetings and how many specific meetings may be needed for this (Gaunt S.T., 1985). In the future, this agreement may change, but it is better if the client has a good idea of what exactly awaits him. This will help him work more effectively and purposefully, more constructively build relationships with a psychologist, without fear of becoming dependent on him. It is not necessary to postpone in a long box and the decision of when exactly the next meeting will take place, you should not call additionally about this, etc., because after a break or in anticipation of an additional agreement, the desire to come may fade. It is better if the day and hour of the next meeting is immediately named, convenient for both the consultant and the client. The effectiveness of meetings can be greatly improved if their time is constant, as well as the place.

In the case of an agreement on a second meeting, it is useful to exchange phones with the client. Life is replete with accidents - someone will get sick, go on an urgent business trip, etc. The ability to warn the partner about this in advance and not to put before the fact of absence from the reception is useful to both.

It is necessary to say separately about the cases when the client is ready and wants to work further, but the consultant for some reason cannot "take" him - he goes somewhere for a long time, is too busy, etc. In this case, you should not postpone working with a person, especially since the need to help may be urgent. A psychologist should always work in collaboration with colleagues, feeling the elbow of a neighbor. The ability to transfer a client, to recommend someone else to him is evidence of the involvement of a specialist in the professional community, and this is usually perceived as quite normal. It is only necessary to explain what exactly caused such a step, and to ensure that the client reaches the specialist intended for him. Naturally, the colleague should be warned about the arrival and have at least minimal information about the appointment that has already taken place, so that the person seeking

psychological help does not have a feeling that time was wasted at the first meeting.

A planned meeting is often a good excuse for a client to start working more actively on themselves, reflecting on themselves and others. Homework offered to the client by the consultant at the end of the meeting can help him in this. Usually, as homework, something is chosen that has already been discussed during the conversation and which, in the opinion of both interlocutors, it would be useful to correct, change or better understand as a result of observation or training. Homework can be done in writing, either as one-time entries or as a diary, but it is often enough to simply ask the client to think about something or do something. The very fact that after receiving homework the client feels included in the counseling process, an active and full participant in it, significantly increases the effectiveness of the consultant's work, contributes to the deepening and strengthening of interpersonal contact. We will return to the problem of homework in the following Chapters, but for now it should be noted that, even if the homework has already been formulated during the conversation, it should be repeated again at the end of the reception, not only so that the client does not forget about it, but also so that he has the opportunity to discuss it again with the psychologist, in what form and how it should be implemented, expressed possible objections or ideas.

3. Saying goodbye to a client is in many ways a ritual act, but it should not look formal, and a person should not have the feeling that as soon as he walks out the door, his image will completely disappear from the mind of the consultant. The client should be escorted at least to the door, if possible, say a few kind words goodbye. The use of the client's name will be discussed in more detail later, here we emphasize that addressing by name when saying goodbye strengthens the feeling that the work with a psychologist was successful, that the relationship that arose at the reception is not just a formality. A situation should be avoided when another door bursts into the door open to the departing client. Such a flow can alienate those who care about a personal trusting relationship with a professional.

It may happen that the reception was not very successful: the client is dissatisfied, expresses claims. Do not be afraid to discuss this with him, to formulate once again what, from the point of view of a psychologist, dissatisfaction is associated with, to recommend something to him, even if at this stage for the client it sounds unrealistic or impossible. But it is especially important that in this case the psychologist remains a

professional until the end - he was ready to recognize the possible limitations of his competence, did not enter into unnecessary disputes and bickering and politely and adequately managed to complete the conversation. It happens that a person dissatisfied with the reception some time later comes to another conclusion, begins to remember his visit to the consultation with gratitude.

So, we have completed the analysis of the consultation hour, the features of the conversation and the behavior of the consultant with the client during the reception. Obviously, in order to truly learn how to conduct a reception, this knowledge is far from enough. Only those who have gone through the school of work under the guidance of more experienced colleagues – teachers and supervisors – can work truly in this area. In the process of counseling, unexpected, unforeseen situations inevitably arise, which can be solved only by relying on the advice of more experienced colleagues.

Questions for self-control, reflection and discussion

- 1) 1. How do you think there are differences between therapeutic conversation and everyday private conversation?
- 2) 2. What is the structure of the eclectic counseling model?
4. What factors indicate the conditional nature of the structuring of the counseling process?
5. Identify general rules and attitudes that affect the effectiveness of the counseling process.
6. What are the differences in structuring the process of counseling focused on the problem, personality and solution?
7. Disclose the content of the "consultant-client" relationship in the advisory process.
8. Why is it important to mutually understand the stated problem?
9. How is the analysis of the client's problem in counseling?
10. How can you characterize insight in counseling?
11. What should be the duration of consultative meetings? The interval between conversations?
12. What is the name of the general social personality, which is guided by the consultant in the psychotherapeutic process?

Topic 4 Conversation process technology

To a person far from psychological counseling, it may seem that there is nothing special in the way the consultant talks with his client: one of the interlocutors simply tells the other what he cares about. No matter how paradoxical at first glance the statement that the less a person who seeks psychological help perceives the role of a consultant as a leader, the better, it is undoubtedly true. In such a situation, the client is more active, more easily accepts and discusses the comments and interpretations offered to him, more constructively approaches the problem of the need to change his behavior and attitudes.

It is possible to professionally master the skill of conducting an advisory dialogue only in practice, working together with a trainer or supervisor who would comment on inaccuracies, point out and correct errors in the work. It is for this purpose that modern means of audio and video recording are widely used in the process of training consultants, which make it possible to more carefully record each step in the development of a consultative conversation. Nevertheless, below we will formulate some basic principles of organizing a dialogue with the client, comment on the possibilities of using some techniques of work in counseling, the knowledge and understanding of which can greatly help novice consultants.

Limiting counselor's speech in dialogue

During the reception, it is mainly the client who speaks; remarks, remarks, interpretations of the consultant should be as brief and rare as possible. In order to successfully follow this principle, it is necessary to have a good idea of why this, in fact, is necessary.

First of all, the time of the conversation is limited so that it is used as efficiently as possible, the consultant learns and understands as much as possible about the client, and he, in turn, has experienced and realized as much as possible during the reception, for which he should be given as much active time as possible - time to speak.

There are other grounds for this behavior of the consultant. One of the simplest and most ancient methods of psychotherapy is that the client is reprimanded. Due to the fact that the interlocutor listens attentively and empathically, thus creating an atmosphere of complete trust, the narrator has a feeling of relief, release from tension and anxiety. This technique is

often unconsciously used among loved ones, when someone who is in trouble and suffering is told: "Cry, speak out - it will be easier."

Relief of the condition, discharge after a strong emotional experience was known in ancient Greece. Aristotle gave this the name "catharsis", that is, purification - from the Greek "katharsis". In classical psychoanalysis, it was believed that the achievement of catharsis is the most important mechanism for curing the patient (Concise Psychological Dictionary, 1985). To speak out, to be listened to is one of the urgent needs of many people who seek psychological help. Often, due to the peculiarities of their own situation or character, they do not have an unbiased and attentive interlocutor, in the role of which the consultant acts during the reception. Therefore, a situation where a person is simply listened to attentively and respectfully can have a healing effect, helping to become more confident and calm.

When a person talks to another, talks about himself, he does not just speak out, cry out his pain. Telling someone else is a lot of inner work. It would seem that each client has thought and analyzed his situation many times before seeking psychological help. But telling another and thinking to yourself are two different realities. The appearance of another makes a person be more critical, more logically comprehend various facts, dwell on the details in more detail. A story focused on the interlocutor is more meaningful, complete. A lot has been written in psychology about the peculiarities of the dialogue in comparison with the monologue (Harash A.U., 1977; 1983; Vygotsky L.S., 1982, etc.), for us it is important first of all that the presence of the consultant deepens the client's understanding of his own problems, contributes to making the necessary decisions, thus being an important component of the psychological impact.

Sometimes the circumstances that led a person to a psychologist are associated with negative, difficult experiences and actions that are embarrassing and unpleasant to tell others about. In this case, the taciturnity and brevity of the consultant allow the client to pay less attention to the fact that the interlocutor is next to him, to care less about how he relates to the story and how socially desirable the story itself is. In addition, talking a lot about himself, a person finds himself as if in his own reality, in which it is easier to remember the details and connect events, resistance is less manifested. However, no matter how silent the consultant is, he almost always runs the risk of saying something superfluous that may be misperceived by the client. Thus, the psychologist's agreement with something, expressed by the word "of course", can become a reason

for a suspicious client to believe, that other behaviors in a given situation deserve to be treated negatively; a remark like "Why do you say this about yourself?" can be understood as an expression of extreme condemnation, etc.

It happens that such a false idea of the position of the consultant, which arose in the client during the conversation, leaves a serious imprint on it. The person who asked for help feels misunderstood, not found support. Such experiences can be the basis for confrontation; the client may suddenly remember at the end of the conversation: "You said that ... but it seems to me that you are still wrong." Figuring out exactly what exactly and who said or wanted to say is a hopeless activity, which can also take a lot of time. Therefore, if the psychologist does not know what exactly or how to ask or say, it is better to keep silent or try to speak as simply and concisely as possible.

Of course, silence is not a panacea for mistakes, besides, without opening your mouth, it is impossible to influence the client, to lead him to change his position and attitude with others. What do such features of the psychologist's speech as brevity and taciturnity look like in practice? First of all, if the client himself speaks on the case, you should try not to interrupt him with anything as much as possible, to treat with understanding and respect those pauses and stops that occur in the story. Pauses that do not exceed 1-to 2 minutes (and this is perceived in a conversation as a very long period of time) are quite natural and mean that a person works, actively comprehends his life. But when it is still the turn to tell the consultant how best to do this? Let's dwell on some basic principles that need to be followed.

Approximation of the consultant's spoken language to the client's language

The speech of the consultant should not be perceived as something alien and incomprehensible; it should be built into the client's story as much as possible, that is, what the consultant says should be close to the peculiarities of the client's speech.

The first step towards implementing this requirement is to free the professional's speech from words and expressions that may be misunderstood or interpreted by the interlocutor during the reception. The complexity of the consultant's speech often leads to the fact that the client closes, emotionally distances himself, ceases to understand and be

interested in what is happening. Oddly enough, but the requirement to speak simply and clearly, without using any special terms, causes difficulties for professional psychologists. In the language of psychologists, there are a number of words that are terms, which, nevertheless, are used in the circle of colleagues so often that their terminological roots are lost and they become part of colloquial, everyday speech. Suffice it to cite as an example word such as adequate and pattern, which are used literally at every step, but at the same time remain incomprehensible and frightening to the uninitiated.

The next step in bringing the consultant's language closer to the client's is to maximize the consultant's use of the words and expressions contained in the client's speech. Even if from the point of view of common sense, they are not entirely accurate and successful, the consultant should stick to the client's vocabulary in order to achieve a better understanding and avoid possible resistance of the client.

Brevity and accuracy of the consultant's statement

This requirement means not just that a professional during the reception should not talk about something irrelevant. Even the questions and comments necessary in the course of work should be adjusted as much as possible to what the client says. So, the consultant should not speak too floridly, beautifully or, conversely, too rudely; he should also be careful about the use of metaphors and similes. Let's formulate a few general recommendations that can help the psychologist conduct a dialogue:

1. Do not indulge in excessive explanations of why and how this question is asked or discussed during the conversation. If contact is established with the client, many things are perceived literally with a half-word. For example, the following appeal will be clearly unsuccessful: "At the beginning of the conversation, you said that your wife, from your point of view, spends too much time visiting various cosmetic bags and masseuses and discussing her appearance with friends. Can you say that you don't like this trait in her behavior?"

A long introduction explaining what the client was saying and for what reason is absolutely unnecessary here. It would be enough to ask: "Do you not like that your wife pays so much time and attention to how she looks?" The desire of the consultant to clarify provokes similar trends in the client, and as a result, these mutual clarifications begin to act as resistance to further deepening the dialogue.

2. One of the most convenient types of questions in a consultative dialogue is brief questions in which, if possible, words are omitted that can somehow be understood from the general context of the conversation. Such a reduction in questions and statements leads to the fact that the ratio of speaking time increases in favor of the client. Brief questions are more easily integrated into the dialogue and eventually begin to be perceived by the person who came to the consultation as their own inner speech. In the example used in the previous paragraph, it would be enough for the consultant to ask: "Do you not like this?" A question asked in this form should sound exactly in context, so that this instruction has the meaning that the consultant puts into it.

3. Most often, the purpose of the psychologist's questions and comments is to collect additional information. But he's not a detective and he-doesn't seek to discover a particular detail or figure, but to learn as much as possible about the client and the people around him. The consultant's statements are exploratory steps to clarify the big picture that he needs to present well. The more projective, narrative and spontaneous the client's answers are, the better. What rules can be followed. formulating the question that provokes such answers?

In the simplest form, such a question can consist of only two parts: the first will serve as an indication of some event or action that requires clarification, and the second will simply be an interrogative word. For example, "You met her... so what?", "He doesn't know that... But why?" etc. Such formulations do not contain anything superfluous, are as specific and clear as possible, and therefore can easily be understood by the client. At the same time, the stating part of such a question is ideal, since it is a quote, an exact repetition of what was said by the client, and the consultant simply adds an interrogative word to the wording already voiced in the conversation.

In the consultative dialogue, even shorter remarks of the psychologist are possible, which also successfully achieve their goal. In such formulations, only the question part remains of the statement: "So what?", "Why?". In the context of the conversation, such formulations must necessarily be heard on time. Then the fact that the consultant asked this question may remain unnoticed by the client at all, he may have the feeling that everything that he talks about himself arises quite spontaneously, and, consequently, it will be easier for him to speak, and the story will be franker and more detailed.

Often, novice consultants want to decorate and diversify their speech as much as possible, wording such as "so what?" seems boring and monotonous, suggests that the client will react negatively to the monotonous repetition of the same question. But this should not be feared; most often, such doubts are associated with the fact that the psychologist does not know how to ask such questions, poorly owns the tone and intonations of his own voice, due to which the use of the same statements in the dialogue sounds different, saturated and bright.

Analysis of emotional experiences

We have already found out that the consultant should speak as briefly as possible, emphasizing and clarifying what is really important and is of interest from a psychological point of view. But on the basis of what does the consultant decide what is important and what is not?

Answering this question, it is impossible not to recall the importance of theoretical research for psychological counseling. Each of the psychotherapeutic approaches structures reality in its own way, understands differently what is happening or may happen to the client. Thus, the transactional analyst is primarily guided by the scenarios that a person unconsciously loses in his life, the supporter of humanistic psychology is more inclined to discuss the problems of meaning and understanding of others, a psychoanalyst, a systemic family therapist will try to build his realities, etc. Each of them is right in his own way, since reality is multifaceted and equally multifaceted and multifaceted and multifaceted customer problems. But the realization of the fact of theoretical "abundance" is unlikely to serve as a reliable support for a novice consultant, rather he will be stumped by the understanding that there are many legitimate interpretations, and he-needs to choose and beautifully formulate one thing for the client in some 50 to 60 minutes of conversation.

We will talk about the simplest algorithms for dealing with various customer problems in more detail in the following Chapters. In them, we will try to show what can be the most simple and constructive approaches to counseling people with certain types of complaints. But even a clear idea of where exactly it is worth moving in working with a client, with what and how his problems may be connected, does not give an answer to the question of how to go beyond rationalization, beyond what a person

has long known about himself and others, and to step somewhat deeper, closer to his innermost and often unconscious desires and aspirations.

In what the client tells about himself and about others, you can conditionally distinguish two plans. The first is the excuses, the explanations, the logically constructed details of the story. Regardless of whether the client strives for it or not, the content of this plan is aimed at proving and illustrating the thoughts and assessments that have repeatedly come to the client's mind about himself and the people around him. Usually, such reasoning contains a significant element of social desirability, the desire to maintain one's authority and prestige in the eyes of the consultant, they change depending on the mood of the client, relationships with significant people, the personality of the interlocutor, etc.

From the point of view of the tasks of counseling, understanding and analyzing the deeper motives of human behavior, the second plan is of much greater interest - emotions, feelings, experiences associated with the situation and relationships. It is possible to explain why certain words were said at a certain moment in different ways, but the feelings experienced at the same time will remain unchanged, generated by certain factors, even if for the person himself their reasons remained incomprehensible or unnoticed. And to help the client understand what is really happening to him, learn to react differently and control himself, it is necessary to turn to the plan of emotional experiences.

Whatever the client is talking about, the counselor should try to learn as much as possible about what they experienced and felt at the appropriate points in time by asking special questions. At their core, these questions can be very simple: "What did you feel when...?", "And how do you really feel about ...?". It is not easy to understand and analyze your experiences. Often people find it difficult to answer such questions, referring to their forgetfulness, inability to understand themselves, etc. And these are not just excuses. Many really need the help of a professional in order to answer such questions, since such clients do not have the habit of analyzing themselves, there is no adequate idea of what feelings are and what their role is in determining the actions and attitudes of a person. And it is not so easy for a consultant to work at the level of feelings. There are many special techniques, the use of which in the process of conversation can help him cope with this task. Let's discuss some of them in more detail.

Alternative wording

Often it is difficult for the client to imagine what can be felt in a particular situation. The easiest way to help him is to offer alternative formulations of the answer. There should not be many alternatives offered to the client to answer a particular question - two or three are enough, and, in fact, it does not even matter how they sound. The purpose of formulating alternatives is not to search for the right answer, but to stimulate it, to demonstrate some patterns, starting from which, it is easier to describe your own feelings.

The ability to formulate alternatives is an important professional skill. They should literally bounce off the teeth at the right time. This skill largely depends on the theoretical knowledge of the counselor in psychotherapy and counseling, since each orientation offers its own options for the deep determination of the causes of human behavior, based on feelings and experiences.

As an example of such a fairly convenient and simple scheme, with the help of which it is possible to easily formulate alternatives to answers offered to the client literally for any situation, we will give the determination of the causes of human behavior, proposed in her works by K. . From her point of view, any behavioral pattern can be attributed to one of three conditional groups: from people - avoidance of interpersonal relations and contacts; to people - orientation to interaction and interpersonal relations; against people - the desire to destroy contacts and interpersonal relations. How can I use this scheme?

As you can see, the three options for behavior and relationships proposed by K. exhaust almost all possible options. For example, a mother scolds a child for some misdemeanor. What can he do in response? To be offended, turn and run away from her is a position from people; to feel guilty, to caress her, to ask for forgiveness, to promise not to commit such offenses again - a position on people; finally, to get angry, to start arguing, to be rude, to accuse your mother of something - a position against people.

The child is direct, more often he behaves as he really feels. With an adult, it is more difficult, his behavior and feelings are often far from each other. Offering alternative explanations, the psychologist stimulates a person to think, to understand his own emotions. But are there any traces in the story of a person about his problems, signs of deeper emotional experiences, focusing on which it would be easier for a novice consultant

to understand what kind of experiences can we talk about? Let's dwell on this in more detail.

Accentuation of emotional experiences

Emotions are always present in the story, both more superficial, easily aware, and deeper, hidden from the narrator himself. Peculiar signs of emotions in speech are primarily adverbs and adjectives, verbs denoting the attitude to something, as well as the quality of the action. Let's explain this with examples. "I heard the call and slowly walked over to the phone." Emotionally, the most charged word here is "slowly." All other words describe the situation, they are specific and simple, it is difficult to see any double meaning behind them. But behind "slowly" is something more – the intensity of expectation, perhaps the fear of hearing unpleasant news or something else. Accentuating, clarifying this word, the consultant can reach the level of experiences absent in the story. It is enough to ask the client: "Slowly ... why?", Using the technique of brief questions, which has already been mentioned above.

To give another example: "When they fight among themselves, I am usually silent." Having heard such a statement, it is tempting to start asking the client about how such quarrels usually take place, who is to blame for them, etc. But such additional information often does not open the veil over the internal reality of the client, the key to which is hidden here behind the word "silence", behind which are the client's feelings about the ongoing quarrel and his attitude to the participants in the conflict. In order to understand this, the client can be asked: "Keep silent ... why?"

Accentuating emotionally charged words is just the first step to understanding experiences. Most often, the answer immediately following the question will not contain really deep and intimate emotions. It will only open the curtain, but in order to see at least the edge of the scene, you should move on. In the subsequent answer, it is also necessary to isolate the most significant words and try to get closer to the deep experiences behind them. This development of dialogue characterizes one of the most important features of the consultative conversation - its focus in depth, focus on understanding deeper, personally significant experiences.

Using interpretation

Interpretation is one of the basic techniques of psychotherapy (we have already talked about this a little in the previous Chapter), which requires detailed discussion. In various schools and areas of psychotherapy, certain material produced by the patient is interpreted; dreams and associations – in psychoanalysis, gestures and movements – in body-oriented therapy, family tree (scheme of family ties) – in systemic family therapy, etc. Of course, in each of the theoretical approaches, the ways of interpreting and seeing cause-and-effect relationships are also different. In order to master the art of interpretation, it is necessary to be closely acquainted with at least some theoretical areas of modern psychotherapy.

The importance of interpretation in the counseling process cannot be overstated. Figuratively speaking, the conversation can be represented as a path in a labyrinth, in which to achieve the goal it is necessary to move not only in the horizontal plane, but also to descend to an increasingly deeper level. Interpretations, on the other hand, are a leap into the depths, a way of translating dialogue from one level to another. In the previous Chapter, we already talked about the fact that the main content of psycho- correctional influence is interpretation, in one form or another giving the client the opportunity to see and understand his own behavior and the behavior of others in a different way.

But how and on the basis of what theory can a novice consultant give his interpretations? There are a number of attempts to empirically systematize various manifestations of human behavior and experiences. Many authors, as a result of a comprehensive analysis, came to the idea of a two-dimensional space of human manifestations, where one of the coordinates is the "axis of love", and the other is the "axis of power" Thus, most human aspirations, from this point of view, are in one way or other manifestations of the need to achieve maximum love or power. Such a view of the aspirations of man is far from complete; there is no place for existential-humanistic goals - the need for individualization, the search for meaning or attempts at self-actualization. But existential-humanistic problems rarely turn out to be a motive for seeking help in psychological counseling. Rather, they are a cover for other, less winning and more "vital" difficulties and conflicts. Usually, requests for psychological help to one degree or another are really connected with the client's attempts to achieve more power or love in interpersonal relationships than account for "his share".

Interpretation is a complex technique. In order to use it correctly, a number of additional points should be taken into account: 1) the client's willingness to accept the interpretation proposed by the consultant; 2) the adequacy of the given moment of the conversation for the formulation of the interpretation. Let us dwell on these points in a little more detail.

In order for the interpretation to be accepted, it must be in a certain sense obvious to the client, that is, directly follow from what was discussed in detail during the conversation. The proposed interpretation is built by the consultant on the basis of his own hypotheses and information confirming or refuting them. Everything the consultant says to the client is, in a sense, preparation for accepting the interpretation. Thus, in the above excerpt of the dialogue, you can clearly trace the gradual deepening of the understanding of the reasons for the behavior of the client, and then, after the appearance of the idea of fighting for one's own dignity, as a leap into depth, an interpretation appears that connects everything said before and highlights the content of the conversation in a new light. From this it follows that the psychologist should build a conversation with the client in such a way that a certain logic of what is happening is obvious. It is no coincidence that the most successful option for the development of an advisory dialogue is considered to be a situation where the interpretation, as a certain conclusion from the conversation, is formulated by the person who sought help himself. The consultant can only clarify and approve it.

The time of interpretation should not be random. If it is given too early, it is likely to be rejected or not understood by the client. Premature interpretation can serve as a basis for the client's resistance, updating mechanisms aimed at preventing changes in a person's life, preserving his conflicts and problems. The consultant may therefore find himself in a situation where the client avoids or rejects any attempt to talk about something that may lead to a deeper understanding of the causes of the problems. This may be expressed in a more biased attitude to the words of the psychologist, in the desire to insist on his own, in suspicions of bias, etc. However, too early an interpretation is really a reason for the client to think, that the consultant does not understand or feel it.

Late interpretation is dangerous because when the consultant waits too long for the right moment, overly diligently understands the events and facts, the client becomes bored talking about the same topic, there is a feeling of "boredom", the ordinariness of what is happening. In this case, there is no sense of insight, penetration, necessary for the interpretation to be better perceived, seem more accurate and important.

Untimely interpretation can also be in the case when the client does not follow what the psychologist says, is immersed in his thoughts or is gripped by strong feelings and memories. In a timely manner, this interpretation follows from the client's previous phrase, that is, it is directly related to what happens in the process of counseling "here and now". If some other topic has arisen in the dialogue, it is better to specifically return with one or two remarks to what the interpretation is connected with, and only then, when the interlocutor is ready to listen, offer it.

The interpretation should not be too long in form. It should be presented in the most understandable language, close to the language of the client, so that he immediately, without making special efforts, could "grasp" and understand it. Clarifications, clarifications that arise after the already proposed interpretation can contribute to strengthening the mechanisms of protection, and consequently, to reducing the effect of interpretation.

Contact a customer during a conversation

One of the most important conditions for the effective work of a psychologist is good contact with the client. The guarantee of such contact is professional possession not only of verbal technical means, but also of such important non-verbal parameters as tone, eye contact, pauses, etc.

Verbal contact

The means of maintaining verbal contact can be very conditionally divided into direct and indirect. The first group includes all those forms of appeal to the person who came to the reception, which are aimed at establishing a trusting and frank relationship with him - encouragement, praise, expression of support, etc. The need to use such forms of treatment arises in a variety of cases: at the beginning of the conversation to establish contact and relieve tension; in a situation where too important or sensitive issues are discussed; when the customer is upset or crying.

It happens that a person needs to feel no worse than others, to feel support and acceptance from the consultant, he needs the opportunity to perceive his problems not as something shameful and exceptional, but as a temporary failure that happens in the lives of other people. In such situations, the psychologist will need remarks such as: "Such problems

often arise in parents of adolescents" or "There is nothing surprising in the fact that it is so difficult for you and your husband to find a common language, married life is a real art" or "Do not worry, I think that this case can be corrected." An openly expressed praise can also help the counselor during the conversation, for example: "Not everyone would stand this" or "You are really well versed in people if you understand so subtly why she does this." Such statements often have an independent therapeutic effect, contributing to the formation of a positive self-concept in the client.

One of the most important indirect verbal means aimed at maintaining contact is the use of the client's name. The very mention of a person's name usually works to make contact with them and contribute to the client's feeling that the consultant is focused on him, listens to him with respect and understanding. In the most difficult moments of the reception, when the client needs to be stopped or interrupted, help formulate a difficult thought, etc., addressing by name provides a careful attitude to the words of the consultant, a more trusting and frank level of conversation.

The most traditional form of verbal contact in a conversation is the expression of consent and approval expressed by the counselor at the time when he listens carefully to the client. It is not so important in what form and at what moment the approval will sound, but the very fact that the psychologist is not silent, but nods, encourages, agrees: "Yes", "Of course", "Ugu", contribute to the emergence of a feeling in the interlocutor that he is carefully listened to and understood. The consultant should not neglect these means, even if he wants to maintain the neutrality of his own position as much as possible and not to formulate premature judgments. The consent expressed during the client's monologue does not exclude the fact that the consultant may have his own opinion or attitude to the story.

Non-verbal contact

Much has been written about nonverbal contact and its importance both in the process of psychotherapy and in ensuring the effectiveness of interpersonal communication. This is due not only to the fact that the same word, said in different ways, leads to a different effect. Nonverbal reactions are less under the conscious control of a person than verbal ones. Here, a novice consultant can easily make a mistake, not "keep track" of himself, and then an involuntary grimace of irritation or fatigue, perceived by the client at his own expense, can adversely affect the further course of the conversation. It is no coincidence that there are special forms of

training psychotherapists with the help of video recording, aimed at mastering and controlling their own facial expression.

There are several areas of nonverbal contact that the counselor should pay special attention to during the conversation.

1. EYE CONTACT. In everyday life, people rarely look into each other's eyes, rather even avoid it as an unsolicited interference with privacy. The consultant should also not impose a glance in the eyes of the client, although it is sometimes important for the client to look into the eyes of a psychologist in order to check how carefully he is listened to, whether he is laughing, whether they are not judging.

Nevertheless, the consultant during the conversation should look at the client, and not to the side, because otherwise the interlocutor may have a feeling that he is not listening well and inattentively. The optimal spatial arrangement during the conversation - the consultant and the client sit at an angle, slightly obliquely - perfectly contributes to the fact that they are in the field of view of each other, but the client has the opportunity to look away without specifically looking away and without imposing himself on the interlocutor.

2. FACIAL EXPRESSION. A professional should watch his facial expression. It is best if you can read friendly attention on your face. But those who are just starting to work should specifically observe themselves in front of the mirror, choose the expression that best suits the situation of counseling, feel it on your face.

It happens that in the process of conversation, the psychologist feels confused, does not know what to do next, what to say. This is especially common in situations where the client cries, is gripped by some strong emotion, or is arguing aggressively with the counselor. Regardless of the situation, the facial expression and voice should not betray confusion and confusion. The expression of calm and confidence on the face of a professional in itself has a psychotherapeutic effect, contributing to the feeling that everything is normal, nothing terrible or out of the ordinary is happening, all this can be dealt with.

Body posture

Naturally, the counselor's posture should not be tense or closed. A feeling of tension may arise if the counselor sits on the edge of a chair or if his hands tensely squeeze the handles of the chair or simply in the way he sits, there will be something unusual or unnatural. The closeness of the

pose is traditionally associated with crossed arms or legs. A feeling of detachment of a psychologist can occur if he leans too far in a chair or moves away from the client. But you should not move too close to the interlocutor or sit on a chair, leaning straight ahead - such a posture can cause feelings of pressure and violation of personal space.

The counselor and the client are in a kind of bodily contact during the conversation, the use of which can also increase the effectiveness of the counseling process. This is usually expressed in the fact that with deep involvement in the conversation, the client, without realizing it, begins to mirror the posture and behavior of the consultant. So, if the psychologist is tense, the feeling of tension and uncertainty is transmitted to the interlocutor, who unconsciously takes a pose similar to that of the consultant. There is nothing unnatural in such contact: we have all repeatedly observed similar effects of infection, when, for example, someone begins to cough or sneeze, and others immediately begin to echo him. Having such a contact provides a huge opportunity for the consultant, who can try to indirectly influence the client by relaxing and taking an emphatically more comfortable posture in case the client is too closed or tense. Unconsciously, the interlocutor is more or less likely to try to repeat it. A change in the position of the body usually entails a change in the psychological state (correction of psychological states through the impact on the body is the content of one of the modern directions of psychotherapy, called "body-oriented therapy" (Lowen A., 1967).

Tone and volume of voice

The client's reaction to what the psychologist says has a lot to do with the tone in which they are spoken to. The tone of the consultant should not just be benevolent, it should be consistent with what is said. For someone who is unsure of how well they feel and control their tone, it makes sense to specifically practice with a partner who can give accurate feedback. Such exercises are widely used in the framework of sensitivity training.

Don't talk to a client too loudly. Rather, on the contrary, a muffled voice to a greater extent contributes to the emergence of a sense of confidence and intimacy in the interlocutor. Interestingly, varying the volume of the voice and the pace of speech of the consultant, just as in the case of changes in posture, can lead to changes in the client's state. Usually, the volume of the voice and the tempo of the consultant and the

client coincide, but if the latter is too excited, this is immediately reflected in the way he speaks. In a more excited state, people speak louder and faster. The consultant can cool the client somewhat by starting to speak more slowly and quietly, which will most likely lead to the fact that the client will automatically try to adjust, thus normalizing his psychological state.

Using pause

The use of pause as a means of psychotherapy is difficult to overestimate. C. Rogers spoke a lot about its importance for working with clients, emphasizing that the ability to withstand a pause is one of the most important professional skills of a practitioner.

Observing the pause, the psychologist provides an opportunity to speak to the client, stimulates a monologue. The presence of pauses in the conversation creates a feeling of slowness, thoughtfulness of what is happening, so you should not be too quick to ask questions or comment on what the client says. The pause emphasizes the significance of what was said, the need to comprehend and understand. The consultant should pause after almost any statement of the client, except for those that directly contain the question. The pause makes it possible to supplement what has already been said, correct, clarify. In addition, thanks to the pause, you can avoid the situation that, unfortunately, often arises in the process of counseling, when the client and the consultant begin to compete with each other, to fight for the right to insert a word, to say something. The opportunity to speak should be provided primarily to the client, and then at the moment when it is the turn to speak to the psychologist, he will be listened to especially carefully.

Speaking of the psychotherapeutic pause, it is impossible not to recall the special cases of its use, when the psychotherapist is almost completely silent, provoking the patient to a monologue. This is the case, for example, in psychoanalysis, where it is important that everything that is said is more connected with the deep feelings and experiences of the patient, and not be a reaction to the questions and comments of a professional. Of course, such a use of pause allows you to look deeper into the unconscious, but such a task does not correspond to the goals of counseling, where the time frame and requests of the client are strictly limited. This means that the pause of the consultant should not be

excessive, long. After all, as is known from the experience of group psychotherapy, excessive pause provokes aggression on the presenter.

The pause time is perceived in a conversation in a special way, and a minute pause will look like an "eternity". For a normal pause, 30-to 40 seconds is enough. However, the consultant should specifically experiment with what pause means, watching the watch with a second hand.

The conversation about the technology of conducting a consultative conversation can be continued for a very long time. In addition, each experienced professional has his own techniques and "tricks" that help in working with a variety of clients. But, concluding this section, I want to repeat once again: in order to master all these techniques at a really high level, long hours of work are needed under the supervision of an experienced professional supervisor. Only in this case you can see yourself from the outside, understand and reflect on many things that will otherwise go unnoticed.

Questions for self-control, reflection and discussion

1. What is the significance of counseling contact for psychological counseling?
2. Analyze the "consultant-client" interaction taking into account the existing differences in modern theoretical approaches.
3. Expand the content of the concepts of "physical and emotional components" of counseling contact.
4. Give examples of transfer and counter-transfer.
5. Comment on K.Jung's conclusion: "Transfer – alpha and omega therapy."
6. How do you understand the following statements famous psychotherapists:
 - "Listen to the client because he tells you the diagnosis" (V.Osler);
 - "I appreciate warm, empathic, attentive listening" (C.Rogers)?
7. Describe the basic manifestations of non-verbal counseling.
8. What non-verbal communicative channels are most often used by people?

Topic 5 Personality requirements for a counseling psychologist

1. The essence of psychological counseling

The essence of psychological counseling is to provide psychological assistance in the process of specially organized interaction with mentally healthy people in mastering various kinds of personal and interpersonal difficulties. Objectives of counseling:

- a) overcoming specific psychological difficulties;
- b) personal growth of the client.

There are two tendencies in psychological counseling: objective and subjective, or phenomenological. The main differences between these orientations are the different worldview models that underlie counseling practice. The objective paradigm sees as its goal the adaptation of the client to social conditions, to "normal life". The object of the consultant's attention is the client's behavior, and the main means of ensuring change is reinforcement. The subject-oriented consultant in his work is guided by the idea of conventional reality, relies on short-term counseling, implements an explicit type of communication. Explanatory models are grouped on causality.

As each psychological school within the limits of the concept tried to solve one way or another a number of applied problems, within each paradigm the tradition of rendering of psychological help, counseling was formed.

Consider the main provisions of the existential approach in individual psychological counseling.

Everyone sees the world in their own way, reflecting their own subjectivity. Understanding this subjectivity, individually coloring perception and worldview in a unique way, requires studying the nature of the subjective experiences, processes, and mechanisms underlying human prejudices, irrational actions, and beliefs. The works of scientists working within the existential-humanistic direction in psychology are devoted to the solution of the outlined problems.

At the origins of the formation of the existential-humanistic approach were many prominent psychologists, among whom were W. James, G. Allport, K. Rogers, W. Frankl, R. May, D. Budget.

W. James, substantiating the principles of psychology, presented one of the most brilliant phenomenological descriptions of human self. He was less interested in the issues of individual identity of the human self,

focusing on the universal aspects of consciousness, which represent its nomothetic aspect.

According to James, consciousness is likened to a continuous flow in which each element is linked to all other elements and, at the same time, different from them. He identifies four properties of consciousness:

1. Every "state" of consciousness seeks to be the part of personal consciousness.
2. In every personal consciousness, states are constantly changing.
3. Every personal consciousness is felt as continuous.
4. It is interested in some parts of its object, and not in others, and all the time it either accepts or rejects certain parts - in short, chooses among them.

Substantiating the subjectivity of individual consciousness, James argues that every object that passes in front of consciousness always has a halo formed by the relationships surrounding the image.

G. Allport was the first to emphasize the uniqueness of each person, due to the integrated patterns that distinguish each person from another. In formulating the idea of "functional autonomy", he links the autonomy of human motives with the level of maturity. In Allport, human motives are always modern, that is, instantaneous, as in James. "What motivates should motivate at the moment. The nature of motives changes radically from birth to maturity, which gives reason to say that the motives of the adult displace the motives of the newborn".

Allport constantly emphasized the centrality of the self-category. To fix the specificity of the human self as a social, he introduced a special concept - proprium, as the basis of sequence, characterized by attitudes, purpose and values. This proprium is not a priori, but develops over time, giving a sense of self-identity, self-esteem and self-image. In his reasoning, Allport focuses on the current experiences of man, his phenomenological self and the conditions of adaptation. It is characterized by a holistic view of the individual as integrated and biosocial.

1. Motives become independent of their roots (functional autonomy);
2. The development of proprium or self is characterized by: bodily sensations; self-identity; the image of oneself; self-esteem;
3. Unique, integrated patterns of adaptation mark the person as a whole.

One of the most authoritative authors in this field, Irwin Yalom, identifies four main nodes of existential problems, the solutions of which are studied by existential psychology. It:

- 1) problems of time, life and death;

- 2) problems of freedom, responsibility and choice;
- 3) problems of communication, love and loneliness;
- 4) problems of meaning and meaninglessness of existence.

The emphasis on the subjective experiences and perceptions of the individual, his self, laid the foundation for a humanistic approach to human consideration.

Based on the postulate of the positive nature of man, Maslow emphasizes that everyone is partly his own product, designing and making himself.

The key features of this orientation are most fully expressed by the American follower of existential psychology Rollo May. Existentialists assume that we inevitably become the builders of our own lives and that everyone is:

- 1) a choosing agent who is not able to avoid elections during his life;
- 2) a free agent who freely sets his life goal;
- 3) a responsible agent, personally responsible for his life choices.

Our existence in life is given to us, but our essence is what we do in our lives, with what meaning and responsibility we construct it. Man's activity in building himself is not manifested in a blind response to external and internal stimuli, but in the active search for the meanings of life, awareness of their capabilities and self-limitations, the desire for self-determination and authenticity.

Finally, understanding what being means requires defining what non-being, alienation, nonsense mean, as well as the inevitability of death. It is the realization of the inevitability of the transition to nothingness, destiny and causes existential concern. The antidote to this concern is the desire for a meaningful, responsible life, constantly accompanied by the enrichment of ideas about their own potential, the infinity of choice and personal growth.

These ideas are most vividly presented in the works of the famous psychologist and psychotherapist Karl Rogers. In his "theory of personality", Rogers proclaims the uniqueness, the subjectivity of personal experiences. He believes that the way of perceiving and interpreting the events of one's own life determines a person's behavior. What is real for the individual is that he exists within the inner coordinate system of man or the subjective world, which includes everything that is perceived at any given moment in time. Everyone lives in their own subjective world, and even the so-called "objective world of science" is also a product of subjective perceptions, goals, and choices. Because no one else, no matter

how hard he tries, can determine the inner competence of man. No one else can be more aware of what is perceived reality for a particular person. Only if a person has lost faith in himself and completely obeyed others, we can talk about the predetermination of his perceptions and interpretations, his lack of freedom, but even this lack of freedom will still be different from its interpretation by any outside observer. In other words, each person is the best expert on himself and has the most complete information about himself.

According to Rogers, "usually behavior is a purposeful attempt by the body to meet its needs, experienced within the perceived field". This statement emphasizes that how a person considers and interprets events, determines his reactions to them.

Rogers distinguishes between two systems - the self (self-concept) and the body. They can be both in opposition to each other and in harmony. In the case of incongruent relationships, poor adaptation to the environment is formed, which is manifested in the rigidity of the organization of the self, loss of contact with current experiences of the body and a sense of tension.

Human perception is characterized by selectivity: we try to perceive and experience the environment in accordance with the peculiarities of the self-concept, which serves as a kind of coordinate system for assessing and monitoring the state of the organism. Experiences incompatible with the self can be perceived as threatening and the more this threat the more stable and protective becomes the structure of the self in an attempt to protect itself. At the same time, the self-concept becomes less congruent in relation to the realities of the organism and loses contact with its current needs. Opportunities for protective and, at the same time, distorting the adequacy of interpretations are very large and one of the most important tasks of psychological work with the client is to overcome them.

In general, Rogers's theoretical constructions reflect many key positions of the existential-humanistic approach to the person - the person's perception of reality, subjective experiences, organic desire for self-actualization, the potential for growth and freedom.

Thomas Greening describes the problems of existential psychology and reveals in detail the various interpretations of problem areas of human life, which he calls "challenges".

The first is the problem of life and death. Its essence is that we are alive, but we will die. And we live in a world that both supports and denies life.

The second is the problem of meaning and absurdity. We have a conscious ability and desire to find meaning, but we live in such a strange, sometimes chaotic world, which offers many different systems of thinking, and sometimes even denies meaning.

The third is the problem of freedom and determinism. We are free and we are determined, and we live in a world that gives us the opportunity for freedom and at the same time limits it.

The fourth is the problem of communication and loneliness. We have a normal desire to communicate and we are capable of authentic interpersonal relationships, but these authentic relationships are opposed by the dominance of alienation and loneliness.

Each of these "challenges," as Greening writes, is both a blessing and a curse, and the possibility of being, and the possibility of not being, an openness that is limited by finitude. Here a complex dialectic arises: we have what is vital for us, but it is not enough, and we must decide how to deal with what is and at the same time with its insufficiency. For each of the four "challenges", Greening describes three possible "reactions":

- 1) simplified optimistic with an emphasis on the positive aspect - triumph, false victory over difficulties;
- 2) simplified pessimistic - fatalistic attitude to the negative sides of the challenges;
- 3) existentialist-dialectical confrontation of negative and positive aspects of problems, creative reaction and transcendence, overcoming opposition.

The concept of authenticity, which means a person's fidelity to himself, his inner integrity and certainty, is most deeply developed in existential psychology in the works of J. Bugental .

The main thing in the concept of "existence" is the idea of the absence of a predetermined, the absence of a deterministic of what is happening now, here and now, in the present moment. A very important point of this idea is such a characteristic of existence as its openness. Real human interactions with the world are always primary in relation to some specific characteristics of man.

Thus, existential psychology is a powerful direction in theoretical and applied psychology, has a clearly defined specificity, its theory and methodology and has an excellent philosophical depth and focus on the analysis of key problems and situations of human life. Existential psychology does not oppose itself to other approaches in psychology, but seeks to interact constructively with them.

Existential-humanistic direction in psychology, due to the depth and complexity of the analysis of acute pressing problems of life provides an opportunity to understand the horizons of human existence, to develop the worldview of a counseling psychologist, suitable for psychological assistance to others.

The attention of existential consultants is focused on the awareness of the free will of each of the clients. The counselor must help the client find meaning in life, absorb new values and learn to take responsibility for their decisions. In existential psychotherapy do not use any pre-established techniques.

We offer a variant of individual psychological counseling developed on the basis of the concepts of the above-mentioned classics of the existential-humanistic direction in psychology. As you know, humanistic psychology is a trend in Western psychology, whose supporters recognize the main subject of the individual as a unique holistic system, which is an "open opportunity" for spiritual, intellectual, professional self-actualization. Humanistic psychology, also called the "third force" in psychology, returns to the primary reality, human experience as such and, based on it, begins to derive concepts - the necessary abstractions and definitions of real human experiences, needs, goals and values.

In 1963 President of the Association of Humanistic Psychology J. Budgetal formulated five basic postulates of humanistic psychology:

1. Man, as a whole being exceeds the sum of its components: the study of its private manifestations does not allow to understand it in its entirety.
2. Human existence unfolds in the context of human relations: man and his manifestations can not be explained by a theory that does not take into account interpersonal experience.
3. Man is self-aware and cannot be understood by science, which does not take into account his continuous, multilevel self-awareness.
4. Man has a choice and is not a passive observer of the process of his existence: he creates his own experience.
5. Man is intentional: he is turned to the future, in his life there is a purpose, values and meanings.

From the basic provisions of humanistic psychology it follows that:

- 1) a person must be studied in its entirety;
- 2) each person is unique, so the analysis of individual cases is no less justified than statistical generalizations;

- 3) a person is open to the world, his experience of the world and himself in this world is the main psychological reality;
- 4) human life should be considered as a single process of formation and existence of man;
- 5) man has opportunities for continuous development and self-realization, which are part of his nature;
- 6) a person has certain degrees of freedom from external determination due to the content and values, which he is guided in his choice;
- 7) man is an active, creative being.

Based on the above views, a special form of psychotherapy has emerged, in which a person who seeks help from a psychologist is treated not as a patient, but as a client who takes responsibility for solving life's problems that concern him. Thus, psychotherapist O. Rank believed that in the end a person forms his own personality with the help of his creative will and that the cause of neurosis is precisely the patient's lack of such creative energy. Note that this creative personal potential has a nature that does not correspond to our ideas about the fuel supply that should be saved for a "rainy day". On the contrary, the more a person uses his potential, the stronger he feels. But if a person can not use their creative potential to its full potential, it can have undesirable consequences - the experience of negative emotions, destructive actions, volcanic uncontrolled behavior, in which a person does not know what he wants and where to explode.

Regarding the purpose of individual-psychological counseling in the existential-humanistic tradition, let us allow R. May to warn about the opinions prevailing in society on this subject: –Amateurs in psychotherapy and that part of the general public and have a simplistic understanding of personality, arguing that the purpose of psychoanalysis is complete freedom when a person freely expresses in practice all his instinctive urges and lives as a representative of the tribe Odysseus encountered in his travels, eating lotus fruits and spending time as a Mohammedan celestial being. Many people tend to believe that the purpose of psychotherapy is to transport everyone to the Garden of Eden, where there is everything the soul desires, walk to yourself, unaware of any moral and psychological conflicts. All this, of course, is far from real human existence, and such a goal will not be set by any respectable psychotherapist. Personality is dynamic, not static, its element is creativity, not vegetation. Our goal is a new constructive redistribution of stresses, not absolute harmony. Complete elimination of conflicts will lead to stagnation, our task is to transform destructive conflicts into constructive ones.

Rollo May, author of one of the first textbooks on psychological counseling, identifies four specific tasks of a psychologist counselor:

- 1) bring the client to take responsibility for their actions and for the final result of his life;
- 2) help the client to acquire his true "I";
- 3) to help the client with readiness to take on social responsibility, to inspire in him courage which will help him to be released from an inalienable feeling of inferiority, and to direct his aspiration in a socially useful channel;
- 4) to help the client to get rid of the pathological feeling of guilt and at the same time teach him to accept and make stable the spiritual tension inherent in human nature.

Requirements for the personality of a counseling psychologist

In the Western world, professional communities of psychologists play an important role in counseling practice. On the one hand, they protect the rights of their colleagues, and on the other - control the quality of services provided by the members of the association. In the United States and Europe, consultants follow a tradition in one of these approaches. We have individual psychological counseling, which is carried out outside of medical institutions, is a fairly new type of professional activity. This has left some imprints on the formation of consulting practice.

Domestic counseling psychologists are characterized by an eclectic manner of work, which is quite justified if the aim of the counselor is to overcome the psychological problem of the client, rather than maintaining the purity of the method. During the independence of Ukraine, interaction with Western colleagues has become quite active and productive. Beginner counselors have the opportunity to deepen their knowledge in any of the above areas of individual psychological counseling. However, the only license that gives the right to engage in counseling is a state diploma of a psychologist. Among psychologists-practitioners and in the pages of the professional press there are discussions about the lack of university training for individual psychological counseling. This is indeed the case. The specialist's diploma gives the right to start this type of activity. Further specialization of the consultant - depends on his abilities, desires, capabilities. In the world practice there is a tradition when a young

consultant chooses a supervisor and works under his control and guardianship.

The counseling psychologist deals with the most complex and important object - the human psyche. The main law of this interaction is the same as in medicine: "Do no harm." The international professional and ethical standards in the work of a psychologist include: competence, responsibility, confidentiality, moral and positive effect of interaction. In addition to professional knowledge and mastery of psychotherapy techniques, a person who provides psychological assistance is expected to have a stable belief system and worldview, which gives the counselor self-confidence. On the other hand, if a psychologist-psychotherapist does not see the point in his work, in his heart despises the client, then his activities, even armed with modern psychotechnics, will not benefit either the client or the psychotherapist himself.

Thus, for the successful professional functioning of a psychologist, it is necessary to solve his worldview problems, to find out for himself the question of the meaning of life and the place of his professional activity in it.

The professional activity of a counseling psychologist by definition implies confidence in their knowledge.

Man sees the world with his own eyes, believes in what his loved ones believe. Thus, there is a gap between what exists objectively and our perceptions of it. Man lives in a world of illusions, which is the field of professional activity of a psychologist. Illusions claim to be true, mutually exclusive. The world of illusions with claims to truth is pathogenic for a person who begins to live in it. G.R. Rainin proposes to use a formula to reduce the pathogenicity of worldview: description of the world + awareness of the illusory perception.

It is the awareness of the illusory nature of perception that makes the picture of the human world open, classical, and consistent. If we build a worldview on the axiom: "I know the basic truths about this world", then the emergence of new information will destroy our system, and with it the psyche. If we leave the worldview open, ready for restructuring, reserve the right to make mistakes, then new information about the world complements the worldview and is the key to a healthy human psyche.

American psychologists in the forties proposed a list of criteria (personality characteristics) for the successful implementation of the activities of a practical psychologist. The worldview aspect is also taken into account here. We give these criteria in full:

1. Remarkable mental abilities and prudence.
2. Originality, agility and versatility.
3. "Relentless and tireless" curiosity; "Self-study".
4. Interest in a person as a person, not as a material for influence - respect for the person of another person.
5. Understanding of their personal characteristics; sense of humor.
6. Sensitivity to the difficulties of motivation.
7. Tolerance: "lack of arrogance".
8. Ability to take a therapeutic position; the ability to establish flexible constructive relationships with others.
9. Perseverance, methodical work; ability to withstand stress.
10. Willingness to take responsibility.
11. Sense of tact and ability to cooperate.
12. Integrity of nature, self-control and balance.
13. Ability to distinguish between moral values.
14. The breadth of the cultural horizon - "education".
15. Deep interest in psychology, especially in its clinical aspects.

The concept of professional deformation of the personality of the psychologist

Specialists in modern psychology of work emphasize that among professionals of the "man-man" system there is a phenomenon of professional deformation of personality. In general, it is a narrowing of human interests to purely professional, the merging of personality with professional roles in combination with the underdevelopment of other role repertoire, the presence in human behavior of components of inadequate self-affirmation through professional activities. Professional deformation of personality is a kind of reaction to the resistance of the environment in which professional activity takes place. Professionals of the "man-man" system work among people and experience social pressure, and failure to take it into account leads to personality deformation. Here is just one example. Imagine the power of the distorting influence of flattery from subordinates on the personality of the leader, if the leader does not reflect the very possibility of manipulation by subordinates. The phenomenon of professional personality deformation is manifested on the stage and in the movies, in the comic figures of a teacher, a policeman, a principal,... psychoanalyst.

Professional deformation of the psychologist's personality, on the one hand, is manifested in the latter's desire to take care of the client all his life, to be a guru for him, to be friends with him, and on the other hand it can manifest itself in the form of a complex advantage over clients. A separate type of professional deformation of a psychologist is the emotional burnout syndrome, which is characterized by loss of interest in professional activities, apathy, mild depression.

Prevention of professional deformation of the individual begins with the individual's awareness of the possibility of its occurrence. For a counseling psychologist, an important factor in the prevention of occupational deformities is working under the care of a supervisor.

The following tips may be useful for a young counseling psychologist:

- it is necessary to clearly delineate the aspects of their professional activity and their own private life;

- In private life, it is important to allow yourself to fulfill various social roles that are not related to work.

- Satisfaction of emotional human needs of the psychologist-consultant in friendship, love, significant relations should take place in the territory of private life, instead of in the sphere of professional activity.

The conclusion is paradoxical at first glance: the better a person's private life, the better the employee. Harmoniously developed personality clinical psychologist is an important prerequisite for successful professional activity.

Discussion of how much the individuality and personality of a psychologist is involved in the psychotherapeutic process, what are the main professionally significant qualities of a psychologist-psychotherapist, where the boundary between the psychologist's private life and his professional activity worries anyone who is planning to dedicate his life to practical psychology. To indicate the severity of unresolved problems and incidents of psychological practice that had observed the author of these lines.

We offer for independent analysis artifacts of psychological practice:

1. The psychotherapist recommends that a client who is experiencing a deep personal crisis, have sex with frequent changes of partners. In his opinion, this will distract from sad thoughts. The psychologist's enthusiasm about the biologizer theories closed his eyes to the ethical aspects of human life.

2. Psychologists rush between sects and theological schools and immediately carry what is heard and seen there, in the practice of psychological care. School psychologist controls how school pupils attend church, firmly believing that it is part of his duty. The lack of professional training does not allow the psychologist to differentiate the spheres of influence of the psychologist and the priest.
3. –Why worry about them? They are already mad with fat, says the psychologist about the young drug addict. Envy of well-off customers.
4. The client convinces the psychologist to try the drug. The personal immaturity of the psychologist is a "weak spot" and does not allow him to withstand social and moral pressure from more experienced clients in discussions.
5. Speaking at a seminar to colleagues, the psychologist said, overcoming his own neurosis by working with clients. Unfortunately, cynicism is becoming fashionable among psychologists. But I must point out that a cynical attitude towards people is incompatible with a successful career as a practicing psychologist.
6. In a TV show, a psychologist reveals professional secrets, not caring at all that the methods and tests that have been announced after that will become unusable.

Gaining popularity at any cost has become the main technology of public relations in our country. The scandalous fame now suits many people. Unfortunately, some psychologists think so. However, it should be borne in mind that this is not the only technology. Probably because the word "honor" was withdrawn from use even ideologues working-peasant power. Now it is customary to take care of your image, but reputation is still crucial.

Worldviews are formed in a person long before he makes his professional choice. In turn, the professions of the "man-man" system require the performer of personal maturity, which is not always achieved by the time of obtaining a specialist diploma. In addition, in most people it is achieved spontaneously, without conscious human work on themselves. Thus, the presence of a diploma of higher education and at the same time the lack of appropriate personal training can be a big challenge for a young specialist.

As soon as we come face to face with a client in the process of individual counseling or psychotherapy, the question arises: where is the

line between my personal position as an individual and the professional position of a psychologist? This is especially true in cases that are subject to non-directive psychotherapy. And the second question: do I not fall under the pathological influence and charm of the client?

It is important to remember that psychological counseling cannot be algorithmized, and the search for answers to the questions is accompanied by high energy expenditure and hard mental work. The difficulty is that in each case it is necessary to look for new answers to these questions.

High moral principles, humanism, a broad worldview, a harmoniously developed personality - this is the basis of the professional skills of a psychologist.

Psychological counseling is an area of practical psychology, the purpose of which is to provide psychological counseling to the client during a specially organized conversation aimed at understanding the client's nature of the problem and ways to solve it.

The main idea underlying psychological counseling is the idea that almost any mentally healthy person is able to cope with most of the psychological problems that arise in his life. The client, for various reasons, may not always be aware of the true cause of the problem, the best ways to solve it, and at this point he needs the help of a specialist.

The specifics of psychological counseling will be as follows:

- short-term personal contacts of the client with the specialist (one - three);
- episodicity of these contacts;
- practical completion of each client's meeting with a counseling psychologist;
- client activity in the counseling process;
- in the client's independent actions aimed at resolving his problem after consultation.

Depending on the type of problems that clients seek psychological help in counseling, it is possible to identify the following types of psychological counseling:

- individual counseling (problems of personal growth, internal conflicts, fears, psychological trauma, problems of interpersonal relationships);
- marital counseling (relationship problems, sexual problems; state before or after divorce);

- family counseling (problems of relationships with real or former (in case of divorce) relatives, psychological and pedagogical problems, problems of relationships with children);
- vocational counseling (choice of profession, improvement of abilities necessary for successful professional activity, increase of working capacity);
- organizational consulting (personnel policy, company image, productivity, relationships with partners).

In the process of psychological counseling, the specialist must solve a number of tasks:

- 1) study of the client's personality;
- 2) studying the essence of the problem;
- 3) determining the client's resources to solve the problem;
- 4) definition of the purpose (as the client will understand that the problem is solved);
- 5) determination of the algorithm for achieving the goal;
- 6) the client's awareness of the causes of this problem;
- 7) training the client in ways to prevent similar problems in the future;
- 8) providing information to the client about his personal characteristics, the essence of the problem.

The origin of the psychological problems

To understand the theoretical foundations of psychological counseling, it is necessary to answer one more question - what is the genesis of the psychological problem?

Apparently, the answer to this question is extremely difficult and depends both on the theoretical orientation of the researcher, who takes the liberty of answering it, and on a specific place, time, historical epoch ...

The scope and purpose of this work in no way can claim to be complete. Therefore, we will try only to outline the main approaches to understanding what can be called a "psychological problem" and to its origin.

If we assume that the field (sphere of activity) occupied by counseling psychology borders on the field of "minor psychiatry", it is appropriate to assume that the areas of "psychological problem" and "minor psychiatry" are on the same line (intersect).

Arguing further, it is necessary to take into account that in a number of works carried out on models of various clinical conditions, the

mechanism of syndrome genesis is shown as fundamentally the same for both "large" and "small psychiatric" forms. In essence, this suggests that counseling and "big psychiatry" are opposite points on the same continuum.

Within the medical paradigm, it is also difficult to find a complete unity of views on the genesis of borderline mental disorders, the main method of treatment for which is psychotherapy, as well as within any other natural science or humanistic paradigm. Psychoanalysis does not agree with behaviorism, behaviorism with existential-humanistic psychotherapy, and the latter with transpersonal psychology, etc.

In domestic psychotherapy, one of the most essential issues concerning the psychogenesis of neuroses and their role in the occurrence of intrapersonal conflicts is the understanding of the main clinical forms of neuroses as fixed mechanisms of painful perception and processing of life difficulties experienced by a person.

The grouping of neurotic conflicts according to their genesis, that is, in accordance with the internal mechanisms of their development. The doctrine of neurotic conflicts developed by him was further developed in a number of works of his employees and students.

In accordance with the main forms of neuroses, 3 types of psychological conflicts are described: hysterical, obsessive-psychasthenic and neurasthenic.

The first of them (hysterical) is determined by excessively exaggerated claims of the individual, always combined with underestimation or complete disregard of objective real conditions or the demands of others. The conflict is distinguished by exceeding exactingness towards others over exactingness towards oneself and the absence of a critical attitude towards one's behavior. In the genesis of this type of conflict, the history of the development of the personality and the process of the formation of its life relationships are of significant importance. Due to improper upbringing, such persons weaken the ability to inhibit their desires, which are contrary to social requirements and norms.

The second (obsessive-psychasthenic) type of neurotic conflict is due to contradictory own internal tendencies and needs, the struggle between desire and duty, between moral principles and personal attachments. Moreover, even if one of the needs becomes dominant, but continues to meet opposition from the other, favorable opportunities are created for a sharp increase in neuropsychic stress and the emergence of obsessive-phobic disorders. Of particular importance is the presentation of

contradictory requirements for the individual, which contributes to the formation of a feeling of self-inferiority, contradictory life relationships and leads to a separation from life, the emergence of unrealistic attitudes that are far from reality.

Finally, the conflict of the third type (neurasthenic) is a contradiction between the capabilities of the individual, on the one hand, and his aspirations and exaggerated demands on himself, on the other. To a certain extent, the emergence of this type of conflict is facilitated by the high demands made by the growing pace and tension of modern life. The peculiarities of this type of conflict are formed during upbringing, when an unhealthy desire for personal success is constantly stimulated without real taking into account the strengths and capabilities of the individual.

It is logical to assume that the basis of a number of problem situations with which clients turn to a psychologist and a consultant are the same intrapersonal conflicts, only it is not the painful symptomatology they generate that comes to the fore, but the violation of interpersonal relations with people who are significant for the personality. For example, when a parent turns to a counselor with complaints about his adult child, stating: "He is constantly rude to me" or "She does not help me in anything," an intrapersonal conflict of the first type is quite likely. And with complaints like: "My son is unhappy, confused, and I am powerless, I cannot help him", - a conflict of the second type, etc.

Naturally, a combination of various variants of intrapersonal conflicts is also possible.

Another aspect of the genesis of psychological problems, developed within the framework of the medical approach, is also interesting - the question of psycho-traumatic factors. Many consultants drew attention to the fact that under certain conditions, any object that affects any system of vital activity of the organism can be "traumatic".

The systematics of mental trauma is complex and ambiguous. As an example, we will give only the classification of mental trauma by intensity:

1. Massive (catastrophic), sudden, sharp, unexpected, stunning, onesided:
 - over-topical for the individual;
 - irrelevant for the individual (for example, natural, social catastrophes, intact for a given individual).

2. Situational acute (subacute), unexpected, multidimensional involving the personality (associated with the loss of social prestige, to the detriment of self-affirmation).
3. Prolonged situational, transforming conditions for many years of life (a situation of deprivation, a situation of abundance):
 - perceived and surmountable;
 - unconscious and irresistible.
4. Prolonged situational, leading to a realized need for persistent mental overstrain (exhausting):
 - situations caused by the content itself;
 - caused by an excessive level of personality claims in the absence of objective opportunities to achieve the goal in the usual rhythm of activity.

Thus, numerous studies of the genesis of borderline neuropsychiatric disorders, carried out within the framework of the medical approach, can be useful for understanding the counseling problem. Moreover, the question is logical: "Do not doctors and psychologists say the same thing, using their specific terminological language?"

Finally, the last generalization that we will allow ourselves to make in this section is to combine all the factors leading to both borderline mental disorders and so-called psychological problems into 3 groups:

- 1) A group of biological factors. Man, being a biological species, is constantly influenced by complex physical, chemical, climatic and other factors, one way or another reacting to them. There is a unity of physical and psychogenesis.
- 2) A group of social factors. For example, Satin drew a parallel between the number of stresses and social problems (material deprivation, lack of work) in the history of patients and the occurrence of painful conditions in them.
- 3) A group of psychological factors. They are due to relationships with others (conflicts in the family, at work, etc.).

The main areas of application of psychological counseling:

1. Mental and spiritual development of the child. Special problems here are, in particular, psychological assistance to the child in overcoming the Edina complex, satisfaction of emotional demands in the acquisition of personal identity in the processes of cultural, ethnic and ethical self-determination; psychological assistance in avoiding emotional trauma when realizing the inevitability of death or in case

of loss of parents and close relatives, assistance in the development of stable values and moral norms, especially in the critical period of development, etc.

2. Existential and personal problems of the teenager. The main direction of work in this area is to help overcome the crisis of psychological separation from parents and identify the teenager with other important people. In fact, the counseling psychologist is confronted here with the whole possible spectrum of adolescence - feelings of inferiority, awareness of the limited capabilities of parents, sexual problems, the struggle for personal and social status, the transformation of infantile religious consciousness and others.
3. Marriage and family. The institute of married life remains one of the busiest areas of activity of counseling psychologists and family psychologists. Marital and parental conflicts, family crises, family relationships are common problems in this area. The traditional 50% of divorces in first marriages, in addition to the usual problems of premarital counseling, regular family and marital psychotherapy in recent decades, also raise the issue of psychological assistance to divorced, unmarried people, as well as counseling and psychological support entering into new marriages. And in the United States and some other countries, for example, are added to these psychological problems during marriages between persons of different denominations.
4. Problems of mental and personal health. Traditional preventive and current assistance in cases of mental and somatic diseases, mental and spiritual suffering associated with mood disorders, alcoholism, drug addiction, life stresses, conflicts, borderline conditions, etc.
5. A separate deeply developed field of psychological counseling is such an important and almost completely absent area of activity as psychological assistance to the dying and psychotherapy of irreparable disaster. In American psychotherapy alone, more than 700 works have appeared in the last few years, covering this one of the most difficult problems of psychological counseling.
6. Problems of old age. Developing an adequate worldview, meeting the emotional needs of older people, responding to current religious issues, regular patronage and counseling in organizing the appropriate style and lifestyle - all this is a common list of concerns of psychological care in the West. Let's hope that one day we will have the same.

7. Prisons, hospitals, barracks, and campuses are long-established areas of counseling, where problems of personality, communication, mental state, and spirituality are as common place as those that require constant effort.
8. Psychological help and support in crisis situations - is counseling relatives and friends in cases of sudden death, suicide attempts, rape, betrayal, loss of a loved one, work, etc.
9. School counseling, which covers the problems of the relationship between teacher and student, students among themselves, issues of relations with parents, school performance, development of abilities, behavioral disorders, etc.
10. Professional counseling involves both the usual guidance in choosing a profession, and private questions: how to make a "resume", as well as where to get another profession, where to find a job according to their abilities, etc.
11. Psychological assistance related to cross-cultural issues: barriers to adaptation, overcoming ethnic prejudices and stereotypes in emigrants, and finally, the independent problem of training counselors to work with ethnic minorities, which eliminates the danger of professional treatment of the client as a person, and as a representative of an ethnic group or race.
12. Management consulting (consulting in organizations) was started in the 70s. To this day, this type of social and psychological assistance has a wide range of opportunities, including assistance in making management decisions, training in communication skills, tracking and resolving conflicts, working with staff and others. At the same time, it is necessary to note an interesting circumstance concerning development of the maintenance of psychological help as a whole and especially –psychological consulting. Due to the exceptional complexity of this issue, it is mainly the field of activity of religious (including Christian) psychologists and ministers of worship in certain countries, depending on the level of economic development and quality of life. Thus, in the developed countries of Europe and America, where after the Second World War the material problems of existence were solved in general, the so-called humanistic paradigm became widespread, within which existential values and concepts were defended and served as working material in the practice of psychological care: encounter, choice, authenticity, self-realization, being. And the main emphasis was and is placed on

the uniqueness, value and unconditional significance of the individual, personal existence, which, in fact, is at the center of the issue of psychological care.

Questions for self-control, reflection and discussion

1. Specify the features of the first meeting with the client.
2. As you understand the following statement by K.Jung: "Good advice these are doubtful, but not particularly dangerous due to insignificant effectiveness"?
3. What can be the reason for refusing counseling?
4. How would you be able to answer the client's question: "What is counseling (psychotherapy)?"
5. What metaphor can you use to describe the counseling process?
6. How do you understand the following concepts: "request" and "problem" of the client?
7. Reflect on the aphorism of F. Nietzsche: "There is no truth there is only interpretation."
8. Describe the directive non-directive therapeutic methods.
9. Which ones do you consider most effective? Justify the answer.

Chapter 2 Theoretical approaches to psychological counseling and psychotherapy

Introduction

Counseling, by definition, is a process that involves interpersonal relationships. Frequently it is conducted on an individual level in which an atmosphere of trust is fostered between counselor and client that ensures communication, exploration, planning, change, and growth. In counseling, a client gains the benefit of immediate feedback from the counselor about behaviors, feelings, plans, and progress.

The following four variables determine the amount of growth and change that take place in any type of counseling:

1. counselor,
2. client,
3. setting, and
4. theoretical orientation.

We have already examined some of the universal qualities of effective counselors and the counseling process. Certain characteristics seem to distinguish these aspects of counseling. For example, effective counselors have a deep understanding of themselves, an ability to nonjudgmentally know others, an appreciation for the influence of cultures, and a strong educational background. They understand and work with their clients using agreed-on goals and realizing that the personalities of and relationship between counselors and clients have a powerful impact on each other and the counseling process. The setting in which counseling is conducted is also a critical variable. Counselors respond to client needs in different ways in various settings, such as schools, agencies, and mental health centers. The stages of counseling relationships likewise play a role in how counseling is conducted.

Qualities of Effective Counselors:

- Deep understanding of themselves
- Ability to nonjudgmentally know others
- Appreciate the influences of culture
- Strong educational and research background in counseling

This chapter focuses on three theoretical orientations to counseling: psychoanalytic, Adlerian, and humanistic. These theories are grouped

together because they were among the earliest counseling theories constructed. Psychoanalysis became popular in the 1910s and 1920s, Adlerian therapy in the 1930s and 1940s, and humanistic theories in the 1940s and early 1950s. Thus, there is a chronology in regard to these theories with some of the theorists actually meeting or knowing each other - for example Sigmund Freud, Alfred Adler, Fritz Perls, and Viktor Frankl. While there are variations and distinctions within and among these theories, some of their practices overlap with practitioners, such as Adlerians in Vienna, Austria, using a number of psychoanalytic methods including transference and countertransference. Even within the humanistic-oriented theories—person-centered, existential, and Gestalt— there is some overlap with all the founders of these approaches having had a strong exposure to Freud or having practiced psychoanalysis before they formulated their distinct ways of working. Thus, the theories covered in this chapter are among the oldest and most overlapping—at least in their origin—among any that are used in the profession today. Before examining them, however, we will first focus on the nature of and importance of theory within the counseling process.

A **theory** is a model that counselors use as a guide to hypothesize about the formation of possible solutions to a problem. –Theoretical understanding is an essential part of effective counseling practice. Theories help counselors organize clinical data, make complex processes coherent, and provide conceptual guidance for interventions.

Counselors decide which theory or theories to use on the basis of their educational background, philosophy, and the needs of clients. Not all approaches are appropriate for all counselors or clients. Exceptional practitioners who formulated their ideas on the basis of their experiences and observations have developed most counseling theories. Yet most theorists are somewhat tentative about their positions, realizing that no one theory fits all situations and clients. Indeed, one theory may not be adequate for the same client over an extended period. Counselors must choose their theoretical positions carefully and regularly reassess them.

Some theoretical models are more comprehensive than others are and –all theories are hopelessly entangled in culture, politics, and language. Effective counselors realize this and are aware of which theories are most comprehensive and for what reasons. They know that theories determine what and how they see in counseling and that theories can be cataloged in a number of ways including modernism and postmodernism categories.

Hansen, Stevic, and Warner list five requirements of a good theory. It must be clear and easily understood, comprehensive, explicit and heuristic, specific in relating means to desired outcomes, and useful to its intended practitioners.

Requirements of a Good Theory:

1. Clear, easily understood, and communicable. It is coherent and not contradictory.
2. Comprehensive. It encompasses explanations for a wide variety of phenomena.
3. Explicit and heuristic. It generates research because of its design.
4. Specific in relating means to desired outcomes. It contains a way of achieving a desired end product (i.e., it is pragmatic).
5. Useful to its intended practitioners. It provides guidelines for research and practice.

In addition to these five qualities, a good theory for counselors is one that matches their personal philosophies of helping. Shertzer and Stone suggest that a counseling theory must fit counselors like a suit of clothes. Some theories, like some suits, need tailoring. Therefore, effective counselors realize the importance of alterations. Counselors who wish to be versatile and effective should learn a wide variety of counseling theories and know how to apply each without violating its internal consistency.

Importance of Theory

Theory is the foundation of good counseling. It challenges counselors to be caring and creative within the confines of a highly personal relationship that is structured for growth and insight. Theory has an impact on how client communication is conceptualized, how interpersonal relationships develop, how professional ethics are implemented, and how counselors view themselves as professionals.

Without theoretical backing, counselors operate haphazardly in a trial-and-error manner and risk being both ineffective and harmful. Brammer, Abrego, and Shostrom stress the pragmatic value of a solidly formulated theory for counselors. Theory helps explain what happens in a counseling relationship and assists the counselor in predicting, evaluating, and improving results. Theory provides a framework for making scientific observations about counseling. Theorizing encourages the coherence of ideas about counseling and the production of new ideas. Hence, counseling

theory can be practical by helping to make sense out of the counselor's observations.

Boy and Pine elaborate on the practical value of theory by suggesting that theory is the why behind the how of counselors' roles, providing a framework within which counselors can operate. Counselors guided by theory can meet the demands of their roles because they have reasons for what they do. Boy and Pine point out six functions of theory that help counselors in a practical way:

1. Theory helps counselors find unity and relatedness within the diversity of existence.
2. Theory compels counselors to examine relationships they would otherwise overlook.
3. Theory gives counselors operational guidelines by which to work and helps them evaluate their development as professionals.
4. Theory helps counselors focus on relevant data and tells them what to look for.
5. Theory helps counselors assist clients in the effective modification of their behavior.
6. Theory helps counselors evaluate both old and new approaches to the process of counseling. It is the base from which new counseling approaches are constructed.

–The ultimate criterion for all counseling theories is how well they provide explanations of what occurs in counseling. The value of theories as ways of organizing information –hinges on the degree to which they are grounded in the reality of people's lives (Young)

Theory into Practice

As of 2016, it was estimated that there were around 1,000 theories of psychotherapy and counseling available worldwide. Most of them did not have many followers or much research to back their effectiveness. However, the sheer number of theories means counselors have a wide variety of approaches from which to choose. Effective counselors are choosy, though. They scrutinize theories for proven effectiveness and match them to personal beliefs and realities about the nature of people and change.

Instead of generating new theories, Okun states, the present emphasis in counseling is on connecting existing theories. This emphasis is built on the fundamental assumption that —no one theoretical viewpoint can provide

all of the answers for the clients we see today. Furthermore, counselors seem to be pragmatically flexible in adapting techniques and interventions from different theoretical approaches into their work without actually accepting the premises of some theoretical points of view. This practice seems to be of necessity because counselors must consider intrapersonal, interpersonal, and external factors when working with clients, and few theories blend all these dimensions together.

The largest percentage of professional counselors today identify themselves as integrated or eclectic in the use of theory and techniques. That is, they use various theories and techniques to match their clients' needs with—an average of 4.4 theories making up their therapeutic work with clients. As needs change, counselors depart from a theory they are using to use another approach (a phenomenon called style-shift counseling). Changes counselors make are related to the client's developmental level. To be effective, counselors must consider how far their clients have progressed in their structural development, as described by Jean Piaget. For example, a client who is not developmentally aware of his or her environment may need a therapeutic approach that focuses on—emotions, the body, and experience in the here and now, whereas a client who is at a more advanced level of development may respond best to a—consulting- formal operations approach in which the emphasis is on thinking about actions. The point is that counselors and theories must start with where their clients are, helping them develop in a holistic manner.

Whereas a strength of eclecticism is its ability to draw on various theories, techniques, and practices to meet client needs, this approach has its drawbacks. For instance, an eclectic approach can be hazardous to the counseling process if the counselor is not thoroughly familiar with all aspects of the theories involved. In such situations, the counselor may become a technician without understanding why certain approaches work best with specific clients at certain times and certain ways. This unexamined approach of undereducated counselors is sometimes sarcastically referred to as —electric—that is, such counselors try any and all methods that —turn them on. The problem with an eclectic orientation is that counselors often do more harm than good if they have little or no understanding about what is helping the client. To combat this problem, McBride and Martin advocate a hierarchy of eclectic practices and discuss the importance of having a sound theoretical base as a guide. The lowest or first level of eclecticism is really syncretism—a sloppy, unsystematic

process of putting unrelated clinical concepts together. It is encouraged when graduate students are urged to formulate their own theories of counseling without first having experienced how tested models work. The second level of eclecticism is traditional. It incorporates –an orderly combination of compatible features from diverse sources [into a] harmonious whole. It is more thought out than syncretism, and theories are examined in greater depth.

On a third level, eclecticism is described as professional or theoretical or as theoretical integrationism. This type of eclecticism requires that counselors master at least two theories before trying to make any combinations. The trouble with this approach is that it assumes a degree of equality between theories (which may not be true) and the existence of criteria –to determine what portions or pieces of each theory to preserve or expunge. It differs from the traditional model in that no mastery of theory is expected in the traditional approach.

A fourth level of eclecticism is called technical eclecticism, exemplified in the work of Arnold Lazarus and his multimodal approach to counseling, which assesses what he describes as the seven elements of a client's experience. These vectors are summarized in the acronym basic ID: *Behavior, Affect, Sensations* (e.g., seeing, hearing, smelling, touching, tasting), *Imagery, Cognitions* (e.g., beliefs and values), *Interpersonal relationships, Drugs* (i.e., any concerns about health, including drug use, fitness, or diet). In this approach, procedures from different theories are selected and used in treatment –without necessarily subscribing to the theories that spawned them. The idea is that techniques, not theories, are actually used in treating clients. Therefore, after properly assessing clients, counselors may use behavioral methods (such as assertiveness training) with existential techniques (such as confronting persons about the meaning in their lives) if the situations warrant.

This approach is in line with what Cavanagh and Leviton propose as a healthy eclectic approach to counseling. It requires counselors to have (a) a sound knowledge and understanding of the counseling theories used, (b) a basic integrative philosophy of human behavior that brings disparate parts of differing theories into a meaningful collage, and (c) a flexible means of fitting the approach to the client, not vice versa. Counselors who follow this model may operate pragmatically and effectively within an eclectic framework. The critical variables in being a healthy eclectic

counselor are a mastery of theory and an acute sensitivity to knowing what approach to use when, where, and how.

A final type of eclectic approach is the transtheoretical model (TTM) of change. This model is developmentally based and has been empirically derived over time. It is –an alternative to technical eclectic approaches that tend to be inclusive to the point that various components are ‘poorly’ held together. The model is direction focused and proposes five stages of change: precontemplation, contemplation, preparation, action, and maintenance. They can be depicted along a linear line. Clients who are not ready to at least contemplate change will not, regardless of the theory used.

–Counseling from a TTM perspective allows for a more macroscopic approach (involving a broad and comprehensive theoretical framework) and personal adaptation (involving an increase in critical, logical, accurate, and scientific-like thinking) rather than simple personal adjustment. Its main drawbacks are its comprehensiveness and complexity and the fact that TTM has been tested only among limited groups (for example, addiction populations).

Past the pure theory views and eclectic approaches, counseling theories are now entering a postmodernist perspective. As such they are being seen as prepackaged narratives that help clients create new meaning systems, –not by objectively discovering old ones. The essence of such a view is seen in social constructive approaches.

Topic 6 Psychodynamic approach in counseling and psychotherapy

Psychoanalysis

In psychoanalytic theory, there are two main groups of human instincts: instincts of life and instincts of death; people are largely motivated by the principle of pleasure; mental life takes place on the conscious, preconscious and unconscious levels.

The psychic apparatus consists of the following three structures: Eid, who is constantly fighting for instinctive gratification, Super-Ego, which represents the influence of parents and morals; and the Ego, which seeks to fulfill the instinctive demands of Eid on the basis of the principle of reality. The ego has three leaders - the outside world, Eid and the Super- ego, and each of them can be alarming. Psychic energy is distributed among these three mental structures, which can harmonize or conflict with each other.

- People are sexual from infancy, although they tend to forget about this circumstance. People are constitutionally bisexual, and children have a tendency to sexual perversion.
- There are two stages of sexual development: the pregenital stage, which lasts from birth to five years, and the genital stage, which begins during menarche and puberty. The interval between these stages is a latent period. There are some differences in sexual development between the sexes, in particular differences related to the Oedipus complex.
- While the child's ego is relatively weak, it develops defense mechanisms to reflect the strong sexual impulses emanating from the Id. Thus, many early sexual experiences are suppressed or have no access to consciousness. Excessive suppression can lead to the development of neurosis. As the Ego has to maintain suppression, it weakens. The weakened Ego has no access to the suppressed material, and the suppressed impulses are converted into neurotic symptoms. The purpose of psychoanalysis is to strengthen the client's ego by relieving childhood depression, filling in memory gaps, and enabling judgment based on the ego's strength rather than using its past weaknesses. Concepts such as free association, transference, and interpretation that are widely used in psychoanalytic practice are considered.

The main reason for including a topic on psychoanalysis in this course is that many of the concepts used in the practice of psychoanalytic counseling, such as free association, interpretation, transference, resistance, deserve the attention of all counselors. Fourth, some counselors and many psychiatrists focus on psychoanalysis. Some analysts use "pure" Freudian theory; some accept some of Freud's ideas but modify others. Communication with such people is likely to be facilitated in determining the theoretical basis of their activities.

Basic provisions

Most of Freud's basic concepts were set out in *The Interpretation of Dreams*, but he did the concept is considered in various sources, here only some scientific works will be mentioned. In general, this Chapter presents the latest version of Freud's work.

The principle of pleasure

Originally presented as the principle of dissatisfaction, the principle of pleasure is based on the hypothesis of permanence, according to which "the mental apparatus makes an effort to keep arousal as low as possible, or at least keep it constant. Thus, everything that increases the level of arousal will be felt as something unpleasant, and everything that lowers it will be experienced as pleasurable. Freud clarified the notion of the dominance of the pleasure principle, noting that although there is a strong tendency in the mind to focus on the pleasure principle, there are other forces that oppose this tendency, so the tendency to enjoy is not always the basis of behavior.

Instincts

Instincts are bodily, or biological, demands on consciousness. Freud recognized that man has many different instincts, but he proceeded from the premise that there are two main instincts - erotic and destructive. Erotic instincts "seek to unite as much living matter as possible into even greater unity," while destructive instincts "resist these efforts and lead all living things back to the inorganic state." Eros includes the instincts of self-preservation, preservation of kind, Ego-love and object-love (love of object), and its energy is called libido. Throughout life, basic instincts can either work together (for example, a sexual act is an act of aggression at the same time) or oppose each other.

Freud believed that instincts are acquired in the course of historical development and are conservative in nature. He asserted: "In all probability, instinct is a life-threatening motive for restoring the state of

things that took place in the past." Given that living beings appeared much later than the world of inanimate nature, and evolved from it, the instinct of death can be seen as a compulsion to return to the inorganic state that took place in the past. Therefore, the goal of all life is death. Eros, however, does not fit into this formula. Freud believed that sexual instinct was the only exception among instincts, as it was not aimed at restoring a past state.

Freud saw the tendency to aggression as the initial instinctive tendency characteristic of all people. He quoted Plato's statement *Homo hominylupusest* ("Man to man is a wolf"). Aggressive instinct is a derivative and the chief manifestation of the instinct of death. The development of civilization is a struggle between the instincts of life and the instincts of death, which takes place within the human race. At the end of *Civilization and its Discontents*, Freud asks if Eros will assert himself, and then asks, "But who can predict with what success and with what results?"

Unconscious and consciousness

In analyzing dreams, Freud distinguished between the unconscious and consciousness. He noted: "The interpretation of dreams is the royal way to know the unconscious activity of the brain". From the very beginning of his work, Freud argued that there are two kinds of the unconscious. First, there is the unconscious (Bs), or the unconscious itself, which is material inaccessible to consciousness due to suppression. The censorship of material coming in for awareness is very strict. The task of psychoanalysts is to help clients make some material accessible to awareness. It should be noted that this can develop a strong reaction of resistance, in particular due to the fact that much of the suppressed has a "forbidden" sexual tone.

The second type of the unconscious is the preconscious (Ps), which consists of everything that can easily move from the unconscious to the conscious. Thus, the preconscious is latent and able to become conscious, while the unconscious is suppressed and can hardly be realized without much effort. The material may remain in the preconscious, although it usually finds its way into consciousness without psychoanalytic intervention. The preconscious can be seen as a screen between the unconscious and the conscious. It should be noted that the unconscious material is modified by censorship, for example in the formation of dreams.

Consciousness (Sz or Percept Sz) performs the function of a sensitive organ, perceiving mental qualities. Unlike the two types of the unconscious, consciousness has no memory, and the state of consciousness is usually transient. Materials, the source of which is the external world, as well as internal arousals, are realized or enter the sense organ of consciousness. In addition, internal factors, such as the sequence of ideas and intellectual processes, allow the function of speech to become conscious.

The structure of the mental apparatus

According to Freud's theory, the structure of the mental apparatus consists of three systems, or forces: Eid, Ego and Super-ego. Psychological well-being depends on how effectively these three systems interact.

Eid

Eid, or "it", is the oldest of the three systems, containing everything that is inherited and fixed in the constitution. Instincts due to somatic organization find their mental expression in Id. Eid, filled with the energy of instincts, seeks to satisfy instinctive needs on the basis of the principle of pleasure. Thus, Eid's activities are aimed at ensuring the free discharge of excitation. Mental processes Id can be called primary processes, as they initially take place in the mental apparatus. Moreover, over time, the course of mental processes Eid does not change. Freud regarded Eid as "chaos, a cauldron filled with boiling emotions," and in Eid "there is no idea of good or evil, no morality." Id consists of desire-determined impulses. It is not governed by logic, first of all it refers to the law of contradiction, which implies the existence of opposite impulses side by side. In short, Eid is the primary subjective reality of the individual, which takes place on a subconscious level.

Ego

The ego, or "I", is first of all the bodily Ego, which is formed from the sensations of the body, first of all from the sensations emanating from the surface of the body. The ego is the part of Eid that has undergone a special path of development and has been modified under the influence of the external world. The ego acts as a mediator between Eid and the outside world and is an ideal "representative" of reason and common sense (it should be borne in mind that Eid contains instinctive passions and would destroy itself without the intervention of the Ego). The ego seeks to impose the Eid principle of reality instead of the principle of pleasure. The processes of the Ego, which include perception, problem solving, and

suppression, are later results of development, or secondary processes, as opposed to the inherent or primary processes of the Id. However, the Ego also strives for pleasure and tries to avoid dissatisfaction, differing from Eid only by the means used to achieve common goals. The projected increase in dissatisfaction is met with an alarm signal. As can be seen from the scheme presented in Fig. 8.1, the perceptual-conscious system is an external and later derivative of the Ego, which also includes a lot of preconscious and unconscious material.

The ego controls arbitrary actions, becoming between experiencing a need and acting according to that need. The ego deals with external events, applying perception and memory, avoiding excessive stimuli, adapting to moderate stimuli, and facilitating actions aimed at changing the external world for its own benefit. By considering internal events related to Eid, the Ego tries to control instinctive demands by making decisions about the choice of time and how to fulfill them, or by suppressing the excitement caused by these demands. Freud compares Eid to a horse and Ego to a rider. He notes that, as a rule, the Ego turns out to be more elaborate than Eid, so the Ego is accustomed to transforming Eid's desires into actions as if Eid's desires are his own desires.

Super-ego

The third force is the Super-ego, which is formed within the Ego and is a reflection of the residual parental influence. Parental influence includes cultural, racial, and family influences. As a person grows, the nature of parental influence can change; this is partly due to the fact that parents may behave differently. Educating public figures and many other people can also contribute to the development of the individual's Super-ego, as a result of which the Super-ego is increasingly slipping away from the initially strong parental influence.

The main function of the Super-ego, which is absorbed in self-observation, is to suppress the demands of Eid through moral influence on the Ego. Initially, the child instinctively resorts to self-denial for fear of losing love or for fear of aggression from an external, or parental, authority. Subsequently, a secondary situation develops, which is characterized by the assimilation of the external restraining principle; thus, instinctive self-denial arises from fear of inner authority, or the Super-ego.

The Super-ego is characterized by the presence of the Ego-ideal, based on the admiration for perfection that the child sees in the parents, and on the desire to imitate the parents. In fact, the terms "Super-ego" and "Ego-ideal" are synonymous. The ego-ideal consists of both precepts such

as "You must be like ..." and prohibitions such as "You must not be like ...". These precepts and prohibitions are based primarily on the identification and suppression that result from the resolution of the Oedipus complex. They represent the conscience of the individual. Actions committed against the voice of conscience are more likely to lead to feelings of inferiority and guilt, as well as possibly a sense of need for punishment. Freud noted: –The super-ego represents moral limitations, protects the pursuit of perfection; in other words, it is what we are able to psychologically assimilate from what is described as the "highest" aspect of human life. "

In addition to the demands of instincts and the external world, the Ego must take into account the demands of the Super-ego. Individuals differ in the nature of their Super-egos, which can be both soft and extremely sharp and restrictive. Conflicts can arise between the Ego and the Super-ego, and in such cases both forces remain largely unconscious.

Anxiety

Freud defined anxiety as a specific state of displeasure, which is characterized by motor discharge that occurs in a certain way. Freud viewed anxiety as a universal response to a dangerous situation and considered the ego as the only center of anxiety. In later stages of development, a source of involuntary anxiety appears whenever a dangerous situation arises. Also, the Ego can generate anxiety when the danger is only threatening and the Ego feels weak in the face of this danger. Consequently, three types of anxiety can be distinguished, each of which corresponds to one of the three "overseers" of the Ego: a) realistic anxiety, the source of which is the dangers threatening from the outside world; b) moral anxiety due to the conflict with the superego; c) neurotic anxiety, which is based on a conflict with the instinctive impulses of the id. Thus, anxiety is either a reaction to an actual danger, or a signal that implies the perception of impending danger.

Psychic energy, cathexis and anti-cathexis

Psychoanalysis is often viewed as a dynamic psychological approach. This means that the concept of psychic, or soul, energy and the distribution of this energy among the id, ego and superego constitute the core of psychoanalysis. Id is the source of the psychic energy present in the body; in turn, the id receives its energy from instincts. Sexual arousal is an example of the movement of instinctive psychic energy. As the ego and superego are formed, they are also energized.

The terms "cathexis" and "cathectic" are used to describe the concept that psychic energy moves like electrical charges. Cathexis are charges of instinctive energy that tend to discharge, while anti-cathexis are charges of energy that make such a discharge impossible. The id has only instinctive "cathexis of the primary process" striving for release. However, the ego and superego have both incentive cathexis and restraining anti-cathexis. Throughout the life of the individual, the ego is the path by which libidinal cathexes are transferred to objects and through which these cathexes can be "recalled". Two characteristic features of libidinal cathexis are mobility, the ease with which they pass from one object to another, and, in contrast, the tendency to fixation, or attachment to specific objects.

PSYCHOLOGICAL CAUSES OF PROBLEMS

Freud believed that the foundations of neuroses are laid only in early childhood, before the age of six, although signs of a neurotic conflict may not appear for a long time. Freud considered true the well-known statement that the child is psychologically the father of an adult. Neurotic individuals, despite suffering, are unable to heal their frustrated egos, so they continue to suffer. The reason for this is that the suppression produced by their weak childhood egos is unconscious. Thus, the egos of these people are paid to connect with them.

in the past, defense mechanisms in that they do not have conscious access to the material with which it would be possible to resolve the neurotic conflict. People's neurotic egos are weakened by suppression, and the psychic energy used in harmful protective anti-cathexis prevents the normal functioning of their personality. And as long as the suppression continues, the same obstacle is the formation of neurotic symptoms through the recanalization of frustrated libidinal impulses.

More broadly, neuroses persist as a result of societal misconceptions about sexual issues. Freud believed that something described as the morality, or superego of the group, requires more sacrifice, consisting of libidinal impulses, than is necessary or desirable. Freud considered it impossible to accept conventional sexual ethics and believed that any person capable of real self-knowledge might be protected from the dangers of imposing moral norms if he chooses a lifestyle that does not conform to the rules of society.

Goals of practice

A neurotic is a person who is unable to enjoy and act effectively. In order to be able to experience pleasure, the neurotic must be able to direct his libido to real objects, instead of converting it into symptoms. In order to function effectively, the ego must have the libido energy at its disposal, and not waste it in repelling the attacks of libidinal impulses through suppression. In addition, the superego of a person should give him the opportunity for libidinal expression and effective use of his ego. Thus, three main goals of psychoanalysis can be distinguished: a) the release of the impulse; b) strengthening the reality-based functioning of the Ego, including such an expansion of the perception of the Ego, which would allow it to appropriate most of the id; c) changing the content of the superego in such a way that the superego represents human and not rigid moral standards.

Psychoanalysis is the process of re-educating the ego. Suppression was institutionalized when the egos of the clients were weak. Now, however, the egos of clients have not only become stronger, but have gained allies in the person of analysts. Methods by which analysts help weakened egos release suppression, gain insight (understanding), and learn to make realistic decisions are discussed below. The pathogenic conflicts of neurotics differ from normal mental conflicts, since the ego of neurotics is weaker than other mental forces (components).

Freud considered psychoanalytic treatment to be effective for a variety of nervous diseases, in particular for hysteria, increased anxiety, and obsessive neuroses. Since the union between the analyst and the client's ego is mutual, the client's ego must maintain a minimum degree of consistency or orientation in reality. This should not be expected from psychotics; therefore, psychoanalysis is contraindicated for them.

Free association

The relationship between the client and the analyst must be based on an agreement between them. Freud, asserted: "The patient's sick ego promises us the most complete sincerity ... We, on the other hand, promise the client to be extremely careful and offer our experience of interpreting material influenced by the unconscious at his service." The fundamental rule that clients must adhere to is the free association rule. Clients should tell analysts whatever comes to their mind, even if it's unpleasant and even if it seems pointless. Analysts encourage clients to avoid self-criticism as much as possible and to share all of their thoughts, feelings, ideas, memories and associations. The use of free association helps to release

suppression by transforming the material contained in the unconscious into the conscious one.

Transfer

From the earliest period of his work as a psychoanalyst, Freud attached great importance to the relationship with clients. He found that clients perceive analysts as reincarnations of figures who played an important role in their childhood and transfer to them the feelings and emotions (moderate to intense) that were directed at these figures in the past. Freud talks about the transference of love and notes that this love is dual, which is a mixture of attachment and its "downside" - hostility, a mixture of the idea of the object of love as an exclusive person and jealousy. The transference is the transformation of the original neurosis into the transference neurosis in relation to the analyst.

Porting has at least three benefits. First, it can be positive at first, and this plays into the hands of analysts, since clients in this case work to please them. A weak ego can become stronger and the client can make progress out of love for the analyst. Second, when clients put analysts in the shoes of their fathers or mothers, they give the consultants access to the power that their superego has over the ego. Analysts, acting in the role of new superegos, can use the resulting power for "a kind of post-education of neurotics." Analysts can correct past mistakes made by clients' parents in raising their children. However, analysts must always respect their clients' need for independence. Third, during the transfer, clients reproduce, and not just remember, important moments that took place in their lives. Clients disclose to analysts their mental attitudes and defensive reactions associated with their neuroses.

Almost invariably, transference becomes negative and hostile over time, thus becoming resistance. The beginning of negative transference is due to the fact that analysts frustrate clients, as they do not want to satisfy their erotic demands. The resurgence of pathogenic conflicts gives analysts access to much of the repressed material, the understanding of which helps them to strengthen the egos of their clients.

The ability to work with transferences is necessary for analysts, as they must constantly show clients the prototypes of feelings that clients experienced in childhood. Analysts should be careful not to get out of hand with transferences. They can alert customers to this opportunity; in addition, analysts must be vigilant to be able to notice early signs of such a phenomenon. Analysts can also encourage clients not to act on the basis of transferences outside of psychoanalysis.

Resistance

Free associations are not really completely free, as the associations arise in clients within the context of psychoanalysis. Thus, whatever comes to the mind of clients has some connection with the psychoanalytic situation, and clients tend to resist reproducing the repressed material. Resistance, at its simplest level, involves deliberate failure to adhere to a fundamental rule. Even if this level is overcome, resistance will find less obvious means of expression. The client's ego is frightened by the potential for displeasure that might be caused by exploring material repressed in the unconscious. The ego protects itself from the repressed id by anti-cathexis. The stronger the threat from the repressed material, the more persistently the ego clings to its anti-cathexis and the further the client associations are from the unconscious material that analysts seek to elicit.

Freud described all the forces that prevent clients from getting well as their resistance. One type of resistance is the suppression resistance described above. The second type of resistance is transference resistance, which has also already been discussed. The third type of resistance is resistance to giving up the beneficial consequences of the disease. The fourth type of resistance is the resistance of the id, which can resist a change in the direction of its satisfaction and needs to be "worked through" that will help to find a new way of satisfaction. The fifth type of resistance comes from the superego, an unconscious feeling of guilt or an unconscious need for punishment, which prompts the individual to resist any success achieved during the analysis. Clients feel they should stay sick because they don't deserve anything better. This is the most powerful type of resistance that analysts fear the most.

The struggle to overcome resistance is the main work of psychoanalysts, and it is not easy to quickly achieve positive results. The forces that help analysts overcome client resistance are clients' need for recovery, whatever intellectual interest clients may have

exhibit to the analytic process, and, most importantly, positive client-to-analyst transfers.

Interpretation

Interpretations are constructs, or explanations. You can interpret both what happened to the clients and was forgotten by them, and what is now happening with the clients and what they do not understand. Interpretation is the means by which repressed and unconscious material is transformed into preconscious material and into consciousness. Analysts use interpretation not only to understand the impulses of the id, but also to help

clients understand the defenses and resistances that their egos use to deal with repressed material and thwart analysts' attempts. Interpretation, in particular, involves filling in the gaps that exist in the memory of clients. Analysts interpret the impulses that have become the subject of suppression and the objects with which these impulses are associated; the purpose of this interpretation is to help clients replace suppression with rational actions appropriate to the current situation rather than to situations in childhood. The analyst works with the client's ego, urging that ego to overcome resistance and to take control of the libidinal energy hitherto suppressed. Unconscious impulses are criticized by tracing their path to their very source. h

Material for interpretation can be obtained from a variety of sources, such as free client associations, clauses (parapraxes), dreams, analyst transference. Analysts must make a clear distinction between their own knowledge and that of clients. Timing the interpretation correctly is very important; attempts by analysts at the wrong time are met with resistance from clients. Therefore, clients must be very close to insight before analysts engage in interpretations. And the more details that have been forgotten by clients are reflected in the interpretations, the easier it is for clients to accept those interpretations. In the later stages of psychoanalysis, working through is carried out with the help of repeated interpretations, and often this stage of analysis is the most difficult and often the working out remains incomplete.

Interpretation of dreams

An important, sometimes most important, part of psychoanalytic technique is the interpretation of dreams. When Freud invited his clients to inform him of every idea or thought that came to their mind in connection with a particular topic, among other things, the clients retelling their dreams to Freud. From this, Freud concluded that "a dream can be inserted into a mental chain that can be traced back to the memory of a pathological idea". During sleep, the overwhelming influence of the ego is weakened and, therefore, the unconscious material is realized in the form of dreams.

Freud viewed the dream as

fulfillment of desires, the disguised fulfillment of repressed desires. However, even in sleep, the ego still continues to censor the repressed material to some extent, so the thoughts hidden in dreams are distorted in such a way that the apparent content of the dreams becomes less

threatening. In fact, dreaming is a compromise between the repressed id impulses and the protective action of the ego.

Dream interpretation implies understanding the thoughts hidden in dreams, which are masked in the process of "sleep work". The elements of sleep work include the compression of thoughts hidden in dreams into a much smaller content of dreams, the redistribution of psychic energy between the elements, and the use of symbolism. Symbols in dreams often represent sexual material.

Final comment

Freud identified three main components in psychoanalysis.

First, it is the motivation of weakened ego clients to participate in intellectual work related to interpretation, with the aim of filling gaps in their psychic resources and transferring the power of their superego to analysts.

Second, it is the stimulation of the ego of the clients to combat each of the demands of the ID and to overcome the resistance that arises in connection with the presentation of these demands.

Thirdly, it is the restoration of order in the Ego of clients "through the detection of material and impulses that have broken through from the unconscious." The formation of such material is traced back to its source, after which this material is criticized. Freud believed that, ultimately, the effectiveness of psychoanalysis depends on the quantitative ratio of the energy that the analyst was able to mobilize from the client for his own benefit, and the energy of forces working against the client.

Limitations. The following limiting factors are a part of psychoanalysis:

- The classical psychoanalytic approach is **time-consuming** and expensive. A person who undergoes psychoanalysis is usually seen three to five times a week over a period of years.
- The approach does not seem to lend itself to working with older clients or even a large variety of clients. –Patients benefiting most from analysis are mainly –middle-aged men and women oppressed by a sense of futility and searching for meaning in life.
- The approach has been claimed almost exclusively by psychiatry, despite Freud's wishes. Counselors and psychologists without medical degrees have had a difficult time getting extensive training in psychoanalysis.

- The approach is based on many concepts that are not easily communicated or understood—the id, ego, and superego, for instance. Psychoanalytical terminology seems overly complicated.
- The approach is deterministic. For instance, Freud attributed certain limitations in women to be a result of gender—that is, of being female.
- The approach does not lend itself to the needs of most individuals who seek professional counseling. The psychoanalytic model has become associated with people who have major adjustment difficulties or want or need to explore the unconscious.

Questions for self-control, reflection and discussion

1. Indicate the main approaches to understanding the functioning of the psyche in the theory of Z.Freud.
2. Why is psychoanalysis referred to as a dynamic approach?
3. Describe the stages of psychosexual development.
4. What are the functions of defense mechanisms?
5. Justify the views of Z.Freud on the genesis of neurosis.
6. Determine the meaning and meaning of the term "transfer" in the context of psychoanalysis.

ADLERIAN THEORY

Adlerian theory focuses on social interests as well as the purposefulness of behavior and the importance of developing a healthy style of life. The therapeutic approach that has grown out of this theory is internationally popular.

Adlerian Counseling

FOUNDERS/DEVELOPERS. Alfred Adler (1870–1937) was the founder of the Adlerian approach to counseling, also known as **Individual Psychology** (to emphasize the holistic and indivisible nature of people). He was a contemporary of Sigmund Freud and even a member of his Vienna Psychoanalytic Society. However, Adler differed from Freud about the importance of biological drives as the primary motivating force of life and stressed the importance of subjective feelings and social interests. His theory is more hopeful. Individual psychology waned in popularity after his death but was revitalized by Rudolph Dreikurs, Manford Sonstegard, Oscar Christensen, Raymond Corsini, Donald Dinkmeyer, and Thomas Sweeney, among others.

View of human nature. A central idea for Adler in regard to human nature is that people are primarily motivated by social interest, that is, a feeling of being connected to society as a part of the social whole, an active interest in and empathy with others, as well as a need and willingness to contribute to the general social good. Those with social interest take responsibility for themselves and others and are cooperative and positive in regard to their mental health. –Those who are failures, including neurotics, psychotics, and criminally oriented individuals are failures because they are lacking in social interest.

Adler's theory holds that conscious aspects of behavior, rather than the unconscious, are central to the development of personality. A major Adlerian tenet is that people strive to become successful (i.e., the best they can be), a process he called striving for perfection or completeness. There is also a tendency for each person initially to feel inferior to others. If this feeling is not overcome, the person develops an inferiority complex. Such a complex, if not changed, becomes the basis by which one's personality is defined. In contrast, a person who overcompensates for feelings of inferiority develops a superiority complex, which is what Adler also described as a neurotic fiction that is unproductive. Adler believed that people are as influenced by future (teleological) goals as by past causes.

His theory also places considerable emphasis on birth order: those who share ordinal birth positions (e.g., firstborns) may have more in common with one another than siblings from the same family (Dreikurs, 1950). Five ordinal positions are emphasized in Adlerian literature on the family constellation: firstborns, secondborns, middle children, youngest children, and only children.

In addition to birth order, the family environment is important to a person's development, particularly in the first 5 years of life. Adlerian theory stresses that each person creates a style of life (an individual's methods of relating to others, viewing the world, and governing behavior) by age 5. This is done by the child primarily through interacting with other family members. A negative family atmosphere might be authoritarian, rejecting, suppressive, materialistic, overprotective, or pitying, whereas a positive family atmosphere might be democratic, accepting, open, and social. Nevertheless, perception of the family atmosphere, rather than any events themselves, is crucial to the development of a style of life.

Individuals behave as if the world were a certain way and are guided by their fictions—that is, their subjective evaluations of themselves and their environments. Overall, Adlerians believe there are three main life tasks: society, work, and sexuality. As mentioned previously, Adlerian theory places strong emphasis on developing social interest and contributing to society. The theory holds that work is essential for human survival and that we must learn to be interdependent. Furthermore, a person must define his or her sexuality in regard to self and others, in a spirit of cooperation rather than competition. Adler also mentions two other challenges of life, although he does not fully develop them: spirituality and coping with self. According to Adlerian theory, it is crucial to emphasize that, when facing any life task, courage (a willingness to take risks without knowing what the consequences may be) is required.

Role of the counselor. Adlerian counselors function primarily as diagnosticians, teachers, and models in the equalitarian relationships they establish with their clients. They try to assess why clients are oriented to a certain way of thinking and behaving. The counselor makes an assessment by gathering information on the family constellation and a client's earliest memories. The counselor then shares impressions, opinions, and feelings with the client and concentrates on promoting the therapeutic relationship. The client is encouraged to examine and change a faulty lifestyle by developing social interest.

Adlerians are frequently active in sharing hunches or guesses with clients and are often directive when assigning clients homework, such as to act—as if the client were the person he or she wants to be. Adlerian counselors employ a variety of techniques, some of which are borrowed from other approaches.

Goals. The goals of Adlerian counseling revolve around helping people develop healthy, holistic lifestyles. This may mean educating or reeducating clients about what such lifestyles are as well as helping them overcome feelings of inferiority. One of the major goals of Adlerian counseling is to help clients overcome a faulty style of life—that is, a life that is self-centered and based on mistaken goals and incorrect assumptions associated with feelings of inferiority. These feelings might stem from being born with a physical or mental defect, being pampered by parents, or being neglected. The feelings must be corrected, and inappropriate forms of behavior must be stopped. To do so, the counselor assumes the role of teacher and interpreter of events. Adlerian counseling deals with the whole. The client is ultimately in charge of deciding whether to pursue social or self-interests.

Techniques. The establishment of a counseling relationship is crucial if the goals of Adlerian counseling are to be achieved. Certain techniques help enhance this process. Adlerian counselors try to develop a warm, supportive, empathic, friendly, and equalitarian relationship with clients. Counseling is seen as a collaborative effort. Counselors actively listen and respond in much the same way that person-centered counselors do.

After a relationship has been established, the counselor concentrates on an analysis of the client's lifestyle, including examination of the family constellation, early memories, dreams, and priorities. As previously noted, the family constellation and the atmosphere in which children grow greatly influence both self-perception and the perceptions of others. No two children are born into the same environment, but a child's ordinal position and assessment of the family atmosphere have a major impact on development and behavior. Often, a client is able to gain insight by recalling early memories, especially events before the age of 10. Adler contended that a person remembers childhood events that are consistent with his or her present view of self, others, and the world in general. Adlerian counselors look both for themes and specific details within these early recollections. Figures from the past are treated as prototypes rather than specific individuals.

Recent and past dreams are also a part of lifestyle analysis. Adlerian theory holds that dreams are a possible rehearsal for future courses of action. Recurrent dreams are especially important. A look at the client's priorities is helpful in understanding his or her style of life. A client may persist in one predominant lifestyle, such as always trying to please, unless challenged to change.

Counselors next try to help clients develop insight, especially by asking open-ended questions and making interpretations. Open-ended questions allow clients to explore patterns in their lives that have gone unnoticed. Interpretation often takes the form of intuitive guesses. The ability to empathize is especially important in this process, for the counselor must be able to feel what it is like to be the client before zeroing in on the reasons for the client's present behaviors.

At other times, interpretations are based on the counselor's general knowledge of ordinal position and family constellation.

To foster behavioral change, the Adlerian counselor uses specific techniques:

- **Confrontation.** The counselor challenges clients to consider their own private logic. When clients examine this logic, they often realize they can change it and their behavior.
- **Asking –the question.** The counselor asks, –What would be different if you were well? Clients are often asked the question during the initial interview, but it is appropriate at any time.
- **Encouragement.** Encouragement implies faith in a person. Counselors encourage their clients to feel good about themselves and others. They state their belief that behavior change is possible for clients. Encouragement is the key to making productive lifestyle choices in learning and living.
- **Acting –as if.** Clients are instructed to act –as if they are the persons they want to be— for instance, the ideal persons they see in their dreams. Adler originally got the idea of acting –as if from Hans Vaihinger, who wrote that people create the worlds they live in by the assumptions they make about the world.
- **Spitting in the client's soup.** A counselor points out certain behaviors to clients and thus ruins the payoff for the behavior. For example, a mother who always acts superior to her daughter by showing her up

may continue to do so after the behavior has been pointed out, but the reward for doing so is now gone.

- Catching oneself. Clients learn to become aware of self-destructive behaviors or thoughts. At first, the counselor may help in the process, but eventually this responsibility is taken over by clients.
- Task setting. Clients initially set short-range, attainable goals and eventually work up to long-term, realistic objectives. Once clients make behavioral changes and realize some control over their lives, counseling ends.
- Push button. Clients are encouraged to realize they have choices about what stimuli in their lives they pay attention to. They are taught to create the feelings they want by concentrating on their thoughts. The technique is like pushing a button because clients can choose to remember negative or positive experiences.

Contributions. The Adlerian approach to counseling has a number of unique contributions and emphases:

- The approach fosters an equalitarian atmosphere through the positive techniques that counselors promote. Rapport and commitment are enhanced by its processes, and the chances for change are increased. Counselor encouragement and support are valued commodities. Adlerian counselors approach their clients with an educational orientation and take an optimistic outlook on life.
- The approach is versatile over the life span. –Adlerian theorists have developed counseling models for working with children, adolescents, parents, entire families, teacher groups, and other segments of society. Play therapy for children ages 4 to 9 seems to be especially effective.
- The approach is useful in the treatment of a variety of disorders, including conduct disorders, antisocial disorders, anxiety disorders of childhood and adolescence, some affective disorders, and personality disorders (Seligman).
- The approach has contributed to other helping theories and to the public's knowledge and understanding of human interactions. Many of Adler's ideas have been integrated into other counseling approaches.
 - The approach can be employed selectively in different cultural contexts (Brown). For instance, the concept of

–encouragement is appropriately emphasized in working with groups that have traditionally emphasized collaboration such as Hispanics and Asian Americans, whereas the concept –sibling rivalry may be highlighted with traditional European North Americans who stress competition.

Limitations. Adlerian theory is limited in the following ways:

- The approach lacks a firm, supportive research base. Relatively few empirical studies clearly outline Adlerian counseling's effectiveness.
- The approach is vague in regard to some of its terms and concepts.
- The approach may be too optimistic about human nature, especially social cooperation and interest. Some critics consider this view neglectful of other life dimensions, such as the power and place of the unconscious.
- The approach's basic principles, such as a democratic family structure, may not fit well in working with clients whose cultural context stresses the idea of a lineal social relationship, such as with traditional Arab Americans (Brown).
- The approach, which relies heavily on verbal erudition, logic, and insight, may be limited in its applicability to clients who are not intellectually bright (James & Gilliland, 2013).

Questions for self-control, reflection and discussion

- 1) As you understand the following reasoning of A. Adler: "To be human means feeling your insufficiency."
- 2) Indicate the sources of neurosis from the standpoint of individual psychology.
- 3) Uncover The contents of the following three-variants lifestyle: adaptive, compensatory and neurotic.
- 4) Do you think two people can have the same lifestyle?
- 5) What is the influence of family socialization forming the life style of the child?
- 6) Expand the content of the concept of the family hierarchy. What is its significance for pedagogy and applied psychology?
- 7) What psychological techniques for developing social interest do you know?

8) How does the creative self influence the formation of a person's lifestyle?

Topic 7 Humanistic approach in counseling and psychotherapy: person-centered counseling, existential counseling

Introduction

The term humanistic, as a descriptor of counseling, focuses on the potential of individuals to actively choose and purposefully decide about matters related to themselves and their environments. Professionals who embrace humanistic counseling approaches help people increase self-understanding through experiencing their feelings. The term is broad and encompasses counseling theories that are focused on people as decision makers and initiators of their own growth and development. Three of these theories are covered here: person-centered, existential, and Gestalt.

Person-centered counseling

- Person-centered, or client-centered, theory emphasizes the importance of the self-concept of people, depending on the way in which they are aware of and define themselves.
- The desire for actualization, inherent in the body and making it possible for its self-preservation and self-enhancement (enhance), is the only motivating stimulus for people. The self-concept develops in people very early. Many of the self-concepts that form the self-concept are probably based on their own organismic appraisal process. However, other self-concepts reflect the learned concepts of the values of others, seen as concepts based on their own organismic evaluative process. Thus, a conflict arises between the striving for actualization and the self-concept, which is a subsystem of the striving for actualization. This conflict prevents the correct perception of both internal and external experiences. Enhance - to enhance, increase quality or value.
- Anticipation is a mechanism by which the body senses, in which the experience is not consistent with the self-concept. Depending on the degree of threat posed by the experience, the organism can defend its self-concept by rejecting the experience or distorting its perception. People are psychologically well-off to the extent that their self-image allows them to perceive significant sensory and visceral experiences.
- Discusses Rogers and Maslow's goals in counseling and in life. Six key characteristics of self-image of fully functioning, or self-actualizing, people have been identified: openness to experience, rationality, personal responsibility, self-esteem, the ability to

establish and maintain good personal relationships, and an ethical lifestyle.

- In the practice of person-centered counseling, the emphasis is on the quality of interpersonal relationships. The central starting point is that if consultants create a certain atmosphere in building relationships with clients, then the personality of those clients changes constructively. No preliminary estimate is given. A person-centered counselor provides all clients with relationship congruence, unconditional positive attitude, and empathy.
- Creation of such an atmosphere encourages clients to develop congruence in relationships, self-esteem and empathy. Thus, clients are in the process of becoming a personality and regulating their own lives.

Perceptual or subjective belief system

Rogers writes about his fundamental belief in the subjective. He notes that a person essentially lives in his own personal and subjective world, and even his most objective functioning, for example in science, in particular in mathematics, is the result of movement towards a subjective goal and subjective choice. It is this emphasis on the subjective, perceptual view of clients that has led to the adoption of the term "client-centered." Customer perception is seen as their version of reality.

Later, Rogers repeatedly emphasized that the only reality that people can learn is the world that they perceive individually, and the experience of the moment. Believing that there is a "real world" that anyone can agree on is a luxury that the human race cannot afford. Such belief leads to the development of false beliefs, just as belief in technology has brought our species to the brink of destruction. The essence of Rogers' alternative hypothesis is that there are as many types of reality as there are people. Moreover, people more and more often –internally and organically reject the idea of a single, society-approved reality.

Updating trend

Rogers believed that there was a tendency in the universe to promote its development.

The trend towards actualization is the only major motivational internal impulse. Each organism has an innate tendency to develop its abilities in order to maintain, reproduce itself, as well as expand the boundaries of its "I". The tendency of actualization always acts in all

organisms and is a distinctive feature in determining whether a given organism is alive or dead. The body is always striving for something. In addition, the trend towards actualization includes further differentiation of organs and functions.

Rogers, drawing on his experience of individual and group counseling and his efforts to give students the freedom to learn in classrooms, concludes that –it seems that it's most common for an individual human being to deliberately strive for wholeness, for the actualization of their potentialities.‖

The cornerstone of both therapeutic and political thinking of Rogers was the following belief: through the desire for actualization, people move towards self-regulation, towards self-improvement and get rid of control from outside forces.

The trend towards actualization is mostly positive. Rogers believed in the wisdom of the organism, –believed in the presence of a constructive desire in every individual to fully realize the available potential‖. People are able to direct and control themselves, as well as regulate their behavior under certain specific conditions. Using a person-centered approach, consultants make a unitary diagnosis: "All psychological difficulties are caused by blockages in the desire for actualization." Consequently, it is the job of counselors to use this positive motivational incentive inherent in all people.

The organic assessment processes

In order to get an adequate understanding of the real (or true) and unique "I", it is necessary to understand the essence of the concept of the organismic evaluative process. This process implies a scrupulous continuous review of experience and placement within this experience of values in a certain order in accordance with their ability to meet the needs associated with the trend of actualization. For example, observing the behavior of infants shows that they prefer experiences that support and improve their bodies (such as curiosity and safety) and reject experiences that do not support or improve their bodies (such as pain and hunger). Viewed in this way, experience appears to be an organismic rather than a conscious symbolic process. Appraisal processes and beliefs about values, reflected in various experiences, seem to originate in infancy (babies respond to their own sensory and visceral signals). As people grow up, their evaluative processes increasingly help them achieve a level of self-actualization that allows them to be aware of and feel inner experiences.

Experience and experience

Rogers uses the term sensory and visceral experience in a psychological rather than a physiological sense. You can try another way to explain what is meant by sensory and visceral experiences. A person is constantly exposed to events and is faced with facts that can be realized with the help of sensory and visceral elements inherent in the body from birth. People may not be aware of much of what they are experiencing. For example, when you are sitting, you may not feel your buttocks until you draw your attention to them. Another example - you may not be aware of the physiological aspects of hunger, because you are too passionate about work or play. However, this experience is potentially available for conscious understanding. The full range of experience available at any given moment can be called an "experiential", "perceptual" or "phenomenal" field. Rogers emphasized that he does not imply physiological processes, such as neuron functioning or blood sugar changes, when he considers experience from a psychological point of view and defines it accordingly.

The word "experience" means that the body is receiving any kind of sensory or visceral experience that is currently taking place. Feeling experience involves the individual receiving both emotional content and personal meaning or cognitive content that are –inextricably linked at every moment. Experiencing a feeling completely means that the experience, awareness and expression of a given feeling are absolutely congruent.

Perception and awareness

The words "perception" and "awareness" are in fact synonymous in personality-centered theory. If the experience is perceived, then it entered consciousness, and, no matter how vague the understanding of this experience, it does not need to be expressed using verbal symbols. It is possible to formulate this thesis in another way: "to perceive" means "to be aware of the presence of stimuli or experiences." Rogers believed that perception and awareness are transactional in nature and are constructs based on past experience, as well as a kind of hypothesis or prediction of the future. Perception or awareness may or may not be related to experience or –reality. Reflection of experience in consciousness in the form of precise symbols means that the hypothesis that exists in consciousness in a latent form will manifest itself if it influences the process of understanding. Many types of experiences cannot be reflected in consciousness in the form of precise symbols due to the presence of defensive denials and distortions. Other experiences, such as the feeling of

the buttocks when sitting in a chair, may not be perceived by the individual, since they are not important for the actualization trend.

The emergence of awareness, or conscious attention, is one of the most recent evolutionary events that occurred in the development of the human race. Rogers saw it as –the pinnacle of a great pyramid of subconscious organismic functioning. When a person functions normally, the consciousness reflects the process of vital activity of the organism in the form in which it takes place at the moment. However, people often function abnormally, while they organically move in one direction, while their conscious life flows in the other direction.

Authors contributions

Person-centered theory can be made clearer to the reader by distinguishing between self and self-concept.

"I" can be viewed as a real, basic organismic "I". This meaning is given to the word "I" when used in popular expressions such as "Be faithful to your own I", "Be yourself".

Self-concepts of people are their perception of themselves, which does not always correspond to their own experience or the organismic self. Thus, ideally, the desire for actualization refers to self-actualization, characterized by the synonymy or congruence of the aspects of "I" and I- concept. However, in those cases when the –I and the I-concept are not congruent, the desire to actualize the idea of oneself can hinder the satisfaction of a deeper need to actualize the organismic –I. In his writings, Rogers does not always explicitly point out the above difference, but always implies it.

Early stage of self-concept development

I-concept is the "I" perceived by the individual or what the person means when he says "I" or "me." At the initial stage, the self-concept is usually formed largely on the basis of personal experience, events occurring in the phenomenal sphere and singled out by the individual as –I or –himself, even if at the pre-verbal level.

For example, babies who discover their toes may include the fact that they have toes in their Self-concept. In the same way, hungry babies can incorporate into their self-concept the fact that they negatively value hunger. As young people interact with their environment, more and more experiences can be symbolized in the mind as personal experiences. Individuals also develop a self-concept when interacting with other people who matter to them and treat them as separate –I. Self-concept includes

both people's perception of themselves, and changing positive and negative assessments associated with the perception of themselves.

Value conditions

The need for positive attitude from others is a need acquired and developed in early infancy. The expression "positive attitude" in this book means the individual's feeling that he is not indifferent to another (in a positive sense) in the empirical field of that other. It is likely that in many cases the behavior of young people and the experience of this behavior will cause a positive attitude from others and, therefore, these people will satisfy their need for a positive attitude. For example, a child's smile addressed to a parent can reflect both a pleasant experience and a positive attitude.

In other cases, however, young people may feel that their experiences are in conflict with their need for positive attitudes from others who matter to them. Rogers gives the following example. The child feels satisfaction when he hits his little brother, but is influenced by his parents who say: "You are bad, your behavior is bad, no one will love you and everyone will consider you unattractive if you behave this way." ... As a result, the child may not admit that beating a younger brother is related to pleasure, which stems from his own experience, but that child is likely to add negative value to the experience by adopting the point of view held by his parents in order to satisfy his needs for a positive attitude on their part. Thus, instead of accurately symbolizing the experience (—My behavior makes me feel satisfied, but my parents find this behavior unacceptable), distorted symbolization may arise (—I perceive this behavior as unsatisfactory)/ Valuations based on the opinion of others rather than the individual's own organismic evaluative process are called value conditions. The terms of value are extremely widespread, since all too often "the behavior of individuals is culturally conditioned, and people are rewarded and rewarded for behavior that is in fact a perversion of the natural directives of the unitary tendency of actualization".

The concept of value conditions is very important because it implies that people develop a second kind of valuation process. The first type is an organismic evaluation process that correctly reflects the trend of actualization. The second type is a process associated with the conditions of value, based on the internalization or "introjection" of other people's assessments (assessments that in a distorted form reflect the trend of actualization, serving to hinder the expression of this trend). However, people misunderstand the essence and significance of this second kind of

evaluative process, since they believe that decisions based on it are in fact based on their organismic evaluation process. Thus, people often seek or avoid certain experiences in order to satisfy their false rather than real needs.

Family life

How parents establish relationships with their children depends on the degree of adequacy of the self-concepts of the parents. Gordon, co-author of Rogers' 1951 book *Client-centered Therapy*, emphasized that parental self-acceptance or self-esteem may be correlated with parental acceptance of their children's behavior, although this correlation does not represent something static. Rogers found that parents can only be unconditionally positive about their child to the extent that they unconditionally respect themselves. By "unconditional positive attitude" Rogers meant the ability of parents to value a child highly even when they cannot evaluate all his actions in the same way. The higher the degree of unconditional positive attitude of the parents to the child, the fewer the conditions of value in the child and the higher the level of his psychological adaptation. Simply put, well-functioning parents create the conditions for the development of well-functioning children. In 1970, Gordon published *Parent Effectiveness Training*, which he wrote based on Rogers' principles. In this book, Gordon tries to teach parents how to listen and speak to their children so that the idea that they are worthy of appreciation is ingrained in the minds of children.

Influence of Value Conditions on Self-Concept

People differ from each other in the degree of their assimilation of the conditions of value, which depends not only on the "amount" of unconditional positive attitudes that other people who matter to them offer to individuals, but also on how strongly these individuals show empathic understanding and congruence. What people need for a positive attitude determines their ability to assimilate (introject) the conditions of value. In some individuals, self-concepts develop in such a way that it becomes possible to accurately perceive most of the experience gained. However, even the most fortunate people, in all likelihood, internalize some conditions of value, as for the less fortunate, they are doomed to internalize many conditions of value.

Here are some examples of value conditions: –Achieving a goal is very important, and I will be an inferior person if I do not achieve my goal,||
–Making money is very important, and if I cannot do it, then I am a failure||,
–Sex fantasies and sexual behavior is mostly bad, and I should

dislike myself for celebrating them. " The assimilation of the conditions of value entails the assimilation of assessments associated not only with what people should be, but also with how they should feel themselves if they feel that they are not what they should be. Rogers believed that most people, as a rule, are guided mainly by internalized assessments, seeing them as unchanging concepts, the correctness of which is rarely checked. Thus, there is not only alienation of people from their experience, but also a decrease in their level of self-esteem, as a result, people lose the ability to value themselves highly enough. In addition, by assimilating the conditions of value, people master the process by which they themselves reduce the level of self-esteem, or, in other words, contribute to "their own oppression."

Marriage and education

From the standpoint of a personality-centered theory, the conditions for the development of adequate self-concepts and the reintegration of inadequate self-concepts are essentially the same. Both include the characteristics of kind and loving interpersonal relationships. Unfortunately, the development of both adequate and inadequate self-concepts is not limited to the period of childhood and adolescence, or family life.

Rogers believed that helping people develop adequate self-concepts was possible in many situations. Most people do not self-actualize enough, because they are overwhelmed by the terms of value. As he gained experience in counseling, Rogers turned more and more attention to the problems of those individuals who are least out of balance. Relationships between partners, marriage or any other, can stimulate their growth and development; in the presence of such relationships, the conditions of value disappear, and the level of self-esteem increases. In *Becoming Partners* described the following touching case as an example. One Rogers client, Joe, cared tirelessly and lovingly for his friend Irene and continued to believe in her potential despite the fact that Irene originally had the following Self-concept: —I will not let you see a small, black, rotten, ugly ball, which I have buried within myself and which is the real —I, unattractive and unwanted.

Rogers also drew attention to the fact that the contribution made by educational institutions in creating the emotional climate necessary for the development of healthy self-concepts is not highly appreciated. Rogers placed particular emphasis on experiential learning, which is self-initiated by students and reflects their concerns and needs rather than the concerns

and needs of teachers or administrators. In addition, Rogers focused on interpersonal and intergroup relationships; he considered the belief in the tendency of actualization to be an indicator of the democratization of relations (democratic distribution of power and control).

PSYCHOLOGICAL CAUSES OF PROBLEMS

Working consultants are primarily concerned with figuring out not how clients came to be as they are, but rather what is currently causing clients to engage in behaviors that do not meet their real needs. To fully understand the personality-centered theory and gain the necessary practical experience, it is necessary to understand the essence of the concept of conservation, to understand how inadequate ideas and behavior are fixed, despite the fact that it often becomes impossible to satisfy existing needs. Person-centered theory can be viewed as a theory of human information processing, or as a theory of processing experience into perception. Here, the conditions of value are of great importance, especially for those who are out of balance.

Experience processing

Rogers noted that when a person has a particular experience, there are four possibilities. Rogers talked about four types of reaction to experience - four ways of processing experience. First, like sensations, there is

repenting while sitting on a chair, the experience gained can be ignored. Secondly, the experience can be accurately perceived and organized through involvement in some relationship with the self-concept due to the fact that this experience meets the needs of the self or it is compatible with the self-concept and therefore strengthens it. Third, the perception of experience can be distorted in such a way that it becomes possible to resolve the conflict between the self-concept and the experienced experience. For example, students with low self-esteem, when they receive some positive feedback after writing an essay on a given topic, may think, "The teacher did not read my essay carefully" or "The teacher must have low standards." Fourth, the experience may be rejected or not accepted at all. For example, self-image can be strongly influenced by Puritan upbringing, so people are often unable to feel their desire for sexual gratification.

It has already been noted that humans have two kinds of appraisal process: their own organismic appraisal process and an internalized process based on the conditions of value. Poorly functioning people do not come into contact with their own appraisal process in large areas of

experience. In these realms, the self-concepts of individuals are based on conditions of value that cause many of their own experiences to be distorted and denied. On the other hand, well-functioning people have fewer conditions of value and are therefore able to accurately perceive most of their experiences.

Both well-functioning and poorly functioning people are motivated by the urge to actualize. In addition, all people have a general tendency towards self-actualization or towards actualization of that part of the organism's experience that is symbolized in the Ego. Self-concepts of well-functioning people allow them to perceive the most essential sensory and visceral experience, therefore self-actualization of such people does not lead to blocking their tendency to actualize. In poorly functioning people, splitting occurs, and –the general tendency to actualize the organism may come into conflict with the tendency to actualize one's own ego. Poorly functioning people are involved in a self-actualization process that is insufficiently based on an organismic appraisal process. Consequently, while well-functioning people are able to interact with other individuals and with the environment based on (mostly) realistic information, poorly functioning people are only marginally capable of this.

Non-congruence between self-concept and experience

When experience is accurately symbolized and incorporated into the self-concept, there is a state of congruence between the self: the concept and the experience, or, in other words, between the self-concept and the organismic Ego. However, when experience is rejected and distorted, a state of incongruity arises between self-concept and experience. This state of incongruence can occur in both positive and negative experiences. Clients of consultants usually have a low self-concept and often deny and distort positive feedback received from the outside, as well as suppress the positive feelings that arise within them.

Threat, anxiety and anticipation

Rogers uses the term –subception^{ll} to describe the mechanism by which sensory and visceral experiences related to the actualization tendency may be rejected or imprecisely perceived. Rogers cites the following conclusion drawn by McCleary and Lazarus: –Even when the subject is unable to make and communicate visual distinctions, he is still able to distinguish stimuli at some level lower than that at which more conscious recognition^{ll}. Anticipation involves the filtering of experience, so that experiences that contradict and threaten the self-concept can be eliminated or altered. In this way, the body can evaluate the experience

without using the higher nerve centers responsible for conscious understanding or perception. The process of anticipation is a mechanism for protecting the self-concept, which is activated in response to the threat of violation of the structure of the self-concept or a set of self-concepts.

Anxiety is a state of discomfort or tension that is the body's response to "anticipation." In anxiety, inconsistency or incongruity between self-concept and experience can creep into perception or understanding, thus causing changes in the currently dominant self-concept. The term *intensionality* is used to describe the characteristics of an individual in a defensive position. Intensional reactions involve taking an absolute and rigid view of experience, over-generalization, confusion of facts and assessments, and a tendency to rely more on abstractions than on reality testing.

Disruption and disorganization

This section deals with serious disorders. Self-concepts of very poorly functioning people block the correct perception of large areas of their essential sensory and visceral experience. However, if a situation arises in which significant experiences are experienced suddenly or too violently in an area of high incongruence, defenses may be ineffective. Thus, one can not only experience anxiety to the extent that something threatens the self-concept; with ineffective defense mechanisms, experience can be accurately symbolized in understanding. Defense mechanisms become ineffective in a situation where the intensity and significance of this experience for a person is great, or the appearance of this experience is unexpected. The previously blocked experience, as it were, "breaks through" into consciousness. People find themselves face to face with so much rejected experience that they are unable to cope with it; as a result, a state of disorganization develops and the likelihood of a psychotic breakdown increases. Rogers noted that he is aware of cases of psychotic breakdowns that have occurred when people have resorted to several different types of "therapy" at the same time, as well as when clients prematurely accessed the material while under the influence of sodium pentatol. Once extreme psychotic arousal is manifested, defense mechanisms can be triggered to protect people from the pain and anxiety generated by the perceived incongruity of their experiences and the difficulties of life.

The importance of self-concept

The self-concept of a person (especially a certain perception of oneself, which is seen as fundamental) is a fundamental concept for

understanding how psychological inconsistency persists. Self-concept is important to people because it is a collection of perceptions of oneself or a set of means by which people interact with life in such a way that they manage to satisfy their needs. Effective self-concepts allow people to perceive experience realistically, whether the experience comes from their body or from the environment; in other words, such self-concepts make people open to experience.

Ineffective self-concepts can persist for a number of reasons. First, like effective self-concepts, ineffective self-concepts are perceived as a means of satisfying a need and a source of personal adequacy. Secondly,

ineffective self-concepts contain many conditions of value that may have been functional at one of the stages of life, but have now become completely useless. However, since ineffective self-concepts are generated by people's need for a positive attitude, they can be deeply embedded in the structure of self-concepts as a kind of "emotional baggage." Third, the more deeply the conditions of value are embedded, the more persistently they persist, since changing them would cause anxiety due to the perceived incongruence of self-concepts and experienced experience. Fourth, the conditions of value tend to lower self-esteem and thus reduce the likelihood that people will develop the confidence needed to acknowledge their spheres of incongruence and confront that incongruence. Both well- functioning and poorly functioning people have a threshold area in which they can assimilate incongruent perceptions into their self-concepts. This threshold region in poorly functioning people appears to be narrower and more rigidly defined.

Characteristic features of the self-concept

Since the self-concept, sometimes called the concept of –self-structure,|| –perceived ego,|| –phenomenal self,|| or simply –self,|| is fundamental to personality-centered theory, I will briefly describe some of its characteristics.

Content areas. Self-concepts are unique complexes of many different self-concepts that contain a certain way of describing and distinguishing themselves. Some content areas of human self-concepts include the following elements: physical, social, sexual spheres, feelings and emotions, tastes and preferences, work, leisure, intellectual pursuits, philosophy and values. People differ in the importance they attach to these areas, as well as in what kinds of self-concepts they have in these areas. For example, the shape of a nose may make a big difference to one person, while another person may be oblivious to it. Self-concept can be described

using self-reliant statements such as "I am a good carpenter", "I love ice cream", "I am nervous about meeting new people."

Structure or process. Self-concept can be viewed as a structure consisting of various self-concepts, interconnected in various ways. Self-concept is also a means or process by which people interact with their environment and through which they ignore, deny, distort, or accurately perceive experience.

Central Self-Concepts - Peripheral Self-Concepts. Combs and Snygg distinguish between the phenomenal "I" - the model of all those aspects that people describe using the pronouns "I" or "me", and the I-concept - those perceptions of themselves that are the most vital to the people themselves and which can be regarded as their very essence. For all people, some self-concepts are more important than others, and each person uses a unique way of dividing self-concepts into central and peripheral, although this division is in most cases implicit.

Congruence — incongruence. Many self-concepts can correspond to real experiences of people. In this case, there is a congruence between self-concept and experience. Other self-concepts may differ to varying degrees from actual experiences. In this case, there is an incongruity between self-concept and experience.

Value conditions. Inconsistency implies that the self-concept is based on a condition of value and not on an organism's own evaluative process. For example, a person's incongruent self-concept might be "I want to be a doctor," while their congruent self-concept might be, "I want to be an artist." The desire to be a doctor may be driven by the assimilation of parental values, while the desire to become an artist reflects one's own organismic evaluative process.

Anticipation and protection. Here the self-concept is seen as a process. The experience can be rejected or distorted in the process of anticipation. Anticipation enables an individual to defend existing self-concepts, preventing the person from perceiving incongruence and, therefore, changing both their self-concepts and their behavior.

Intensionality - Extensionality. The term "tension" is used to describe the characteristics of the self-concept when an individual takes a defensive position, for example, when there is excessive rigidity and inadequate validation. Prevalence is used to describe elements of mature self-concepts, such as examining experiences using defined, differentiated terms and testing inferences and abstractions by reality.

Self-esteem level. We can say that the "level of self-esteem" is the "level of self-esteem." Rogers argued that if the self-concepts of people were such that no personal experience could be singled out as more worthy of a positive attitude than any other experience, then people would experience an unconditional positive attitude towards themselves. Self-acceptance is another definition of self-esteem. "

Real concepts are perfect concepts. While real self-concepts represent my perception of myself, ideal self-concepts reflect my idea of who I would most like to be. Real and ideal self-concepts are elements of a complex of human self-concepts.

Goals of practice

Openness to experience. Having a self-concept that permits all significant sensory and visceral experiences is the basis for effective functioning. Rogers often used the term "openness to experience" to describe the individual's ability to perceive realistically and noted: "There is no need for a 'anticipatory' mechanism by which the body is warned in advance that a particular experience is threatening the ego". Openness to experience leads to more effective behavior, in which people have a wider perceptual field and are able to behave more often in accordance with their choice, and not based on existing necessity. Openness to experience can also increase spontaneity and creativity, since people who are open to experience are less bound by the straitjacket of value conditions. In other words, openness to experience enables people to participate in the existential process of life. By participating in this process, people are alive in the full sense of the word, able to cope with changes and make free choices in any situation.

Rationality. Openness to experience allows individuals to behave rationally. If people are in contact with the trend of actualization, their behavior is likely to be rational (contributing to the preservation and strengthening of their body). Maslow noted that neurotics are not "emotionally sick"; they are characterized by impaired cognitive process. Rogers considered it a tragedy that most of the defense mechanisms available to humans do not even allow them to imagine how rationally they might act. What has previously been described as extensionality versus intensionality is a characteristic of this rationality.

Personal responsibility. People can be considered –personally responsible if they take responsibility for their self-actualization, and not just feel a sense of responsibility for others. Rogers attaches great importance to believing in the organismic evaluative process, in one's own

authority, in taking responsibility for one's own behavior, as well as for being different from other people. Maslow believes that an important role is played by the desire for increased autonomy and resistance to introduction to any culture. Personally responsible people are able, within the existential parameters of death and fate, to control their lives and self-actualization. Personality-centered philosophy is, in many ways, a philosophy of self-control, self-improvement and personal empowerment, with great emphasis on caring relationships among people. Acknowledging personal responsibility is central to the self-concepts of effective people.

Self-esteem. Self-esteem is another important part of the self-concepts of effective people. A self-respecting person is characterized by a high degree of unconditional self-esteem, or self-acceptance. Self-esteem, based rather on evaluation process rather than praising and meeting the needs of others. People with a high degree of unconditional self-esteem value themselves even if they cannot value all their behavior and all their distinguishing features. Combs and Snygg noted that not only the number, but also the significance of positive self-concepts determine an adequate personality. Self-acceptance is perhaps a more fundamental way of declaring desirable qualities as "correct," since positive self-concepts or evaluations may reflect conditions of value that interfere with realistic perception.

Ability to maintain good personal relationships. Self-acceptance implies that people are less likely to be defensive and therefore more likely to acknowledge others. Good personal relationships, Rogers believed, meant accepting other people as unique individuals, appreciating others, addressing them openly and freely through direct experience, and having the ability to communicate a high level of self-awareness to others when necessary. Maslow argued that maintaining good personal relationships also requires a high degree of acceptance of others, deeper contact, and a more democratic character structure. Good personal relationships are characterized by the mutual concern of both individuals for self-actualization of each other. They are also characterized by the ability to listen carefully to another with authenticity, which implies appropriate self-disclosure. Rogers believed that congruence, authenticity, or "reality" were probably the most important elements of ordinary life interactions, while Rogers emphasized empathy when the other person was anxious and vulnerable.

Ethical life. Person-centered theory is based on the idea that humans are, in fact, trustworthy organisms. This manifests itself in the social relations of self-actualizing people in at least two ways. First, such people are able to identify with other people, so that they tend to contribute to the self-actualization of others, as well as their own self-actualization. Therefore, they are careful not to infringe on the rights of others in meeting their own needs. Second, self-actualizing people seem to be able to make a sharp distinction between ends and means, and between good and evil. Maslow wrote that such people, including atheists, are religious people or people who follow the path of God. The qualities of people that are probably necessary for an ethical life are as follows: trust in internal rather than external authority; indifference to material things, such as money and attributes of a high position in society; closeness and respect for nature; striving for spiritual values, which are given more importance than individuals.

Other traits of effective people, such as a desire for privacy and an increased frequency of peak experiences, are mentioned in the personality-centered counseling literature, but will not be described here. The main distinguishing features of fully functioning, or self-actualizing, people are the already mentioned six features: openness to experience, rationality, personal responsibility, self-respect, ability to maintain

good personal relationships and an ethical life. All these properties are both goals and means of the tendency of self-actualization, and they all imply the presence of effective self-concepts. Self-concepts of self-actualizing people are actualizing!

Consultant in progress

Person-centered counseling does not rely on specific methodologies and does not involve doing anything in the best interests of clients. Rogers believed that "the effectiveness of counseling is determined primarily by the quality of the interpersonal interaction of the consultant with the client". In person-centered counseling, the thoughts and feelings of both clients and counselors are important. There are no formal evaluation criteria, as long as all clients are considered as individuals who have difficulties in self-actualization due to the presence of conditions of value. If consultants were to evaluate clients from their external point of view, they would risk copying the circumstances that caused clients to acquire and retain certain conditions of value. There is a link between how accurately person-centered counselors identify the causes of self-alienation

and internal divisions in clients and how they can help their clients grow and heal. Person-centered counselors try to create a relationship environment that can serve as an antidote to the emotional deprivation of their clients.

What are the prerequisites for client growth and reintegration? In 1957, Rogers listed six conditions that are necessary and sufficient for therapeutic personality change. He stated that these conditions must exist for a period of time sufficient for a constructive change in personality to occur. Rogers also argued, "No other conditions are needed. So, these are the conditions. First, there must be psychological contact between two people. Second, the client must be in a state of incongruity and be vulnerable or anxious. Third, the consultant must be "congruent or integrated into the relationship." Fourth and fifth, the counselor must

–have an unconditionally positive attitude toward the client and
–empathically understand the client's belief system and seek to communicate this to the client. Sixth, the consultant's ability to adequately convey to the client his empathic understanding of him and an unconditional positive attitude towards him. Rogers saw congruence, unconditional positive attitude, and empathy as elements necessary to create a –climate of relationships that fosters therapeutic growth ...|. Rogers emphasized that these conditions are not all-or-nothing conditions, but exist on continua.

Congruence. To define congruence, words such as authenticity, reality, openness, transparency, presence are used. Congruence is the most important condition for a relationship. Counselors must be receptive to the feelings they are experiencing, be able to be aware of them, –live in those feelings and communicate them as needed|. Consultants should maintain direct human-to-human contact with clients. In addition, consultants should avoid an intellectual approach that treats clients as objects. Congruent consultants do not play by speaking politely and using professional masks.

Rogers recognized that no one is completely congruent all the time. Communication with imperfect people can be of great benefit to clients. It is enough for consultants in specific moments in direct communication with certain people to be completely themselves, while the experience of consultants should be accurately symbolized in their I-concepts.

The statement that consultants should be congruent does not mean that consultants should –impulsively express the words to— every feeling ...
|. Nor does this statement mean that consultants should conduct classes

rather in consultant-centered rather than client-centered form. However, congruence implies that the counselor is not afraid to share his client's feelings or give him feedback that could improve their relationship if the counselor expresses his feelings sincerely. Some counselors tend to share their experiences of fatigue rather than hide it. This openness helps to restore the counselor's energetic potential and allows the client to see that he is dealing with a real person. Another example would be appropriate here. Rogers believed that if the counselor is constantly bored, when communicating with a client, he is obliged to tell the client about it. The counselor should acknowledge that the source of boredom is within himself, rather than resorting to accusatory statements. The counselor should also tell him that he is uncomfortable with communicating to the client about this feeling, and state that he would like to establish closer contact with the client. Rogers sought to overcome the barrier between himself and the client, acting as a real, imperfect person who shares the client's true feelings. Rogers hoped this would help the client speak sincerely.

Another idea of congruence can be gained by understanding what Rogers has to say about the concept of presence. In the process of counseling, both consultants and clients can achieve an altered state of consciousness, which is characterized by the appearance in a person of the feeling that he is in contact with the main evolutionary stream and realizes its significance. The counselor deals with two planes, the mystical and the spiritual. Rogers believed that as a consultant he worked most effectively when he was closest to his inner intuitive self and —when, perhaps, my consciousness was slightly altered. Then my presence alone contributes to the liberation of the client and is beneficial to him. When a person is in such a state, his behavior, which in another situation might seem strange, impulsive and difficult to justify from a rational point of view, turns out to be correct. Rogers writes: —My inner spirit seems to have reached out and touched another person's inner spirit. Our relationship transcends its boundaries and becomes part of something larger. Deep growth, healing, and energetic influx take place.

An unconditional positive attitude. To describe this condition, words such as disinterested (non-proprietary) warmth, care, appreciation, acceptance, respect are used. Unconditional Positive Attitude stems from Rogers' deep belief that clients are capable of constructive change when provided with the right parenting environment. Rogers emphasized the importance of the consultant's attitude to the value and worth of each

person. For the development of an unconditional positive attitude, the counselor's desire for personal integration is important, since the counselor can respect the clients' ability to achieve a high level of constructive self-government only to the extent that this respect is an integral part of his own personality.

An unconditional positive attitude includes the counselor's willingness to —reflect to the client any immediate feeling that is present at the moment — confusion, resentment, fear, anger, courage, love, or pride ...|. This attitude is equivalent to love expressed in accordance with the Christian concept of "love for one's neighbor", without any romantic or possessive connotations. Rogers draws an analogy to the feelings of love that parents have for their children, valuing them as human beings regardless of their particular behavior at any given moment. Consultants do not show a positive attitude towards clients - if. If they become smarter, less vulnerable, less likely to be defensive, and so on. Person-centered theory explains the need for clients to go to consultants by the fact that clients in the past have shown a positive attitude - if.

Demonstrate an unconditional positive attitude up to certain limits. For example, it is necessary to define boundaries if a client physically threatens a consultant. An unconditional positive attitude does not mean that consultants should approve of everything their clients do. Rather, an unconditional positive attitude is the attitude and philosophical orientation reflected in the counselor's behavior. The essence of this position is that customers are more likely to move forward if they are praised for their humanity and feel a sense of security and freedom. In doing so, clients will feel welcomed by the counselor and will be able to express feelings and describe events.

Empathy. The following concepts, close in meaning, are used: exact empathy, empathic understanding, empathic way of being, empathic position, empathic attitude. Rogers wrote: —Feeling the client's inner world as if it were your own inner world, but while maintaining the—asif ||quality, this is empathy ...|. There are several different aspects of the empathic way of being in the counseling process. Consultants should —get on your shoes|| and —sneak under the skin|| of their clients in order to better understand their personal subjective world. Counselors should be sensitive to the flow of experiences of both clients andthemselves at any given moment. They also need to be able to sense nuances that clients cannot perceive. By showing tact, sensitivity and showing understanding of clients' problems, counselors should communicate their perception of their inner world and

personal meanings to them. Counselors should also communicate their desire to understand their inner world to clients, often checking the accuracy of their understanding and showing a willingness to take into account the comments and make corrections. Empathic Attitude - Contributes to creating an emotional climate in which clients can help their counselors understand them more accurately. Rogers recognized that clients often received empathic messages, noticing unintentional throw-ins from the consultant, such as inadvertent remarks and involuntary changes in facial expressions.

Client in progress

The goals of person-centered counseling have already been discussed above. In this section, I want to look at how each of the three conditions of a counselor's attitude — congruence, unconditional positive attitude, and empathy — can influence the client's congruence, unconditional positive attitude, and empathy.

Congruence. With a favorable climate, clients need less defensiveness and external respect. Gradually, clients begin to take risks more often, revealing themselves to consultants, despite the possible pain of such self-disclosure. Counselors who accept clients and value their right to be truly themselves allow them to share a part of themselves that they find embarrassing, -wrong, or intimidating. Counselors also provide opportunities for clients to share a part of themselves that they like, without condemning such openness. As the relationship between counselor and client develops, mutual congruence can develop, which makes it easier for each to maintain a sincere relationship. For some clients, this relationship can transcend its boundaries, turning into a deep spiritual experience. With this experience, clients, like their consultants, achieve a state of altered consciousness. Effective person-centered counseling also implies that clients become more congruent in their external relationships.

An unconditional positive attitude. Here I am looking at how clients feel about themselves rather than their consultants. Most often, clients lack self-esteem. Rogers has proposed many ways in which self-esteem can be increased by using an empathic attitude. First, understanding and accepting the hidden and unacceptable part of oneself helps clients disappear from alienation and connect them with the human race. Secondly, the consultant's indifference to the true "I" of his clients and their high appreciation allow clients to think: -This other individual trusts me, believes that I deserve attention. Perhaps I am really worth something. Maybe I could value myself. Perhaps I could arouse interest in myself.

Third, the lack of judgment on the part of the consultants encourages clients to judge themselves less harshly; ta-

Thus, the capacity for self-acceptance gradually develops. In addition, as clients develop self-esteem, they begin to shift their –focus|| away from other people's standards and beliefs towards their own. In this way, customers become less vulnerable to the destructive effects of value conditions.

Empathy. The three conditions of the counselor relationship make it easier for clients to achieve a state of empathy with themselves both during counseling and after counseling. To varying degrees, the self-concepts of clients can create conditions for the realization of most of the experience. Clients' awareness that the counselor is sensitive to their feelings gives clients the opportunity to experience and analyze their feelings and thus better understand themselves. In addition, clients begin to realize how important it is to listen to their own feelings for themselves - this allows them to develop the right plans of action and determine the course of life for the future. It should also be noted that the more empathy clients are able to feel for themselves, the more likely they are to feel empathy for counselors and others and show that empathy, thus improving the quality of their relationships with people. In summary, the congruence, unconditional positive attitude, and empathy of the consultant can help transform clients into effective consultants who work with themselves, as well as contribute to the growth and development of clients. Counselors who do not sufficiently possess these conditions of relationships can increase the degree of incongruity of their clients, the degree of their negative attitude towards themselves, and the amount of the lack of empathy that clients feel towards themselves and others. However, experienced person-centered counselors can go a long way in helping their clients become individuals.

Additional application

Person-centered counseling was presented here in connection with the possibility of doing it in one-to-one work with clients. However, Rogers' interests and views were much broader. He insisted that the principles of person-centered counseling could be used in group meetings, classroom teaching, management training, and conflict resolution

Limitations. The limitations of person-centered theory are also noteworthy:

- The approach may be too simplistic, optimistic, leisurely, and unfocused for clients in crisis or who need more structure and direction.
- The approach depends on bright, insightful, hard-working clients for best results. It has limited applicability and is seldom employed with the severely disabled or young children.
- The approach ignores diagnosis, the unconscious, developmental theories, and innately generated sexual and aggressive drives. Many critics think it is overly optimistic.
- The approach deals only with surface issues and does not challenge the client to explore deeper areas. Because person-centered counseling is short term, it may not make a permanent impact on the person.
- The approach is more attitudinal than technique-based. It is void of specific techniques to bring about client change.

Existential Counseling

FOUNDERS. Rollo May (1909–1994) and Viktor Frankl (1905–1997) are two of the most influential professionals in the field of existential counseling. May dealt extensively with anxiety, especially in regard to his life and death struggle with tuberculosis, whereas Frankl, who was interred in Nazi concentration camps during World War II, focused on the meaning of life even under the most horrendous death camp conditions.

VIEW OF HUMAN NATURE. The existential approach disclaims the deterministic view of human nature and emphasizes the freedom that human beings have to choose what to make of their circumstances. As a group, existentialists believe that people form their lives by the choices they make. Even in the worst situations, such as the Nazi death camps, there is an opportunity to make important life-and-death decisions, such as whether to struggle to stay alive (Frankl). Existentialists focus on this free will of choice and the action that goes with it. They view people as the authors of their lives. They contend that people are responsible for any decision in life they make and that some choices are healthier and more meaningful than others.

According to Frankl, the –meaning of life always changes but it never ceases to bell. His theory, known as logotherapy, states that meaning goes beyond self-actualization and exists at three levels: (a) ultimate meanings (e.g., there is an order to the universe); (b) meaning of the moment; and (c) common, day-to-day meaning . We can discover life’s meaning in three ways:

1. by doing a deed, that is, by achieving or accomplishing something,
2. by experiencing a value, such as a work of nature, culture, or love, and
3. by suffering, that is, by finding a proper attitude toward unalterable fate.

Existentialists believe that psychopathology is a failure to make meaningful choices and maximize one’s potential . Choices may be avoided and potentials not realized because of the anxiety that is involved in action. Anxiety is often associated with paralysis, but May argues that normal anxiety may be healthy and motivational and can help people change.

ROLE OF THE COUNSELOR. There are no uniform roles that existential counselors follow. Every client is considered unique. Therefore, counselors are sensitive to all aspects of their clients' character, –such as voice, posture, facial expression, even dress and apparently accidental movements of the body. Basically, counselors concentrate on being authentic with their clients and entering into deep and personal relationships with them. –The counselor strives to be with the client in the here-and-now, and to understand and experience the ongoing emotional and mental state of the client. In order to do this, the counselor needs to express his or her own feelings. Therefore, it is not unusual for an existential counselor to share personal experiences with a client to deepen the relationship and help the client realize a shared humanness and struggle. Buhler and Allen suggest that existential counselors focus on person-to-person relationships that emphasize mutuality, wholeness, and growth. Counselors who practice from Frankl's logotherapy perspective are Socratic in engaging their clients in dialogue, personal communication.

However, all existential counselors serve as a model of how to achieve individual potential and make decisions. They concentrate on helping the client experience subjective feelings, gain clearer self- understanding, and move toward the establishment of a new way of being in the world. The focus is living productively in the present, not recovering a personal past. They also focus on ultimate human concerns such as death, freedom, isolation, and meaninglessness (.

Goals. The goals of existentialists include helping clients realize the importance of meaning, responsibility, awareness, freedom, and potential. Existentialists hope that during the course of counseling, clients will take more responsibility for their lives. –The aim of therapy is that the patient experiences his existence as real. In the process, the client is freed from being an observer of events and becomes a shaper of meaningful personal activity and an embrace of personal values that lead to a meaningful lifestyle.

TECHNIQUES. –Existential theory does not limit the counselor to specific techniques and interventions. The existential approach has fewer techniques available than almost any other model of counseling. Yet this apparent weakness (i.e., a lack of therapeutic tricks and psychological jargon) is paradoxically a strength because it allows existential counselors to borrow ideas as well as use a wide range of personal and professional skills. –Approaching human beings merely in terms of techniques

necessarily implies manipulating them,^{ll} and manipulation is opposed to what existentialists espouse. Thus, existentialists are free to use techniques as widely diversified as desensitization and free association or to disassociate themselves from these practices entirely. For instance, Southwick, Gilmartin, McDonough, and Morrissey used logotherapy as part of a group educational treatment in working with chronic combat-related PTSD veterans by having those in the group focus on meaning combined with having them perform community service such as tutoring children and delivering Meals-on-Wheels. The result for the majority of the participants was an increase in selfless acts and more motivation for intentional living.

The most effective and powerful technique existential counselors have is the relationship with the client. Ideally, the counselor transcends his or her own needs and focuses on the client. In the process, the counselor is open and self-revealing in an attempt to help the client become more in touch with personal feelings and experiences. The emphasis in the relationship is on authenticity, honesty, and spontaneity.

Existential counselors also make use of confrontation. Clients are confronted with the idea that everyone is responsible for his or her own life. Existential counselors borrow some techniques from other models of counseling such as the employment of awareness exercises, imagery, paradox, deflection, and goal-setting activities.

Contributions. The existential approach to counseling has a number of strengths:

- The approach emphasizes the uniqueness of each individual and the importance of meaningfulness in their lives. It is a very humanistic way of working with others (personal communication).
- The approach recognizes that anxiety is not necessarily a negative condition. Anxiety is a part of human life and can motivate some individuals to make healthy and productive.
- The approach gives counselors access to a tremendous amount of philosophy and literature that is both informative and enlightening about human nature.
- The approach stresses continued human growth and development and offers hope to clients through directed readings and therapeutic encounters with the counselor.

- The approach is effective in multicultural counseling situations because its global view of human existence allows counselors to focus on the person of the client in an –I-Thou‖ manner without regard to ethnic or social background.
- The approach helps connect individuals to universal problems faced by humankind, such as the search for peace and the absence of caring.
- The approach may be combined with other perspectives and methods (such as those based on learning principles and behaviorism) to treat extremely difficult problems, such as addiction.

Limitations. Professionals who embrace different and more structured approaches have noted several limitations in the existential approach:

- The approach has not produced a fully developed model of counseling. Professionals who stress developmental stages of counseling are particularly vehement in this criticism.
- The approach lacks educational and training programs. Each practitioner is unique. Although uniqueness is valued, it prohibits the systematic teaching of theory.
- The approach is difficult to implement beyond an individual level because of its subjective nature. Existentialism lacks the type of methodology and validation processes prevalent in most other approaches. In short, it lacks the uniformity that beginning counselors can readily understand.
- The approach is closer to existential philosophy than to other theories of counseling. This distinction limits its usefulness in some cases.

Questions for self-control, reflection and discussion

1. Reveal the meaning of the term "existential"?
2. Give a general description of the three forms of "being-in-the-world".
3. How can you distinguish normal anxiety from neurotic?
4. Describe each of the four main existential anxieties.
5. How do adults learn to overcome the anxiety associated with death?

6. What factors in the life of modern society contribute to the emergence of existential anxiety associated with freedom, isolation and absurdity?
7. How do you understand the following definition of I. Yalom: "Existential psychotherapy is a dynamic approach to therapy that focuses on the anxieties rooted in the existence of the individual"?
8. What is the existential model of defense mechanisms?
9. Uncover the types of protection against anxiety associated with freedom, death, isolation and absurdity.
10. Define the purpose of existential counseling.
11. What does the concept of "existentially oriented consultant" mean to you?
12. What should be the existential consultant-client relationship?
13. What methods and techniques are used in existential counseling?
14. How do you understand the following reasoning of V.Frankl: "To be human means to become responsible for the realization of the meaning potentially inherent in a given life situation"?
15. Reveal the content of the conscious and the unconscious in logotherapy.
16. How does V.Frankl define the concept of "self-transcendence"?
17. Indicate the main sources of meaning by which the human being reaches self-transcendence.
18. How does an existential vacuum arise?
19. Give examples of the application of the technique of paradoxical intention.
20. Reveal the content of the dysreflexion technique.
21. Why did K.Rogers call the advisory approach he developed to be person-centered?
22. 21.How does K.Rogers explain the following concepts: the tendency of actualization, the organismic evaluation process, experience and its experiences, awareness?
23. 22.Expand the content of the concept of conditional values.
24. 23.How do conditional values affect the I-concept?
25. 24.Name four types of human reactions to the experience gained.

26. Topic 8 Cognitive behavior in counseling and psychotherapy

Cognitive counseling

- In cognitive counseling, the foundations of which Beck developed, clients are viewed as imperfect machines (processors) for processing information. People may have primary cognitive processes and higher cognitive processes. Besides voluntary thoughts, humans have schemas and automatic thoughts. Schemas are relatively stable cognitive patterns that influence people's beliefs. When activated, dysfunctional schemas and beliefs can lead to systematic distortion of information.
- Automatic thoughts, which flow very quickly and on the verge of awareness, are not buried as deeply as the schemas, and reflect the content of the schemas. Dysfunctional beliefs can lead to systematic cognitive errors. The four fundamental emotions - sadness, joy, anger, and anxiety - are reflected in basic cognitive themes. There is an unbreakable relationship between normal emotions and the emotions and behaviors found in psychiatric disorders.
- Evolutionary and genetic factors influence the way people think and behave. People acquire cognitive vulnerability through childhood trauma, childhood negative treatment, social learning, and inadequate coping skills. Cognitive vulnerability can be activated by experienced loss, increased demands, and stress.
- The following factors contribute to the persistence of psychological disturbances: failure in trying to change the hypervalent behavior, inability to test the truth of dysfunctional interpretations, resistance to change, not beneficial influences exerted on people in everyday life. Beck's proposed cognitive models of depression, anxiety disorders, marital disorders, and personality disorders are considered.
- The main purpose of cognitive counseling is to reactivate the client's reality checking system. Cognitive counselors teach clients to evaluate and change their thinking. They also strive to reduce symptoms and help clients develop adaptive behaviors.
- Cognitive counseling, which is usually highly structured and short-term, begins with problem identification and case conceptualization. Counselors play many roles: offering clients an

–accepting|| relationship, working with clients to explore problems, helping clients question the validity of their thinking, and discovering weaknesses in their logic by confronting reality. Questions are the main verbal tool of the cognitive counselor.

- Cognitive methods are used to identify and identify automatic thoughts, test the truth of automatic thoughts and correct them, identify the underlying beliefs of automatic thoughts, and change those beliefs.
- Behavioral techniques can be used to support both cognitive and behavioral change. Behavioral techniques include planning activities, conducting experiments to assess thinking, rehearsing behavior, and role-playing.
- In cognitive counseling, the emphasis is on relapse prevention; this type of counseling is widely used.

BASIC PROVISIONS

Primary and higher levels of cognitive processing

The distinction between primary and higher levels of cognitive processing is similar to the distinction between primary and secondary processes described by Freud. In humans, primary cognitive processes occur, which are the link between normal and pathological reactions. Thinking based on primary cognitive processing is usually –primitive|| and interprets situations in global and relatively crude ways. In addition, humans are capable of higher-level cognitive processing that is more specific and effective. When properly functioning, the higher levels perform reality checks and correct the primary, global comprehension (conceptualization). However, in psychopathology, these corrective functions are impaired, and primary reactions can develop into fully developed psychiatric disorders.

Schemes

The terms –schemas,|| –rules,|| and —basic beliefs|| are generally used interchangeably. However, Beck notes: –If we take a more rigorous approach to this issue, we can say that 'schemas' are cognitive structures that organize experience and behavior; –beliefs|| and —rules|| represent the content of schemas and therefore determine the content of thinking that influences behavior||. Schemes are relatively stable cognitive models that influence, through people's attitudes, how people sort and synthesize incoming data. Schemes are not pathological by definition - they can be

adaptive or non-adaptive. Schemes are analogous to George Kelly's –personality constructs ‖. People classify and measure their experiences using a matrix of schemas.

Schemes can be general or specific. People may even have competing schemes. The diagrams are organized according to both content and function. The content of the schema's ranges from personal relationships to inanimate objects. There are five main categories of circuits according to their functions:

- 1) cognitive schemas concerning such actions as abstraction, interpretation, remembering, evaluating oneself and other people;
- 2) emotional circuits responsible for generating feelings;
- 3) motivational schemes related to aspirations and desires;
- 4) instrumental schemes that prepare people for action;
- 5) control schemes, which include self-control and braking, change and action control.

Systems of circuits connected in chains are responsible for the emergence of sequences ranging from receiving a stimulus to responding to that stimulus. After sorting the incoming data, the psychological sequence begins to shift from evaluating this data to awakening emotions and forming motivation, and then to developing and implementing an appropriate strategy. For example, upon the appearance of a stimulus that speaks of the occurrence of a hazard, a –hazard schemell is triggered, which begins to process the information. The person uses cognitive schema to interpret the situation as dangerous, then activates the emotional schema when experiencing anxiety. This activates the motivational circuitry that forces the person to run, which in turn activates the instrumental circuitry that promotes the mobilization needed to run. The person can then use the control pattern to prohibit flight or select a running direction.

Schemes have structural qualities, such as the degree of breadth, flexibility, relative "emphasis" of the position in the cognitive organization of a particular individual. In addition, according to the amount of energy put into the circuits at the moment, circuits can range from covert to hypervalent. Hypervalent schemas are dominant and easily enforced. Psychopathology is characterized not only by the activation of inappropriate patterns, but, in all likelihood, by the repression or inhibition of more adaptive patterns. Information processing and schematics

Information processing is based on fundamental beliefs embedded in schemas. The term cognitive vulnerability is used when talking about the cognitive weakness of people. Each person is characterized by a unique vulnerability and sensitivity in accordance with his existing patterns; in this regard, each individual is predisposed to psychological suffering to varying degrees. People's schemas and attitudes affect how they process data about themselves. If people have any disorder described in the revised third edition of DSM-III - Diagnostic and Statistical Manual of Mental Disorders of Mental Disorders, American Psychiatric Association, their dysfunctional schemes and attitudes systematically result in unhelpful influences on information.

Beck gives the following example. Sue heard a noise coming from the next room where her friend Tom was doing some homework. Sue's first thought was, "Tom is making too much noise." However, Sue continued to process the information and eventually interpreted her experience as follows: "Tom makes so much noise because he is angry with me." This attribution of causality was due to the presence of a conditional schema, or belief "If my close friend makes noise, it means that he is angry with me." Further in the hierarchy of Sue were the following beliefs: "If people reject me, I will be completely alone", "Being alone is unbearable." At the basic level was the "I am unworthy of love" belief scheme. Once activated, Sue's core belief (or schema) "I am not worthy of love" began to act as a "direct link" mechanism. As a result, information related to Tom's behavior was formed that corresponded to the basic scheme. Beck offers an alternative explanation that might be better suited to the information available to Sue, namely, "The loud clatter of the hammer is an audible symbol of wealth." Automatic thoughts

Automatic thoughts are less accessible for awareness than voluntary thoughts, but they are not as deeply buried as attitudes and schemes. Automatic thoughts are analogous to what Freud defined as "preconscious thinking" and what Ellis calls "self-declarations." Self-esteem and self-instruction of people seem to arise from deeper structures - from self-schemas. Automatic thoughts reflect the content of schemas - deeper beliefs and assumptions. In normal functioning, self-assessments and self-assessments operate more or less automatically, this allows people to stay on track. However, in psychopathology, some automatic thoughts throw people off course. Most psychological disorders are characterized by the presence of specific systematic biases in information processing. For

example, depressive disorders are characterized by a negative outlook on oneself, experience, and the future, while anxiety disorders are characterized by fear of physical or psychological danger.

What are the main conspicuous features of automatic thoughts? First, automatic thoughts are part of people's inner monologue, they reflect what people say to themselves. Second, automatic thoughts can take the form of words, images, or a combination of words and images. Thirdly, such thoughts flow very quickly and are usually on the verge of awareness. Fourth, automatic thoughts precede the emergence of emotions, including the emergence of sensations (or feelings?) And the development of inhibition. For example, the emotional reactions of people to each other's actions depend more on the interpretation of these actions than on the actions themselves. Fifth, automatic thoughts are usually probable for people who assume the given thoughts are accurate. Sixth, these thoughts tend to return, despite the fact that people try to block them. Seventh, even if not verbally expressed, automatic thoughts affect tone of voice, facial expressions, and gestures. Eighth, automatic thoughts can be associated with subtle thoughts underlying relatively obvious thoughts. For example, a husband brags about his wife's culinary arts. A wife's secondary apparent automatic thought might be —He's asking for a compliment, while a primary subtle automatic thought might be, —People will think cooking is all I can do. Ninth, while automatic thoughts are often difficult to isolate, counselors can train clients to identify these thoughts with great precision.

Cognitive errors

Dysfunctional beliefs embedded in cognitive schemas contribute to the occurrence of systematic cognitive errors (these errors are most easily detected by the analysis of automatic thoughts), which characterize psychopathology and contribute to its persistence. Below are some of the main mistakes that are made in information processing and prevent logical thinking.

Arbitrary inference. Drawing certain conclusions in the absence of evidence confirming the correctness of the conclusions drawn, and sometimes even when reality clearly contradicts the conclusions. An example is arbitrary. one conclusion is a working mother who, at the end of a difficult day, comes to the conclusion "I am a terrible mother."

Selective abstraction. Selective attention to detail taken out of context while ignoring other, more relevant information. An example of selective abstraction is a lover who becomes jealous when she sees his girlfriend tilt her head towards her interlocutor at a noisy party in order to hear him better.

Overgeneralization. Derivation of a general rule or conclusion from one or several isolated cases. Too broad application of this rule, including to situations that have nothing to do with it. An example of overgeneralization is a woman who, after a disappointing date, comes to the following conclusion: –All men are the same. I will always be rejected. " Exaggeration and understatement. Incorrect assessment, consideration of specific events as much more or much less important than they really are. An example of exaggeration is a student who predicts disaster: "If I get even a little nervous, I will surely fail." An example of an understatement is someone who says his terminally ill mother has "a slight cold."

Personalization. The tendency to associate external events with oneself in the absence of adequate evidence. For example, a person sees an acquaintance walking on the opposite side of a busy street, who does not notice his welcoming wave, and thinks: "I must have offended him with something."

Dichotomous thinking. "Black and white", "either - or", polarized thinking are all synonymous with the term "dichotomous thinking". This is a thinking characterized by maximalism. For example, a student thinks, –If I don't pass this exam with excellent marks, I'm a failure. |

In *Love Is Never Enough*, a book that looks at ways to deal with troubled couples' problems, Beck lists five more common cognitive errors, or biases.

Tunnel vision. Tunnel vision is associated with selective abstraction. People perceive only what suits their mood, although the perceived event may only be part of a much larger situation. An example of tunnel vision is a husband who does not see anything positive done for him by his wife.

Biased explanations. If a relationship hurts people, they tend to attribute negative feelings, thoughts, and actions to each other. People "may be overly eager to assume that there is evil intentions or unworthy motives behind their partner's" offensive "actions. For example, one partner may attribute the other partner's bad temper to the family.

Pasting negative labels. This mistake is made on the basis of biased explanations. Partners constantly put critical labels on each other's actions. At the same time, partners react sharply to the labels that they have attached to each other (for example, to such accusations as "inattentive" or "bully"), as if these labels are real things. At worst, partners can devilize each other.

Reading minds. Two mistakes can be distinguished here: "I can find out what my partner is thinking" and "My partner must be able to read my mind." Partners can harm their relationship by making assumptions based on any of these mistakes.

Subjective argumentation. The subjective argumentation is based on the following erroneous belief: if a person experience some very strong emotion, this emotion is justified.

The relationship of cognition to emotion

The four fundamental emotions - sadness, joy, anxiety, and anger - are reflected in basic cognitive themes. Sadness is associated with people's inability to achieve their positive goals. People experience sadness when they are experiencing loss (for example, loss of a loved one, status) or when positive expectations are not confirmed. The destruction of important personal relationships can also cause sadness. Usually, when people experience sadness, they stop investing (including energy) in the source of disappointment. People feel joy or excitement when they receive some kind of gain (for example, when they achieve a goal or when others show their affection for them).

Anxiety and anger are reactions to perceived threats concerning either ourselves or people and things that are valuable to us. Anxiety serves to

for the person to focus on the concerns of physical vulnerability (the risk of being injured or killed) and psychological vulnerability (the possibility of being discounted). Anxiety can lead to avoidance of a challenging situation or to calm in the face of a threat. If the individual is angry, he focuses his attention on the aspects of the threat associated with the insult, which can lead to aggressive self-defense or counterattack.

The four emotions considered are associated with the mobilization and maintenance of basic cognitive structures and strategies, as they relate to the centers of pleasure and pain. Actions aimed at survival and

reproduction lead to the emergence of a sense of pleasure in the event that these actions are successfully performed in practice, and lead to the emergence of pain when these actions are difficult to perform. The expectation and experience of pleasure reinforces survival and attachment behaviors. Experiencing anxiety helps to reduce the severity of changes associated with potentially dangerous or doomed to failure actions. Continuity hypothesis

There is no fundamental difference between –normal|| emotions and behaviors, and emotions and behaviors characteristic of mental disorders. The highly dysfunctional emotions and behaviors that are found in such disorders are exaggerated normal adaptive processes. For example, in depression, sad feelings and withdrawn (withdrawn) behavior are based on the intensification of normal responses to loss, deprivation, and failure. In the presence of mania, euphoria is overly pronounced and goal-oriented activity is overly active. In anxiety disorders, the heightened sense of self-vulnerability associated with a wide range of threats and perceived dangers induces debilitating feelings of anxiety and avoidance behaviors that inevitably lead to failure.

Beck believes that there is much to learn about normal mental function by studying psychopathology. For example, the presence of an excessively high concern about physical danger observed in various phobias (for example, with a fear of heights, crowded places, small animals) indicates that similar sources of anxiety exist in the psyche of normal people.

Evolutionary origins of cognition and behavior

Cognitive structures and schemas related to depression, anxiety and personality disorders reflect our evolutionary history. Beck writes: –It is reasonable to believe that beliefs about long-standing cognitive-emotive motivational processes influence our automatic processes, how we view events, how we feel, and how we are disposed to act|| . A significant part of animal behavior is viewed as programmed, and the processes underlying animal behavior are reflected in open (public) behavior. Similar developmental processes can occur in humans, although there is a risk of extrapolating animal ethology to human behavior. Drawing analogies with animals can help to gain a deeper understanding of many aspects of normal and abnormal human behavior. For example, observations of the behavior

of primates show that in some cases the behavior of primates matches the behavior of people experiencing depression.

"Strategies" are forms of programmed behavior that is conducive to achieving biological goals. Through natural selection, humans have developed strategies and programs to sustain life and promote reproduction. However, humans changed their environment faster than nature changed their automatic adaptive strategies. Therefore, in the formation of a highly individualized and technological culture, some strategies developed in the course of evolution become problematic. The variability of the gene pool can be explained by the presence of individual differences in the programmed strategies.

With regard to anxiety and anger, Beck suggested that in relation to the perception of threat, four —initial|| coping strategies can be distinguished - fight, flight, freezing in place, and loss of consciousness. Beck also suggests that the strategies associated with typical personality mental disorders have roots in our evolutionary past. The dramatic strategy of the theatrical personality may derive from the demonstration rituals of non-human individuals. The attack strategy of the antisocial personality may be based on the behavior of predators.

Human strategies can be adaptive or maladaptive depending on the circumstances. The strategies learned by people with mental disorders are inadequately —exaggerated|| normal strategies. For example, in a personality disorder characterized by increased dependence, one may find such a cognitive basis, or basic belief, "I am helpless." On this basis, the individual develops an attachment strategy characterized by the fear of being abandoned. In case of avoidant personality disorder, the basic attitude is: "I can get hurt"; as a result, an avoidance strategy is formed.

PSYCHOLOGICAL CAUSES OF PROBLEMS

Let's assume that the cognitive vulnerability of people increases and their cognitive processes begin to flow in the wrong way. But why do people stay in this position? Many people use adaptive cognitive and behavioral strategies to increase their cognitive vulnerability. However, people with psychopathological disorders and severely disturbed relationships with partners can hold on tightly to erroneous patterns of behavior and information processing, thereby causing great harm to

themselves and others. There is no single reason why people continue to process information ineffectively. The evolutionary history of the genus and genetic influences are of some importance, as well as the depth of childhood trauma, childhood abuse, imperfect social learning, and inadequate coping skills.

Inability to change hypervalent behavior

Beck develops the concept of a "mode of action" (mode), which he defines as "a subsystem of cognitive organization ... designed to complete certain adaptive principles related to survival, conservation, reproduction, self-improvement, and so on". In particular, there are depressive, narcissistic, hostile, fear (or danger) and erotic modes of action (modes). The type of circuit to be connected can be determined by the course of action that is dominant at a given time. Usually, there is a balance between courses of action, so that when one of them is hypervalent for a long time, the "opposite" course of action is activated. For example, during a period of uplifting, a person may learn about a negative attitude towards themselves, and hostility may be balanced by anxiety. In psychopathological disorders, there seems to be a hindrance to changing the dominant course of action. As a result, negative events in depression, positive events in mania, and dangerous events in anxiety disorders are systematically misinterpreted. To date, it is unclear why the —opposite course of action remains relatively inactive and, therefore, the view of reality does not become more balanced. There are two possibilities - neurochemical disturbances either maintain long-term overactiveness of the dominant mode of action, or fail to sufficiently stimulate the "opposite" mode of action.

Failure to check the reality of dysfunctional interpretations

Because clients are overly eager to accept their dysfunctional beliefs during periods of anxiety and depression, Beck believes that people temporarily lose the ability to test the reality of interpretations. Information processing based on dysfunctional schemas and beliefs is imbued with automatic thoughts that contain cognitive errors. (Recall that there are six major cognitive errors: arbitrary inference; selective abstraction; overgeneralization, overgeneralization; exaggeration and understatement; personalization; dichotomous thinking.) Cognitive errors are not only manifestations of psychopathology, but they also contribute to its persistence, making it difficult for clients to check reality you're thinking. Clients think, use rigid, stereotyped concepts. They fail to adequately distinguish between fact and inference. Instead of viewing their

thoughts as in need of hypothesis testing, clients jump straight to cognitive inferences (and draw those inferences from inadequate data) and then view those conclusions as facts. They do not sufficiently take into account any kind of feedback that could change their thoughts and perceptions. Thus, information processing systems become closed, instead of remaining open to the evaluation of new data as the data becomes available.

I have already mentioned the view that every pathological disorder is characterized by a specific group of systematic errors (biases) in information processing. The concept of "errors" can also be used to describe a broken marriage relationship. Partners move from altruism to egocentrism, and at the same time, one or both partners form a –negative cognitive set of attitudes towards the other partner, consisting of expectations, observations and conclusions that have a touch of prejudice. In short, virtually everything that a partner says, does, thinks, or feels is interpreted negatively. People with low self-esteem may also be systematically self-biased and may continually give unfounded negative assessments of what their partner thinks of them. Resistance to change

There are many reasons why people resist change. For example, people may be afraid to have a negative impact on others. Martha, a 42- year-old woman who lived with her mother, was diagnosed with an addictive personality disorder. Whenever Martha thought about moving, she feared that it would kill her mother, and her mother reinforced this idea. Many overly anxious, depressed, and suicidal people fear change as something unknown. Sometimes people are afraid of both the positive and negative consequences of change. For example, many are afraid of the additional responsibility associated with promotion or marriage.

Beck argues that partners with disrupted relationships should confront many of the beliefs perhaps expressed in the form of automatic thoughts) that weaken their drive to change. Beck believes there are the following types of dysfunctional and exaggerated beliefs.

Beliefs about change. Illustrative beliefs: "My partner is incapable of changing," "Nothing can improve our relationship," "It will only get worse."

Justifying your own beliefs. For example, –It's okay to behave the way I do, –Thinking the way I think is right, –He / she hurt me. He / she deserves to be hurt. "

Reciprocity arguments. For example, –I won't make an effort until my partner does it, –It's not fair that I have to do all the work, –My

partner hurt me a lot in the past, so now he has to do a lot to compensate for this. "

The problem is with my partner. For example, —I didn't have any problems in my life until we got married,|| —My partner is impossible,|| —My partner doesn't care about improving our relationship.||

Other factors

Many other factors in daily life can contribute to the maintenance of dysfunctional cognitions and behavior. Children, adolescents, and even adults can continue to live with meaningful others who provide negative experiences, model ineffective thinking and behavior, and lack the ability to develop coping skills. People continue to face external stressors, such as a hostile boss. However, once people become depressed or overly anxious, it becomes even more difficult for them to cope with external stressors. In addition, an interaction effect is possible - people who are depressed or experiencing excessive anxiety cause negative behavior in others. For example, people who are slipping into or already experiencing depression may withdraw into themselves from others who, in turn, may reject or criticize them, thus reinforcing the self-denial and self-criticism tendencies of depressed people. People who have broken relationships with partners do not always check the reality of their own interpretations of events, feeling the extremely strong threat of anger and blame from the partner.

COGNITIVE MODELS

The reader is provided with a brief overview of Beck's proposed cognitive models of depression, anxiety disorders, disrupted marital relationships, and personality disorders.

Cognitive model of depression

Beck identified six distinct models of depression in the main model of depression that have common elements: cross-sectional, structural, stress-vulnerable, recurrent-interactive, psychobiological, and evolutionary. Due to the need to save space, only the basic formulation is presented here.

Consider the following key concepts.

Cognitive triad. Beck sees depression not just as a mood-related condition, but as a cognitive state. Depression entails the activation of three major cognitive patterns that make up the so-called cognitive triad. The first component concerns clients' negative self-perceptions of themselves as unattractive, worthless, helpless, unable to be happy. The second component concerns clients' negative perceptions of past and present perceptions of the world. Clients are extremely demanding of themselves, which hinders the achievement of goals. The third component

is a negative view of the future, which is seen as bleak and invariably gloomy. This hopelessness can lead to suicidal thoughts. These cognitive patterns lead to the development of motivational, behavioral and physical symptoms of depression. An indicative motivational feature is desire paralysis. Inertia and fatigue are indicative of behavioral and physical symptoms, respectively.

Predisposing schemes. Depressive patterns form early in life. Loss situations similar to those that initially encouraged the introduction of a depressive regimen can cause depression. Sociotropic and autonomous people get depressed for different reasons. A number of traumatic events can also cause depression. As depression deepens, depressive patterns become so hypervalent that clients may lose the ability to view their negative thoughts objectively and become completely obsessed with repetitive negative thoughts. Absolute beliefs associated with depressed clients' patterns include the following attitudes: —I am worthless, —I am unattractive, and —I can't do anything right.

Cognitive deficiencies and distortions. Hypervalent depressive circuits and beliefs interfere with normal cognitive processing, perception, recall, inference, and impair long-term memory. Clients lose the ability to validate their interpretations of events. In addition, they become worse at coping with problems. As dysfunctional circuits become more active, the incidence of systematic cognitive errors, such as voluntary inference and selective abstraction, increases. Dysfunctional automatic thoughts arise from underlying patterns and beliefs. The main characteristics of depressive thinking are as follows: a predominant emphasis on the negative aspects of life events; taking responsibility for solving problems in all situations; self-devaluation in case of failure when trying to achieve the set goals; over-generalization of specific shortcomings by considering them as general and stable; there is a "dead-end" point of view, according to which problems cannot be solved even partially.

Cognitive Model of Anxiety Disorders

The main cognitive theme in anxiety disorders is danger. Anxiety is a strategy used in response to a threat. In anxiety disorders, the normal evolutionary coping mechanism associated with anxiety becomes exaggerated and malfunctioning. Beck agrees with Lazarus, who distinguishes between primary and secondary assessments. The initial assessment is the first impression of a situation, which suggests that the situation is harmful. Then, the nature of the threat and the importance of this threat to the vital interests of a person are successively made, taking

into account the physical and psychological damage. Secondary assessment involves the person assessing their resources in order to cope with the threat. Simultaneously with the secondary assessment, the nature of the threat is assessed. As with depression, dysfunctional patterns and beliefs can predispose to anxiety. These dysfunctional attitudes can be triggered by increased demands, threats and stresses that can interact with past problems. Cognitive errors reflecting a dysfunctional schema include overestimating the likelihood and severity of a threat, overestimating negative consequences (predicting a disaster), underestimating the resources needed to cope with the threat, and insufficient attention to supportive factors such as the presence of others who could help. In short, anxious individuals overestimate the likelihood of harm and underestimate their ability to cope.

The cognitive model of spousal distress

Beck stresses: –What attracts partners in each other is rarely enough to sustain a relationship. Insufficient development of communication skills is one of the reasons for difficulties in partners. In addition, partners bring a lot of personal baggage into the relationship - hidden expectations about each other and the relationship. Expectations in a marriage are less flexible than in a neutral relationship. Moreover, many actions in marriage have a special, symbolic meaning, since they are the focus of symbols of love or rejection, security or insecurity.

When relationship frustration and emotional outburst begin, partners lose most of the ability (or virtually all of the ability) to verify the truth of their interpretations of the thoughts, feelings and actions of both their own and that of a loved one. Instead, partners begin to respond to their "invisible reality", which is based more on inner experiences, fears and expectations than on what is actually happening. Dysfunctional schemas and beliefs can be triggered, resulting in negative cognitive attitudes associated with the other person. The voluntary and automatic thinking of a disturbed couple contains numerous cognitive errors.

Partners tend to fixate on what is wrong in their relationship rather than what is right. They may develop a tendency to think of each other in black and white terms. Partners often attach negative labels to each other, such as –insensitive, –inattentive, –selfish, –rude, and then react to those labels. Moreover, partners may develop a tendency to regard such glued-on labels as permanent features. Each partner misunderstands and perverts what the other partner says or does. Partners engage in mind reading and attribute unwanted and malicious motives to each other. They

are unable to verify the accuracy of their negative explanations and illogical conclusions.

In addition, partners send each other stinging messages that cause pain and anger. They feel that they have been unfairly treated, they are angry, they feel the desire to attack and attack. Hostility is part of the primitive survival mechanism of fight-flight. However, the primitive urge to attack is often destructive to the relationship. It increases the level of threat in the relationship and therefore increases the tendency of partners to think (rigidly) and erroneously. In addition, hostility can increase partners' resistance to working on their relationship. Defective beliefs about the impossibility of change and seeing each other as the main source of problems prevent working on relationships.

Cognitive Model of Personality Disorders

Personality disorders, along with other types of psychopathology, partly represent evolutionary strategies that have not been adequately adapted to life in modern individualized and technological societies. Genetic predisposition and learning experience also determines which disorders develop in different individuals. Each personality disorder is characterized by a basic belief and an associated overt behavioral strategy. The various overt responses reflect important structural differences in underlying beliefs (or patterns). At the heart of addictive personality disorder is the underlying belief —I am helpless|| and an overt attachment strategy. Beliefs and strategies underlying other personality disorders are: a disorder characterized by excessive withdrawal: —I might be hurt,|| avoidance; disorder characterized by passive aggressiveness: "I can be stepped on", resistance; paranoid disorder: "People are potential opponents", caution; narcissistic disorder: "I am special", self- aggrandizement; artistic disorder: —I need to make an impression,|| dramatization; obsessive-compulsive disorder: —Mistakes are bad. I must not make mistakes ||, perfectionism; antisocial disorder: "People exist to be beaten", attack; schizoid disorder: "I need a lot of space," isolation. Strategies can be viewed differently — with each personality disorder, both overdeveloped and underdeveloped strategies can be found. For example, in paranoid disorder, —mistrust|| is an overdeveloped strategy and —trust|| is an underdeveloped strategy. A more complete cognitive profile of each personality disorder can be built. If a particular schema is hypervalent, the schemas that make it up are easily enforced. In personality disorders, a cognitive change occurs in which energy shifts from normal cognitive processing to the various circuits that underlie the

disorder. During this process, more adaptive circuits can be slowed down. The dysfunctional patterns found in personality disorders are extremely persistent, so cognitive counseling for clients with personality disorders usually takes longer and requires more in-depth research into the origins of the patterns than counseling for anxiety or depression.

Goals of practice

The goal of cognitive counseling is to "re-energize" the "reality checker". Clients with psychopathological disorders and spouses with disrupted relationships have lost the ability to test the truth of their dysfunctional interpretations to varying degrees. Cognitive counselors –teach patients to correct cognitive processing defects themselves and to reinforce assumptions that enable them to cope. While cognitive counselors may initially focus on symptom relief, the ultimate goal is to remove systematic biases from clients' thinking. In addition, cognitive counselors strive to develop clients' behavioral skills that are relevant to their problems. For example, listening and communication skills need to be developed by anxious spouses, and assertiveness skills by shy people.

When working with cognitions, counselors teach clients: 1) control of negative automatic thoughts; 2) awareness of the connections between cognitions, emotions and behavior; 3) research and verification of the arguments "for" and "against", distorted automatic thoughts; 4) replacing biased cognitions with more realistic interpretations; 5) identifying and changing beliefs that contribute to the emergence of a predisposition to distort experience. Clients do not need to be highly intelligent to benefit from cognitive counseling - in fact, Beck's research has not found a link between intelligence and cognitive counseling outcomes.

Application and limitations

Beck lists five uses of cognitive counseling that can also be considered goals. First, removing the symptoms of the disorder, either through counseling alone or with the simultaneous use of medication. Second, the likelihood of relapse is reduced once formal treatment, counseling, or drug treatment is discontinued. Third, increased compliance with the recommended medication. Fourth, the solution of specific psychosocial problems associated, for example, with family discord or low self-esteem (these problems can either exist before the disease, or be a consequence of the development of a disease or psychopathological syndrome). Fifth, changing the basic psychological beliefs (patterns) that

contribute to the development of psychopathology, dysfunctional thinking and behavior.

Cognitive counseling is most effective when working with clients who can focus on automatic thoughts and take responsibility for helping themselves. Cognitive counseling is not recommended if clients have a reduced reality-checking ability (such as with hallucinations and deception) or if clients have significantly reduced memory and reasoning ability (such as with organic brain syndromes). For some disorders, such as recurrent depression, a combination of cognitive counseling and medication is recommended.

Duration of treatment

Cognitive counseling is usually highly structured and delivered in a short time frame. The standard cognitive counseling regimen for depression is 15-20 sessions over 12 weeks. Clients with anxiety disorders are advised to attend 5 to 20 sessions. The cognitive counseling course should be completed gradually, with clients usually given the opportunity to attend additional classes within one or two months after completing the course. Treatments for personality disorders tend to take longer and can last for a year or even several years. Classes usually last 45 minutes.

Problem definition and case conceptualization

At the Beck Cognitive Therapy Center in Philadelphia, minutes are recorded during the first client visit for three hours. This entry includes a description of the clinical interview and psychological tests. During the clinical interview, the counselor learns what factors in the past have caused the client's suffering. During the interview, the counselor also assesses the client's level of functioning and conspicuous symptoms, and determines what the person expects from the counseling. The Beck Depression Questionnaire, the Anxiety Test, and the Dysfunctional Attitude Scale are the psychological tests most commonly used in the first interview.

In their first interview, counselors set themselves the following goals: building a relationship, explaining the essence of cognitive counseling, reducing symptoms and identifying important information. Consultants begin to identify problems. Problem identification entails both functional and cognitive analysis. The purpose of functional analysis is to find answers to questions, for example, to the following: "What are the main components of the problem?", "How does the problem manifest itself?",

"In what situations does it happen? " "What can be the consequences? "

In cognitive analysis, the consultant identifies the client's thoughts and images that arise in the client under the influence of various emotions, determines the extent to which the client feels in control of his thoughts and images, and makes a forecast regarding the likelihood of a problem and possible consequences. From the first sessions, counselors begin to train clients to control feelings, thoughts and behavior and to understand the connections between them. For example, in the first session, the counselor might ask clients to record the automatic thoughts they have when they are upset.

In the first few sessions, counselors and clients make lists of problems. They can include specific symptoms, behaviors, or deeper issues. Making these lists helps to prioritize treatment. Prioritization takes into account the severity of the disorder, the severity of the symptoms, and the severity of the topic. Counselors approach the problem by choosing appropriate cognitive and behavioral methods. Consultants always strive to explain to clients the essence of each technique used. Both when proposing and applying specific methods, consultants place great emphasis on client feedback. While in the early stages of counseling counselors usually focus on removing symptoms, in later stages they tend to focus on changing the client's mindset.

In a book on personality disorders, Beck speaks of preliminary conceptualizing a case as the first step in developing a treatment plan. Counselors need to both identify the cognitive profile of clients' disorders and understand their unique beliefs. The conceptualization of the case involves the hypothesis of the consultant regarding the particular dysfunctional attitudes and basic patterns of the clients, their main goals, their specific vulnerability and specific stresses that interact with this vulnerability and thus activate the existing pattern of symptoms. As new information becomes available, consultants can modify or add hypotheses to or remove hypotheses from their formulation. The consultants introduce clients to the conceptualization of the case and discuss it together. Some counselors use boards or cards to demonstrate how misinterpretations of reality arise from beliefs. Case-based treatment plans are tailored to the individual needs of individual clients.

Let's consider an example of installations arising from the basic scheme. Gary was diagnosed with narcissistic personality disorder. Gary

often had outbursts of anger directed at his partner Beverly. Gary accused Beverly of being constantly sarcastic due to the fact that he did not do household chores. Gary had the following beliefs: "should" - "Beverly should show me more respect"; "Must" - "I must control the behavior of others"; special conditional belief - "If I give people a chance, they will overwhelm me"; fear - "I will be shouted down"; the belief emanating from the basic scheme is "I am a rag." It also analyzed Beverly's beliefs stemming from her basic "I am a helpless baby" schema.

Consultant roles

Counselors as Proposers of Relationships

In cognitive counseling, the quality of the counselor-client relationship is very important. Cognitive counseling is not an impersonal approach; consultants strive to understand clients as individuals. Beck believes that his consulting style is very similar to that of Rogers. Counselors strive to create an emotional climate characterized by genuine warmth, non-judgmentalism, and unconditional acceptance. They try to remove the veil of secrecy from counseling by using language that the clients can understand. The consultants treat clients with respect, explain to them the essence of both the entire approach as a whole and each proposed methodology. In addition, counselors share with clients responsibility for what happens in the course of the counseling session, discussing the conceptualization of the case and involving the clients in the lesson plan and goal setting. Cognitive counselors also elicit feedback from clients when making suggestions and taking actions. Counselors note the signs of transference and allow discussion of reactions directed at themselves. They use transference reactions to identify and work with clients' automatic thoughts and interpersonal distortions.

For most clients with personality disorders, cognitive counselors offer a deeper and warmer relationship than clients with acute disorders such as increased anxiety and depression. Counselors may face problems related to the reluctance of clients (especially those with personality disorders) to cooperate.

Consultants as co-investigators with clients - a collaborative empirical approach

Cognitive counselors not only offer clients warm relationships, but also play an active role in the counseling process. Consultants and clients

are encouraged to play an active role. All client cognitions are considered hypotheses that can be tested. Counselors and clients collaborate with each other to try to analyze evidence to support or deny the client's cognition. Based on what clients say and how, counselors develop hypotheses that can help identify both cognitive errors and underlying beliefs. Counselors then ask clients to tell them if they think the hypotheses are true. Thus, clients are encouraged to view their thoughts as personal reality constructs and to develop skills to assess the validity of these constructs. In identifying and analyzing evidence of the correctness of biased thinking, the consultant and the client alternately play a more active role, depending on the specific circumstances.

Consultants as Questioners - Socratic Dialogue

Questions constitute the largest category of the counselor's verbal statements. The questions reflect the main empirical orientation of the approach, the immediate goal of the survey is to transform the clients' closed belief systems into open systems. More specifically, through questions, counselors seek to help clients become aware of their thoughts; check for cognitive biases; replace inappropriate thoughts with more balanced thoughts; make plans for the development of new thinking models. The main question that should be asked to clients to help them become aware of their thoughts is the question: "What is going through your brain right now?"

Consultants are more likely to resort to interviewing than indoctrination and argument. The survey is conducted in an emotional atmosphere of warmth and acceptance, in the so-called Socratic style; it helps clients develop and evaluate their thinking. Typical questions: "Where is the evidence?", "What is the logic?", "What should I lose?", "What should I gain?", "What is the worst that can happen?".

Clients learn to ask themselves the same questions the consultants asked them. For example, no matter how correct clients feel about their automatic thoughts, clients with disrupted relationships may question the validity of these thoughts by asking themselves, –What is the evidence in favor of my interpretation?|| –What is contrary to my interpretation?||, –Does it logically follow from the actions of my spouse that he / she has a motive that I attribute to him / her? ", " Is there an alternative explanation for his / her behavior? ".

Consultants as guides - guided discovery

There are many different facets of controlled opening. Consultants can act as tour guides to help clients discover topics running through their automatic thoughts and beliefs. These steps can be taken after counselors and clients have linked beliefs to relevant past experiences and jointly traced how beliefs were formed. Guided discovery can be used in a different way - consultants can act as guides, helping clients to analyze their possible logical errors, developing new experiences that involve experimenting with the client with different types of behaviors. Counselors do not use coaxing, arguing, and indoctrination to help clients verify their thinking and develop new beliefs. Instead, counselors encourage clients to develop skills in using and evaluating information, facts, and probabilities. This opens up perspectives for clients that are more realistic than those based on their original thoughts.

Cognitive techniques

Consider the basic cognitive techniques used by cognitive counselors to help clients replace their distorted automatic thoughts and beliefs with more realistic ways of processing information.

Identifying and identifying automatic thoughts

In order to change their thinking, clients must first become aware of their own thinking processes. Some specific techniques for identifying and identifying automatic thoughts are listed below.

Providing a rationale. Consultants can provide a rationale for the importance of exploring the relationships between what clients think, feel, and do. In addition, counselors can introduce the concept of automatic thoughts and provide an example of how latent perceptions affect feelings. For example, if a loud noise is heard in the middle of the night, the person's response will depend on how the noise is perceived - as the noise associated with the intrusion of a night burglar, or as the knock emitted by the window frame. Counselors may advise their clients that the main premise of cognitive counseling is that clients have difficulty verifying the validity of their interpretations.

Survey. Clients can be asked about the automatic thoughts they have when they get out of balance. If clients have difficulty remembering thoughts, imagery or role play can be used. When asking questions, counselors watch clients closely, looking for signs of emotion that can provide direction for further interviewing.

Using a whiteboard. When clients see their initial thoughts written on the board, they may take the risk of revealing their deeper and more frightening thoughts.

Encouraging clients to engage in activities that scare them. Clients are often encouraged to engage in anxiety-provoking activities during the course, such as making phone calls or writing letters that they have put off. When clients do these actions, consultants may ask the question, "What is going through your mind right now?" Counselors can also immerse themselves with clients in real life situations in which clients are experiencing difficulties. For example, counselors might take clients to crowded places and ask clients to verbalize their thoughts.

Focusing on images. Gathering information about images can be an important way of gaining access to automatic thoughts. Although there are individual differences, clinical observations suggest that many people who imagine scenes react to them as if they were real events.

Self-control of thoughts. Clients can be asked to write down thoughts at home. They can make daily diary entries about the occurrence of automatic thoughts. The diary may contain the following columns: 1) date; 2) the situation in which negative emotions have arisen; 3) feeling of emotion (s) and assessment of its level on a scale of 0-100%; 4) automatic thought (s), the corresponding belief and their assessment on a scale of 0-100%. Heart rate counters can be used to help some clients learn to recognize automatic thoughts as they arise.

Checking for Realism and Adjusting Automatic Thoughts

Counselors teach clients to treat their thoughts as hypotheses to be tested and, if necessary, to discard or change hypotheses. For this, the following methods are used.

Socratic questioning. Counselors can formulate a series of questions that will prompt clients to question the validity of their thinking and choose alternative interpretations that best match the facts. In order to "talk" the client, it is advisable to ask him the following question: "How can you look at this differently?"

Identification of cognitive errors. Counselors can tell clients which cognitive errors (such as inference and exaggeration) are most common. Clients can be asked to identify mistakes in their way of thinking both in class and when doing homework. To do this, you can apply a technique

that uses three columns. In the first column, clients describe a situation in which they experience negative emotions; in the second - their automatic thoughts, and in the third - mistakes made in the process of thinking.

Decatastrophizing. Indecatastrophizing, the basic question to be asked is, "So what happens if this happens?" The likelihood and severity of the event, the client's ability to cope with the situation, the presence of supportive factors, the client's ability to accept the worst possible outcomes are analyzed.

Reattribution. In reattribution, automatic thoughts and their underlying beliefs are tested and alternative ways of defining responsibility and reasons are considered. Clients can be encouraged to rate on a scale of 0-100% the degree of responsibility they take on in relation to negative events and outcomes they fear. By asking clients questions, the consultant tries to "talk" them by generating and evaluating alternative explanations.

Overriding. The redefinition of problems entails their concretization and a change in the wording, taking into account the feasibility of the tasks set. For example, a lonely person who feels abandoned by everyone may redefine their problem like this: –I have to reach out to other people and be involved.

Decentralization. Decentralization involves helping clients change their belief that everyone is focused on them. Clients can be encouraged to evaluate others' actions more closely. For example, other students may dream while looking at the lecturer or take notes. In addition, clients may be asked to note how often they themselves show concern for others. This will help clients realize how limited their observations are. In this way, clients will be able to conclude that other people's observations are the same.

Rational reactions. Cognitive counselors teach clients to respond more rationally to automatic thoughts. Here again, interviewing plays an important role, with the help of which counselors can help clients learn to use their inner monologue to their advantage rather than against themselves. Let's look at a specific example. Wendy got a call from her husband Hal and said that he was very busy at the office. Wendy felt anger; an automatic thought occurred to her: –This is not fair, because I also have to work. If he wanted, he could have been home on time. "

Wendy's rational reaction to this automatic thought was, –His work is different from mine. Many clients come to him after workll.

Daily registration of rational reactions. When clients are ready, they can be asked to fill out the columns for rational responses and outcomes in the diary entitled Daily Record of Automatic Thoughts. In the Results column, clients 1) re-evaluate their belief in automatic thought (s) on a 0-100% scale; 2) define their subsequent emotions and rate them on a scale of 0-100%.

Figurative techniques. Beck and Emery describe a variety of imaginative techniques. Most important is helping clients discover more realistic perspectives by re-imagining fantasies; projecting oneself into the future and looking from there at the situations that have developed at the moment; exaggerating images, such as the idea that other people are being unduly harmed.

Identifying underlying beliefs

Accessing underlying beliefs can be more difficult for counselors and clients than accessing automatic thoughts. There are three main groups of underlying beliefs. The first group includes beliefs associated with acceptance (for example, "I have a flaw, so I am unwanted"); the second group includes beliefs associated with competence (for example, "I am inferior"); the third group includes beliefs related to control (for example, "I cannot exercise control"). Clients' underlying beliefs can be judged by the themes of their automatic thoughts. Client behavior, coping strategies, and personal stories are additional sources for counselors to form belief hypotheses. Most clients find it difficult to articulate their beliefs clearly without outside help. Typically, consultants present hypotheses to clients for testing. If clients disagree, counselors can work with them to articulate their beliefs more precisely.

Changing underlying beliefs

Socratic questioning. Counselors may ask clients questions to encourage them to explore their beliefs. For example, questions such as "Does a given belief seem reasonable?"

Conducting cognitive experiments. Cognitive experiments can be jointly organized by consultants and clients; in doing so, counselors can encourage clients to test the truth of their beliefs. Beck gives the following example. Marjorie was afraid to take on a mental commitment to her

husband Ken, as she feared discovering that she could not trust him. Marjorie's core belief was, "I can never afford to be vulnerable."

As a result of this distortion of thinking, Marjorie's estranged behavior and her husband's flawed behavior brought coldness into their relationship. Beck set up a three-month experiment for his client to test the hypothesis: –If I devote myself completely to building a relationship with my husband, I look for the positive instead of the negative, I will feel more secure. As a result, Marjorie found that she became more confident and began to think less about divorcing Ken.

Using images. The counselor can use imagery to help clients –relive past traumatic events and thus restructure their experiences and beliefs.

Re-experiencing childhood memories. Beck argues that the use of childhood experiences is of paramount importance in chronic personality disorders; in this way, clients can be helped to reconsider and freely articulate their core beliefs. By recalling developmentally related –pathogenic situations in role-playing and role-swapping, clients have the opportunity to restructure or change beliefs formed during the period in question.

Reshaping beliefs. Counselors can help clients re-form beliefs. Beck gives the following example. M.K., director of a research institute at a major university, suffered from severe depressive disorder and generalized anxiety disorder. The client had strong beliefs associated with thoughts of his own inadequacy and rejection by others. MK's basic belief was: "I have to be the best at everything I do." One of MK's attitudes was re-formulated in this way: –Success is highly beneficial, but less success is beneficial and has nothing to do with my competence or inadequacy. I am adequate to the requirements, no matter what.

Behavioral techniques

Behavioral techniques in cognitive counseling are used for a variety of purposes. First, with the help of behavioral techniques, you can lay the foundation for subsequent cognitive work. The question arises: "What should you focus on in the first place - on behavior, on cognition, or on both at the same time?" Behavioral techniques are sometimes used prior to cognitive techniques to reduce symptom severity and increase motivation. For example, clients who are severely depressed may be advised to try not to withdraw, engage in constructive activities, and strive to realize that

they can get satisfaction from actions that were previously enjoyable. However, unlike normal people, depressed clients can markedly change behavior while retaining their negative hypervalent cognitions. When working with couples, Beck focused initially on behavior change because he believed it was easier to change behavior than thought patterns. Each spouse can immediately reward the other spouse for a change in behavior.

Second, using behavioral techniques can teach clients to test the truth of their automatic thoughts and beliefs. Third, the use of behavioral techniques alongside cognitive techniques encourages clients to engage in activities that scare them. Fourth, using behavioral techniques, counselors teach clients specific behavioral skills. Since the goals of using behavioral techniques overlap, these techniques are not classified according to purpose. Let's take a look at some of the behavioral techniques most commonly used by cognitive counselors.

Activity planning. Scheduling activities involves scheduling (scheduling). Planning specific actions together is important because it allows clients to feel that they can manage their time appropriately. When planning an activity, the main thing is to determine what activity the client agrees to engage in, and not to establish how much work he must perform. Clients can set aside a specific time each evening to plan their activities for the next day.

Evaluation of skill and pleasure. Using a 10-point scale, clients can rate their skill and the degree of pleasure they experienced in performing an action during the day. This assessment may help depressed clients recognize which actions are lifting their spirits.

Conducting behavioral experiments. Counselors can design (this is recommended in the later stages of counseling) behavioral experiments. In this way, clients can be provided with information that conflicts with their automatic thoughts, erroneous predictions, and underlying beliefs. A young man who was about to cancel a date out of fear (—I won't know what to say!) was advised to go on a date and proceed from the experimental hypothesis that he does not know what to say. The results of this specific experiment refuted this hypothesis. Let's go back to the previously discussed example. Marjorie, suggesting that she changed her behavior along with cognitions, took part in a behavioral and cognitive experiment to test the correctness of her basic attitude "I should never allow myself to be vulnerable."

Behavior rehearsal and role-playing. Counselors can use behavioral rehearsal to develop skills in clients that they may need in certain stressful situations. Demo and feedback can be used to teach these skills (video can help here). Behavior rehearsals should include repeated checks and training of clients in a variety of responses. Clients can also rehearse situations using their imagination.

Setting gradually more complex tasks. Clients often fail to complete the assigned tasks because they try to do too much at once. Counselors and clients can build hierarchies of fearful or difficult situations. Clients should start with less complex activities and only after a certain amount of time move on to activities that cause them fear.

Using distraction techniques. Clients can be encouraged to take actions that can distract them from strong negative emotions and thoughts. You can recommend work, play, communication, the performance of any physical actions.

Home exercise recommendation. Homework is high in cognitive counseling. Doing homework can both reduce the time spent on counseling and develop cognitive and behavioral skills that can be used after counseling. Homework should include developing self-control, checking the accuracy of automatic thoughts and underlying beliefs, developing the skills needed to overcome certain difficulties, developing the cognitive skills that are required to identify cognitive errors, to respond rationally, and to change the wording of beliefs.

Completion of counseling and prevention of relapse

Cognitive counseling is a structured approach and is usually carried out in a short timeframe, so cognitive counselors tend to –build the ending in the beginning. Already in the first session, counselors begin to discuss with clients the criteria and expectations associated with the completion of counseling. There are several ways to measure progress. When making an assessment, counselors take into account a decrease in the severity of symptoms, changes in the described and observed behavior, changes in thinking both within the framework of counseling and outside it. Doing your homework, such as writing notes in the Automatic Thoughts Daily Report, doing specific tasks, and doing experiments, also helps you measure progress. Counselors do not always have an unconditional belief that clients are able to test the realism of their interpretations and, if necessary, change or reject distorted interpretations. Counselors often

complete the course gradually. For example, if classes were held weekly, they begin to be held at first once every two weeks, and then even less often for one and two months (additionally, after the completion of the counseling course).

Cognitive counselors place great emphasis on relapse prevention.

Clients are taught to test the truth of interpretations, a skill seen as a self-help skill. By doing their homework, clients not only develop skills needed for real life, but also prepare themselves to subsequently cope with problems on their own. Counselors teach clients to prevent relapse and develop coping strategies. The availability of assistive sessions also encourages clients to develop and maintain a desire to use and maintain their advanced information processing capabilities after completing the counseling course.

Other application possibilities

Cognitive counseling has been applied to clients of all ages, both children and the elderly. According to Beck, several controlled studies have shown that cognitive counseling is at least as effective as antidepressant treatment in its effects on depressed older clients. Cognitive counseling was carried out in group work with families. In recent years, cognitive counseling has begun to be used when working with clients with schizophrenia, post-traumatic stress disorder, hypertension, dissociative disorders, with clients who abuse drugs, as well as with clients who have committed sexual crimes (including exhibitionists and people who have committed incest). Beck and Weishaar note that given the current focus on cost limitation, the popularity of short-term cognitive counseling courses will continue to increase with both health insurance companies and clients.

Questions for self-control, reflection and discussion

1. Name the fundamental and primary goals of a person.
2. How the following factors influence the preservation, possibly in-reinforcement of irrational beliefs:
 - a) biological trends;
 - b) strong emotional experiences;
 - c) uncritical thinking;
 - d) reinforcement of the consequences of actions;
 - e) emphasis on the "terrible" events of the past;
 - f) unrealistic attitudes regarding the process of change;

- g) insufficient verification of beliefs through actions.
3. What is the relationship between cognitions and emotions?
 4. What factors increase cognitive vulnerability?
 5. Critically consider the definition of cognitive counseling.
 6. Determine the nature of the counselor-client relationship in cognitive counseling.
 7. What methods are used to identify the identification of automatic thoughts?
 8. What methods are used to verify the veracity of correcting automatic thoughts?
 9. For what purpose are behavioral techniques used in cognitive counseling?

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