

ADVANCED
TECHNIQUES for
Counseling and
Psychotherapy

Christian Conte

Advanced Techniques for Counseling and Psychotherapy

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CHRISTIAN CONTE, PhD

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This book is for my daughter, Kaia.

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Preface

This book is about the essence of human interactions. Story after story is told throughout this book: stories from tales and myths throughout the world, brief stories, profound stories, lighthearted stories, stories of hope, and real-life clinical stories that reflect picture after picture of what counseling and psychotherapy really look like behind closed doors. Many of the ideas in this book have come from my professional experiences, spending over 11,000 hours clinically counseling individuals, couples, families, and children, and from the thousands of hours I spent clinically supervising and training counselors and therapists. It is my hope that this work will offer something pragmatic and unique that will add to the knowledge of counselors and psychotherapists. During my years as a professional counselor and counselor educator, I have developed what I think are exciting ideas about human interactions and how to help people make changes in their lives, ideas that, until now, have not yet been presented in our field.

What makes this book different from other techniques books is that, in this book, the reader will learn about the *five errors of communication* in counseling and psychotherapy: a concept I have developed and coined. They will learn about the *analytic self* from which they can evaluate extant countertransference; *Yield Theory*, a systematic model of building rapport that has been the foundation of so many close relationships; and the *Four Cs of Parenting*, a concise and pragmatic way to teach others the fundamental skills for parenting and a tool counselors and psychotherapists alike can draw from to help many clients. There are some new terms presented and discussed, such as *ebullition* and *point of projection*; and some older concepts, such as *confirmation bias*, are articulated and defined in new ways. Because this project stems primarily from my own work, I have not directly referenced many books. I have, however, included a more comprehensive bibliography in the Appendix to denote the works that were most influential in shaping this book.

Throughout this work readers will be presented with some original techniques that stem from my clinical experiences. For instance, implementing Plato's *allegory of the cave* as a counseling technique can be an insightful presentation of the counseling journey. With a simple, fun to teach, and practical application, readers will learn how to *be the couch* to change how they argue, and how to teach others to do the same. In this book readers will gain a down-to-earth technique for motivating children with the *Essential Time Management Chart*. Readers will also find some energizing and creative techniques, such as the *Live Video Game*, *Jealousy as an Ugly Flower*, *Puppet World*, and *Past, Present, Future technique*, and they will learn how to give a *Free Pass* to clients to alleviate the pressure of having to remember everything that occurred in therapy. This book is also unique in that I include a description of the fundamental *logical fallacies* people make when attempting to reason, which I have not found elsewhere in counseling literature.

I am aware that people are drawn to brevity in the modern world, so I have attempted to make descriptions of the tales, techniques, and clinical examples as brief as possible. This task became more challenging as the book developed, because this work begins in a very basic way but later moves into some fairly esoteric concepts. Whether the ideas in this book are rudimentary or abstruse, they are all, I believe, practical and readily useful for counselors. This book is titled *Advanced Techniques for Counseling and Psychotherapy*, and whereas I attempted to spell out many terms for the reader, I also worked from the assumption that this book is intended for those who already have a basic grasp of counseling lingo.

This book will likely make more sense when the reader understands the author's background and philosophy. After obtaining an undergraduate degree in psychology, I began my graduate work at California University of Pennsylvania, where I studied under an expert Rogerian therapist, Dr. Bob Brown. Though I integrated the core values of Rogers's approach, at the time, I was hungry to learn more. I simultaneously began to study under Dr. Ed Jacobs at West Virginia University, where I learned his Impact Therapy (a combination of Rational-Emotive Behavioral Therapy, Transactional Analysis, Gestalt, and Adlerian Therapy). During these years I also learned the art of motivational speaking from renowned sports psychologist Dr. Kevin Elko. I moved on from these teachers to learn from the master instructors at Duquesne University, where I pursued a doctorate and began an in-depth study of Analytical Psychology and Constructivism. Today, as an assistant professor at the University of Nevada, I have integrated my education and experi-

ence into my own theoretical approach that I call *Depth Counseling*. Depth Counseling is more than a psychodynamic theory; it is a holistic approach to therapy, the core of which is predicated on helping others discover their true selves. The fundamental difference between Depth Counseling and other psychodynamic theories, however, is its emphasis on taking a balanced approach to working with both conscious and unconscious aspects of the psyche.

The “voice” of this book is largely colloquial, and that is not without purpose. Counseling and psychotherapy are dialogical in nature; thus, I attempted to write as I speak so as to engage readers as they in turn will engage clients. The words on the pages to follow can come to life when readers find themselves actively identifying with them and the examples presented. That the writing style in this book is conversational by no means implies that it is casual; to the contrary, everything within is written with intentionality to help readers connect with the material. By using a conversational voice, it is hoped that readers will identify wholly with the experiences offered in the pages to come.

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Advanced Techniques for Counseling and Psychotherapy

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1

Introduction

TECHNIQUES OF COUNSELING AND PSYCHOTHERAPY

What stonecutter can carve without tools? What artisan can create without an apparatus? No artwork becomes manifest from thought alone; all art is dependent on artists' mastery of their tools and techniques. And so it is with counselors and psychotherapists. The means by which counselors and psychotherapists interact with their clients rest in the techniques they use. If theoretical orientations constitute the canvases of therapy, then techniques, whether rudimentary or advanced, are the brushes that paint counselors' work into something memorable for clients. Counseling *is* an art, and techniques help counselors construct effective communication with clients. Counselors and psychotherapists can draw on techniques to increase their ability not only to be effective with clients, but also to influence how clients view themselves, their world, and how they interact with others.

The essence of counseling and psychotherapy is change, and techniques offer means through which clinicians can elicit change in others. Change is a primordial idea. Over 2,600 years ago, Heraclitus taught that change is in and of itself truth and that it is the only constant. Heraclitus was not alone in his beliefs; his fellow Greeks worshipped change in the form of the sea god Proteus. Proteus never lied, and what he said

to others would forever change them; but Proteus saw people fall apart from his words of truth, so he vowed to do whatever he could to avoid people. To be ever-elusive, Proteus could change form at will, and he would only offer his life-changing messages to those who could capture him. Similar to Proteus, counselors and psychotherapists hold the keys to impactful messages that can forever change others. Unlike Proteus, who changed forms to avoid giving messages to others, however, counselors and psychotherapists draw on different techniques to change the forms in which they deliver messages to clients for the purpose of relating truths in ways that can be heard.

That counseling is an art indicates that the product practitioners produce (i.e., effective communication) can be sharpened with practice. Even the most gifted of counselors refines her talents through the years. Mastery begins with and is perpetuated only through preparation and practice. Prepared counselors are so because they practice their craft with regularity and dedication. To be an artist of advanced therapy, counselors and psychotherapists must learn to utilize the tools and apparatuses that will enable them to convey their communication to clients in effective ways. Perhaps the most proficient of counselor-artists are those who have learned well to be prepared for what to expect.

MITHRIDATES

Not many people in the modern world have a personal food taster—someone to demonstrate that the food they are about to eat is good and not poisonous. Food tasters belong in the folklore of history, such as in the tales of kings who worried about rivals to their thrones. One of the most famous stories of poisoning occurred during the first century in the court of Mithridates, enemy of the Roman Empire. Like many kings before and after him, Mithridates had reason to worry about the safety of his food; potential enemies were everywhere. There were the Romans, of course, his sworn enemies who vied in three wars for control over what is now Turkey, and there were the internal foes, including family members. So, what was a king to do to protect himself? Personal guards and food tasters helped (by tasting his food and drink for poison before he ate or drank), but Mithridates wanted complete invulnerability from attack and immunity from poison. Though complete invulnerability from attack could never be achieved, Mithridates ensured his safety from being poisoned by taking small doses of various poisons and antidotes (now

called mithridatic drugs) to inure himself. Apparently, his diet of poisons did what it was supposed to do: He became immune. Mithridates's immunity was so effective, in fact, that at the end of his very long life, when he tried to commit suicide by poison, he failed and had to have a trusted relative stab him. According to 19th-century poet A. E. Housman, Mithridates was able to live such a long life because he "faced (life) like a wise man would, and trained for ill and not for good."

The theme of Mithridates's story is paramount for counselors and psychotherapists to understand: Be prepared for the intellectual, emotional, and behavioral poisons that disrupt the effectiveness of counseling sessions. The journey with clients through the kingdoms of their undiscovered psyches and the labyrinths of their real or perceived problems does not happen without peril. In the context of counseling sessions, that peril lies in whatever inhibits, disrupts, or poisons communication between counselors or psychotherapists and their clients. Effective communication is the core of the counseling profession; hence, learning to communicate effectively is the center of counselor preparation.

Why is communication the "core"? As you will discover in this book, counselors can enhance their repertoire of techniques by creatively drawing on many branches of knowledge. No counseling occurs in a vacuum: All counselors take a wealth of information and experience into every session with a client. Using that information and experience effectively is not always easy because clients also take information and experience into sessions, and they usually do so in the context of some angst. Within any session or series of sessions a counselor necessarily elicits a clear statement of the problem in the context of the client's background information and experience. The counselor, too, must be clear. *Counseling is dependent, therefore, on clear communication, ideally from client to counselor, but necessarily from counselor to client.* The skills of communicating effectively and eliciting clear communication in counseling sessions require both study and practice. Errors in communication cause breakdowns during sessions and can even discourage clients from seeking further help.

Counselors and psychotherapists would therefore benefit from understanding how to deal well with the everyday errors people make in communication. Practicing how to avoid errors in communication trains counselors, as Mithridates trained, for "ill and not for good." Although language is the primary mechanism for most communication, in face-to-face situations both counselors and clients often communicate in nonverbal ways. Deciphering what others are attempting

to communicate takes skill and practice. Learning to communicate in ways that allow others to genuinely hear what we are attempting to communicate requires mastery of both forms of communication and an ability to avoid common errors often made in communication. Clients frequently approach counselors for support, and it is the task of those counselors to communicate the support that they wish to convey effectively. The techniques in this book are geared toward preparing counselors and psychotherapists to circumvent five common errors made in communication.

THE FIVE ERRORS OF COMMUNICATION

The ultimate goal for counselors and psychotherapists is to communicate effectively enough to elicit a change in their clients. Barriers exist, however, that inhibit effective communication. The difficulties counselors encounter regarding how effective their communication is can be divided into five categories, or what I call the five errors of communication. The first is the *error of approach*, which happens when counselors are ineffective in their initial contact with clients. The second is the *error of interpretation*, which occurs when counselors fail to accurately understand clients' phenomenological perspectives. The third is the *error of language*, which occurs when counselors fail to circumvent clients' fight or flight responses. The fourth is the *error of judgment*, which takes place when counselors judge rather than assess clients. The fifth error of communication is the *error of omnipotence*, which, as Kell and Mueller (1966) noted, is the inaccurate belief that counselors are responsible for their clients' behaviors.

The first impression clients have of their counselor tends to set the stage for the ensuing relationship. When counselors make the error of approach they inhibit communication in that they tend to stifle clients' willingness to expose their psychological worlds. As evidenced by the tendency people have to compare their interactions with others to the first time they met them, first impressions are important to people. The story "The Great Watermelon Slayer," told in chapter 2 of this book, elucidates the error of approach and provides a model for an effective way to approach others. Chapter 2 also introduces the reader to Yield Theory as a model of building rapport that can be drawn upon both initially and throughout the counseling relationship to sharpen communication. By incorporating the principles of Yield Theory and

adopting the wisdom of the Great Watermelon Slayer, counselors and psychotherapists can avoid the first error of communication.

A primary goal of counselors is to precisely interpret what clients are communicating. Unfortunately, too often confirmation bias and countertransference inhibit counselors from accurately seeing the world from their clients' perspectives. When therapists and counselors fail to correctly interpret what clients are communicating, or when they fail to have accurate empathetic understanding of clients' emotions, they are making the error of interpretation. By utilizing the concept of the analytic self (i.e., ability to self-supervise), therapists are able to identify confirmation biases in themselves and recognize when countertransference is occurring. The more counselors draw on the story of Edshu and similar tales (discussed in chapter 3), the more they are likely to avoid making the error of interpretation.

Because speech plays a significant role in communication, the error of language is perhaps the most fundamental communication error counselors can make. Since a prime goal in counseling is not simply to talk, but to talk so as to be heard, circumventing others' fight or flight responses is an essential part of almost every counseling session. Any elicitation of clients' fight or flight responses constitutes committing an error of language. By recognizing the subtle impact of the language they use, counselors can learn to speak more effectively. Indirect and direct discussions of this error are made throughout this book.

Counselors are hired to assess individuals, situations, and their surroundings; they are not paid to judge others. A significant difference exists between assessment and judgment. Effective assessment in counseling involves evaluating others with unconditional positive regard. Accepting people for who they are has nothing to do with condoning their actions. To genuinely give *unconditional* acceptance to another, or acceptance *without* conditions, is very difficult for many; however, counselors and therapists are subject to the error of judgment when they put any conditions in front of fully accepting their clients. The story "The Giving Tree" in chapter 3 provides an example of accepting someone without conditions. With great and constant practice, counselors can avoid the error of judgment and have their words and presence hold significant weight with their clients.

Finally, counselors hoping to communicate more effectively would do well to avoid making the error of omnipotence. People have a tendency to believe that they are responsible for each other, and in some ways they are (i.e., responsible to step in and act, responsible to provide

care for those who cannot care for themselves, responsible to attempt to help people avoid harm as much as possible, etc.). However, people are not, and cannot be, responsible for the decisions, behaviors, and feelings of others. If counselors, for instance, walk away from a good session deriving their self-worth (“My client is doing so well: I’m such a good counselor”), then they must also walk away from a negative session deriving their worth as well (“My client still refuses to change: I’m a terrible counselor”). A fluctuating response to clients’ progress predicated on how well or poorly they are doing would not only be unprofessional, but unproductive as well.

We are not responsible for the decisions others make; we are not responsible for the behaviors others do; and we are not responsible for how others feel. People have the ability to influence others, but to submit to the concept that people are a direct causation of behavior in others is to imply that free will is not present. As Frankl (1963) pointed out after surviving the Holocaust, even those in the worst of human circumstances were not obligated, even under the threat of death, to act in certain ways; at any point people can choose death over actions contrary to their character and belief, and in their final moments, some do act altruistically whereas others behave more aggressively. When we take on the responsibility for others’ decisions, for their behaviors, or for how they feel, we make the error of omnipotence. The reason this error is one of communication is that those who do not heed it will be much more likely to become enmeshed or fused with others, rather than remain differentiated to the healthy degree necessary for change to occur. For example, if a client is not making changes in her life as quickly as her counselor wants her to, and the counselor takes this personally, it will significantly increase the likelihood that he will begin to be frustrated with his client and push her in ways for which she is not ready.

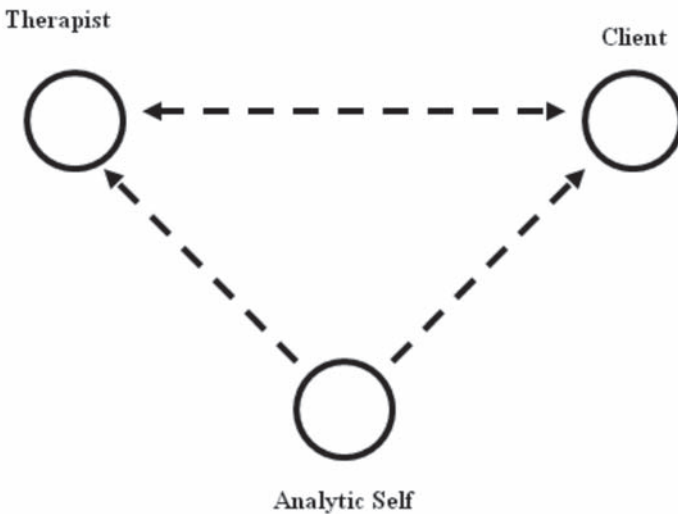
By understanding and avoiding what I have designated as the five errors of communication (error of approach, interpretation, language, judgment, and omnipotence), therapists are better prepared to communicate effectively with their clients. This book is designed to teach advanced techniques for psychotherapy that circumvent the five errors. To be effective in therapy is to communicate as clearly as possible; to do that, therapists must be creative in their approach to clients and find ways to convey information to them that they are prepared to hear. Metaphorically meeting clients where they are is paramount to helping them construct new knowledge. Counselors cannot meet clients where they are or accomplish effective communication styles without an inten-

tional approach to their work, a devoted awareness of themselves, and an awareness of the errors they might make.

THE ANALYTIC SELF

Rarely is a book about counseling complete without a reference to the inscription above the oracle at Delphi: “Know thyself.” The words apply directly to counselors in that without a keen awareness of who they are, they are likely to countertransfer a variety of thoughts, behaviors, and feelings onto their clients. Whereas early psychoanalysts initially understood countertransference to be limited to familial projections, a broader understanding of the term includes all of therapists’ projections from their past experiences onto their clients in the present. Countertransference is inevitable, so being aware of it is fundamental for effective counseling.

The *analytic self* is a concept that can be used to heighten counselors’ awareness of their countertransference. The analytic self is a psychic



(Supervisors act as the therapist’s analytic self until the therapist can analyze both herself and the relationship)

Figure 1.1 Analytic Self.

term that describes where our capacity for self-awareness lies. I have defined the analytic self as a “psychic” term, meaning that it is of, or relating to, the human psyche, and not as a connotation of telepathy or clairvoyance (see chapter 5). It is important for counselors to develop the ability to metaphorically step outside themselves so that they can look at their psyches from an objective position and observe what feelings clients are attempting to elicit in them. It is as though the counselors can metaphorically get into a third chair and point to the chair in which they are sitting and ask, “What is this person feeling?” (see Figure 1.1). By viewing themselves as though they are outside entities, therapists can learn to not only take things personally, but also to recognize physiological signs that the client may see as well (e.g., eye rolling, face scrunching, raised eyebrows, etc.).

2

Basic Therapy

THE RUDIMENTARY SKILLS

The classic question “How do you feel about that?” is one on which many colloquial jokes about psychology and counseling are predicated; still, it is an important question to ask. What cannot be conveyed well in a textbook is what tone of voice works best for specific questions. Obviously, if this question is asked robotically or with little interest, it becomes part of a “textbook approach” rather than something that flows out of a genuine curiosity for how someone actually feels about a situation.

In his classic work, Herrigel (1953) noted the fundamental need for people to act precisely and repetitiously in pursuit of mastery. Therapists who take for granted the basic skills of counseling (i.e., those who are not precise in their repetitions) do not seem to fare well with implementing more advanced techniques. Both the basic and advanced skills presented in this book are the product of years of clinical studies; they are not trial balloons for the modern counselor. Each counseling skill has a history of both trial-and-error and rational-theoretical experimental development. Advanced counseling skills build on the fundamental skills. Thus, the first step to advanced counseling is to be a master of the basic skills. Take, for example, skills regarding posture and body language. A counselor who is not aware of the impact she has on clients when she looks

down as she begins to speak, for instance, might unconsciously affect the counselor–client relationship in an adverse manner. Likewise, a therapist who believes he is engaged in what his clients say, but is unaware that he looks to the ceiling when his clients talk, cannot move on to implement more advanced techniques or dynamics in his therapeutic relationships. Awareness is the key to performing advanced counseling, and again, counselors' effective execution of advanced therapeutic techniques can occur only when they have mastered the basic skills.

THE GREAT WATERMELON SLAYER

Counselors can draw from many sources of information in their understanding and practice of their profession. Such sources can include tales from many cultures, such as the following story, which comes from traditional teaching tales of Sufism. In the tale's, readers will find the essence of what it means to approach clients effectively.

Once, a long time ago, a man stumbled into a land of fools. The people lived in terror because they were afraid of a monster that lay outside their village. The stranger listened to their stories of fear, and despite his trepidation, he asked to see the monster. The people took him to the edge of the village where they looked out over a field and began to tremble with horror. "There it is! There it is!" they screamed. The stranger looked but saw nothing except a watermelon. He said, "Where is it? Is it behind that watermelon?" To which the people replied that the object he noticed *was* the monster. "That's not a monster!" he exclaimed, and he proceeded to go out to the watermelon, kneel beside it, smash it in half, and eat it. When he turned around he saw the people had turned white with even greater fear. "Look!" they shouted, "he killed the monster and is even eating it! He is a worse monster than the first one! Let's get him!" and they chased him away with pitchforks.

A year passed, and a seed of the first watermelon grew into another, even larger watermelon. At that time, another man walked into the same land of fools. Again the people were living in fear of another great monster that had sprouted in the field outside their village. This stranger was more clever than the first, for upon seeing the "monster," he realized the irrationality of their fear. So, almost immediately upon his seeing the watermelon, he jumped back in fear, despite knowing what it was. Then he, along with the villagers, made his way slowly toward the "monster." As he approached the melon, he showed increasing trepidation, taking

a step backward for each two steps forward. Eventually, he pretended to find the courage to touch the beast. Looking astounded that the beast had not devoured him, he encouraged others from the village to come and touch the watermelon as well. Over time, he was able to help the people approach it, eventually eat it, and save the seeds for the following summer when they could cultivate them. This man became known as the Great Watermelon Slayer.

Many cultures either consciously or unconsciously recognize the error of approach. There are customs regarding initial meetings and folktales about such meetings. Handshakes work well for some people, whereas hugs or kisses on the cheeks are effective approaches for others; still, many others prefer not to make physical contact when greeting. Though literature from the emerging field regarding culture as it relates to counseling has yet to agree on a succinct definition of culture, one thing that is agreed upon is that counselors will benefit from not limiting clients to the general stereotypes that permeate their cultures. When counselors treat all clients with dignity, respect, and sensitivity, they can quickly become mindful of the framework of customs, knowledge, and experience that serve as the context of their angst. Counselors' respect for their clients needs to begin in their approach to them.

Meeting people in the context of their own experiences to help them create new knowledge based on what they already know is the cornerstone of constructivist learning theory, and a story like "The Great Watermelon Slayer" is an excellent teaching tale for emphasizing the importance of meeting people where they are. The story provides a model for avoiding the errors of approach and judgment and a framework for respecting others' autonomy. Just as one puts the second block of a building on the cornerstone, so, too, is it important for therapists to build on the existing knowledge and attitudes of the clients they counsel.

Clinical Example

Right out of college I took a job implementing behavioral treatment plans in the community by working one-on-one with children in their homes. With only an undergraduate degree in psychology at the time, I was instructed to follow the recommendations of the therapist under whose supervision I worked. Once, while meeting with a therapist and the family with whom we were working, I had the opportunity to witness the antithesis of the Great Watermelon Slayer in action. A counselor walked into the client's home without knocking, stating she was sorry

she was late (but failed to apologize for just walking in—as if somehow she had the right to just walk into a relatively impoverished home). She was dressed to the nines, which was an immediate turn off for the family who was living in a house with dirt floors and cardboard cutouts blocking their broken windows. As she approached the kitchen table where the mother, child, and I were sitting, she looked at the empty dirty chair with scorn and said, “Eww! No thanks, I’ll just stand.”

The therapist turned to look at the refrigerator where there hung pictures of wrestlers the young boy (with whom we were working) had colored. She did not filter her immediate reaction, which was, “Who watches wrestling? That is so stupid and violent!” Turning to the mother who was struggling with borderline intellectual functioning herself, the therapist said, “I can’t believe you let him watch that stuff, it’s so malicious for him.” (Besides the fact that the therapist just used a malapropism, I thought to myself, “There is little chance the mother understands what *malicious* means even if she used it in the right context.” My hunch was confirmed as the mother asked what that “m word” meant.) The therapist went on to observe a big screen television with video games beside it and said two more derogatory comments, one about the family having a big screen television when they “obviously needed to use that money differently” and another about how “stupid” video games are.

In the first five minutes, this therapist, who acted like the first person to encounter the watermelon monster and not like the Great Watermelon Slayer, destroyed any chance of her establishing rapport with this child or his mother. The child chose not to pay attention to the therapist who basically shut down his entire world (i.e., wrestling and video games), so she told his mother that she would write in her report that he was obviously struggling with attention deficit hyperactivity disorder and recommended that his mother take him to a psychiatrist and tell him about her evaluation and ask for medicine. “It will definitely help him,” she emphasized. She left after 30 minutes and billed for an hour of direct time with the family.

Aside from the error of approach, interpretation, and judgment, this therapist made several mistakes in that session. Although the focus of this example is about her making the error of approach, it is important to note she also disregarded the ethical precept of respecting clients’ autonomy by telling the mother what to do, and she broke the ethical precept of nonmaleficence by practicing outside the scope of her competency (recommending medication despite her not being a medical doctor). Lastly, aside from the fraudulent billing she did, this therapist

clearly demonstrated the error of approach to the fullest extent. With the recognition of what not to do, the questions then become how does the Great Watermelon Slayer deliver an effective approach to the people, and how can therapists effectively meet people where they are?² Answers to both of these questions lie in a model of rapport building called Yield Theory.

YIELD THEORY

Yield Theory is the model of rapport building I developed in 1998. It is predicated on the radical hypothesis that if counselors were to live every day as their clients, that is, if they were to share all the same experiences, have the same cognitive abilities, and the same affective range, then they would make every single decision their clients made. This pushes the adage *walking a mile in another's shoes* to a more intense level in the sense that, if followed, it forces counselors to wipe away all pejorative assessment of their clients. Yield Theory enables counselors to act on the guideline of accepting clients regardless of what they have done, without necessarily condoning their behavior. In other words, it is possible to fully accept a sex offender for who he is and come to a psychological understanding of his offenses without condoning the harmful actions he perpetrated.

Yield Theory requires counselors to accept the options that present themselves with each client. Anyone who has ever driven on a highway can understand Yield Theory. As drivers approach a yield sign at the merger of an onramp and the highway, they have two options: They can come to a complete stop, or they can merge with the traffic. As long as they remain stopped they will only be able to watch traffic go by. Because driving in reverse in the wrong direction cannot possibly be legal and is hardly safe, drivers accept their only option and eventually merge (signifying, by analogy, that the past is gone, and we can only move forward). Once drivers have successfully merged with the traffic, they are no longer a separate entity from it. They become a part of the traffic. They have the opportunity to see the same signs as the rest of the traffic, and they can maintain all the available options that each individual member of the traffic has. It is only after drivers have driven with the traffic that they may decide to change direction (at any given off-ramp or turn-around), and it is only after drivers have seen everything that the other drivers see (from their point of merger) that they are able to

discern which exit is most appropriate to take. Yield Theory provides counselors with a mechanism to yield and merge with the flow of a client's life while providing opportunities for separating from it without disrupting that flow.

Two cars that hit each other head on would likely constitute a painful collision for the occupants. Imagine merging onto a highway in your vehicle of therapy, and as you merge, you pull into traffic next to the car that your client is driving. The two vehicles travel side by side for a while on the same road. Finally, your client decides that since you are both going in the same direction, he will just invite you into his vehicle. After traveling together for some time, he finally trusts you enough to let you drive; when he does, you are able to help steer him down different exits that he may never have considered had you not driven. Merging with another's life direction is the substance of Yield Theory. People who perceive themselves to be understood are more likely to open up than those who feel like outsiders. Traveling with someone creates a bond or openness otherwise absent in communication. Even strangers in cars, trains, ships, and airplanes often share personal information and stories with their fellow travelers.

Minding the lesson of the Great Watermelon Slayer and channeling Yield Theory are two ways to follow the phenomenological lead of clients. By following clients' leads, regardless of the direction, counselors are able to circumvent clients' fight or flight responses, which enables clients to be much more open to what counselors have to offer. If clients believe their counselors are fully on board for their ideas, then when counselors come up with alternative solutions, the clients are ready to accept an idea that they formally would not have even considered.

Clinical Example

While working as a school counselor, I was approached by Rich, a 15-year-old ninth-grade student. He was angry because a classmate kicked him, but the teacher only saw Rich attempt to retaliate, so the administration suspended Rich. This was his first day back in school after the suspension, and he was ready to fight the boy who got him in trouble:

"I just want to beat him up!" he said seriously.

"Okay, what happened?" I asked.

"That punk Brad kicked me and I got in trouble!" Rich replied angrily. "It didn't even hurt, but now he's telling everyone he kicked my butt, and I'm not gonna take it! I will fight him."

“I can definitely see that you want to fight him,” I said in a compassionate but matter of fact way. “I can’t believe he kicked *you* and you got in trouble!”

“Well I did,” he said disgustedly, “and now he’s gonna get it. I’m gonna beat the crap out of him.”

“You’re pretty fired up,” I validated.

“I can’t believe he said he beat me up!” he said as he clenched his fist and pounded the couch. “I’m gonna punch him so hard in the face!”

“Where you gonna get him?” I asked, again in a matter of fact way.

“As soon as I see him,” he replied.

“Yeah,” I pointed out, “but you know if you do it on school grounds you’re gonna get in more trouble.”

“Yeah, I didn’t think of that. I don’t care. I’ll just kick his butt after school . . .”

I interrupted, “Off school grounds?”

“Yeah, on the other side of the highway,” he answered.

“Okay,” I agreed, as it seemed to make sense, “yeah, then you won’t get in any school trouble.”

“I can’t let him make me look weak,” he said, slightly less intensely. “I have to kick his butt.”

“That’s what it sounds like,” I replied looking down at the ground. “It doesn’t sound like you have any other options.”

“I know,” he said, his cadence slowing down. “I don’t. I’m gonna do it after school today. I have to.”

“Yeah, well, you gotta do what you gotta do,” I replied as I shrugged my shoulders.

“I am,” he replied. He seemed to be much calmer now, as I was not arguing with him to not fight at all.

I shrugged my shoulders again, paused, and looked away. I said the following with sincerity—completely devoid of sarcasm: “Yeah, and the worst case scenario if you do it outside of school is you get arrested or have to get sent to juve’, or you’ll get a probation officer for a year or so: I mean, so what?” I asked, pausing to look back up at him. I continued, “So you have a P.O. who checks up on you all the time, and you have a curfew, and a couple Saturdays where you just go pick up trash. I mean kicking his butt today only costs you about a year of your life, and if your pride’s that hurt, then what else can you do?”

“I never thought about that I could get sent to juve’,” he said, now much more cognitive than affective, “but what other options do I have?”

“I don’t know,” I said, as I genuinely attempted to brainstorm some options with him. “I guess you could choose not to fight him. Maybe you have to fight him. I don’t know,” I paused before I continued. “I guess you could somehow see what I see: which is that he cheap-shotted you, and you were the bigger man who could’ve kicked his butt, but felt bad for him, so you let him off the hook.”

“I know I could kick his butt,” he said with certainty.

“I have no doubt,” I quickly and seriously replied, “which is why I know that if you wanted, you could choose not to fight him.”

“I guess I don’t have to fight him to know I could beat him,” he said in a contemplating tone.

I nodded yes.

“I didn’t realize I could get in trouble for fighting off school grounds,” he continued with sincerity.

“Well, you were just really angry,” I validated, carefully choosing to talk in the past tense to subconsciously imply to Rich that the angry, out-of-control feeling he *had* is now gone, “and I could see why you weren’t thinking of that. But, absolutely there are consequences: There are always consequences for what we do.”

By going on the ride with Rich I was able to create an environment where he saw me as completely on board with him. Once Rich viewed me as entirely on board for his plan to fight, he was open to considering a possibility he was not likely to consider if I had met him head-on. Yield Theory cannot be used with clients if counselors do not have time to follow through with possible alternatives. For example, acknowledging to a person ready to jump from a bridge that you would also feel that way if you were she is not effective if you end the conversation there and walk away. While that scenario seems common sense to most, it is important to keep in mind that Yield Theory works best when counselors have time to finish what they have started with clients.

ATTENDING

Attending, the most rudimentary of skills, seems self-evident; however, it can be as evasive as the philosopher’s stone. Attending involves actively paying attention to clients, and it is a vital aspect of avoiding the error of approach. Attending is a skill that cannot be taken for granted. Despite it being cliché, “helping people” is the reason many get into the counseling profession, and the first step in helping people is to show an interest in

them. The fundamental skill of attending is accomplished through presence and focus. To be present or fully focused on clients means paying attention to what they say (the content) and how it is said (the process).

The skill of attending also entails observing what clients do. For instance, observing how clients move, how they refrain from movement, how they sit, how they engage or disengage eye contact, and how they exhibit energy or a lack of energy can provide unspoken clues about clients. Attending also involves concentrating on the way clients physically interact with others (e.g., the type of greeting they use, whether or not they invade others' space or take measures to avoid contact, etc.).

To understand the significance of attending, recall a time when events in your personal life dwarfed all else: the death of a loved one, an impending divorce, the illness of a family member, and so forth. In any of these instances, concentrating on others becomes difficult. The essential problem for counselors during times like these is how to attend to clients. Whereas a single-minded or linear solution might include simply not working during those times, not coming to work every time we feel unable to concentrate is generally not an option. Because all people have selective attention, a time will inevitably exist when counselors are not able to be fully present with clients. There are ways, however, for counselors to continue to be effective during their own troubling emotional times.

To help counselors grasp an approach to attending when they face a struggle in their own lives, the term *bracketing* has been used. Bracketing involves counselors putting aside their issues to attend to clients. A metaphor that might be helpful for understanding how to bracket is to visualize putting your worries irrelevant to the session between brackets and placing them off to the side. Bracketing is more easily described than accomplished.

What Gets in the Way of Attending

The average attention span for humans is approximately 8 minutes. No matter how a subject grabs us, makes us happy or sad, interests us or not, around the 8-minute mark something will distract us. It is possible, of course, to regain focus within tenths of a second, but just having this basic understanding of our attention span is helpful in understanding the skill of attending. Knowing about the 8-minute limitation is also a helpful tip to share with clients who feel like their whole world is crumbling and believe no end is in sight, because people sometimes find comfort in

knowing that breaks, no matter how small, will inevitably interrupt their suffering.

Not being fully present is also a key to not attending. At its extreme, not attending can look like what is described in the following paragraph. It is verbatim what I wrote in my journal immediately after my first experience as a practicum student in the counselor's chair:

I came into the room and sat down as my client sat. I was cognizant of how I sat back, and quickly sat up. I folded my hands in front of me, and rested my elbows on my lap (the classic Rogerian pose). I thought to myself for a minute: "I'm sitting exactly how a counselor should sit. I am ready to start my career as a counselor." Unfortunately, at the very moment I realized my thoughts were consuming me, I also realized that my client had started talking and I wasn't listening to a word she was saying! I was now so upset that I missed the beginning of what my first client had to say to me, that I allowed that negative thought to also consume me, and continued to not listen to her! Now I was dumbfounded! "How could I be so stupid," I thought. At this point I had no idea whether or not I should confess I hadn't heard a word she said, or should I just go on pretending I heard her. . . . Well, as it was my first counseling session, I decided to just go on and pretend I was listening. Unfortunately for me, and much more unfortunately for her I guess, her whole session built on the people and event she obviously must have described at the onset, so I was lost and remained lost. She said she is not going to come back. Maybe my counseling career could start with the next client . . . I wonder if there are mulligans in counseling.

Attending sets the stage for how counselors approach clients (i.e., whether or not they can avoid the error of approach), but failure to attend properly also sets up counselors for making the error of interpretation. If counselors inaccurately view the message clients are attempting to relay, they are making an error of interpretation. For example, if counselors fail to recognize an incongruity between clients' body language and the words they speak, they are making the error of interpretation. Therefore, counselors and therapists need to take proactive steps to check for understanding, and active listening is a great first step in doing so.

ACTIVE LISTENING

Whether or not counselors are attending to their clients can be verified (i.e., we can empirically examine when one person is attending to

another) by a process called active listening. Active listening may entail nodding one's head, verbal tracking (i.e., staying on the topic the client brings up), accurate summarization, and an ability to have the client feel heard (as evidenced by clients' self-reports, "I feel like you are really listening to me when I talk"). Whereas many professionals in the helping fields may think it is trivial to articulate what active listening is, this story may help to explain why I have included it in this chapter.

A client of mine once reported that she liked coming to me for therapy. My ego was quick to think the reason she liked therapy with me was that I helped her come to many insightful realizations. In retrospect, I believe I was excited to hear how any one of the advanced techniques I used with her was profoundly changing her life. When I asked her what it is that she liked about coming to therapy, her answer was that she could really tell that I was listening when she talked. "That's great," I replied, "because I am very interested in what you are saying; but how can you tell I am listening?" To which she replied, "Well, my old counselor used to face the other way and eat lunch when I was in her office. Mostly she just used the computer while I was in there, so I didn't think she was really listening to me."

Unfortunately, this story, as is the case with every client story I present in this book, is absolutely true. My client reported her former counselor rarely even turned toward her when she was in session. The counselor was not a classic psychoanalyst; she was a therapist who was probably unaware of the profundity of her actions. When I asked my client what made her not say anything to her counselor, she reported that she had never been to counseling before and just assumed that was how it was supposed to go. Thankfully, this woman gave counseling another chance. Active listening, or letting clients know that you are interested in what they say, is an enormously important facet of counseling.

REFLECTION

One way to avoid making the error of interpretation, or the failure to accurately understand what another person is attempting to convey, is to use reflection. Reflection helps therapists attend to what is being communicated by conveying to clients a sense of what they are picking up from them. Therefore, reflection involves a great deal more than parroting. A tendency exists for novice counselors to learn about reflection and then repeat everything (or at least the last part) of what a client says

(i.e., “parroting”). Whereas this is almost painful to watch as a supervisor, it is often disturbing to a client. Audio-taped sessions of Carl Rogers’s counseling demonstrate that he utilized the skill of reflection effectively and did not simply repeat clients’ words. Counselors may choose to reflect the content (what is said) or process (how it is said) of clients. Reflecting content is somewhat similar to what occurs in everyday conversation. Reflecting process often leads to a more in-depth exploration of the client. As described under the section on questioning later in this chapter, counselors should weigh carefully when to reflect content versus process.

Reflections should be brief. The briefer the reflection, the more the counselor can stay out of the way. The following example demonstrates the concept of reflection as it moves from too lengthy to brief.

Client: I can’t believe I have to read that stupid book for class! The book is terrible! It is long and boring and my teacher is dumb and I know she just wants to bore everyone to death.

Optional Reflection 1

Counselor: (Reflecting content) Your teacher is making you read a terrible book and you believe it’s because she wants to bore everyone to death in your class.

Optional Reflection 2

Counselor: (Reflecting content more briefly) You think she wants to bore everyone.

Optional Reflection 3

Counselor: (Reflecting process) You seem upset with the work you have to do and with your teacher.

Optional Reflection 4

Counselor: (Reflecting process more briefly) You’re upset.

Briefer reflections provide the counselor with at least two advantages. One advantage, as mentioned previously, is that brief reflections help counselors stay out of the way of their clients’ stories. The other advantage is that brief reflections allow clients to project onto counselors what

they believe the counselors mean by what they reflect. In other words, in the last optional reflection, the counselor simply reflects, “You’re upset.” When a counselor uses a brief reflection, it gives the client an opening to say more about why she is upset, which in this case, might or might not have anything to do with the book she is reading, her teacher, or even school. The briefer the reflection, the more opportunity counselors have to read their clients’ projections.

VALIDATING

The error of judgment happens when therapists judge what their clients are saying rather than assess it. Judgment implies a conditional acceptance at best, and for therapists to unconditionally accept clients, they must make every effort to avoid judgment. By setting aside judgments, counselors are not shirking their responsibility to protect others. For example, if a counselor assesses a situation and finds that her duty to warn trumps client confidentiality (e.g., the counselor finds out her client has intentions of committing homicide to an identifiable third party), then she need not judge him to make an accurate assessment of the situation and take all precautions to keep the identifiable person safe. The phrase, “iron fist/velvet glove” brings to mind the concept that ideas can be firm (iron fist), but they can be delivered in compassionate ways (hence, the velvet glove). This phrase is fitting in this section on validation because accepting people does not equate condoning what they do. By accepting people without conditions, therapists are able to avoid the error of judgment and set themselves up for a much greater likelihood of being heard.

Effective communication is predicated on the skill of circumventing others’ fight or flight responses in a way that allows them to hear what is trying to be conveyed (without withdrawing or reacting strongly). Validation, then, is the key to circumventing others’ fight or flight responses. By validating clients, therapists are demonstrating that they have heard what their client has conveyed. It is much easier to talk to a listener who is interested in what we have to offer as opposed to the alternative.

Validation is a transtheoretical concept that may only have been left out of radical behaviorism of the 1950s, or Rational Emotive Behavior Therapy (REBT), when it was REBT and Ellis was attempting to convey to the counseling world that outside forces have no ability to affect feelings, only thoughts can affect feelings. Interestingly, many people in the

21st century still work from the paradigm that “other theories” do not make use of validation. At a 2008 Dialectical Behavior Therapy (DBT) training, for example, the DBT presenter announced, “DBT is almost identical to Cognitive Behavioral Therapy, except it adds the piece of validation.” Several of the Cognitive Behavioral Therapy (CBT) therapists stood up and left the room saying, “What CBT therapist doesn’t validate her clients?” The point is that while some theorists write about it more emphatically than others, no current therapeutic approach to counseling discounts the importance of validation. What Carl Rogers taught a half century ago is still true today: Validation is essential to effective counseling (Rogers, 1961). Whereas the above story is a true story and is told to emphasize the point that validation permeates all modern theoretical approaches, it should be noted that validation is not the only difference between DBT and CBT.

Francis of Assisi was noted for, among many other things, the statement, “Seek first to understand, not to be understood.” This statement summarizes effective validation. In general, counselors have a strong desire to help, so a tendency exists for them to jump to possible solutions they can provide. Remember this general guideline: The faster a solution is presented to a client, the less her autonomy has been considered; validating clients then, seems to be more effective than handing them answers. Validation is necessary, but by no means is it always sufficient for change. Once a person believes he has been heard, he will be more open to the process of counseling.

GATHERING INFORMATION

The error of interpretation occurs when counselors fail to accurately understand people’s stories. For experienced counselors, one reason this may happen is they tend to lump clients into categories too quickly based on their experience. For instance, thinking, “Well she’s bipolar, so it must be this . . .” is a way experienced counselors write off individual experiences in favor of categorizing them. Understanding the symptoms of those struggling with bipolar disorder is important for counselors, however, using labels as direct forms of cause and effect can lead to the error of interpretation. Listening to stories from clients’ phenomenological perspectives is paramount to understanding them. Without gaining the greatest amount of information necessary from clients, counselors fall prey to the error of interpretation.

The skill of gathering information entails getting as much information as is necessary. Although gathering information appears to warrant little attention because of its obvious importance to counseling, it is a skill that deserves more than passing attention. Oftentimes, people assume they know something to be true that they in fact do not know. Many novice counselors and psychotherapists mistakenly assume things about their clients about which they have not asked. Asking is the only way counselors can initiate an understanding of clients' stories. While some information is superfluous to have, other information is necessary. Counselors become more effective as they learn when to gather information and what type of information is relevant.

To gather information a counselor needs to make a few basic inquiries (the word "that" in the following examples can be replaced by the specifics of what the client is conveying):

"How long have you felt like that?"

"Tell me more about that."

"I'm not sure what you mean by that."

"Help me understand that."

"In what other areas does that affect you?"

"Could you tell me what that means to you?"

"When you say _____, what do you mean by that?"

"How significant is that to you?"

Clinical Example

Mike and Darla came into counseling as a couple in their mid-thirties. They reported they came to counseling because their families did not approve of their relationship, and they wanted to learn how to deal with this problem. When questioned as to what might make their families not want them to be together, they both said, "They just don't think we are good together." Now many couples have friends and family members who do not believe they should be together because they "are not good for each other," so a novice counselor might have just accepted the answer at face value. Although I was slightly more than a novice therapist at the time I saw them, I was able to use my analytic self to become aware of my assumptions (i.e., that their families must not have liked each other or that some past history between the two existed of them breaking up and getting back together under tumultuous circumstances), so I asked for more information.

“Help me understand why it is so important for you two to listen to your families as to whether or not you should be together,” I said.

“Well,” Mike said reluctantly, “we’re kind of related.”

“When you say you’re kind of related, what does that mean?” I asked.

“Well, we’re cousins,” Darla blurted out.

“Okay,” I replied. “How distant of cousins?”

Mike hesitated, then looked at Darla, then looked back at me, “First cousins.”

Had I assumed that I understood that it is difficult to always get family members on board with accepting loved ones, or had I projected that my own family had not always accepted who I brought home, I might have never uncovered information that turned out to be valuable. The key was to *ask*, not assume.

It is important to remember that counselors’ projections can pose problems when gathering information. From projection of the counselors’ ideas to the projection of countertransference, by assuming rather than asking, counselors run the risk of not having relevant information. A guideline for counselors regarding gathering information is to assume very little. We have a tendency to project a myriad of qualities, ideas, and understanding onto and about others. From projections, counselors miss the key element of phenomenology that is so essential to understanding others.

Understanding the concept of projection is vital to advanced counseling because so much information can be gathered by reading others’ projections (see chapter 5 for a description of the different types of projections). Clients literally exude important information from the moment they walk into a therapist’s office. Where a client sits, what she assumes the counselor already knows, how much detail she brings to what she says, what words she pauses to define or not define, and every aspect of her energy is revealing. When you do not know something about a client (and even when you think you do): ask.

Winslade and Monk (2007) noted three helpful guidelines for considering how much information to gather: length, breadth, and depth. In regard to length, knowing how long a client has struggled with the specific situation can be valuable information. Effective questions for gathering information about the length of the problem are, “How long have you been dealing with this?” or “When did this begin?” Regarding breadth, questions such as, “How many areas in your life are affected by this?” or “How does this impact other aspects of your life?” give counselors

a tremendous amount of information and possible areas to explore. Finally, to ascertain the depth of clients problems, questions such as, “How deeply does this affect you?” or “Does this hit you at the core of who you are?” help to determine the gravity of clients’ problems.

QUESTIONING

Where might a counselor be without questions? It is important that counselors be mindful of the type of questions they ask. Effective questioning is often accomplished when counselors are aware of the difference between content (what is said) and process (how it is said). Counselors choosing to ask questions reflective of the content only may find their sessions remaining behavioral (i.e., the counselor will likely struggle with understanding either the client’s process or emotions), whereas counselors asking questions reflective of the process tend to find their sessions much more emotionally revealing. Essentially, by focusing on the client’s process rather than content, counselors move the focus from external to internal (Kell & Mueller, 1966). For example, consider the difference between the following two lines of questioning:

Questioning With the Focus on Content

Client: . . . and we ended up fighting in the middle of the mall.

Counselor: (asking a question reflective of content) So you were at the mall when this happened?

Client: Yes, and it was embarrassing to fight in front of so many people.

Counselor: She didn’t seem to mind fighting in front of everyone?

Client: No, and several people stopped to watch.

Questioning With the Focus on Process

Client: . . . and we ended up fighting in the middle of the mall.

Counselor: (reflecting the process) You seem really distraught.

Client: (looks at the ground and begins to tear up) I am. I’m just so hurt. I don’t want to lose her.

Counselor: You feel like it really is over?

The questions counselors ask have perhaps the greatest impact on how sessions evolve or, for that matter, remain stagnant. Questioning

that was rooted in the content in the previous example led to the client continuing to talk in behavioral terms (i.e., “several people stopped to watch”), whereas inquiring about the client’s process led to an emotional outpour (i.e., “You seem really distraught”). Although “You seem really distraught” is a declarative statement rather than an interrogative one, experienced counselors find ways to turn declarative statements into questions with their tone of voice. Questions are reflective of more than content versus process, because they may also set up how much clients say in response to them.

A difference exists between open-ended questions and closed-ended questions. Open-ended questions, such as “What is one of your most powerful memories?” allow clients to explore their inner selves for answers that can reveal a great deal about their psyches. For instance, it can be telling if the answer to that question involved a negative or positive memory, a recent or distal memory, or perhaps the client drew a couple memories to mind when asked and only felt comfortable to share one of those that came to mind, a circumstance that could be telling of the client’s comfort level with the counselor.

Often, novice counselors get stuck with clients because they find themselves asking only a series of closed-ended questions, and then find they run out of questions a short time into the session. Closed-ended questions are not to be shunned in advanced counseling by any means. As counselors attempt to gather basic information from clients, closed-ended questions may be exactly what counselors want to ask. “How old were you when that happened?” is an example of a closed-ended question designed to elicit specific information (as opposed to a question such as, “What was that like for you when that happened?”—which is intended to elicit a deeper exploration of the client’s psyche). Furthermore, closed-ended questions can be an excellent tool to use with an overly loquacious client (i.e., counselors can use closed-ended questions to maintain control of the session).

Even the deepest and most powerful sessions need to have closure and end at some point. Therefore, counselors can make use of their understanding of the difference between process and content and begin to move clients from process to content. An excellent way to move from process back to content is to deliver a series of closed-ended questions. “Is this something you would like to continue to explore in future sessions?” is an example of a closed-ended question that forces the client into a “yes–no” answer. By asking this or similar questions, counselors also imply the current session is closing. The ability to draw on different

types of questions can only come if counselors consciously attempt to analyze what they are communicating.

EMPATHIZING

Fundamental assumptions about human behavior drive the heart of counselors' approaches. Theories in counseling, after all, are a compilation of assumptions. A single but radical fundamental assumption about human behavior that can significantly augment counselors' ability to empathize with others is as follows: If we were to not only walk in another's shoes, but live in another's body, experiencing the other person's cognitive functioning, affective range, every emotional experience, memory, and even only have access to that person's psyche, we would have made every single decision that person has made (i.e., the foundation of Yield Theory described in the chapter 1). Abiding by this assumption is difficult. If, for example, we stop the metaphor at just "walking in another's shoes," then a tendency exists for us to impart our own experiences onto that person. "Well, I had a hard life, too, and I didn't choose to kill anyone," is a response allowing judgment to cloud a counselor's understanding of her client's phenomenological worldview.

Following the fundamental assumption of Yield Theory, counselors would not compare their own experiences and "tough times" to their clients' experiences; instead, they would work to empathize with their clients. Imagine, for example, that you are sitting across from a man who committed a violent crime. This man seriously injured his wife after an argument, was sentenced to four years in prison, served his term, and was now a part of a mandatory anger management group. This man, in this instance, was in fact guilty of the crime. He was now classified as a violent offender. Take a moment to visualize your initial response to what you think about him. Now read on.

Imagine for a moment you are this man. Imagine still further that you begin to describe one of your earliest memories. It occurred when you were 6 years old. Your father held a gun to another man's head, screaming, "Hey, boy, look at me . . . you watch what happens to anyone who messes with your old man!" and then executed the man in front of you. Imagine the terror you might feel. Imagine the fear. As your mind is racing another early memory plays out: You recall how your father ran a man over—a man who did not initially die, so he put the car in reverse and ran over him again until he was dead. Recall, as though you are this

man, how your father beat you and your mother senselessly for years. Though you spent your life avoiding becoming the man your father was, when this current fight broke out with your wife and she started hitting you, you lost control. Whether it was posttraumatic stress disorder (PTSD) is inconsequential, what matters is that in that moment, you lashed out.

It is important to note that domestic violence is never justified. It is not excusable. In fact, to compare empathizing with someone who committed domestic violence to condoning domestic violence is to miss the foundation of validation. Comparing those two is analogous to comparing pens to planes. It makes no sense. Critics who do not believe people should empathize with people who commit acts of violence usually do so to protect their worldviews. As long as we observe a person as an object (of evil, sexuality, or anything else), we feel safe—as though we have the world all figured out; in doing so, however, we promote stereotyping, ostracizing, and judgment. Whereas these are perfectly acceptable phenomenological worldviews to have, they inhibit effective counseling.

As a therapist, how different would your ability to empathize with others be if you could literally put yourself into the person sitting across from you? Relatively recent neurological research demonstrated that we are not able to easily fake our emotions, and others can vicariously understand what we are conveying more readily than we may hope (Stamenov & Gallese, 2002). Gregory Bateson's research on double bind messages showed us profound differences between the "report level" and the "command level" of communication patterns (Bateson, Jackson, Haley, & Weakland, 1956); that is, what people verbalize is often much different from what they convey. To believe then, at the dawn of the 21st century, with access to as much research as is extant, that clients cannot see therapists' real reactions to what they portray, is naïve at best. With this in mind, being able to empathize with others in genuinely nonjudgmental ways becomes paramount.

Exercises can help people increase their ability to empathize with others. None of the examples are intended to replace existing worldviews of the reader; they are only intended to be exercises to consider. One exercise is to view the person as though she acted completely out of ignorance with absolutely no awareness of what she did. For example, imagine a woman who hit a man with her car but kept driving because she was turned toward her children in the backseat and thought she just hit a pothole. It would be difficult in this example to judge this woman as malicious or evil. It might be much simpler to judge this woman as

careless (although this may be a unique experience of carelessness in the woman's life). If we view someone as making a mistake, we tend to be easier on them than if we believe they acted intentionally.

A second exercise is to take the perspective, if only for the time of the exercise, that everything happens for a reason. Theoretically, anyone who genuinely believes that everything happens for a reason has zero grounds to judge others, after all, people, according to this perspective, cannot help what they do: They act, as Voltaire's *Candide* did (taking the idea that everything happens for a reason to *reductio ad absurdum*), to fulfill their destiny (Butt, 1978). For example, one might speculate that the reason a young man robbed a couple walking down the ally was to do so for the greater good; perhaps he had a transformative experience after he stole from them or perhaps they took a different course of action in their lives because of the incident, but either way, the incident was supposed to happen.

It is not empirically clear whether or not literature students are the most empathetic of college students; however, it may be a hypothesis worth investigating because literature students are constantly exposed to several sides of the same story. Regardless of the lack of empirical evidence, a pragmatic exercise that can be used to augment empathy involves literature. After reading a story, for example, one may attempt to understand every character's perspective as though he or she were the main character. Literature is a good place to start because, in general, people tend to have less attachment to hypothetical characters. Primarily, however, it is effective to turn to literature for building empathy because the narrator is typically omniscient, and it is much more difficult to judge people pejoratively when we understand their perspective.

SELF-DISCLOSURE

If you want people to listen to what you are about to say, tell them it's confidential.

—Anonymous

Self-disclosure means telling someone something about your life, something about you personally. Outside of the counseling world normal conversation involves a ping-pong game approach to sharing: One person tells a story from experience, then the listener takes a turn at disclosing her story. Everyday conversations are the way many people

get to know each other. Conversations that occur in counseling, however, are professional ones intended for one person to get support and guidance from the other; so merely “swapping stories” is not an effective approach. One aspect of keeping the relationship professional occurs when the counselor remains veiled (Kell & Mueller, 1966). *Remaining veiled* means that a therapist’s personal life is hidden, thus, when clients talk to their counselors, they are talking to someone about whom they know very little. Clients are then more likely to project onto their counselors what they think about them.

When counselors refine their ability to read, explain, question, and confront clients’ projections, they are able to gain a great deal of insight about them. Veiled counselors have a much better chance of accurately reading their clients than those who are exposed (one very important reason it is unethical for therapists to counsel their family members). A very real problem exists regarding self-disclosure and remaining veiled: the concept of reciprocity.

Reciprocity is the concept that we want to give back to others when they have given to us (Cialdini, 1998). In regard to everyday conversation this usually translates into, “I just told you a secret about me: Now it’s your turn to tell me a secret about you.” Because counselors typically do not become different entities in a counseling session, they are subjected to reciprocity in session as much they are outside of therapy. This means without an awareness of the pull of reciprocity, counselors may disclose more about themselves than is either necessary or therapeutic. While studies do not appear to exist regarding the effects of reciprocity on countertransference, the impact is logical. The less reciprocity is accounted for by counselors, the more it is likely to interfere with the professional counseling relationship.

Self-disclosure seems to be most effective when it is controlled. A simple, yet effective guideline for appropriate self-disclosure is generally to self-disclose only when attempting to heighten rapport. This concept can be easily misunderstood by the novice counselor because it does not mean just to exchange stories at the onset of counseling, and it also does not mean to gloss over, invalidate, or fail to demonstrate compassion for clients’ opening stories. One of the worst mistakes beginning counselors make is saying something similar to, “I understand exactly what you mean,” as if to imply the client’s entire phenomenological world can be easily understood. Telling a client, “I understand” can be effective if the implication is that the counselor understands what feelings the client

is expressing. A big difference exists between understanding clients' feelings and purporting to understand their situations. The former is often therapeutic, the latter is rarely therapeutic. What self-disclosing to heighten rapport does mean is that counselors and therapists indicate to clients that they have struggled or had similar experiences that provide them "some idea" of where the client might be coming from. The following examples describe two different approaches to self-disclosure.

Approach 1 (Way Too Much)

Client: I guess knowing my mom is an alcoholic is just something I have to come to terms with.

Counselor: Yeah, my mom is an alcoholic and this one time at our family function she started getting really loud and it was so embarrassing; and my cousin said to me that I had to come to terms with it, but I struggled for a long time, until like two years later when she got tanked at a wedding—then I really knew something was wrong.

Approach 2 (More Effective)

Client: I guess knowing my mom is an alcoholic is just something I have to come to terms with.

Counselor: Wow, that's a hard realization to come to. I've had some experience that seems to be somewhat similar to what you're describing and I guess I can say, even though we have different experiences, I really feel your struggle.

In the first approach, the counselor discloses too much and turns the focus of the session from the client to the counselor. In the second approach, the counselor gives just enough information for the client to believe the counselor has a real sense of what she is struggling with. Once clients believe their counselors are on the same page with them, they have a tendency to feel heard. Counselors by no means need to have had shared life experiences to identify with clients. In fact, to the contrary, shared life experiences can sometimes inhibit counselor objectivity (i.e., they may project that the client feels similarly to the way they felt in a similar experience rather than being open to the possibility that the client had a completely different experience). Instead of life experiences, it is most important for counselors to disclose that they too have felt the emotion with which the client is struggling. Counselors can convey that

they understand their clients' feelings with a look as equally as they can with words.

FOCUSING

A tendency exists for clients to deviate from what they intended to talk about. Jacobs (1994) noted four steps to effective counseling: building rapport, establishing a contract, focusing the client, and funneling the session. Once rapport has been established and a contract of what to work on has been agreed upon (i.e., the goals), the counselor's job is to help the client focus on the issue at hand. The tendency for clients to deviate from the issue at hand may occur for several reasons. Consciously, they may get sidetracked in the details of their story (e.g., clients tend to be easily wrapped up in content instead of process). Subconsciously, they may notice the therapist reinforcing certain parts of their story that leads them to tell more details that are reinforced in a way that is acceptable to them. Unconsciously, they may feel a strong sense of ambivalence (i.e., they want to change, but they don't want to change). Whatever the reason is, conscious, subconscious, or unconscious, clients deviate, and refocusing them is an effective priority.

Counselors who go along with every deviation clients make run the risk of not being very productive. Nonproductiveness can stem from counselors being led on a "wild goose chase" of content-laden comments. In other words, counselors cannot be as effective with clients if they are focusing on clients' every word rather than the totality of what they are saying. Focusing involves cutting clients off, confronting, and facilitating clients staying on the topic.

Clinical Example

Robert was a client who struggled with multiple issues. At 525 pounds his body weight was the first indicator that his health was not in the best condition, but it was Robert's psychological issues that had him in therapy for many years. It did not take a long time into our first session together for me to realize that Robert had a very difficult time saying what he wanted to say. Prefaces to what he wanted to say were prefaced by prefaces. Following his every shift in content would have reflected a conversation indicative of a flight of ideas. For me, confronting Robert about his communication style was imperative for any real understand-

ing of what he wanted. He reported never having been confronted by a therapist on his communication style before; however, it seemed easy to deduce that anyone who engaged him in a conversation longer than a minute would have been distracted by how many times he justified even his justifications.

Within minutes of attempting to focus Robert on what he wanted to say, we were able to uncover the roots of his indirect style of communication. Robert had been beaten as a child when he couldn't give his father the exact answer his father demanded. He therefore developed a defense of stuttering, stammering, and talking around everything he wanted to communicate. It seemed that Robert associated speaking "incorrectly" with being physically hurt; thus, unconsciously, Robert appeared to believe he needed to take time to clarify and justify everything he said because if he did not get it right, that meant pain. By helping him focus on what he wanted to talk about in therapy, Robert was able to translate that into a more clear communication style outside of therapy as well.

Focusing occurs when counselors bring clients back on track. Clients tend to appreciate that counselors can see a bigger picture and not be taken for a ride on a roller coaster of content. Though many counselors do not utilize interrupting or cutting clients off frequently because they view those skills as uncomfortable, sometimes not cutting someone off encourages her to continue using ineffective communication patterns, which would translate into the client being uncomfortable outside of therapy. With a goal of counseling and psychotherapy to be antithetical rather than complementary, focusing becomes a necessary skill. Antithetical and complementary relationships are discussed in more detail under the section on confrontation later in this chapter.

PROVIDING FEEDBACK

Providing effective feedback involves two primary skills for therapists. The first is to be able to accept feedback themselves, and the second is to be able to circumvent the error of language. People are much more likely to respect what they see as opposed to what they are told. Therefore, counselors must live out what they preach, and that begins with being able to accept feedback. Accepting feedback is not always easy for people, however. Consider first-year graduate students and how they are usually very attached to their writing styles. They are often offended

when professors return their papers with more red ink from corrections than the black ink with which they printed it. Their offense is hypocritical because they have chosen a profession where for the rest of their lives they will purport to be able to have enough vantage to provide feedback to others when they are unprepared for it. Counselors do not seem to be able to provide feedback effectively when they are not able to have a genuine ability to accept feedback themselves (“effectively” is the key word here, as many are able to dish out feedback that they cannot handle themselves; however, hypocritical behavior is rarely well-received).

A goal for counselors is not to talk just to talk; it is to talk to be heard, and to accomplish this task, counselors must find a way to avoid the error of language. Brain scans have helped us understand that a difference exists between the functions of the frontal cortex and the limbic system. In relatively simplified terms, the frontal cortex deals with cognition and reasoning, while the limbic system is the source of emotion. When a fight or flight response is elicited in people (i.e., the error of language is made), they seem to react from their limbic system, and basic human instincts take over (Hooper & Teresi, 1992). People reacting out of their limbic systems are more likely to be defensive and will likely be resistant to suggestions (Cozolino, 2002). Thus, therapists must find a way to circumvent clients’ fight or flight responses if they are to be heard.

The error of language can be circumvented primarily by validation. Validation must be distinguished from the concept of pseudo-validation, however, when one is considering how to deliver feedback. Pseudo-validation occurs most often in the business of sales. The salesman responding to complaints with rote declarations such as, “I can see you are upset” tends to turn off customers more than those who use the same or a similar reflection genuinely. When therapists are authentic in their attempt to see the world from their clients’ vantage points (i.e., when therapists are genuine in their validation), they make it possible to create a connection with clients that opens the dialogue without resistance; thus, the error of language is avoided.

CONFRONTATION

Kell and Mueller (1966) described effective counseling relationships as antithetical rather than complementary. An antithetical relationship is one in which confrontation is essential. *Antithetical* literally means to “set in opposition”; this very definition is set in opposition to the literal meaning of the word *complementary*, which means “identical with.”

Therapeutic relationships are often most productive at the antithetical level. When therapists hold metaphorical mirrors to clients' lives, clients are more likely to view the inconsistencies they espouse. Demonstrating inconsistencies to clients usually produces a challenge to seek order out of chaos. In everyday interactions, we often experience complementary relationships, that is, relationships where confrontation is avoided. For example:

Person 1: Hey how are you?

Person 2: Oh me, I'm fine; how are you?

Person 1: I'm fine too.

Person 2: Hey I heard you were struggling with your boss. How's that going?

Person 1: Oh it's good. It's good.

Person 2: That's good to hear; nice to see you.

Person 1: You too.

Many novice counselors struggle with confrontation, but it is ultimately not acceptable to be a counselor who does not use it. A counseling relationship is not always filled with pleasantries, but this by no means makes confrontation unhealthy. To the contrary, avoiding confrontation does a greater disservice to clients. Some people are more effective at receiving feedback and are much more open to being confronted than others. In any case, confrontation must occur. To do so is by no means to yell at another or even ardently disagree. In fact, some of the most effective confrontation is that which is done in a way where the client does not even realize it is occurring. This age-old wisdom was articulated by Sun Tzu as the concept of the sheathed sword, whereby one was encouraged to stop an opponent without ever taking the sword from its sheath.

Gentle confrontation is an effective means of providing necessary feedback. In gentle confrontation, counselors can "wonder" a client to exhaustion. That means counselors can use the phrase, *I wonder if . . .* so much that clients begin to wonder themselves if the counselor knows anything definitively (other than he does not seem to be sure of anything). By "wondering" with their clients, counselors can gently have clients consider another's perspective, all the while avoiding the error of language. Gentle confrontation seems to be most effective to use when counselors notice that their clients' fight or flight response seems to be easily elicited. In general, this refers to people who have a more difficult time accepting feedback, more rigid people, and angry people. For

example, consider the following transcript of an interaction between an angry client and his counselor. The client is upset because his wife has been spending too much money, and he does not seem to be open to hearing another perspective.

Client: I'm sick of her spending! I think she's a moron and has no idea about anything, let alone money!

Counselor: Wow, this has really got you upset. (Validate first)

Client: You're damn right I'm upset! I'm sick of this! I have to treat her like our kids!

Counselor: Man, that has to be tough (silence for a few moments). That has to be hard on you to be constantly 'on' as the parent, even if it's to your wife. I'm wondering what your role is in all of this.

Client: My role? My role is to bring home the money so she can go spend it.

Counselor: I feel that. I guess what I mean is, I wonder if by your parenting her, I wonder if you are perpetuating her staying in the 'helpless' role.

Client: What do you mean?

Counselor: Well, I guess it sounds like you see her as helpless in regard to taking responsibility for your family's financial situation. I mean I guess it seems to me that if she feels like she's being treated like a child, she might just want to act like a child.

Client: So what, I have to start treating her like an adult?

Counselor: I'm sorry, did you just say something like, "Do I have to treat my wife like an adult?" (Smiling)

Client: I guess that sounds really bad. (Also smiling)

Counselor: Yeah it does. I'm wondering then, if you treat your adult wife like an adult, and tell her how important it is to you for her to understand your financial situation . . . I'm wondering if that's going to make a difference.

Client: Yeah, I didn't realize what I was doing. I guess I have a part in it too.

In this example, it appeared that the counselor was merely validating; however, he was able to confront the client to look at his own part in his interactions with his wife, and because it was gentle confrontation, it appeared to happen relatively quickly in the session. Confrontation is a complex skill if it is to be performed without eliciting another's fight or flight response. Confrontation includes the skill of cutting off. Two

ways cutting off occur are helpful to consider: to cut off and stay with the client's current subject, or to cut off and move away from the client's current topic.

Clinical Example

Rick and Sheila were a couple in their mid-forties when they came in for counseling. They described themselves as a semiprofessional ice-skating team. The two of them wanted help with their communication. In reality, Sheila wanted help being heard, and Rick wanted Sheila to be a better skater. Rick had a very difficult time understanding that putting Sheila down constantly not only affected her negatively in the rink, but hurt her greatly outside of it. The key to Sheila becoming better at skating seemed to be the same key to augmenting their ability to communicate effectively with one another.

The dominant, oftentimes more arrogant, member of a couple usually is under the illusion that if the more submissive member of the dyad just did what he/she wanted, then everything would be better; and so it was with Rick. He put down not only his wife's ability to skate, but also her ability to learn. He would call her a "dumb ass" among many other derogatory names. He believed that because that method of coaching was effective for him then it had to be effective for her as well. Sheila was very hurt. Rick needed to be confronted for Sheila to be heard, but Rick was very confident that he was right and was not open to other points of view.

The challenge was not only to confront Rick, but also to find a way to have him hear what I would say. Sheila reported that Rick's fight or flight (specifically his fight) response was easily elicited when he was challenged on anything. It was important to use gentle confrontation with him. Because of Rick's tendency to start talking and not look for social cues that anyone is listening to him, the skill of cutting off was also important to consider.

"I know what is best for her," Rick said. "She has to learn how to do this right. When I was 16 my coach would scream in my face and call me a no good son-of-a-bitch—and I wasn't allowed to run off and cry. I just had to get up and keep going. I remember one time . . ."

"Time out," I said. "I know as an athlete you're familiar with a time out. I need to call one now. So that style of communication worked to motivate you?"

"Yes," Rick replied, "and I know it would be . . ."

“Wait, wait, wait, hold on,” I interjected. “I still have a 20-second time out called (*cutting off, but using something that is somewhat humorous to circumvent his fight response*). Would you be open at least to the idea that people have different learning styles?”

“Yes, I know that,” Rick said with authority.

“Would you be open to the idea (*How many people like to admit publicly that they are not open to new ideas?*) that it is possible, just honestly maybe possible, that Sheila’s learning style may be different from yours?” I asked.

“No, because after I yell at her she does better for a bit,” he insisted. “But I have to keep yelling at her or else she goes right back to messing up.”

“So if I am hearing you right (*anytime you can make the confrontation sound like it is coming from the resistant person, he is more likely to listen*), what you are telling me is that you are recognizing that your coaching style with her is not as effective, because if it were you probably wouldn’t have to keep yelling?” I inquired.

“I guess,” Rick said reluctantly. “Yes, that’s true, if it worked the first time, then I would not have to repeat myself.”

Clients will always battle ambivalence to some extent. Domineering clients can benefit from being confronted on their inconsideration of others, but that confrontation will not likely be heard unless it is done in a gentle or subtle way. Confronting just for the sake of confronting is not therapeutic. It is not important in a therapeutic relationship for counselors to be right; it is more important that counselors communicate in ways that can be heard by their clients. For example, a counselor I observed once went on a 5-minute monologue toward a client who was abusive toward his partner. She communicated to him that everything he did was wrong and that if it continued he would have to face the fact that he was nothing. She laid out every horrible consequence that came to her mind, and when she was finished, he no longer spoke the rest of the session and did not return for another session. Whereas she initially walked away from the session feeling good about what she was “able to convey,” in hindsight she saw that she did not get anything that she intended across to the client; instead, she merely indulged in an exercise of self-righteousness that led to the client’s not receiving the help that he needed to change his negative behaviors. She walked away from the session believing she was “right” about everything she articulated but eventually realized she made no difference with this client.

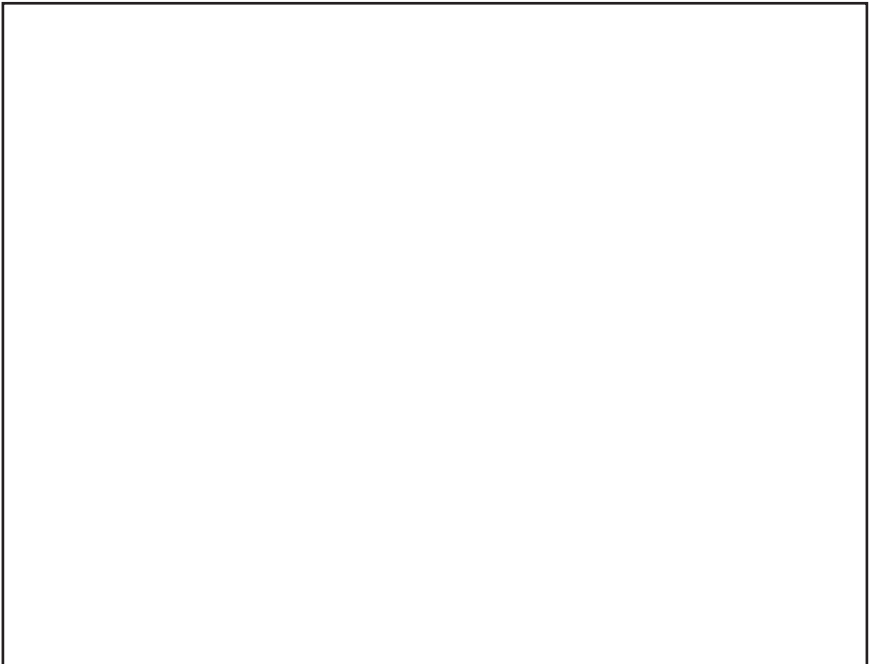
A great tip for novice counselors who are not comfortable with confrontation is to divide themselves in half. For example, counselors might

say something like, “Part of me wants to tell you to just stop belittling your daughter, but the other part of me really understands your frustration with believing she can do more.” By dividing themselves in half (i.e., “part of me thinks this, while the other part of me thinks that”), counselors are able to say what it is they want the client to directly hear without eliciting the person’s fight or flight response. Although I do not believe people have parts to their selves, the technique of dividing oneself into metaphorical halves is helpful for those needing to learn the skill of confrontation. As counselors and therapists gain confidence in the skill of confronting, they can articulate the confrontational statement without metaphorically dividing themselves in half. Regardless of how confrontation occurs, it is imperative that it does occur. Antithetical relationships fuel change, and change, whether cognitive, as in altering coping mechanisms, or behavioral, as in altering behaviors, is a large part of counseling and psychotherapy.

SILENCE

If I would have kept my mouth shut, I wouldn't be here.

—Sign under a mounted fish



How quickly did you move through the blank box to get to the next thought? In a television culture where changing the channel during commercials for constant entertainment is commonplace, a tendency exists for people to be uncomfortable in silence. Space does not need to be filled in counseling, however, just to fill space. Some clients process ideas and concepts in silence; some have difficulty in silence and feel a need to fill what they perceive to be a void. Regardless of the reason, counselors have a responsibility to allow clients to own the silence (Cochran & Cochran, 2006).

Silence in sessions is difficult for many novice therapists to endure. In fact, silence in general is difficult for many people to handle. Consider the following Zen tale:

Three monks were once told by their master that the key to enlightenment lay in silence. The monks then vowed to be silent. After a short period of time, the first monk said, "Being silent is difficult," to which the second monk replied, "You fool, you just spoke!" after which the third monk sighed and said, "I am the only one who has not spoken."

Whereas this tale is often told to highlight the difficulties people have in getting rid of their own flaws before they point out the flaws in others, it is used here to illustrate with humor how difficult silence is. Silence is neither inherently positive nor inherently negative. Silence can mean different things. A difference exists, for example, between being silent *with* others and being silent *to* others. Counselors who are uncomfortable being silent with their clients do their clients an injustice because being silent with clients can afford many benefits, including providing them time to think and process what is occurring.

Silence tends to bring people discomfort because it is in the silence that projection reaches its zenith. When we sit alone in silence, we sit in the stillness of our thoughts and projections about the moment. When people are together, it is natural for them to want to communicate. Outside of therapy, when people are silent to each other, people have a tendency to want to know what the other is thinking. This is the reason counselors and therapists teach couples that silence can be manipulative. When people are silent to each other, it keeps the other guessing as to what he or she is thinking (i.e., using "the silent treatment"). Usually, when one person in an argument remains silent, the other tends to project that she or he is thinking the worst. Uncomfortable silence in the context of manipulation is viewed as negative. Silence in therapy,

however, is rarely negative. The more counselors are comfortable with their own silence, the more they will allow clients to own the silence.

GOAL SETTING

Goal setting is contracting with clients about what they want. A difference exists between proximal goals and distal goals. Proximal goals are short-term goals, while distal goals are long-term goals. It is essential counselors understand not only the difference between short- and long-term goals, but also how to help clients set both types of goals effectively. Research in the field of psychology has overwhelmingly taught us that clear goals are much more likely to be met than unclear goals and that both proximal and distal goals must be articulated for an exponentially greater chance of goal attainment.

Goal setting usually begins with distal goals. “I would like to lose weight” or “We would like our marriage to be better” are examples of distal goals. Distal goals are largely broad goals because they are something for which people intend to strive in the future. They are the goals usually indicated by Alfred Adler’s *question*, or by the *miracle question* of Solution-Focused Therapy (“If you were to wake up tomorrow and a miracle happened and everything was exactly the way you would like it to be, what would that look like?” See chapter 6). Distal goals set the stage for therapy.

If the ultimate goal of counseling is to communicate effectively enough to elicit change in clients, then the more specific distal goals of counseling comprise the penultimate goals for therapy, and proximal goals become the antepenultimate. Without a clear set of achievable goals, the ultimate goal is not likely reached. As Lao Tzu wrote in the *Tao Te Ching* roughly 2,500 years ago, the journey of a thousand miles begins with the first step. Clearly defined short-term goals are the proverbial incremental steps to the top of the mountain. Before I can shed 100 lbs of body weight, I have to lose the first 10. But beyond the increments, proximal goals lay the specifics for how the goal is to be achieved. For example, if my distal goal is to lose 100 lbs of body weight, then an effective proximal goal is to run on the treadmill every day for 20 minutes while decreasing my consumption of calories.

For an example of combined distal and proximal goals that relate to the field, one common therapeutic goal of many clients is to become more assertive. To help clients set realistic and achievable goals,

therapists would first need to define what “more assertive” means to clients. For example, let’s say a client tells her therapist she wants to become more assertive with her mom. The therapist could help the client clarify what *more assertive with her mother* looks like. With a clear long-term goal in mind, the therapist could next help the client outline specifically what working on becoming more assertive with her mother will look like in therapy. For example, the therapist could say to the client, “We will be exploring what holds you back from saying what you want to her, practicing not holding back what you want to say, coming up with homework assignments for you to attempt, and processing how you are feeling as you take each new step toward your goal.” The combination of short- and long-term goal setting is vital to enhancing the clarity of therapeutic work.

MODELING

As Carl Rogers (1961) asserted, genuineness stems from congruence between the real or actual self (who we truly are) and the ideal self (either who we believe we are or who we strive to be; see chapter 6). A hundred years of research is likely to corroborate what my Grandmother Jay always said: “People are more likely to listen to others who practice what they preach than those who do not.” Counselors, in this regard, must become congruent themselves. Counselors are charged with the lifelong pursuit of self-awareness. First-year counseling students are often baffled as to why I am so hard on those who cannot accept feedback well. Imagine, I tell them, that someone is going to purport to provide feedback to others for the rest of her life yet she cannot handle feedback herself. Who might want to speak to the *do as I say, don’t do as I do* counselor?

The complexity of the counseling relationship is significant. Understanding the reciprocal nature of the relationship is essential to performing more advanced counseling. Clients bring previous experiences to each session, and insightful therapists evaluate the current relationship to better understand the client’s previous interactions. Kell and Mueller (1966) for example, noted that counselors who are aware that clients tend to mirror previous relationships with them have the opportunity to role model more effective interactions in those relationships. For example, if a client demonstrates resistance through the “yes-but” game (i.e., “yes I agree with you, but I cannot do anything about it”), a counselor who

recognizes the nature of their interactions can model a healthy rebuttal to the client (e.g., “I noticed that you tend to agree with me at first, but then seem to find a reason to counter what I suggest, and I am wondering if maybe I am out of line with my suggestions or if maybe this is the way you tend to respond when you are presented with an opportunity to change.”). Because therapeutic relationships are so complex, it is important for counselors to both know themselves well and to learn to react in healthy ways toward clients.

Clinical Example

Leslie had been sexually abused by her brothers. Due to the trauma that she experienced early on, she developed significantly unhealthy relationships based on her being identified and treated as a sex object. When I began working with her, I was the second male she could recall in her life that she spent time with and did not sleep with (the first was her high school guidance counselor). Throughout the counseling relationship, we would process the dynamics of how we related. She enjoyed the time she spent in therapy because she reported she was (in counseling) the person she knew she was. When she made attempts to relate to me in unhealthy ways, she was met with compassion coupled with firm boundaries. Over time, she came to accept my valuing her for who she is rather than for what I could use her. By exploring the role she played in the therapeutic relationship she and I had, Leslie was able not only to see, but also experience the value in respecting herself. I pointed out the qualities that made our counselor–client relationship a healthy one (i.e., she was not objectified, she did not have to be anything other than herself, she was treated with respect), and we held those qualities as models for which she could search in other relationships with men.

Drawing on the information we understand about parallel processes (most often written about in supervision literature), I was able to initiate a relationship with her that was eventually mirrored. That is, she mirrored the way she acted in therapy with a new man she met. Instead of sleeping with him right away, which was her custom (as that was the only way she believed herself to be of value), she put off sleeping with him for the first four months they were together. Because she had never waited two dates to have sexual intercourse with someone before, Leslie appeared to experience a significant improvement in her life.

Almost any lip service is too much when articulating that people learn more from what they see and experience than from what they hear

others tell them to do, so stating it once should suffice. With this in mind, role modeling the type of behavior desired demonstrates a lived experience that transcends words. Therapists who are mindful of modeling at all times in counseling sessions begin to recognize the necessity of attempting to live congruently themselves. Living congruent lives affords counselors at least two therapeutic advantages: Counselors are more likely to model effective therapeutic relationships when they practice their counseling philosophies in their personal lives; and clients who witness counselors living consistently with what they are conveying to them are more likely to buy into those philosophies.

REFRAMING

Reframing is an essential technique of psychotherapy. When people process events, they do so egocentrically at first, and usually only after time can they begin to develop a broader perspective on the event. To reframe what someone says, a counselor merely has to reflect what clients say in a different way from how the clients presented it. For example, imagine a client who storms into the counseling office and says the following:

Client: I have had the worst day ever! Nothing has gone my way: Nothing ever goes my way! This entire morning was horrible! I missed the first taxi that came by, the next car splashed my dress, my husband called and was just getting out of bed when I have to be at work. My boss almost didn't let me take off to come to this appointment because we found out we might not get the Johnson account. Nothing else could possibly go wrong!

Counselor: So this is one of those mornings you're really going to want to forget?

By reframing the situation as "one of those mornings you really want to forget" the counselor is subconsciously suggesting: (1) that this is a morning that has similarities to other "bad" mornings that the client has weathered, and (2) that the client is going to eventually forget this type of frustrating morning. The language the counselor uses foregoes the extreme language of the client (i.e., "worst day," "horrible," "nothing else," etc.) for more rational words (i.e., "tough day," "upsetting," "feels like a lot"). In other words, reframing sets the stage for therapists to help clients avoid the ineffective language that contributes to their angst.

PRESENCE AND THE PRESENT

In Eric Fromm's classic work *To Have or to Be* (1976), he described the tendency Westerners have to own things. The ownership may include material objects, beliefs, ideas, or even good deeds, but the central theme is that *having* is a mode of existence that always holds the potential for loss. *Being*, on the other hand, is the mode of existence most natural, and because the mode of being entails living entirely in the present, it can even help to transcend death anxiety to the extent that if death is not happening in the present moment, it is not important. Consider the following Zen teaching tale regarding being fully present in the moment:

There was once a man who was being chased by a ferocious tiger across a field. At the edge of the field there was a cliff. In order to escape the jaws of the tiger, the man caught hold of a vine and swung himself over the edge of the cliff. Dangling down, he saw, to his dismay, there were more tigers on the ground below him! And, furthermore, two little mice were gnawing on the vine to which he clung. He knew that at any moment he would fall to certain death. That's when he noticed a wild strawberry growing on the cliff wall. Clutching the vine with one hand, he plucked the strawberry with the other and put it in his mouth. He never before realized how sweet a strawberry could taste.

The man in the story lived fully in the present moment, meaning that he understood that regardless of what has occurred (the past) or what will occur (the future), the only moment that truly exists is the present. Counselors can effect change in others by understanding the significance of the present moment and by being fully present with their clients. Whereas being with one another can certainly take place in the midst of words, it seems to stand out most when two people can be comfortably silent with each other.

Clinical Example

One of the closest therapeutic relationships of which I got to be a part began largely in silence and most often involved simply being fully present. Doug was a 16-year-old young man whose mother brought him in for counseling just 2 weeks after his father, with whom he was extremely close, had been brutally murdered. If there are correct words

that should be said to a young man who just lost his father, they are not in this book. The majority of our first session took place in silence. I told Doug that there was nothing I could even pretend to say that could ease his pain, but I was willing to sit with him in the depths of the hell he was experiencing. Less than a week later, this young man's uncle, his father's brother, died of a heart attack. One month after that, his three best friends were in a horrible car accident that killed two of them and left the third paralyzed.

The chain of horrific events that happened around this young man left him brutally questioning the meaning of life. He asked his mother if he could come to counseling twice a week. We rarely talked. We mostly sat in a silence that would be interrupted when either of us felt moved enough to speak, but our words were pointed and direct to each other. I often sat on the other end of the couch with him facing the same direction, as if to symbolize that we were both facing the horrors of his loved ones dying. He did not choose to reminisce often about the past. He was understandably anxious about the future. He seemed to only find comfort when he concentrated on the present. Oftentimes I was moved to tears by his pain, but I did not allow myself to cry with him because he needed me to be a source of strength.

After a year of working with him I was set to move out of state and had to work with him on transitioning to a new counselor. I strongly believe that I am not the only counselor for anyone, and that all counselors have the potential to be equally effective. I thought it was interesting that what he asked for most out of a new counselor was "someone who won't psychoanalyze me and make me talk." I believe that was his way of saying that he needed someone to simply be with him. For Doug, as I believe it is with most people, having someone give him anything (to have) was much less important to having someone be there with him (to be).

TERMINATION

Just as life has a beginning, middle, and end, so too does every therapeutic relationship and even every counseling session. Knowing the boundaries of professional relationships is important to preparing for the final or termination stage. Understanding when to terminate clients is a skill that takes experience, practice, and, most often, guidance from an out-

side entity, such as a supervisor. To acknowledge that the counseling relationship is relatively short-term is to recognize the limitations of the process.

Though the process of traveling through one's undiscovered psyche is a lifelong journey, the process of counseling and psychotherapy should not be. Counselors make decisions to terminate clients from their caseload at different times and for different reasons. One fairly common reason to terminate clients is to avoid developing a relationship of dependency. As clients enter counseling and psychotherapy, they should be made aware that the ensuing professional relationship will not be interminable. In providing professional guidance and support to others, therapists must hold the ethical precept of autonomy in the forefront of all they do.

The skill of how to terminate is not easy. Many people have difficulties with endings. The Romans, for instance, relied on the myth of the two-faced minor deity Janus to cope with endings. Janus (after whom the month of January is named) had a face on either side of his head, thus he was able to look back to the past and forward to the future. And so it is with all endings; we can look back on what we gained from experiences and look forward toward how we can grow from those experiences. Sometimes telling clients about Janus is enough to set the stage for processing all that was gained during the therapeutic relationship and all to which the client can look forward.

Existentialists argue that knowing our mortality is a step toward freedom, and accepting our mortality brings about that freedom. In fact, May (1994) argued that people cannot be fully creative until they understand and accept the limits of their lives. Translated to the language of counseling, this means to understand and accept that the therapeutic relationship is finite is to open up a vessel through which creativity can flow. Therapists would bode well not to avoid either talking about or actually terminating a counseling relationship.

One way to lead in to acknowledging termination is to let clients know how much time is left in individual sessions. It is helpful for clients to know the parameters of both individual sessions and the length of therapy in general. The length of therapy should be discussed during the informed consent. In regard to individual sessions, making clients aware of how much time is left is helpful because clients have a tendency to bring up a new topic with little time remaining in the session. For example, with 5 minutes remaining in a session, a client may say,

“And that’s when I first realized that I was molested by my uncle.” Typically, bringing up a new topic late in the session can be seen as a form of resistance in that clients may unconsciously bring something up late to avoid talking about the issue (i.e., “Here is the topic, but we don’t have time to talk about it.”). Therapists who are aware of how much time is left can plan for such late disclosures by making clients aware of how much time is left in the session.

In a similar way to making clients aware of the time that remains in individual sessions, counselors can be proactive in letting clients know how many more sessions they will likely work together (e.g., “We have about three sessions left to finish working on this issue.”). Because of the intimate nature of therapeutic relationships, counselors may feel that they do not want to discuss the finality of their relationships with clients. Ultimately, however, ignoring the inevitability of termination can be detrimental to clients because it presents an unrealistic picture of reality. Therapeutic relationships are limited to predetermined interactions (e.g., “Your appointment is Monday at 4:00 P.M.”) and a finite number of sessions. Therapeutic relationships have a beginning, middle, and end, and acknowledging the end is vital to comprehensive care.

EVERYDAY USE FOR THE STAGES OF CHANGE

Counseling and psychotherapy revolve around change, and in 1992 James Prochaska, Carlo DiClemente, and John Norcross made a monumental contribution to the field when they articulated a clear and precise model for the process of how people change. In fact, basic therapy cannot be complete without an awareness of and ability to recognize and utilize the stages of change. Modern counselors and psychotherapists have found that guiding clients through the stages of change has an invaluable place among the basic skills. Regardless of theoretical orientation, all counselors can benefit from knowing well the stages of change (Prochaska et al., 1992). Whether they occur instantaneously or over years, the stages of change happen in every instance change occurs. People hoping to change cannot escape going through each stage, so it is imperative counselors are constantly thinking about them. While the stages of change were described for people struggling with addiction, they appear to apply to every instance of change. Every time someone moves from unawareness to active change, they have moved through the stages. Knowing the stages of change is important for performing even

the most basic type of therapy because it is through an awareness of the stages that counselors can circumvent the error of language.

The stages are as follows: precontemplation (i.e., people are not even thinking about change), contemplation (i.e., people are thinking about change but not really ready, willing, or able to do anything about it), preparation (i.e., people are making small but observable changes), and action (people are actively changing). Prochaska and colleagues (1992) articulated other stages of change (maintenance and relapse); however, for a transtheoretical understanding and pragmatic use of the stages of change, the first four are sufficient.

Pre means *before* and *contemplation* means *thought*, so precontemplation means “before thought.” In the precontemplation stage, a person does not even consider changing. The person is moving through life with no thought of doing things differently. In this stage, if a therapist were to attempt to elicit action out of the client, she would likely draw out the person’s fight or flight response. In colloquial language, a person who attempts to move another from the precontemplation stage to the action phase by skipping the other stages is considered a nag. As noted throughout this book, circumventing clients’ fight or flight responses is most easily accomplished by using exploratory language; this is especially true when addressing people in the precontemplation stage.

Exploratory language, as with most definitions in the social sciences, can readily be defined by its title. To explore concepts with clients, or to discover concepts with clients, is an invaluable way of interacting successfully. Therefore, learning to “wonder” with clients can significantly augment therapists’ ability to have what they say be heard. An advanced counseling technique is to approach clients’ phenomenological worldviews so fluently that an exploration of even well-known ideas becomes genuine. For example, it is well known to therapists that consistency is an effective approach to parenting (see chapter 6). Imagine telling a parent who has never heard this before, however, to “just be consistent”; resistance would likely occur. Instead of addressing the same client head on, considering her phenomenological experience of not-knowing about the idea of consistency, try exploring the concept with her. For example, “I wonder what might happen if you followed through, say, at least 3/4 of the time with what you say to him?” By “wondering,” therapists are not suggesting they have the answer, only that they are hoping the client considers a different perspective.

Contemplation literally means a person is thinking about something—in this case, change. In the contemplation stage, people can tend

to be much more defensive. The adage “The devil that you know is better than the devil that you don’t know” has merit because the unknown is often scary. It makes sense that the unknown is scary because as we approach something unknown, we have only our projections on which we can rely. We have a tendency to remain stuck in the contemplation stage due to several defense mechanisms; the most obvious are intellectualization, rationalization, and projection. If we can intellectualize or rationalize why we don’t need to change, we are likely to remain in the contemplation stage for some time. If we allow ourselves to project a great amount of fear of action, we will also remain in the contemplation stage.

It is extremely valuable for a therapist to understand what stage of change someone is actually in because very often people report wanting to change, when in fact they really want the social appearance of wanting to change. They may in fact have no desire to change at all. Bound by the ethical precept of autonomy, counselors must make it paramount that clients be accepted regardless of whether they desire change or not. Unfortunately, in practice, too many counselors push their own agendas rather than those of the client. Almost ironically, by acknowledging someone’s desire to remain in the contemplation stage, counselors are much more likely to circumvent clients’ fight or flight responses and thus much more likely to move clients beyond the contemplation stage, whereas therapists who push clients into the action stage when they are just thinking about change tend to meet with resistant clients.

The third stage of change is the preparation stage. Here people are preparing to make longstanding changes; however they are not quite ready, willing, or able to fully make changes, so they are, at this point, making small changes, or at least attempts at change. Some people may be in a stage of preparation where they are giving their best effort to make serious changes, while others may be in a more resistant stage of preparation, making small changes only to see those changes fail and be able to rationalize why they “tried to change but it didn’t work.” In this case, people have much stronger justifications for staying in the contemplation or even an anticontemplation stage (which is another way of saying a client is in denial).

Many may argue that the action stage is what defines successful therapy. That distressed people come in to see counselors, and the counselors are able to help facilitate their going from not even thinking about changing to making profound changes in their lives, makes for a convincing argument that therapy has been successful. After all,

most people enter counseling stating some type of unhappiness or angst around where their life is currently, so changing unwanted behaviors seems to be an effective goal to achieve.

Application

Think of the stages of change in terms of your own life. Imagine wanting a certain loved one to help out with household chores (e.g., taking out the garbage). Picture that your loved one has no idea that you want him to help you take out the trash. In fact, it is not even something that crosses his mind (precontemplation). Imagine then, that you immediately question why he hasn't already taken the trash out (action). The response you are likely to get is one from his fight or flight response (fight being to argue back, "quit nagging and I will" and flight looking something like him not answering and pouring himself a strong drink, or any variation of shutting down).

By attempting to move a client, loved one, or anyone for that matter from precontemplation straight to action almost always elicits the person's fight or flight response. This happens because the person from whom you were hoping change would occur skipped very important stages. Knowing this as a counselor is paramount for several reasons. First, counselors unaware and unfamiliar with the stages of change are much more likely to be burned out by the lack of change occurring in their clients. In other words, they are likely to wonder if their clients' lack of success (success in this case is defined as movement in therapy toward a linear goal) is due to counselor incompetence. Second, counselors who are familiar with the stages of change can help their clients become aware of what stage they are currently experiencing. Awareness is an effective first step for clients in regard to making a change. Third, counselors can use the stages of change as a tool for clients to recognize how they might want others around them (loved ones, coworkers, etc.) to make changes that are not reasonable.

In regard to motivating a loved one to take out the trash, the first step is to meet him in whatever stage of change he is currently experiencing. If he is in precontemplation, then moving him to contemplation first will likely circumvent his need to be defensive, and when people aren't busy being defensive, they are much more likely to open up their hearts to listening. From a position of nondefensiveness and understanding, a person is again more likely to move to the next stage of change.

The following series of questions can be a helpful reference for counselors to use once they recognize what stage of change their clients are in; questions like these help move clients from one stage of change to the next:

Precontemplation Questions

“Have you ever considered . . .?”

“I wonder what would happen if you . . .”

“I wonder if it might be possible to . . .”

Contemplation Questions

“You think you might be ready to act on this?”

“I wonder if you feel up to acting on this yet?”

“Do you think you’re ready to take it to the next stage and start working on what you can do?”

“What do you think will get you to the next level and help you start making some changes?”

“How can I be supportive in helping you get to the next level of actually starting to make some changes?”

Preparation Questions

“You’ve been working hard on making changes; what do you think it will take to get you to really move to the next level and just stick with the change?”

“How can I be supportive in helping you take it to the next level and just changing?”

“What do you think it will take to get you to just stick with the changes you are making?”

“You seem to be really happy when you talk about the little changes you’re making. How can you get yourself to make these changes permanent?”

Action Questions

“How does it feel to be acting on change that you wanted to make for so long?”

“What is it that you’re doing that is helping you be so effective at maintaining this change?”

“What things do you have to be proactive about to avoid slipping back into where you were before?”

Clinical Example

Consider working with someone who does not seem to realize the effect his negative attitude has on others.

Precontemplation

Therapist: So things are going well for you?

Client: Yeah.

Therapist: I wonder why your family wanted so badly for you to come in here.

Client: They said it was my attitude, but what do they know? I mean, just because there is a problem doesn't mean it's my fault.

Therapist: No, absolutely not. All problems can't be caused by one person. (Validation)

Client: I know! And they think it's me.

Therapist: That has to hurt . . . I mean, to know when things go wrong in your family, they turn to blame you.

Client: I don't care.

Therapist: I really believe that if your family were in here, they would discover things about what they're doing that they could definitely change.

Client: I know they would. They're crazy.

Therapist: Well, even if they're not crazy, I think everyone, me included, has things to work on. Also I'm sure there are probably some things, if you stepped back and thought about it, that maybe you could change.

Client: Yeah, I'm sure I could, but I don't know what.

Therapist: I wonder if your family was sitting here right now—let's say it was your mom—what might she say that she'd like you to work on?

Client: She'd probably say I have an attitude.

Therapist: Yeah, that's true, but we all have attitudes. I wonder what she might specifically say.

Client: I don't know.

Therapist: Let's think together. (Pauses to think) Is there anything you do that could maybe be perceived of as annoying?

Contemplation

Client: I guess. I guess I do pick on my brother sometimes, but he picks at me a lot too!

Therapist: I'm sure he does. I absolutely believe that sometimes it's his fault and sometimes your fault. If he were in here right now, I'd be asking him what he could do differently—but he's not, and you are—so tell me what you think you might do to pick on him.

Client: I go up to him and punch him sometimes. (laughing)

Therapist: (Smiling) Yeah, hey, that's what brothers do. So I can see that. What else might you do?

Client: Sometimes I just start with him when I get in trouble because I get in trouble more than he does.

Therapist: Okay, I can see that. So you punch him sometimes and pick on him sometimes. Is there anything else you can think of?

Client: No, honestly that's it. She just gets on me a lot.

Therapist: All right, so on a scale of 1–10, 10 being you pick on him all the time, and 1 being you never pick on him, where would you rank yourself right now?

Client: Probably a 5 or 6, I mean I don't always pick on him.

Therapist: All right, so you're a 5 or 6, and you have an idea of what a 5 or 6 looks like right?

Client: Yeah.

Therapist: Okay, so how about if you were to just try to take that down two notches this week? If you did, do you think that would make things easier on you at home?

Client: Yeah. I guess my mom would be happy. She wouldn't have to yell at me about that.

Preparation

Therapist: Okay, great. So don't do this for your brother, your mom, and certainly not for me, but it sounds like you could really go from a 5 or 6 down to a 4 or 3 this week pretty easily.

Client: Yeah, I could definitely do that.

This is a partial transcript from an actual session, so it is already known that this initial session was the onset of change for this young man. He made significant improvements in his behavior over the next 2 months. The preparation stage lasted a few weeks, until he finally started to see a reason to change his behavior more frequently. He was internally motivated to do so and thus entered the action stage. He actively maintained the changes he made for some time (maintenance stage), and I moved out of the state at that point of working with him, so whether or not he ever fell into relapse is beyond what I know. This is, however, a fairly

clear example of how to move through the stages of change. Note the significance of validation throughout the entire process because only by avoiding the error of language can we reach our targeted audience.

HIERARCHY OF NEEDS

Minutes before the end of a school day, James, a junior, came in for support. He appeared relatively disheveled, and his eyes were red. His speech represented a flight of ideas (none of them positive). His girlfriend was thinking of breaking up with him; he had no idea how he did on two final exams he took that day; he was unsure of whether his father was taking a position that would force the family to move (though he believed that to be unlikely); and he was pretty sure that he argued with his teacher about an answer for too long, but was not certain. My first reflection to James was not about any of the things he just reported. Instead, my first question to him was, “When was the last time you slept?”

“Oh, I haven’t slept well since finals week started,” he said shaking his head and looking at the floor. “I slept two hours last night, and I barely slept three hours the night before.”

“James, the bell just rang,” I said, “and we could stay after school and talk about all of this, but what I think is most important to you right now is to go home and get some good rest. How about if you go home and try to get to bed relatively early tonight and then come see me first thing in the morning? Is that possible?”

“Yeah,” he replied as he began to cry, “I don’t have any more finals so I can go to sleep early tonight.”

“Are those things you told me about really the things that are bothering you, or is there something more?” I inquired.

“Yeah, I don’t know why I’m crying; I don’t even know what I’m really upset about,” he admitted.

“How about if you take me up on that suggestion and go home and get some rest and then come see me first thing in the morning?” I offered.

When James returned at 7:00 A.M. the next morning, he was bright-eyed and laughing. “I just stopped in to tell you I’m sorry about yesterday,” he said, “I just hadn’t slept for a couple nights. I went to bed at 6:45 P.M. last night, slept all night, and I feel great today.”

“I’m glad to hear it,” I replied. “Did you want to talk about possibly moving?”

“No, we’re not moving,” he said with a smile. “Also, my girlfriend is not mad at me, and Mrs. Ellington saw me this morning and asked me if I slept last night, so I guess she knew I needed to sleep, too.”

People cannot be asked to perform at their best when they are deprived of their basic needs (Maslow, 1943). Whereas Maslow’s hierarchy of needs has been misinterpreted by some critics as static stages, Maslow presented the needs in flowing stages of constant fluctuation (he was not naïve to believe that basic needs such as eating and sleeping only needed to be taken care of once). Our most rudimentary physiological needs have to be replenished daily, and when they are pressing, it is not likely we can maintain concentration on other needs. For instance, in the previous example, James’s basic need for sleep had not been met, so attempting to work through his need for love and belonging did not seem to be an effective use of time. The concept of natural resiliency means humans have the innate ability to regulate their psychological homeostasis. Therapists who view others as Maslow did (i.e., as engaged in the process of self-actualization) are likely to respect their natural resiliency and view others as much more self-reliant than dependent. Mindfulness of the hierarchy of needs is essential for therapists.

Maslow’s Hierarchy of Needs

Self-actualization

Esteem needs

Love and belonging needs

Safety and security

Physiological needs

At a minimum, if therapists can remember to step back and evaluate clients according to Maslow’s hierarchy, they may see very obvious reasons for their client’s angst. For instance, many times school personnel and parents will report to counselors about children who tend to have poor concentration in their early classes, only to find out (usually with minimal inquiry) that the children have not eaten breakfast before school (physiological need). Similarly, many instances have occurred where children will act out so they can get in-school detention or out-of-school suspension in hopes of avoiding a fight about which they are terrified (safety need). Or, consider the child who throws himself to the ground screaming because any attention is better than no attention (love need). Picture the client who, having her basic needs met and feeling loved by her family, comes into therapy to work on how she can

feel better about herself (esteem need). Finally, clients who have a solid grasp on the first four needs can work on fulfilling the potential of who they are (self-actualization need). Just as they are mindful of the stages of change, therapists who wish to avoid burnout (by working harder than their clients) need to remain cognizant of Maslow's hierarchy of needs.

DEALING WITH RESISTANCE

Resistance comes in different forms and seems understandable as to why it would occur. People are ambivalent; they want to change, and they do not want to change. We have all lived our lives through our own experiences, and our experiences have shaped who we are and how we see the world. To sit across from someone perceived as attempting to change everything you are and know elicits defensiveness because to even question everything we perceive ourselves to be and know is extraordinarily scary. While counselors and therapists do not aim to change everything clients are and know, realizations that come about in therapy are often the antithesis of the schemas created by clients. For example, in a group session for men convicted of violent crimes, a group member once said, "What you are teaching resonates with me as truth, but it goes against everything I ever learned. This is like trying to tell a man who has been right handed all his life to wake up one day and just start being left handed. It can be done, but man, it's hard."

Resistance can be broken down into two overarching distinct forms: healthy and defensive. Healthy resistance occurs when clients bring counselors back on topic (Kell & Mueller, 1966). For example, consider the client who spends a few minutes telling her counselor how she thought maybe it was just in her mind that she was having difficulties with friends and family, but after the weekend they all spent together on her speedboat, she knew those problems were real. Imagine that her counselor reflects, "So you have a speedboat?" and the client responded by ignoring the question about the speedboat, "What I'm saying is that I do realize that my problems with them are real." To this end, the counselor would be far from where the client was trying to lead him. Healthy resistance is called "healthy" for that reason.

Defensive resistance, on the other hand, is much more frequently used by clients. Defensive resistance occurs when the counselor questions or says something that challenges the client, and the client responds

by changing the topic or avoiding the question or comment (Kell & Mueller, 1966). Some of the ways defensive resistance can occur are through shutting down and not speaking to counselors, not showing up for appointments, hostility, over-compliance, or rejection of the need for counseling. Defensive resistance happens because clients are not ready to go where the therapist wants to explore. The approach counselors take in dealing with clients' defensive resistance makes up how they proverbially dance with clients. If counselors rely on rules or strict guidelines for dealing with resistance, they are likely to elicit more rigidity and defensiveness in clients.

Understanding the five errors of communication is a great place to start for cutting through resistance. For example, avoiding the error of approach sets the stage for creating a therapeutic environment in which clients can feel safe enough to cut through resistance. The error of omnipotence is important to avoid so clients do not attempt to defend their right to be autonomous. The error of interpretation is significant to circumvent because when people feel understood, they are more likely to open up than the antithesis. The error of judgment, like the other errors, is also vital to avoid because people who feel judged are more likely to hide facets of their lives that they do not perceive will be accepted by others. Finally, the error of language is probably the most significant error to avoid in cutting through clients' defensiveness because getting around their fight or flight responses is the master key to opening up clients' psyches.

SUMMARIZING

A summary is a compendium of previously reported statements. Counselors summarize from time to time throughout individual sessions for at least several reasons. They may want to check for clarification with their clients. That is, counselors may want to find out if they have been accurately following what their clients have been saying. Oftentimes, clients are unaware of what they are actually communicating. For instance, their body language and facial expressions may be incongruent with the content they are reporting. Thus, counselors may summarize to have clients hear what appears to be coming across to them. Counselors may also wish to summarize the client's progress or lack thereof. In total, counselors and therapists use the skill of summarizing as a way to hold a proverbial mirror to what clients are expressing. A general rule of thumb

to summarizing is to do so when the client changes topic, but this is a very general guideline because it is not always necessary.

The Summarizing Question

Perhaps the most common use of summarizing is to reign a session in at the end. For example, an overly loquacious client may not be mindful of the time, and a summary can come to be a gauge to her that the session is almost over. An overall summary of what took place in the session is a great indicator of the time. Aside from having clients become aware of the limited time of therapeutic interaction, however, a summary can be closed with a very important question that leaves clients thinking about what they gained from spending the hour in counseling with you. For example,

Counselor: Today we started with you pretty agitated about what your friend said to you, and even now, as we bring this session to a close, you still have a lot you want to get out—though your energy is definitely a lot more calm around it. I thought it was interesting how you were able to come to a way to say what you want to her, and after the role-playing we did, you seemed to feel really good about how you're going to say it. What do you think you will take from today's session?

Asking clients what they have gained from their session is an effective way to get a clearer understanding from clients' phenomenological perspectives what they found to be most significant. It is important for counselors to humbly accept whatever it is clients articulate as significant. If what clients take from the session is something they were reminded of that someone else told them, then that is something positive. In other words, just because what they deemed significant did not come from the therapist, then that is okay. What is important for therapists to remember after they pose the question, "What stood out for you from today's session?" is that if clients are taking anything at all, it is because the therapist, at a minimum, contributed to creating the environment for that gain to take place. Even if a client reports that he got absolutely nothing from the session (which happens more frequently with mandated clients), the therapist can be very supportive and appreciative that the client felt comfortable enough to share that. The summarizing question is also helpful because it gives both therapists and clients an opportunity to measure the success of the therapeutic interaction.

A general guideline that seems to be effective for measuring the success of therapeutic interactions is: If clients report that what they are taking from the session is the very last topic or idea expressed, that seems to indicate that the therapeutic interaction was not as successful. Accepted social behavior suggests that clients will likely say *something* after being asked the summarizing question. If clients report that what they are taking from the session is something they heard earlier in the session, or better still, something that the therapist did not realize, then the session was likely at least fairly successful. Now this is only a general guideline, as sometimes the last topic or final words spoken were in fact the most powerful for the client. I have found that asking the summarizing question also sets a tone for the success of the therapeutic interaction, in that, if clients come to learn they will be asked that question at the end of every session, they are likely to be somewhat more conscious of the session. Clients who are used to being asked the summarizing question seem to be more proactive in sessions than clients who are caught off guard by the question.

The summarizing question is not just useful in individual therapy; it is my staple question when working with groups (i.e., group therapy, supervision, classrooms, and small group presentations). Upon asking the summarizing question, I can ascertain that dynamic success for the group occurs when group members, for the most part, report taking something different from each other. After running groups, I usually recognize that the group interaction was not very successful if all, or at least most, group members report they are taking the same thing from the group experience. If, on the other hand, the group members report for the most part taking something different from the interaction, then I believe that interaction was likely more successful. Again, this is a general rule of thumb as sometimes group members experience the same gain.

Overall, and perhaps most importantly, the summarizing question, whether asked to individuals or groups, is helpful for gauging clients' readiness for change. Clients who are in the precontemplation stage generally do not seem to take much from sessions. Clients in the contemplation stage, though often reporting that they are taking something from the session, usually report the following week that they "did not have a chance to work on anything this week." Clients who are in the preparation stage tend to be more animated in reporting what they gained from the session and usually report in subsequent weeks that they are making some progress. Finally, clients in the action stage are usually prepared

to answer the summarizing question and have a tendency to want to add their own aspect to the answer that tends to go beyond what may have been discussed. Though these are general guidelines regarding the summarizing question and the stages of change, being mindful of these guidelines can help therapists and group leaders to be more prepared to enter sessions with purpose.

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3

Metaphor Therapy

METAPHORS, ANALOGS, AND THE FIVE ERRORS

Metaphors are not truths in and of themselves; rather, they are pathways to truth. Every one of the major religions and most of the minor ones incorporate metaphors, tales, and analogs to emphasize moral points. Taoism, for example, has been passed through generations of followers via analogs; the heart of Zen is often described through brief tales; the Dhammapada is teeming with metaphors; the New Testament is replete with parables; the Upanishads use powerful analogues; the Bhagavad Gita tells a beautiful story with multiple metaphors; and Sufism, from which we derived the tale of the Great Watermelon Slayer, has a tradition of didactic stories. For most of us, experience is a way we become infused with knowledge and attitudes, but the vicarious experience provided by metaphor, which can be re-experienced with every retelling or rereading, can literally inculcate us with both knowledge and attitude.

The power of art, of aesthetics, in all its forms—literature of all kinds, drawing, painting, sculpture, theater, and music—to influence us, motivate us, and refine our worldview is evident throughout human history and prehistory. Cave and cliff dwellers left pictograms and lithograms on different continents. Oral traditions abound, and some ancient stories, such as the *Iliad* and *Odyssey* of Homer and the anonymously

written *Beowulf*, are the subjects of new translators, new editors, and new movie producers. The enduring connection we have to metaphor, tale, and poem is a testimony to their influential power.

Joseph Campbell, the great mythologist, offered several key points about the nature and function of stories. Myth, for him, did not equate to “falsehoods”; instead, he taught that mythological stories are stories that represent truths (whether stories had historical roots in literal fact was less important to Campbell than the concepts they represent). Campbell articulated four functions of mythology or storytelling. The first function is cosmological, that is, myths or brief stories can help explain the origins of the universe or planet, or of a specific culture. The second function is sociological in that myths help explain the history of particular cultures. The third function is metaphysical: Myths provide explanations of what is beyond the physical, observable world. Finally, the fourth function of myth is psychological. The psychological function of myth is of most importance to counselors and psychotherapists and provides clues as to how to delve into clients’ phenomenological worlds.

Joseph Campbell’s works and lectures on mythology have now had a major influence on the fields of counseling and psychology. Campbell (1949) presented similar themes in mythological stories that permeated cultures whose peoples never interacted. The similarities in the tales provided clues to the inner psyches of all people. Campbell, along with Carl Jung, Adolf Bastian, James Frazier, Clyde Kluckhohn, and many others, opened the intellectual world’s eyes to striking similarities among all cultures, rather than highlighting the minute distinctions. Mythology and brief tutorial tales serve an integral function in every known culture (Campbell & Moyers, 1988). Brief stories provide mechanisms for relaying information from one generation to the next.

In the fields of counseling and psychotherapy, brief mythological tales offer keys that can help therapists avoid both the error of approach and the error of language. The error of approach is avoided with storytelling because the focus is not on the client. For years sages have used brief tales to emphasize personal growth. Buddhist masters, for instance, have been known to tell brief stories to their students without giving them any preface or explanation of the tale (Burlingame, 1922). Teachers like that would simply lay out the tales for their students to contemplate and from which they could draw continuously deeper understanding. Taking an approach to listening and teaching that yields with the learner is the key to avoiding the error approach, and stories provide an excellent platform on which to do that. Similarly, the error of language can be avoided by

focusing the lessons that stories provide to the story's characters alone. It is as if the counselor is saying, "Hey, this character learned a lesson in the story; I'm not sure if this has any relevance to you or not, but learning did occur and a more effective path was followed." In that way, the counselor is avoiding the error of language and inviting the client to take in the tale.

People are more open to accepting ideas when their minds are in story mode than they are when they adopt an analytical mind-set. Any time clients can be introduced to a concept that deals with others (other clients' stories, myths, etc.), they have an opportunity to listen nondefensively to what is said. On one level, stories, parables, and myths are simply interesting to listen to; on another level, they can emphasize particular points to clients in both conscious and subconscious ways. For example, when someone hears a brief tale, she may immediately make the connection, or she may only understand the story without any relevance to her life. Sometimes a tale can hold no personal meaning for a client until months after the first time she hears it. Thus, the depth of the impact teaching tales can have on clients is likely beyond any precise empirical measure.

Stories offer clients a connection to something deeper within themselves. Through the psychological state called *narrative transport*, which occurs when people's emotions are intricately tied to the emotions of the story's characters, clients are not only captivated by the content of the story itself, but they are also moved into the emotional journey of the story's characters. People can be enlivened, empowered, and motivated by the experiences of characters in stories. In this way, stories can provide pathways to psychological freedom. In the language of depth psychology, psychological freedom comes when people live from their true selves rather than their egoic minds. Narrative transport is one way to expose clients to overarching truths, or truths that are rooted in universal human themes, because as clients listen to stories, they can pull from them the aspects that are most relevant to their lives.

Analogous to ontogeny recapitulating phylogeny (ORP), individual truths can be recapitulated from overarching truths. Myths are the stories that represent the greater truths (Campbell & Moyers, 1988), and the more people become intertwined in them, the closer they get to their own personal truths. Representations of the ultimate truth exist because as Lao Tzu wrote, "The name that can be named is not the eternal name" (Mitchell, 1988). Henrich Zimmer was said to have remarked that the best things in life are those that cannot be described, the second

best things are attempts to describe the former, and the third best things are what we discuss in everyday conversations (Campbell, 2002). Stories and parables fall into the second category, that is, they point to that which is beyond narrative. Even brief tales serve to awaken the spirit and guide the listener. Stories can be used to teach and inspire; they can also explain the nature of our discipline, as you will find by examining a particular story from Plato.

PLATO'S CAVE

Plato, in Book 25 of the *Republic* (Cornford, 1961), posed a hypothetical situation that can be used to describe the process of counseling and psychotherapy. In his famous allegory of the cave, Plato asked what would happen if a group of prisoners were chained to the inside of a cave from the time they were infants and were positioned in such a way that their heads could not see behind them. These prisoners would constantly face the immediate interior back wall of the cave, while a perpetual fire would burn outside the cave, casting shadows of those who passed by onto the wall in front of them. The prisoners, Plato wrote, would grow up their entire lives from infancy to adulthood seeing only the shadows on the wall in front of them and hearing the voices of those who passed by. In time, Plato noted, these men would come to know this shadow world as their only world of reality.

The key to this allegory in regard to counseling and psychotherapy lies in what Plato next considered; namely, he was interested in what would happen to one of the prisoners if he were to be set free one day. An obvious answer is that the man would, after struggling to adjust to the light and his new-found physical movement, be frightened to hear the voices he always knew to be produced by shadows suddenly now being spoken by three-dimensional human beings. At a minimum, this “new world” would be shocking indeed. It is likely he would crave his world of shadows, and, if given the choice, return all too quickly to the cave.

That Plato suggested a prisoner who saw the beauty of the outside world would actually want to return to his “cave world” may seem appalling or even foolish. Imagine, however, that instead of shadows on a cave wall, the prisoner sees addiction in front of him. This prisoner stares at addiction for many years. He sees life only as addiction until one day, many years later, he is shown the beauty of a world where he is not

addicted. Would this “new world” of sobriety be any less shocking than the “new world” Plato’s prisoner faced? For a man whose metaphorical shadows represent his addiction, living in a world of sobriety is not likely. Even a brief examination of our own psyches allows us to see that it is difficult for us to relinquish the ideas and beliefs we have held all of our lives.

Plato’s allegory of the cave offers a fitting metaphor for the therapeutic process because people are psychologically fettered to the arbitrary rules they adopted, either consciously or unconsciously, and must develop insight in order to begin to free themselves. Imagine every aspect of what you believe to be truth turns out to be illusion. Envision discovering your own reality as merely shadows on the wall of a cave. Allowing yourself to become enthralled in this thought experiment (even briefly) can elicit the accompanying feelings of fear, anxiety, or sadness.

Worldviews, after all, are rooted in our perceptions and experiences. Someone who has experienced and perceived the world as shadows on a cave wall will be just as shocked to find out a different world exists outside the cave as the person who has believed that her unconscious world has not played a significant role in her life finds out the antithesis. Change is difficult. Worldviews take a lifetime to create and great effort to alter.

Plato’s allegory of the cave can be translated into a powerful counseling technique. It can be used as a physical technique, whereby clients actually stand and face the wall in the office (using a wall behind the clients’ seat allows the space in front of them [i.e., the counselor] to remain a positive direction for change), and then act out, under the guidance of a counselor, Plato’s allegory as though they themselves are the prisoner and the shadows are their problems. The metaphorical chains to which clients are bound are introjections. The metaphorical lock on the chains is self-imposed. When clients act out this allegory physically, they come to understand that they alone can unlock and break the chains. They alone can turn and face the cave entrance. They alone can walk out of the cave. By literally going through the motions of this scenario, people can experience a physical metaphor representing the transformation they want to make.

By no means does this metaphor have to be acted out for clients to feel the depth of its meaning. Because the scenario Plato described is such a powerful representation of change, using the allegory of the cave as a counseling technique allows people to feel validated. In

other words, even after listening to the allegory, people sometimes say, “Yes, what I have to do feels *that* difficult.” It also gives people a chance to see that what they are fighting so hard to change (i.e., resisting), while possible, is difficult. When people feel validated, they have a tendency to let down their guard and become much more open to receiving feedback. As years of therapy have demonstrated, human beings open up emotionally when their fight or flight responses are circumvented and their defense mechanisms are dropped, thus, even understanding this allegory contributes to counselors avoiding the error of language. Therefore, along with being a catalyst for change, using the story of Plato’s cave technique can be an effective validation tool.

We all have shadows we face in the metaphorical cave of our lives, and we are chained only by our own psyche’s defense mechanisms. One of the most profound psychological inhibitors is introjection. Introjections are unquestionably accepted ideas (Perls, 1973), and therefore, after becoming conscious of our introjections (i.e., when we question why we do what we do), we have a choice as to whether or not we want to continue exploring answers to these new questions. Until we question the world around us, we are slaves to our introjections. Using Plato’s cave in therapy allows clients to experience breaking the chains of introjection. Ultimately, we alone have the choice to discover the world outside the cave. We alone have the chance to be free. Once we understand this, though we may revisit the cave, we will never be bound again.

Finally, in regard to the five errors of communication, counselors who adopt a philosophy of change predicated on Plato’s allegory of the cave are likely to avoid the error of omnipotence because they will grasp not only the profundity of people’s journeys, but also the autonomy with which clients must set themselves free. When counselors share Plato’s cave with clients, they are offering a metaphor to clients to which they may return again and again throughout the therapeutic process. The allegory becomes a gauge for determining where clients see themselves and plants metaphorical roots from which clients can describe their surroundings (e.g., “I am in the darkest part of the cave,” “I feel like I am almost out of the cave,” “I am stuck and I feel like I have weights tied around me pulling me deeper into the muddy floor of the cave,” etc.). Counselors’ work with their clients is to hold a metaphorical mirror up to their lives and help them see that the chains keeping them in their caves can only be created and destroyed by themselves.

When therapists are able to do that, they do not make the error of omnipotence.

Clinical Example

Veronica grew up with a verbally and physically abusive father. At age 15 she met an older adolescent who demonstrated enough affection to win her heart before becoming just as dominating as her father. The young man, however, was not her father and represented a way out of her house. Veronica was married at the age of 17 and spent a great deal of time being told what to do. Because Veronica spent so much of her life being verbally dominated, she learned to acquiesce, even when she wanted to break free. Eventually, her husband's verbal abuse turned physical. She was "miserable-at-best," as she described it, through her entire 15 years of marriage. One day she said enough was enough, and at the age of 32, she left her husband.

Not quite 2 weeks away from him, Veronica sought counseling. We approached a point quickly in therapy where she was cognitively aware that she spent her entire life being dependent on others when she, in fact, was an extremely strong, intelligent, and capable woman. Her angst centered on her not believing she had the ability to live on her own, and she seriously contemplated returning to her abusive husband and miserable life rather than face a world she did not know. Veronica was told what to do her entire life, and she fiercely dreaded being on her own. After providing a brief explanation of Plato's allegory of the cave, I invited Veronica to stand up and face the wall in my office across from the window (thus allowing her shadow and mine to be cast on the wall in front of her). I had her stand with her arms extended out, imagining her arms were bound by chains. She was invited to continue to face the wall while I explained to her how beautiful the world outside of her cave was. I talked about a world of psychological freedom; a world where she was not bound by others and where she need not remain chained to a dependency that was no longer necessary in her life. As she held her arms up in my office, she wanted to look back at me; I again invited her, however, to remain staring at the shadow world in front of her. Her shadows on the cave wall, we discussed, represented the fear that she had of living an independent life. In other words, the shadows in front of her were dependency itself, and the chains that bound her were psychological oppression. I told her I very much believed she had the volition, ability, and desire to break the chains. The rest of the conversation was as follows,

“Okay,” she said with nervous laughter, “now I want to see that other world (of freedom) you’re describing.”

“Am I stopping you?”

“No. I guess not,” she said with her head down.

“Then who is?”

“My husband,” she hesitated, “I don’t know. You mean my dad?”

“Who is holding your arms up right now?”

“I am,” she said as she looked up at me.

“Who is in control of breaking these chains and turning around to face the world you say you want?” (This use of leading questions or “Socratic dialogue” reinforces internal motivation and allows the counselor to see the client is involved in the process; this augments the likelihood that the client will be invested in the process and demonstrates the client understands what is happening.)

“I am,” she replied, still looking right at me.

“What do you have to do to get what you want right now?”

“I have to break the chains first,” she said as she put her arms down.

“Then what?”

“I have to turn around.” She turned as she was saying this.

“Then what?”

“I have to walk out of the cave,” she replied with certainty.

“But the world outside the cave is different, it can be scary.” (This statement is both validating and challenging—when clients argue for what they want, they usually are more invested in the outcome.)

“I know. That’s what I’m afraid of. You want to walk out of the cave with me?” she jokingly responded.

“I can help guide you out of the cave, but I can only guide you. As much as it would be great if I could do the work for you, you’ll have to do the work it will take to get you out of your metaphorical cave. If you slip, I can’t catch you, I can only help you discover where to put your foot next. But ultimately, you’ll do this alone. Is that what you want?”

“Yes,” she said meekly.

“Are you ready?”

“Yes,” she replied, this time with more conviction.

The use of Plato’s cave as a counseling technique formed the structural metaphor to which Veronica was able to refer time and again throughout the therapeutic process. Clients can use the allegory of the cave to develop their own means of gauging therapeutic process. For example, clients may say, “I feel like I’ve turned and faced the entrance,

but I don't feel ready to step out yet," or "I feel like I am about to walk out of this cave forever." Clients who have seen themselves leaving the cave have reported time and again a physiological experience of psychological freedom.

THE TALE OF TWO MONKS

The Tale of Two Monks has been around for a number of decades. In 1978, as reported by players during subsequent interviews, Chuck Noll, coach of the Pittsburgh Steelers, used the story without comment in the locker room after a Pittsburgh Steelers loss—to the initial befuddlement of the players.

Two monks were walking down by the river when they saw a woman waiting to cross. She was in a dress, and it was obvious she didn't want to get her dress wet. The older monk, without saying a word, picked up the woman and carried her to the other side and put her down. The two monks went on their way in complete silence. About an hour later the younger monk threw out a series of judgments to his older counterpart, "How could you have touched a woman? You know we took a vow to never touch a woman! And you didn't even seem to care to contemplate it! You just walked right over and picked her up!" The older monk listened to everything the other said and replied simply, "Brother, I put her down an hour ago, why are you still carrying her?"

For Coach Noll, the intent was to convey to his team to move beyond the loss and forget about it, so as to focus on the next game. The Tale of Two Monks can obviously be beneficial for people well outside the realm of athletics, because for most people, carrying burdens is much more difficult than not carrying them. Psychological burdens often come in the form of relationships and unfinished business (either with others or ourselves). As long as we focus on the past we cannot live fully in the present. To "put down" psychological burdens as the monks did is akin to forgiveness, and forgiveness (whether it involves forgiving others or ourselves) is a powerful action.

True forgiveness leads to letting go. Not forgiving ourselves or others traps us all in the past. The crux of Gestalt therapy (and basic healthy living) encompasses living in the present moment. Aldous Huxley's novel *Island* (1962), for instance, tells of a utopian world where even the trained birds squawk daily, "There is only now, boys, there is only now." Living in the past regarding unforgiven issues seems to bring only unhappiness. If

the movement toward individuation, self-actualization, and self-realization are in fact movements, then it follows logically that focusing on the past inhibits energy from moving forward. Therefore, client movement toward progress tends to occur more quickly when the cathexis is led into either a sublimation or catharsis. A cathexis occurs when energy in the psyche is fixated or stuck; sublimation happens when psychic energy is channeled in a different direction; and a catharsis occurs when energy is released from the psyche. “Psychic energy” of course refers to the energy of the psyche and, as noted earlier, has nothing to do with being clairvoyant (see chapter 5 for a more detailed description of these terms). The story of the two monks and “putting the woman down an hour ago” is an effective metaphor for initiating the process of movement.

This story can be helpful for avoiding the error of approach because it invites the listener to be a passive recipient of the lesson. In other words, whereas the moral of the story of the two monks is forgiveness and letting go, those themes are simply set out in front of the listener, rather than pounded into them. Listeners are invited to drink in the themes, thus, it is as if the idea almost approaches them in a welcoming way. The following case example illustrates how the Tale of Two Monks can be used in a clinical setting.

Clinical Example

Sheila was spending so much time focusing on why her ex-husband was the way he was that she spent little time focusing on why she did ineffective things in her current relationship. A particular story seemed to stick with her. Once, when they were at a family picnic, she asked her now ex-husband to try to get along with her dad, and he refused. He chose instead to shut down until an argument ensued, and he eventually degraded her in front of her entire family, which caused her a great deal of embarrassment. Because she felt shame from the incident, she continued to relive this shame every time she thought of what happened. Therefore, the shame she experienced did not just last in that moment when it really occurred, instead, she allowed the shame of the past to permeate the present.

After I told her the story of the two monks, Sheila sat back in the couch a bit deeper and was silent. Once some silence went by, I asked her what was going on (in her mind). She reported realizing that she wanted very much to let go, not only of that incident, but also of her ex-husband. Sometimes it seems to be easier to focus on how we could

have made things different in the past than to concentrate on how we can make things better in the present moment. After gently confronting Sheila and avoiding the error of language, I used what seemed to be effective timing for this brief tale. Sheila began to make some positive changes in her life.

The Tale of Two Monks is relevant to use with anyone who is attached to just about anything. As Erich Fromm (1976) noted in *To Have or to Be*, people in the Occident seem to be attached to not only materialistic things (from which they often derive their worth), but Westerners also seem to be attached to their ideas as well. Very few people are genuinely open-minded and not attached to their thoughts, beliefs, and things. When a client is particularly stuck with attachment to an idea that seems to be detrimental, telling the Tale of Two Monks seems to be effective. I recommend telling this story pointedly, then allowing clients to have some silence to process what it means and how it applies to them. This story is such a simple metaphor, but its layers, rooted in Zen, can be pondered for a lifetime.

MASTER FISH

Once there lived a school of little fish along the bottom of a great crystal river. The current of the great river swept constantly over the fish, never giving thought to anything but its own crystal self. Every fish in the school clung tightly to the rocks at the bottom of the river; each fish did whatever it could to resist the great current above. That was the way it always was for them; it was all they knew.

One day a fish among them said at last, “I am tired of clinging. There must be something more; and though I do not know where I’ll end up, I believe that current knows where it is going. I am going to let go of the rocks and follow it. If I continue to cling here, I will die of boredom.” The other creatures laughed at the fish, “What a fool you are! If you let go that current you worship will tumble you and throw you across the rocks and you will die much faster than boredom.” But this curious fish would not listen to them, and he let go. The current smashed the adventurer across the rocks and twigs along the bottom, but still he refused to cling, and in time, the current lifted him free from the bottom, and he was hurt no longer.

Soon this fish was carried downstream far enough to where he came upon another school of fish similar to those he had left upstream who

clung to the bottom of the great crystal river, and the fish cried out, “Look! That one is like us except he flies! It is a miracle! He must be the Messiah who has come to save us all!” But the one who was carried by the current said, “I am not a Messiah. I am just like you. What I do is inside all of you. If you would like to do as I do, just let go, the great river wants to set us free.” But as they all clung to the rocks at the bottom, the fish cried out in unison, “Savior, stay with us and teach us your ways!” The master fish replied only, “Let go,” and when the others turned again he was gone with the current. They continued to cling tightly to the rocks, now telling legends of the savior.

The preceding story is from the first chapter of Richard Bach’s best-selling novel *Illusions* (1977). The book is subtitled “The Adventures of a Reluctant Messiah” and goes on to describe such adventures and how the power to do all things is inside everyone. The story can be used clinically time and again, and each time clinicians use the story, they will likely find greater meaning within it. Like the Tale of Two Monks, the story of Master Fish also elucidates the advantages of letting go and helps clinicians avoid the error of approach.

Clients who are struggling with existential crises are most likely to benefit from Master Fish. Too often we all cling to the world around us, to our introjections, projections, our biases, and our narrow-mindedness, because doing so makes the world seem easier to handle. Over time, once we begin to explore our private psychological world, we can no longer cling to the dogmas that we inherently know are illusions. Letting go becomes our only path to freedom.

Clinical Example

Jared was lost in his life. He had no idea what to do next. He had a master’s degree in business, but he was not able to secure a job where he wanted to live. His girlfriend recently left him, and he had little luck dating others. He reported being a man of faith and wanted to find a way to turn his life over to a higher power, but he was unsure how to do so. I offered him the tale of the Master Fish, prefacing it as a story I read once that may interest him. Jared was fully engaged in listening to the fable, and when I was done telling it, he said, “That’s it. That is exactly what I will do. I will let go.” For Jared, letting go specifically meant seriously exploring moving away for awhile to get a job in the field he loved. Two years after that interaction, Jared moved. He sent an email saying he had no intention of returning unless the current brought him back.

Brief tales have a way of sticking with people, as this one did with Jared. When people grasp the relevance of stories for themselves, the stories provide a perspective on what is happening inside of them (Campbell & Moyers, 1988).

SNAKES ARE SNAKES

Once, a man was walking home when he saw an injured snake on the side of the road. Apparently, a spare tire had flown off a truck and was crushing the snake. The snake said to the man, "Please, sir, my tail is stuck! Please help me break free." The man replied, "I would love to help you, but you are a viper, the most poisonous snake in these parts. If I set you free and you bite me, I'll surely die." The snake said, "I won't bite you. I promise." The man replied, "Are you sure? I mean, do you really promise not to bite me?" The desperate snake replied, "I have given you my word, I will not bite you. Now please, set me free." And so the man bent down and removed the tire from the snake, setting the snake free, and the snake immediately bit him. As the man fell to the ground and to what would be his eventual death, he said to the snake, "But I saved you, why would you bite me, you promised you wouldn't?" To which the snake replied, "I am a snake. It is my nature to bite."

A difference exists between the world we want and the world as it is. Probably the biggest obstacle to not being let down by others is that we often expect people to be something they are not. A great dictum of our time is: *Align your expectations with reality*. Many people engage in activities that they know are not good for them, believing that somehow the statistically probable outcome will not apply to them. Many people engage in arguments with others because they "expected" the other party to be a certain way and were let down to find out otherwise. For example, if Stanley fully expects that his boss Michael will admire the hard work he has done and give him a raise, then he leaves little room for Michael to see his work and not admire it. If Michael were to look at Stanley's work with anything less than admiration, Stanley would likely feel disappointed or hurt; it is not Michael's reaction that disappoints Stanley, rather it is Stanley's own unrealistic expectations that let him down. When we learn to expect reality rather than the worlds of illusion we often create in our minds, we have an opportunity to be let down less frequently, and a chance to get along more effectively with others.

Aligning expectations with reality does not equate with hopelessness. Some may believe that if they should not think too positively, then they must go around expecting the worst to happen. However, this is a *reductio ad absurdum* (see “Fallacies” in chapter 6). People can still have hope while aligning their expectations with reality. For example, when I play the lottery, I can align my expectations with the reality that the odds are significantly against me; however, I can still play the lottery with the hope that the challenging odds will be in my favor that day. Aligning your expectations with reality means seeing the world for what your experience has demonstrated will likely occur. Hopefulness is a quality that therapists can encourage a majority of the time.

Clinical Example

Josh lived with a roommate who rarely cleaned the dishes. He asked his roommate to wash the dishes before he got home because he had a date he wanted to bring over that night. Josh reported that when he walked through the door with his date, not only were the dishes not done, but his roommate did not even pick up his clothes from the couch. Josh reported being so angry that he stormed into his roommate’s room and started screaming at him until the two of them got in a fight. Not surprisingly, when he came back out to the living room, his date asked him to take her home, and he never heard from her again.

I told Josh the story of the snake. I asked him on a scale of 1–10, with 10 being someone who does the dishes every night and 1 being someone who never does the dishes, where he would rank his roommate. He reported that he would rank him as a 3. Still, nearly every day he would come home and expect that his roommate would have done the dishes (i.e., expected him to be a 10 on the scale). In essence, he was not aligning his expectations with reality. As long as his roommate was a 3, he needed to see him as a 3. Every time Josh expected his roommate to be anything above a “3,” he would be let down when the reality of his being a “3” in regard to the dishes emerged. By recognizing where his roommate was in regard to doing the dishes, he could then act on how he approached him. His roommate, after all, was not a “3” in regard to the type of person or friend he was (Josh actually ranked him as a “9” in regard to what type of friend he was), he was merely a “3” in regard to how he did the dishes. Once Josh was able to align his expectations with reality, he was able to plan accordingly. Planning accordingly is the perk of

aligning our expectations with reality because what we plan for is often handled more effectively than those things that come up unexpectedly.

Knowing that snakes are snakes can help anyone avoid both the error of language and the error of interpretation. When people align their expectations with reality, they tend to not demand things of others. This is true for counselors and clients alike. Counselors who can see and accept their clients for who and where they are learn not to be let down by them; clients who can see and accept loved ones and others for who and where they are will do the same. Past behavior is the best predictor of future behavior, so aligning expectations with reality does not mean expecting the worst out of every situation; it means expecting a reality based on past experiences. It means expecting people to be what they have always been and act like they have always acted. Expecting current behavior to be consistent with past behavior allows people to be pleasantly surprised when others change for the better; of course, it also leaves people disappointed when others change for the worse, but the goal of aligning our expectations with reality is not to become automatons, but rather to take a more balanced approach to others by not letting ourselves down when they turn out to be not what we expected.

PURAMITRA

The following story, adapted from Henry Van Dyke's book *Half-Told Tales* (1925), is a call for all of us to pay attention to what occupies our minds. There once was a man named Puramitra who was loved by many people. He had a great deal of wealth and, to most, was fair and generous. As with all people who have many things, however, this man also had an enemy. Puramitra would spend his days meditating under a particular tree in his garden every day. He spent many hours there; in fact, people were amazed at his ability to sit for so long.

Like most people, Puramitra had a difficult time controlling his thoughts. Although he had a dear friend whom he would think of often, he would spend more time thinking about his enemy. Negative thoughts, after all, seem to be always changing and sometimes can be much more enticing to concentrate on than the routine of love. Every time Puramitra tried to meditate on his friend or love, his thoughts would get away from his control, and he ended up thinking only of his enemy and his hatred.

One day, a Brahman (holy man) came by and saw Puramitra sitting under his favorite tree, and he quickly noticed the fruit above his head had wilted and seemed to ooze a blood red stain from its core, so much so, that every drop of it that fell instantly killed the grass below. The Brahman looked at Puramitra with concern and warned him that his thoughts can be very dangerous. “Nonsense,” said Puramitra, “I am just meditating under this tree.” The Brahman left and warned him that the fruit was more telling than he knew. Hearing that, Puramitra set out to see if the fruit could tell him who his real enemy was or somehow bring him justice.

Puramitra waited in the evening and watched his favorite tree as people passed by. One man walked through his garden, saw fruit hanging from his favorite tree, and was even hungry, but decided that he did not like Puramitra and did not want any fruit that belonged to him, so he kept walking. Then another man came, this man stopped at the fruit above where Puramitra meditated daily. He thought to himself, “I am hungry and Puramitra is a good man, he wouldn’t mind if I ate from his tree,” and so he took a bite of the poisonous fruit.

Puramitra, who was watching intently thought, “Ha! There is my enemy!” and rushed down to get the man who took his fruit. The man who took a bite, however, instantaneously died. When Puramitra saw this he thought, “And so he deserves this for stealing my fruit.” But at that moment he rolled the man over to see that it wasn’t his enemy who died, but his beloved friend.

Great Hindu sages tell this tale to illustrate the point that *what we think about becomes our meditation*. What we meditate on affects the world around us. By allowing our thoughts to stay on negative things, we are much more prone to making the error of judgment. As long as we choose to hold on to negativity, we are subject to becoming enmeshed in it. Purifying our thoughts allows us to wipe away judgment of others and gives us more credibility when trying to help others rid themselves of meditating on the ugly.

Clinical Example

When Samantha described the constant fighting with her husband, she indicated her awareness that she is the one who brings up his ex-wife 99% of the time. She felt “almost possessed” to bring up his ex-wife, then would be angry with him for not replying to her in the way she wanted. She reported finding herself bringing up his ex-wife nearly every day for

the previous 2 weeks. The fears she had around his ex were admittedly in her head; however, she was more and more angry with him for not saying the comforting things that she wanted him to say.

Telling Samantha the story of Puramitra was enough for her to react as though the story contained a cathartic release for her. She viewed, as commonly happens with stories, herself as Puramitra, her husband as the loving friend in the story, and of course, viewed his ex-wife as her enemy. It was interesting that she noted without prompting that his ex-wife is her enemy only in her mind. The story of Puramitra fit with Samantha on more than one level. As with most stories, different and deeper layers will always be found. The intent of the metaphor worked with Samantha, and it can work with others.

KING MIDAS

Once, an old drunkard wandered from Bacchus's (the god of wine) train, stumbled into the rose garden of a king, and passed out. A couple of the locals adorned the old man in rose petals and presented him to the king as someone very important. The king entertained the old man for 10 days, then returned him to Bacchus. Bacchus was so delighted to get his servant back that he offered the king any boon for which he wished. The king, without thought, wished that everything he touched be turned to gold. To the ultimate demise of the sovereign, Bacchus granted his wish. When the king reached for food, he found nothing but a lump of metal, and the same was true when he grabbed his cup to drink and when he embraced his daughter. Though his wish was granted, King Midas found that it was so only to his dismay. From that time to this, the people of the land knew to be very careful for what they wished. They had learned that *wanting* and *having* differ, and getting what you want over what you really need can sometimes be very dangerous.

W.W. Jacobs's (2005) 20th-century short story *The Monkey's Paw* provided a similar theme to the timeless tale of King Midas in that whoever acquired the monkey's paw could be granted any three wishes for which they hoped, but at a price they later found that they did not want to pay. These stories provide a psychological framework of guidance to those who want things outside of their control. The universal theme of letting go of control is important for people struggling with anxiety. So often, people desire to control situations over which they have very little, if any, influence. The desire for control is not limited to those struggling

with anxiety; it is prevalent in all people to some extent. For one population, people who commit crimes of domestic violence, control coupled with power is a dangerous combination. The story of King Midas can be a useful technique for beginning a conversation about the illusion of control.

Clinical Example

Chris was almost 30 when he and Melinda started dating. Melinda was 18. They had a child before her 19th birthday, and he was arrested on domestic violence charges before she was 21. The police report read that Chris beat Melinda profusely on the top of her head and that he was cognizant that marks under her thick hair were less likely to be observed by others. This was not the first time Chris hit Melinda, but it was the first time he was arrested for doing so.

Over time, after much denial and focus on others, Chris admitted to what he did. He came to realize that what he really wanted was to control Melinda loving him and that he was wrong to believe that publicly humiliating her and being physically violent with her was the way to gain her favor. We processed the story of King Midas and how he got what he wished for, only to realize that he did not want what he got. Then we processed how Chris did manage to get control over Melinda when she dropped the restraining order and ardently defended him as innocent. Chris still struggled with what King Midas had to do with his situation, however, so I offered him this interpretation.

“I understand why you would want control over Melinda. Deep down, like so many of us, there’s probably a part of you that feels scared that you’re not good enough for her. On some level I’m just wondering if it doesn’t get to you that if you feel like if she had her choice, with the way things are now, she might choose to leave you. Chris, you seemed to have wanted control so badly over Melinda that you got it at all costs, your wish, like King Midas’s, was granted. But at what cost is Melinda under your control now? Do you really believe that she is with you out of her own free will, or is she there because she is scared, intimidated, and controlled by you?”

“I don’t know, I guess I never thought of it like that,” he said inquisitively.

“Well, maybe it’s time to start stepping back and realizing what you really want, is it control over her, or Melinda’s love and faithfulness that you really want?”

“I want her love. I want her to be faithful,” he said, tearing up.

“Well, regarding faithfulness, you have said time and again that she says that she has only ever been with you and never wants to be with anyone else, so the question is, can you trust that? And if what you want is love, you know you can’t get it by force. For it to be genuine, it doesn’t seem like you have any other option but to let go of controlling her.”

The story of King Midas was a lead in to a conversation that was much more powerful than the tale; it was a tool for avoiding the error of language because it opened up the topic of control without eliciting Chris’s fight or flight response. The story of King Midas also provided us with a metaphor to which we returned numerous times throughout our contact with each other. Letting go of control can be tremendously difficult, but the antithesis is to gain control and get exactly what we think we want; the problem is that what we think we want is not always what we really want.

EDSHU

One day, the Nigerian trickster god Edshu decided to play games with two farmers who owned fields directly across from one another. He put on a hat that had two colors: red on one side, white on the other. Edshu walked up and down between the two farmers’ fields for a whole day. Each time he would turn around to walk in the opposite direction, he would turn his hat around, so that each man only saw one side of the hat. In other words, one farmer saw only a man with a red hat walking up and down the fields, and the other farmer saw only a man with a white hat walking the same path. At the end of the day, as the two men headed in from the fields, the first farmer remarked to the other, “What a strange man that was walking up and down between our fields today.”

“Yes,” said the second farmer, “and with that ridiculous *red* hat!”

“You mean *white* hat?” replied the first.

“No,” said the second, “I mean *red*!”

“Are you blind?” the first replied, “it was obviously *white*!”

And so the two broke out in a fight.

I first heard this story when Joseph Campbell told a version of it to Bill Moyers in his now-famous 1987 interview with the great mythologist. I have since found that telling the story of Edshu is a wonderful way to help clients learn more effective communication by avoiding the error of interpretation. The tale of Edshu is one that can trigger empathy

in others because the story exemplifies what Rogers (1961) meant by accurate empathetic understanding. It is recommended counselors pause for their clients' reaction, after they share this tale. If clients do not react to the story, therapists can simply ask how the story of Edshu relates to their own communication difficulties. The simplicity of this story provides a technique from which clients can reference their own ideas of what it means to see the world from their loved ones' perspective.

Clinical Example

Mike and Carol came in to therapy for help with their son, Greg. Greg had been getting into trouble at school, and he was reportedly not listening to them at home. They reported that Greg had started dating and now had his first girlfriend, and both Mike and Carol believed it was Greg's girlfriend that was the source of his, and subsequently their, angst.

Mike began, "A girl is the first thing that comes between a boy and his father. At least that's what my dad told me, so I never let that happen, and Greg shouldn't either." I asked Carol what her thoughts on the situation were.

"I never had a boyfriend in ninth grade, so I don't think Greg should either," she replied.

Both Mike and Carol had ideas of how Greg should be, and both were on a similar page about not wanting him to have a girlfriend.

"We just don't think he should be so upset all the time," Mike said. "I mean, when I was in ninth grade, sure I dated girls, but if we broke up it was no big deal. Greg acts like it's the end of the world if his girlfriend is mad at him or says she'll break up with him."

"How does Greg feel about all this?" I asked.

"How does Greg feel?" Mike repeated my question condescendingly. "He's a kid. He's in ninth grade. He'll get over this girl and not even remember her. I know exactly how he feels. I had a girlfriend in high school. You think it's bad, but then as you get older you learn it's not bad."

"What is it that you want from Greg?" I inquired.

Mike was first to answer, "I want him to do well in school and realize it's not the end of the world if he breaks up with his girlfriend."

"When you talk to him, how do you approach him?" I asked.

"I say," he quickly replied, "that I understand exactly what he's going through and then he starts shutting down or back-talking me. That's when I start yelling."

“And you would like those interactions to go a little smoother?” I asked.

“Ah, to say the least,” Mike replied looking at Carol. “Yes. I want to be able to talk to my son again without having an explosion every time.”

“Once, a long time ago, there were two farmers . . .” I went into the story of Edshu. I chose to tell the story abruptly without prefacing it because I find that tends to get people’s attention. When stories are told in the middle of a conversation without preface, people tend to focus more intently and inquisitively. In this case, I found that Mike watched me tell every word of the story. When I was done with the story, I looked at both Carol and Mike and asked, “Why would I interrupt our conversation to tell you that story?”

Carol answered, “Because the farmers thought they were seeing the same thing but they really weren’t.”

“Exactly,” I confirmed, then pushed further, “but why would I tell that story to you two right now?”

“Because you are saying that we should try to see the same thing as Greg?” Mike asked.

“Well, that’s pretty close,” I answered. “In the story, the farmers really believe they are seeing the exact same thing, and from what I am hearing you say, you genuinely believe you see exactly what Greg is going through. But if I am hearing you correctly, you are seeing Greg’s experience through your own experiences of ninth grade. I wonder what might happen, or how Greg might react if, instead of telling him you know ‘exactly’ how he feels, you would just honestly ask him how he feels. Then, when he gives you an answer, even if it doesn’t match what you think he should say, just try to acknowledge where he is coming from. How do you think that might change Greg’s reaction to you?” I asked pointing to Mike.

Carol turned toward Mike and answered only half-jokingly, “If Greg thought you were actually listening to him he would probably fall over. You never listen to anyone.”

“That’s not true,” Mike defended himself.

I interjected, “You know, it’s almost as if we all are like the farmers in the fields, we think we see the exact same thing as someone else, but we are always looking from our own side of the field. I wonder, Mike, what you think might happen if you really listened to Greg describe what is going on on his side of the proverbial field.”

“I see what you are saying,” Mike replied, “I need to validate him longer than I do.”

The story of Edshu guided the therapeutic interaction and provided a metaphor that Mike and Carol drew on again and again in therapy for not only a means to listening more effectively to their son Greg, but also for a means of listening to each other more compassionately. The story of Edshu is a clear example of what happens when we do not take the time to listen to another's experience of a situation. By respecting others' phenomenological worlds, all people can learn that whereas experiences can be extraordinarily similar, everyone's perspective of life is unique. When Mike learned to listen openly to his son's experiences, his relationship with him changed for good. The two of them became closer than ever because Greg felt his dad listened to him and cared about what he said, and Mike felt his son both turned to him in times of need and seriously thought about his feedback. Mike and Carol eventually, in their own words, "graduated from therapy" after they both believed their communication became "very successful." Mike, Carol, and Greg are not alone in their success with learning to see the world from each farmer's side of the field. Many have reported using this metaphor as a base on which they built successful communication.

THE ROOM WITH A THOUSAND DEMONS

There once was a young man who spent a considerable amount of time with his mentor. His teacher told him about an event that was coming up that day and invited him to come along. The student asked him what the event was called, and his teacher replied, "The room with a thousand demons." This name, of course, sparked the student's interest, and with fear in his voice he asked what happens in this room. The teacher replied that a room existed in which people could go to face 1,000 of their most feared demons. For example, if the person were afraid of heights, he would see himself on top of a tightrope miles above the ground with many evil demons attempting to push him off. If the person's greatest fear was claustrophobia, then the walls of the room would close in on him, while 999 of his other greatest fears befell him. The student was terrified at even the sound of this, so he questioned his teacher, "How can someone possibly make it through this room?" His teacher answered, "By placing one foot in front of the other and walking straight through to the exit door."

Though I have heard this straightforward tale through Zen teachings, I have also heard similar versions through other spiritual traditions.

Wherever its origins, *The Room With a Thousand Demons* is about facing our fears head on. The *Tibetan Book of the Great Liberation* relays that our greatest fears are our projections (Evans-Wentz, 2000), and when we can face our fears, we often find out that they were not as horrific as we projected them to be. Though the ending to this story is relatively anticlimactic (i.e., “Just walk through the room”), we often find life to be the same way. After the death of a loved one, people rarely have a desire to go back to work and take part in the “daily grind,” however, with bills to pay and mouths to feed, sometimes the only way to do so is to just put one foot in front of the other and continue on. Facing our projections is not easy, but doing so breaks the projection itself as it crumbles into a genuine experience (see chapter 5).

Clinical Example

As a 10th-grade student, Ava once had to perform a dance in front of the whole school. She was so nervous when she came to see me that she did not believe she could even walk out on stage, let alone dance. I listened to her talk about her nerves, had her describe them for me, I validated her fear, and provided a space for her to say all she wanted to say. When she was done, after a moment of silence, I told her the story of *The Room With a Thousand Demons*. The story itself (at least the way I tell it) has a pretty abrupt ending and seems to leave people saying or thinking, “Is that all?” As if to imply, “I’m just supposed to walk through this fear?” But in the simplicity of the story lies a truism that does not need to be expounded upon, other than to recognize that, ultimately, facing our fears and walking through them may be the only way to truly conquer them. The young girl sat for a moment after listening to this story and said, “I can do this. I know I can.” I replied, “I sincerely believe you can, too.” Ava’s performance was not only successful in her own eyes, but she also received the only standing ovation of the night.

THE KING AND THE CROW

The following story is one that I have heard through the years. I do not know the origin, and I am sure I have tweaked it from its original form. I tend to use the story a lot with people who are struggling with road rage, but the story can be used in a variety of contexts. In regard to whatever situation it is used in conjunction with, the story seems to be most

helpful for those who subscribe to the belief that everything happens for a reason.

Once, a king stopped at the base of a small waterfall to get a drink. He picked up a shell to use as a cup and leaned over to catch some water. As he leaned his cup into the waterfall, a crow swooped down pretty quickly and made the king spill what little water he had accumulated. The king was very frustrated at this. A second time the king reached in to get some water, and a second time the crow came swooping down and knocked the water out of the king's hand. This time the king's frustration turned quickly into anger, so he devised a plan.

The third time he reached into the waterfall to get water, he pretended not to see the crow; however, just as the crow came swooping down, the king in all his rage swung at the crow, only to watch him go flying off the rocks, now taking his last breaths. The crow was dead. Glad that he got this "menace," the king then searched for his cup that had flown out of his hands during the blow and landed on top of the waterfall. As the king approached the top of the waterfall, his heart all but stopped completely. He saw animals lying dead alongside the banks, snakes and beasts lying dead in the water, blood everywhere throughout the stream showed that the plague had hit the animals hard and contaminated the water. The king in this instant realized he killed the bird that saved his life.

Clinical Example

Phyllis, a 31-year-old woman, came into my office to rid herself of anger that controlled her life. I suggested that we start with her road rage, to which she smiled, and replied, "How did you know I have road rage?" The answer is simple: If a person has rage toward loved ones and strangers alike, then projecting anger onto dehumanized automobiles seems to follow. When I have shared this idea with clients they have tended to say, "I wasn't angry at the automobile, I was angry at the idiot driver!" However, ask this same person if he or she gets equally as angry when someone accidentally bumps into him or her on the sidewalk, and you will find that they do not. When we can see another person and that other person sees us (without a chance to escape quickly), then we are less likely to show the same level of anger; hence, road rage. In the case of Phyllis, I asked her for an example of how bad her road rage gets, and she told me about a time when someone cut her off in traffic in a small town. She floored the gas pedal, and pursued him wildly. Unfortunately

for her, his concern was not her, but getting to the airport, one hour from where the mishap occurred! As they both pulled into the airport parking lot, she jumped out of the car to accost him. He quickly and apologetically replied that he had a plane to catch and only minutes to do so. She accepted the apology, offered one of her own, then got back in the car.

It didn't take her long to get lost on the way home because she had never been to that area before. So she really put herself into unnecessary danger, and unfortunately, she put her two infant children in danger as well because they were crying in the back seat throughout the trip. I told her the story of *The King and the Crow*, and we processed how she was like the king in many ways. She reported being quick to spot the flaws in others and reacting strongly when others wronged her. The brief tale gave us the starting point to unravel her own story. She was frequently punished throughout her life when she messed up, and she struggled with confronting those who hurt her, so it was easier for her to displace her anger onto others, and driving on the road provided the right kind of atmosphere for that. When people dehumanize one another it gives them a freedom to treat each other in ways that would not be possible if they viewed them otherwise. When we drive in automobiles, we tend to view other drivers on the road in very distinct categories: "Idiots" and "Moron!" While unnumbered vehicles pass us every day on the highways in fashions that do not warrant our recalling, we heighten our senses to those drivers who dare "get in our way." But the way we treat and react to other drivers is not the same as the way we react to those who "get in our way" on the sidewalks. Phyllis's displacement of anger on other drivers was not consistent with her philosophy of life, however, because she very much believed that things happen for a reason.

At the end of *The King and the Crow* we learn that the crow was knocking the cup out of the king's hand for a reason that was ultimately for the king's benefit. As mentioned previously, any time clients come in to therapy with the belief that things happen for a reason, this story seems to find an effective place in the process. Clients are able to link from the story the ideas that they hold dear. In other words, by telling *The King and the Crow* and processing the client's reaction, counselors are able to link the metaphor with the client's behavior but do so in a way that avoids making the error of language. For Phyllis and many others, it is difficult to be psychologically consistent and hold the conflicting introjections that it is a dog-eat-dog world and that everything happens for a reason. In other words, how can one believe that the very "idiot" or

“moron” who cut her off is the same person who slowed her down for a reason (i.e., maybe so that she wouldn't get in an accident).

ASCALAPHUS

I have adapted the following tale from Ovid's *Metamorphoses*. In this section, I describe using the metaphor with those who believe themselves to be surrounded by miserable people. The story of Ascalaphus, however, is wrapped in the more popular tale of Demeter and Persephone. Therefore, if I were to use this myth with clients exploring introjected religious beliefs, I would likely explore with them how the mysteries of Eleusis have their origins in the Persephone story (see Jung & Kerenyi, 1993). I am noting that here for clinicians to be open to the myriad possibilities with this brief tale. A basic example of how to use this story therapeutically is presented here.

Demeter, the Greek goddess of wheat, had a daughter named Kore. One day, the lovely and innocent Kore went for a stroll throughout her mother's land. During her walk, she was kidnapped by Hades (lord of the underworld). Demeter searched and searched for her daughter until finally someone made her aware of what happened. Hades had taken her to the underworld to be his queen. He had kidnapped Kore, and he had even renamed her Persephone.

Now Demeter was not about to settle for this outcome, so she demanded Zeus bring her daughter back to her. Hades, however, refused to give her up because he already made Persephone his new queen. Demeter, goddess of wheat, became so angry that she refused to produce any corn (named after her daughter, Kore, by the way), or any other food for that matter. “The people of the earth will starve,” Demeter exclaimed, “until I get my daughter back.” Zeus of course realized that a race of humans who starved to death would leave no one to make sacrifices to him, and he did not want to see that happen, so he went again to see his younger brother Hades, this time to demand he release Persephone. Hades agreed to release her as long as she had not eaten anything in the underworld, and as far as Hades was aware, she had not. One person, a very miserable person, observed Persephone's behavior differently.

Ascalaphus (a-scowl-a-fus) was Hades gardener, that is, he was essentially the gardener of the land of the dead. He was a miserable man by nature; after all, he was born in the underworld with the dead, grew up there, and lived there always. Ascalaphus, while tending to the gar-

den (what he perceived to be miserable work), caught a glimpse of the new queen (Persephone) eating some pomegranate seeds. Hades did not think Persephone ate anything in the underworld, and was about to let her return to the earth and her mother, when all of a sudden Ascalaphus came running around the corner tattle telling on Persephone: “She ate seven pomegranate seeds! She ate seven pomegranate seeds! I saw her with my own eyes!” (That Persephone ate seven seeds accounted for her having to spend 7 months a year in the underworld, while she could return to the world above for the other 5 months. It was by this myth that the agricultural seasons were explained.) Ascalaphus wanted her to suffer because he himself knew only suffering; he was trapped in his own hell and wanted those around him to be trapped in their own hells as well. Indeed, misery has loved company for a very long time.

How often are therapists asked why people do mean things? How often are clients struggling with understanding why someone might make different decisions than they would make? Annette, a 41-year-old woman, “followed the rules” all her life. She “did what she was told,” and “always respected others.” She was upset that others didn’t do what they were “supposed to do.” She was struggling with “mean people.” She did not understand how people could be what she classified as “mean.” Annette was dealing with what is called *psychological rigidity*; that is, she had the world figured out and could essentially come up with an answer for just about all human behavior. Every so often, however, glitches in her worldview would occur that led her to believe maybe she did not understand it all. For example, when Annette’s husband decided not to go to church for a period of time, Annette justified it with rationalizations; however, before he missed church for that span of time, she was adamant that anyone who missed church was absolutely and profoundly “wrong.” When glitches occur to people struggling with psychological rigidity, they tend to find ways to make their world make sense again. In Annette’s case, instead of opening herself up to the possibility that people are not “wrong” for not attending church, she slipped back into her rigidity by rationalizing that her husband was “being tempted by the devil, but needed to go through that experience for God.”

The preceding story of Ascalaphus seemed to be a helpful tool in this instance, because the story has several layers that can be useful for working with people struggling with similar issues to Annette. On a conscious layer, it is a story that helps therapists avoid the error of approach in that the story meets Annette where she is by validating that “mean people” do exist. It helps her maintain the neat psychological boxes she

uses to make her world make sense, but it also plants unconscious seeds in other ways that we will explore. People with a rudimentary awareness of themselves act from defense mechanisms more often than those with greater self-understanding. In this case, Annette makes use of the defense mechanism *splitting* by seeing the world as dichotomous: black or white, good or bad. As long as people are categorized as “good” or “bad,” Annette feels safe. Because she had already classified her husband as “good,” she had to lessen her cognitive dissonance by justifying his “missing church services” experience as unique. In this way, she was able to maintain her judgmental ways and rigid worldview.

As Milton Erickson taught, on a subconscious level, brief tales can begin to plant inquisitive seeds in clients’ psyches (Rosen, 1991). The story of Ascalaphus helps plant the concepts of empathy and understanding in Annette’s psyche. The story separates Annette from the issue, which facilitates the therapist avoiding the error of language by helping to circumvent her fight or flight response. In neurological terms, with her defenses down and with a dialogue focused on a mythological figure, Annette is able to cognitively approach the issue from her frontal cortex rather than from her limbic system. It is, as stated earlier in the chapter, easier for most people to discuss mythological figures than discuss their real issues. The story also subconsciously introduces Annette to the world of mythology in a way that aims at putting some cracks in her defensive walls of introjections. More specifically, if Annette can be introduced subconsciously to the idea that the dying and reviving Persephone was and is a religious theme in many cultures, she may begin to examine her own religious thoughts. Although therapeutic environments are never a place to convince people of either religious/spiritual or nonreligious/nonspiritual ideas, it is, however, a place to have clients examine worldviews that keep them stuck in psychological angst.

It appears to be easier to forgive others when we believe they acted out of ignorance, as opposed to when we believe they acted intentionally. With this principle in mind, and with the psychological benefits that seem apparent from the act of forgiving, it seems helpful for people to establish a greater sense of understanding. With the error of language circumvented and with her openness to analyzing a mythological figure over one who has emotionally harmed her, Annette is now ready to explore (contemplation) the idea that perhaps “mean people” do things for a reason, and that reason is not about her. If she can make the link subconsciously that people are not inherently mean, they simply act from the circumstances they know, she has the potential to make the jump to conscious understanding. While

a breakdown of psychological rigidity tends to cause tremendous turmoil at first, people who can work through this breakdown have a tendency to experience a great deal more inner peace. Stories like Ascalaphus are helpful for developing inner peace because, as May (1991) pointed out, they provide narrative patterns for us that give significance to our lives.

AMPHITRYON AND ALCMENA

One of the great ideas that stemmed from existential writings is the concept that people who are aware of death and nonbeing are able to live full lives. Death anxiety is a concept with which many people struggle. Modern religions provide beautiful descriptions of everlasting life after death; descriptions that help many cope with the concept of finality. Regardless of the validity of whether or not we will live for eternity after we die, we still come upon the problem of death. Whether death lasts a metaphorical instant, as John Donne expressed in his famous poem *Death, Be Not Proud*, or whether death lasts for eternity, which those who do not believe in an afterlife or reincarnation suggest, death anxiety is real. Rollo May (1991) noted the ancient Greeks had a story that helped them deal with death anxiety—a myth that helped them find meaning in a meaningless world—the story of Alcmena (Alk-mean-a) and her husband Amphitryon (Am-fit-tree-on).

In his *Metamorphoses*, Ovid tells us that Zeus, the great immortal god of the ancient Greeks, could not control his passion for Alcmena, a beautiful but mortal queen, so he created a war to send Amphitryon away. Then, he disguised himself as Amphitryon to make love to Alcmena. In the morning, Alcmena, who believed she was in the arms of her beloved husband, expressed that she treasured that she has only ever been with him and that she was so thankful that she could look forward to growing old and dying with him. Zeus was paralyzed by what she said because he did not know how the thought of death impinged the mortals. He could not, in all his boundless grandeur and immortality, understand how someone could be aware of death and still thrive on life. He envied what he could not have. Alcmena, knowing the ultimate boundary of her personal existence, treasured her own finiteness. Humans have the ability to die, thus, the ability to truly live. As Yalom (2008) wrote, although the physicality of death destroys us, the idea of death saves us.

So often people are afraid to know that they could one day discover that “this is it,” we are no more than who we are, and this present moment

is all we finite beings truly have. As we all grow older, the question will be whether we continue to live in darkness, or accept our mortality and begin to live in the light of the truth that our lives are limited. Once we can accept our finiteness, we can thrive in its encompassing boundaries of birth and death. Rollo May (1994) once noted that it is through boundaries that our creativity flourishes most expressively. As a parallel, when artists are given the boundaries of a canvas they have a seemingly limited space that yet provides them with an indefinite, if not an infinite, set of possible artistic creations. Similarly, people are given a canvas consisting of the years of their lives, and it is in those years that they can create whatever they want.

Clinical Example

Bridgette was having difficulty moving forward in her life after the death of her mother. She had no religious or particular spiritual beliefs and had not thought of death much before the unexpected death of her mother. We built a rapport that allowed for a great deal of comfortable silence for her. Bridgette was looking out the window after a particularly longer period of silence when I began to tell her the story of Amphitryon and Alcmena. “What an incredible thought,” I said, “that even gods have to be jealous of our finiteness, because we don’t have all eternity to think about living. We seem to be blessed with a limited amount of time, which really frees us up to live.” Bridgette’s mood changed from sad to curious, and she left reporting she would be taking that story from the session. Bridgette called later that week to have me guess where she was. She called from the base of the Laurel Mountains, a place she always wanted to hike but was always putting it off from fear of living. “I just wanted you to know that I took the day off work to do this,” she said, “because I thought, ‘I can take a day off, but the gods can’t,’ so now I’m going to do something the gods cannot do: I’m going to embrace being human.” While every client is not going to have a profound experience with every story, this woman was able to find catharsis from this brief tale. The ancient Greeks found comfort in embracing their finiteness, and I encourage counselors, therapists, and clients to do the same.

SISYPHUS

The following tale is adapted from Ovid’s *Metamorphoses*. Zeus was having an affair with Aeolus’s (the god of the winds) daughter. He tried, as he did with so many of his relationships, to keep it a secret. The king

of Corinth, however, decided to betray Zeus and tell on him to Hera (Zeus's wife); a decision that did not turn out to be a good idea. Zeus sent the king directly to Hades. Before he left for the land of the dead, the king instructed his wife to bury him improperly, which she agreed to do. While he was in the underworld, he complained to Persephone (the queen of the dead) that he didn't get a proper burial, and she agreed to let him go back to set things straight.

When the king got back to the surface, he returned to living his life the way he had before. The gods were angry that they were deceived, so they sent Mercury (the messenger god) to get him back. Mercury took his new invention, handcuffs, with him to arrest the king. The king pretended to be so impressed with the invention that he was able to trick the god into trying on his own handcuffs. Once Mercury put on the handcuffs, the king bound him and locked him away.

Zeus was infuriated that this king had betrayed him, tricked the other gods, and imprisoned their messenger, so when the king was finally caught, he was sent to Tartarus, the lowest part of Hades (the land of the dead). In Tartarus, the final punishment for this one-time king was to roll a rock eternally up a hill. Once the stone was pushed to the top, it would roll back down automatically, and King Sisyphus would have to trek back down the hill and do it all over again.

Many writers have used the story of Sisyphus to illustrate the seemingly inescapable nature of life, especially work life. Camus (1991) notably used the tale as the impetus for describing the control man has over the world. Bearing the burden of everyday existence without joy or hope, Camus's *man of the absurd* becomes as indifferent to the world as the world is toward him; in so doing, he masters the uncontrollable. It is in the recognition and acceptance that the world is not controllable that people can gain a sense of control. One must at least consider Sisyphus happy.

The story of Sisyphus is an excellent lead in for therapists to use for teaching the ABC model of Rational Emotive Behavior Therapy. The world is what it is, therefore, it is up to the individual to learn to view it differently. If it is possible for Sisyphus to find meaning in perpetually rolling a rock uphill, then so, too, it is possible for all of us to find meaning in our everyday existence. Regardless if Sisyphus actually found meaning, the story itself provides a platform to discuss the possibility of finding meaning in the repetitiveness of the "daily grind." By telling this tale, the storyteller has grounds on which she can build therapy. If a client can at least consider Sisyphus "not miserable," then he is likely to be open to being introduced to the ABC model (see chapter 6).

GILGAMESH

In Uruk, a land in ancient Sumer (modern day Iraq), there once lived a young king named Gilgamesh. Gilgamesh was legendary for having a tremendous amount of passion and energy to accomplish whatever he wanted. He worked the men of his land to the bone, and he tired out all the beautiful young ladies at night. The people of the land were exhausted and gathered for a communal prayer. They prayed something or someone could stop him (this prayer is analogous to either parents bringing their children in for therapy or individuals admitting themselves into therapy). So God answered the people and created Enkidu, who was said to be Gilgamesh's equal (though in fact, because he was closer to his true nature—unconscious instinct—Enkidu was superior). Enkidu was wild; he was completely untamed.

When Gilgamesh first heard of Enkidu, he felt jealous and realized he needed Enkidu to not be as strong as he. Gilgamesh first attempted to weaken Enkidu by sending him a woman. The 4,700-year-old story tells us that once Enkidu slept with the woman, his animalistic instinct began to leave him, and he was no longer superior to Gilgamesh. Enkidu moved into Uruk and learned about Gilgamesh. Enkidu fulfilled the original prayer of the people by challenging Gilgamesh to a duel. The two warriors tied, and after such a long and arduous battle, the two of them gained the utmost respect for each other. (This is almost the very same thing that happens when adolescent boys fight. They beat each other up then become fast friends the next day. On the unconscious level, the aspect of the story where Enkidu and Gilgamesh fight and make up represents the clash and reconciliation of consciousness and unconsciousness and the realization that only by knowing both can one be fulfilled or, in Jungian terms, “individuated.”)

Gilgamesh and Enkidu then went on adventures together and accomplished tasks that neither could have ever done alone (a representation that individuated people, or people who rely on both conscious and unconscious aspects of themselves, more fully realize themselves than those who live solely in the conscious realm). Gilgamesh and Enkidu had many successes together until finally Enkidu died. Enkidu's death represents that the individuated person is no longer two aspects of psychic energy but now one (in some versions, Enkidu's soul is absorbed by Gilgamesh). In the story, Gilgamesh is heartbroken over his friend's death, and now, as many people who just lost a loved one contemplate, begins to think about his own death; and his fear of dying becomes an obses-

sion. Because counselors didn't have licensure in 2700 B.C., Gilgamesh set off on a journey to find immortality. The result of this ultimate quest led Gilgamesh to find that whereas immortal life is impossible, a phenomenal life is very possible. Once he recognized that his life was, in fact, better than anything for which he had hoped (i.e., beyond projections), he commissioned his story to be written.

The story of Gilgamesh is an excellent story through which counselors can explain to clients the process of individuation and the Jungian concept of the shadow (and with even a cursory reading of the epic, one can find analogies from which to describe the persona, introjections, projections, and several other defense mechanisms). I use this story primarily to teach others about the process of individuation, but there are many layers to the myth. Jung (1989) described the process of individuation as the process that individuals go through as they separate from others and expand their consciousness. For Gilgamesh, he had to separate from Enkidu to expand his consciousness to its full potential. He had to combine his consciousness with his unconscious and reconcile them both.

Gilgamesh's life before Enkidu can be equated to adolescent wish fulfillment. He lived according to his id and took what he desired from life. Gilgamesh was essentially constrained by having all his desires fulfilled because, according to Jung, the goal of life is not to fulfill desires but fulfill the purpose of the psyche. As Epicurus once said, "Happiness consists not in having many things, but in having few wants." Buddha, Jesus, and Muhammad all taught in their own words that the source of suffering stems from desire. Thus, from the ancient Sumerians to the ancient Greeks to the great religious teachers of the world, moving beyond basic wish fulfillment is imperative on the journey to contentment.

Clinical Example

Opportunities to use the epic of Gilgamesh can occur anytime clients indicate something to the effect that they are not fully themselves, or that something else is driving them. Inquiring about what else or who else might be driving them to act is an excellent opening to telling the story of Gilgamesh. John, a man in his mid-40s, reported that he felt his life had never fully been his own. He believed that parts of him existed, and those parts did not always seem to agree. Once we explored what the parts of him looked like and what influence they seemed to have on him, I offered him the following condensed version of Gilgamesh in a more colloquial way (it is included in the subsequent way for those who

are not familiar with Gilgamesh, so the story can still be used without reading the epic).

“You know legend has it that there once was a king who was a pretty tough ruler. The people felt he worked them too harshly, but none had the courage to challenge him, so eventually the gods had to send his equal. After fighting with this person who the gods sent to stop him, the king decided to befriend his challenger. The two of them went on many adventures together, including trying to find out how they could live forever. Well, that didn’t happen, and one day the king’s friend died. Once he was alone, the king had no choice but to accept his finiteness and embrace himself as one person, not many parts.”

“I like that,” John said.

“What do you like about it?” I asked.

“I like that I know that I’m not many parts, just one person, but I feel like I have to reconcile all my different parts,” he said. “I feel like once I do that, I will be more fully me.”

“Would you like to start talking about how you can begin to reconcile all your different parts?” I inquired.

“Absolutely,” he said with firmness.

Brief tales, specifically, in this case, the story of Gilgamesh, allow clients to form a more concrete picture of their struggles. The story of Gilgamesh gave us not only a starting point into recognizing the different “parts” of John’s self, but it also gave us an analogy to which we would return time and again. In John’s case, he wanted to know more about the story and eventually read the Epic of Gilgamesh, but for many, the brief synopsis will do. The goal for John became to use Gilgamesh’s life as a pattern for his own. John once said in therapy that he “did not want to reinvent the wheel” and completely identified with Gilgamesh’s journey. Keeping in mind our singular goal of reaching clients, broadening our approaches to their awareness is crucial. The epic of Gilgamesh is a brief tale that can make the process of individuation come alive.

TIRESIAS

Zeus, the god of Greeks, and Hera, his sister/wife, were sitting on the top of Mount Olympus. They were drinking heavily the nectar of the gods. As with any drunken stupor, an outrageous bet ensued: Zeus challenged Hera that “You women have more joy in making love than men because we do all the work while you have all the fun.” Hera disagreed, and they

decided to put someone else to the test. They chose a young man named Tiresias. He was to be turned into a woman for 7 years. For 7 years, Tiresias went about the country having her way with many men. At the end of the 7 years, Tiresias was turned back into a man, at which time he sided with Zeus, saying in fact women do have more joy in lovemaking than men. Now Hera was not happy with losing and still disagreed with both Zeus and Tiresias. Hera became a woman scorned, but she could not retaliate against the mighty Zeus, so she made Tiresias blind for the rest of his life. Zeus could not annul a punishment meted out by another immortal, so he bestowed the gift of prophecy on him to compensate for his loss (and it is said that ever since men have been compensating for one thing or another).

This story can be used as a catalyst for people attempting to understand the importance of the androgynous psyche. Psychodynamic theorists may note Tiresias, though blind, wretched, and constantly compensating for inadequacies, embodied an individuated psyche to the point that he, as both fully man and fully woman, could integrate a comfort with the recognition that he is both, that we all are, unconsciously speaking, both male and female. Tiresias, despite his physical limitations, was known as the wisest among Greeks. Remember that the Oracle at Delphi had the words “Know Thyself” inscribed above it long before Socrates referenced that saying as the most important to wisdom. Tiresias alone knew himself because he alone embraced his androgynous self. As Buber (1996) noted, we can understand and be fully understood only when we incorporate the other gender.

Clinical Example

Some violent offenders who spend time in prison or jail in California are mandated to a 52-week anger management group. Different topics headline the theme of each week. During a particular week where the discussion was centered on masculinity, I started the group with the story of Tiresias. The story worked well to avoid the error of approach because the group members were afforded the freedom to first laugh at Tiresias being used to do the will of the gods. By following the story with a discussion of how women have masculine sides, the members were able to easily identify masculine traits in some of the women they knew. Eventually, the conversation was transformed to how all men, even them, have feminine traits. One member (who was particularly tough and well respected by other group members) was able to begin addressing his

feminine side. From that, a discussion ensued about the benefits of men embracing their feminine qualities. By the end of the group, each member reported seeing the validity of recognizing his feminine self.

The significance of this discussion was profound in different ways for the group. Many of the men had strong tendencies to objectify women, despite their not liking being objectified themselves (i.e., “He’s just a violent scumbag!”). After an exercise where each member was asked to embrace his own androgyny, the men were able to report a more experiential understanding of what it means to be objectified as a woman. The story of Tiresias functioned as a catalyst for avoiding the error of approach and served as an effective opening to a discussion of the androgynous self.

BE THE COUCH

If a person stands across the room from a cement wall and throws a rubber ball at the wall, the ball will race back toward him or her. In fact, the harder the ball is thrown the faster it returns. If, on the other hand, a person throws the ball across the room into the soft pillows of a couch, the pillows will absorb the energy, and the ball will stay on the couch. To continue to throw the ball, the person will have to walk to the other end of the room, pick up the ball, walk back to where he or she started, and throw it again. Eventually, the person will lose energy from walking across the room to get the ball and will not be able to throw the ball as hard. Over time, the person will lose all energy for throwing the ball and likely give up. If you can learn to be the couch when others initiate arguments with you, eventually, they are likely to lose steam and stop attempting to engage you in something they learn they cannot get you to do. We can become the metaphorical couch when we validate others’ feelings rather than reflect the content or literal words that others are saying.

In my work with men who were convicted of violent crimes, I have found this metaphor to be one that sticks with a majority of them. I have also found this metaphor helpful for people in relationships, for children, and for adolescents. In the language of transactional analysis (see chapter 6), being the cement wall is analogous to being in the critical parent ego state. The critical parent ego state is filled with “shoulds” and “musts” and “have tos”—demands others do not usually like to meet. As two people confront each other in their critical parent ego states, ten-

sions rise and arguments ensue. Two critical parent ego states are like the immovable object versus the unstoppable force. Each is attached to his or her side, and each looks for the other to give in. The argument cannot give way until either one person absorbs the other's side (which usually results in resentment), or until one or both parties take on the adult ego state. When people become the couch, they are acting out of their adult ego state and are more likely to approach the interaction rationally.

Clinical Example

Greg was in his mid-40s. At one point in therapy he reported that he never considered himself to be explosive but found himself fighting with his wife frequently. Even if he didn't feel strongly about an issue, he still reported fighting vehemently with his wife just for "the principle of the thing." Greg talked as though he was a pawn with no input on the situation at home. He would say, "She seems to suck me into an argument somehow, and I end up in a screaming match with her. I don't know how she does it." I offered Greg the analogy of being the couch, and he was, as most people are after they hear the analogy, open to admitting that he definitely tends to be the cement wall, even if he doesn't know why he is.

By starting with this framework, Greg was able to be open to the idea that his wife may tend to argue with him because she does not feel supported in her ideas, that she may want his respect (though she may struggle with how she goes about attempting to obtain that respect), she may not feel heard in their relationship, or maybe she has some resentment about something that occurred earlier on in their relationship that she never had the opportunity or willingness to work through. Greg was also open to the idea that, for his part in their arguments, perhaps he continued to be the cement wall because he was listening only to the content of what his wife said rather than the process of how she said it. He became open to considering that maybe he felt that his wife did not respect him, or that she parented him, rather than treat him as her equal.

As we brainstormed possible reasons for what seemed to drive their interactions, Greg developed a new awareness of how he seemed to just go along as though he was on a conveyer belt through his relationship. He had become complacent with being reactive rather than proactive. Armed with the new tool of "being the couch," Greg became proactive and was able to step back and learn to read the process of how his wife

spoke, rather than go along for the ride on the content of what she said. After 2 weeks of Greg practicing being the couch, his wife agreed to come in for counseling. She “had to see,” she reported, “what Greg was learning to make him so different at home.” He learned how to listen to his wife; they both learned how to express themselves more accurately. I received an email from them 3 years after they had been out of therapy, and the email cited “being the couch” as the single most identifiable turning point for their marriage. Whereas it is an unrealistic goal for couples to believe they will always get along, what is realistic is that couples can learn *how* to disagree with each other and still be okay. “Being the couch” is an analogy that changes how people argue.

PHILEMON AND BAUCIS

Ovid, in the *Metamorphoses*, relates that, once, Zeus decided to travel the land with the messenger god Mercury to find out how hospitable the people on Earth were. Both gods disguised themselves as peasants and went from door to door of hundreds of homes, each time being shunned and turned away. The two gods finally came to a meager home of an older couple, the poorest dwelling they had found. The entrance was so small that they had to bend very low to enter. Once inside, the gods found a clean room, and Philemon welcomed the strangers with open arms as his wife, Baucis (Baw-sis), hustled to make them a meal. “We are very poor,” she said as she was making supper, “but you two are welcome to anything we have. Poverty isn’t so bad when you’re willing to own up to it.”

During the course of eating, Philemon noticed that every time he poured the gods more wine, the main jug would be replenished instantly, and Baucis noticed that even after breaking the bread for them, it remained whole. The two hosts looked at each other in shock, and at that, the two gods revealed themselves. “This wretched country has shown no hospitality to the poor, but you two, having little of your own, welcomed us and gave us half of what you had.” With that, the gods escorted the two outside, and to their amazement, they saw the entire land covered in water. The rest of the country was destroyed. The gods were willing to bestow upon their hosts anything for which they wished. The humble Philemon and Baucis asked only that they get to serve the gods and to please allow them to die at the same time so that neither of them would ever have to be alone. The gods granted their wish, and at

the end of their lives, Philemon and Baucis were transformed into two distinct trees that grew from a single trunk and were, thus, together forever.

The story of Philemon and Baucis is a story from which counselors can learn a great deal. It is a powerful tale in that it addresses the question of how people might act differently if they knew that the divine were among them. The lesson is not limited to the Greeks and seems to have a universal theme. Similar stories appear elsewhere, such as the tale of Abraham welcoming three visitors whom he did not know to represent the divine. Drawing from such universal stories, we can ask how might counselors and therapists treat all clients as though they are potentially divine. The answer can underlie everything from how counselors-in-training approach their studies to how the most seasoned therapists approach their most difficult clients. Both novice and expert counselors can benefit from understanding the lesson from this mythological tale. This is not applicable solely to therapists who also happen to subscribe to a personal faith that acknowledges a divine being within. If the word *divine* gets in the way of understanding the point, then substitute for it with “loved one,” “personal idol,” “hero,” “friend,” “beloved caretaker,” or some other term or concept for which the therapist has respect. Regardless of the term used, the question novice counselors can ask themselves is, “Which client will I one day see whom I do not mind looking in the eyes and saying, ‘I’m sorry, I didn’t read the section in graduate school about how to deal with your problem?’ ” Seasoned therapists can ask themselves, “Which client of mine am I currently seeing whom I believe is not worth my absolute best effort?” If we as counselors and therapists ask ourselves these questions constantly, we are likely to never lack compassion in our approach to clients.

Clinical Example

Lucas was not well liked by others. His teachers despised him, his classmates shunned him, the principal had all but given up on him, and even the school counselor unfortunately referred to him as a “lost cause.” I was called in to work with Lucas; first to observe him in school, and second to work with him in his home environment. Lucas appeared from my observations to be a very angry young man. He was ready to fight others for even glancing at him wrong, and his hostility toward others did not end with students. He would in an instant yell at his teachers, and often when he was sent to the office, he would tell the principal to “go

to hell.” The school counselor’s advice was to seek alternative placement for Lucas.

It seemed, from my inquiries and observations, very true that Lucas was not well liked by anyone. Imagine watching the teachers, principal, or counselor sitting face to face with this “disrespectful troublemaker” as he began to curse and raise his voice at them when they were attempting to help him. How much might therapists be willing to hear from others and observe themselves before concluding that not much hope existed for some people? Without minding the story of Philemon and Baucis, one might be quick to dismiss this particular “case” of Lucas as one with little hope.

In the spirit of the story of Philemon and Baucis, I walked into Lucas’s home to find that he lived with only his mother, and he had never known his father. Lucas’s mother, whose deformed right hand prevented her from reaching out to shake hands, was cognitively low-functioning, and was struggling with the most intense anger I have ever had to encounter. She would scream at Lucas from the moment he walked in the front door until he left the house again. She physically beat him when he was younger, and now at 16, with him twice her size, she psychologically beat him in the worst way. Lucas’s mother would mock him and call him a “bastard,” telling him that while she knew who his father was, she would never tell him. She would mock him for staying inside all day, and at the same time she would ridicule and prevent him from leaving. If 10 on a scale of 1–10 represents screaming loudly and 1 represents a low whisper, the two of them communicated at an 8 or 9 constantly. Their normal conversations were filled with an anger that reflected an apparent hatred for one another. The only language Lucas knew was the language of anger and yelling. How could he have been expected to function “normally” in school when his entire existence outside of school was filled with such animosity? Lucas had a hard outer shell, but deep down inside he was very different.

Over the course of a year, Lucas came to learn that his mother’s style of communication and personality was not the norm. He was able to seriously and profoundly question the things she told him throughout his life. The beauty that was inside Lucas all along began to shine, and he learned to make connections with peers, teachers, and his principal, and even his counselor reported a “big difference” in him (unfortunately, she found a way to write off his changes as most likely “temporary,” but “good enough to have him get by and graduate”). As long as Lucas was looked at as the “ungrateful little punk” that so many viewed him as,

people could establish a reason not to believe in him. Treating every client as though he or she may be divine or house the divine, or house the respect given to a loved one or personal hero, can be an excellent way to view others' phenomenological worlds as they are and avoid categorizing clients. This approach can help counselors and therapists, as it did for early Greek citizens, place significance on treating all people with compassion and respect.

THE GIVING TREE

The following is adapted from the beautiful story *The Giving Tree* by Shel Silverstein (1964).^{*} A long time ago, there was a huge apple tree. A little boy loved to play around it everyday. He climbed to the top of the tree, ate the apples, and would even nap under the shade of the tree. He loved the tree, and the tree loved him. Time went by. The little boy had grown up, and he no longer played around the tree everyday. One day, the boy came back to the tree and saw that the tree looked sad.

"Come and play with me," the tree asked the boy.

"I am no longer a child," the boy replied. "I do not play around trees anymore. I want toys, and I need money to buy them."

"I'm sorry," the tree apologized, "but I don't have any money. But you can pick my apples and sell them so that you can have money."

The boy picked the tree's apples and left happily. He did not come back to the tree for a long time, and the tree was sad. Then one day, the boy returned, and the tree was excited.

"Come and play with me," the tree asked.

"I don't have time to play. I am a man. I have to work for my family. We need a house for shelter," the boy replied.

"I'm sorry," the tree apologized, "but I don't have a house. Oh, but I do have branches! You can chop off my branches and build your house."

So the boy cut all the branches off the tree and left happily. The tree was glad to see the boy happy, but the boy did not return for a very long time. The tree grew sad again.

One day, many years later, the boy returned, and the tree was delighted.

^{*}Adapted with permission from *The Giving Tree* by S. Silverstein, 1964, New York: HarperCollins Children's Books.

“Come and play with me,” the tree encouraged the boy.

“I cannot play,” the boy said, “I am sad and getting old. I want to go sailing to relax myself, but I do not have a boat.”

“You can use my trunk to build your boat,” the tree said with a smile. “You can sail far away and be happy.”

So the boy cut the tree down and went sailing and did not return for many years.

When the boy finally returned, the tree was so happy to see him.

“I’m sorry I do not have any more apples for you to eat, or branches for you to play on,” the tree said.

“It doesn’t matter, I do not have teeth to eat apples, and I am too old to climb branches. I only need a place to rest,” the boy replied.

“Good!” the tree exclaimed. “I know I can help. Please, come sit on what’s left of me and rest.”

The boy sat down on the tree (now a stump) and smiled with tears of appreciation for all the tree had given him.

This moving tale is a beautiful example of unconditional love and acceptance. Counselors and therapists who adopt the tree’s philosophy will avoid the error of judgment. Regardless of the boy’s actions, the tree in this story did not judge the boy, only assessed what he needed. In a similar way, counselors and therapists are called to unconditionally love and accept their clients. When counselors approach clients with compassion, they open doors to clients through which clients can cross and feel accepted for who they are rather than for what they have done. Counselors circumvent the error of judgment when they see people’s actions as separate from their beings.

Critics of Carl Rogers’s (1961) idea of unconditional acceptance believed that unconditional acceptance is not an aspect of the “real world” and only sets clients up for “unrealistic expectations” from others. Whereas this book is predicated on a different philosophy from those critics, proponents of a “realistic” and judgmental approach to clients are just as valid as those who assume a nonjudgmental stance. No single, “correct” way to counsel exists. I have included such stories as *Amphitryon* and *Alcmena* and *The Giving Tree* in this chapter because experience has taught me that creating a loving, accepting, and unconditional environment in counseling sessions has helped many clients open up where they otherwise might have been closed off. When clients believe their counselors only conditionally accept them, they are likely to hold fast to their defense mechanisms.

4

Creative Therapy

COUNSELING WITH IMPACT

Creative counseling is, as its name implies, a unique approach to therapy. Since the day Alfred Adler turned his chair to face his patients, counseling moved from expert-unequipped to one of a relationship. A counseling relationship does not involve a hierarchical structure, so counselors and clients can work together to develop personalized solutions that clients can implement. Though hierarchies are not present in counseling relationships, it is important to note that *power differentials* innately exist simply in the concept that one party is approaching the other in need of support. Counselors and therapists must be mindful of such power differentials, neither ignoring them nor making them out to be more than they are. Counselors who are not cognizant of the inherent power that exists are likely to move along the slippery slope of unethical behavior. Creativity is not license to set aside fundamental ethical principles.

Whereas traditional talk therapy is limited in the ways it can impact clients, creative therapy is not. With creative approaches to therapeutic interactions, counselors have a great deal of freedom to both phrase and demonstrate techniques in ways that meet clients where they are. Genuinely creative approaches to therapy are unique to individual counselors and therapists, but systematic approaches to creative counseling do exist

that teach counselors and therapists *how* to be more creative in their sessions. One such systematic approach to creative counseling and therapy is Ed Jacobs's (1994) *Impact Therapy*.

The goal of Jacobs's Impact Therapy is to infuse energy into counseling sessions. By considering multisensory learning styles, Jacobs founded a creative approach to therapy that meets clients where they are and actively helps them achieve an understanding of their present conditions. Jacobs found that people wanted therapy to be more proactive, and the more active role he took, the more people were drawn to his approach. He discovered that by making the counseling process engaging and significant, he could expedite awareness in clients. The underlying assumptions of Impact Therapy are that counseling is a dynamic, interactive, and creative process (Jacobs, 1994). In practice, impact therapists often connect a problem or situation to a physical prop or action that clarifies the situation to clients.

For counseling to be dynamic, interactive, and creative, therapists have to be ready to meet clients where they are and go into every counseling session prepared to use whatever sensory approach works best for clients. In other words, whereas some clients are auditory or visual learners, still others are tactile learners, and most people are either a combination or experiential learners. Therefore, impact therapists are prepared to write things down for visual learners, say them clearly in different ways for auditory learners, hand tactile learners physical props to illustrate points, and role-play with experiential learners. Therapists purporting to use impactful techniques look to explain concepts to clients by whatever means necessary.

The techniques in this chapter are rooted in creative and active approaches to counseling. Some of these techniques come directly from Impact Therapy, but the majority of them are techniques I was able to develop once I learned how to think creatively in sessions. My hope is that counselors and psychotherapists not only use the techniques presented in this chapter, but also consider how their own creativity can flourish in counseling sessions (based on a clear understanding of their own theoretical orientations). Knowing theoretical orientations well enhances how creative counselors can be, because counselors who know their theoretical orientation inside and out usually have a greater understanding of the goals of the therapy, and therefore, can be more flexible in how they deliver the information to clients. It is imperative for novice counselors and therapists to learn theory well, and then, as they gain experience, integrate themselves fully into their practices by drawing

on their experiences. As the popular dictum in our field goes: When therapists start out, they cannot afford to be eclectic, but as they progress into the field, they cannot afford not to be. Impact Therapy provides counselors with a solid foundation for putting theory into practice and because it is rooted in creativity, Jacobs's theory helps counselors develop solid platforms from which they are free to develop their own styles of counseling.

Impact Therapy is a combination of Rational Emotive Behavior Therapy (REBT), transactional analysis, Gestalt, and Adlerian principles. Jacobs (1992) described the integration of these theories as technical eclecticism, reserving the term *eclectic*, or *cop-out eclectic*, for those who know very little about theory but still attempt to draw from several. A principle of advanced therapy and counseling is to integrate as much knowledge as possible in the therapeutic work. As Jung (1958) noted, by delving into clients' phenomenological worlds, experienced therapists can almost create a new theory with each client. The point is that with more information and experience, therapists can learn to draw on the world around them to use almost any resource available to help their clients gain awareness and insight into solutions for their angst.

LIVE VIDEO GAME

Many adolescents struggle with following rules; they believe rules are unnecessary and cannot see the benefit of having rules and regulations, or as they say in their own words, "rules are stupid." People who wish to get along in society are subjected to rules, however, because the alternative to having rules is anarchy. Instead of fighting the system, adolescents can learn to get along in places that have a lot of rules (e.g., school, sports) and, by doing so, find more success than not. Playing video games is important in many young people's lives, and creative therapy calls for implementing techniques that are significant, interesting, and relevant. When therapists have 5–10 pieces of paper that they can crumple up in their office, they have the means to become a "live video game" with pre-adolescents, or anyone else who might benefit from this technique.

A young man named Dwight did not like the rules at the school he attended (and in so expressing, he joined nearly all other adolescents with the same sentiment). To complicate matters, Dwight quickly told me that he did not like counselors, and he certainly did not like me. Nondefensively, I simply asked him what he does like. "Video games,"

he replied, “and you don’t look like a video game to me.” I told him that was a good point and asked him who made him come see me; he said his mom and the school, basically because he does not like adults “telling him what to do.” I turned away from him and started looking through papers on my desk. Though I was not watching his face, I know he was bewildered at what I might be doing because he started to say something else, but I was intentionally showing him that I also held no particular love for rules (in this case, rules of the present social interaction). I found some papers, pretended to look them over seriously (even though I could tell at a glance they were not important) and then crumpled them with obvious apathy to whatever their content might be. After I had five waded pieces of paper, I turned back to Dwight.

“What do you like about video games?” I asked.

“Beating them,” he replied.

“Is it fun for you to play them once you know how to beat them easily, or do you like it better when you first get the games and have to figure out the games?” I asked. Dwight replied that he likes best to figure out the game. So I told him that he was wrong about me, that I *am* a video game, and he is in the middle of a game right now. I put some markers on the mantle of the fireplace in my office and told him that I wanted to see if he could get the markers without getting hit by one of my pieces of paper. He was excited to prove I could not hit him with one of the papers if he did not want me to.

“One last thing,” I said, “I’m going to throw these in the same spot every time.” With that, I wound up and threw the first wad of paper, which hit him in the arm.

I asked, “Do you want to try again?”

“Yes,” Dwight replied.

So I reminded him, “Remember, I’m going to throw these in the same spot every time,” and wound up and threw the first wad of paper directly at him, except this time, he moved quickly out of the way. I missed him on the next throw, but got him on the third. He wanted to try again. This time I got him on the fourth throw. The last time, he was able to get the markers.

We processed what just happened (Dwight was very open to talking at this point, as he had let down his guard very far to engage in the live video game). I asked him why he could not make it to the markers the first time. He said because he did not know the rules. I asked how he ended up beating the game. He responded that he won because he knew what was coming. I was then able to link what he just said to his prob-

lems in school. Dwight did not know the rules at school, and needed to find them out so he could beat the game. In this case, the game was acknowledging the school had rules, obstacles just like in his video games, and once he learned how to handle them, he would have much more success. Communicating through physical action helped Dwight come to a better understanding of what he needed to do to be more successful in school. Dwight not only turned things around for himself at school, but he also frequently requested that we play similar awareness games during our sessions, for most of which he was able to articulate the lesson of the activities before I prompted him. Creatively active therapy, in this instance, was the key to a young man not only participating in therapy, but also finding success in it.

THE CONTINUUM

Despite the fact that unconditionally accepting others is not equivalent to condoning their actions, counseling violent offenders and sexual offenders is often challenging for many therapists. Oftentimes counselors are able to implement unconditional positive regard for clients who make mistakes similar to their own but struggle with accepting those who perform heinous acts of violence or violate others. Many professionals who work with clients who have hurt others seem to believe that they are in some way justified in making the error of judgment with them (see chapter 1). Judgment impairs assessment, however, and judgmental therapists are much less likely to be viewed as “accepting” by their clients than their nonjudgmental counterparts.

As long as therapists view those who commit horrific crimes as objects (e.g., “He’s a monster,” “She’s inhuman,” “He’s a psychopath,” etc.), they will not allow themselves to believe that they themselves are capable of the same actions. Experience, cognitive functioning, belief systems, shaping, time, opportunity, and life circumstances may significantly decrease the likelihood that every person will do the extreme types of things that everyone else has ever done (from healing others to committing murder); however, that does not preclude the capability that all people have to do so. Regardless of whether or not people *would* do it, every human being has the potential of committing every deed (whether loving or hurtful) that every other human being has ever committed. People, of course, may disagree (it is much safer to believe that a saint created a miracle or a monster murdered another than it is

to believe that both acts were done by a person like you or me), but the danger in counselors not buying into the assumption that all people have the potential to do all things that have ever been done by others is that they are likely to objectify others rather than reach out to them.

If therapists can learn to avoid the error of judgment and take measures to assess situations rather than judge clients, they will likely be more open to evaluating how they use violence and aggression in their own lives. It is important for therapists to assess rather than judge clients because clients who feel judged are much less likely to open up. Creating a safe environment for clients to expose their hidden worlds is significant for developing an advanced therapeutic relationship. Assessment is done through genuine inquisitiveness on the counselor's part; judgment is conveyed when the counselor determines the client to be good or bad based on his behavior.

The word *violence* means swift or intense force; *aggression* means overt or innately expressed hostility. It seems that most if not all people have acted with swift or intense force (perhaps swatting at a fly) and have overtly expressed hostility (conceivably even with silence). Whereas some expressions of violence and aggression are more harmful to others, violence and aggression can include spanking children, sarcasm, manipulating a partner with the silent treatment, yelling, pushing, hitting, kicking, punching, choking, and many other forms. All people who are unaware of the violence they exude in their own lives are likely to push the proverbial envelope of violence in their own ways. Awareness of our levels of violence can serve to slow down the progression of violence or aggression in our lives.

Clinical Example

October is Domestic Violence Awareness Month in the United States. In places such as South Lake Tahoe, California, making communities aware of the phenomena of domestic violence and aggression entails displaying life-size wooden cutouts of victims who have died as a result of domestic violence. In an anger-management group for men who were convicted of crimes of domestic violence, I took the opportunity to display these cutouts. The men's reactions to seeing the life-size cutouts was, at first, contemptuous, but after applying Yield Theory to meet them where they were (i.e., accept how they responded without defensiveness or judgment), they reacted in a different manner. The contemptuous reactions occurred, from what they reported, for two main reasons: First, the men

saw the exercise as one that was “just out to make men look bad,” and because none of the men in the group committed murder, they saw the exercise as just “lumping us into the category with those monsters who killed their women so people can keep seeing us (men convicted of violent crimes) how they want to see us.” Second, the men were defensive about any public awareness activities put on by women’s groups because they viewed women’s groups as “man-haters who just want to see the world rid of men.” Through Yield Theory and by metaphorically standing aside as they expressed those views, the men reported that they believed that I heard them as a group, and once that happened, they were open to what was presented next.

I turned all of the life-size wooden cutouts (representing all the victims who died in South Lake Tahoe as a result of domestic violence) so that they were facing the group. I asked the men to approach each cutout and read what was written on the plaques that were in the center of the bodies. I then placed a wooden cutout of a female victim who died after having been stabbed 46 times at one end of the room. I walked over and stood at the opposite end of the room and said the following:

We are all on a continuum. All people are on a continuum of human potential, including a continuum of violence. The potential to perform every horrific act others do is inside all of us. As long as you see the men who killed these women as monsters, you do not have to assess where you are on your own continuum of violence. The continuum of violence on one end (getting up and walking to one side of the room) consists of passive aggression and things like manipulating others with silent treatment, and it moves a bit farther to yelling (I literally stepped farther along the continuum as I talked), and farther still toward putting the other person down and objectifying her or him. The next step on the continuum may be a push or a shove, then a push or a shove down a flight of stairs, then the continuum escalates to punching or kicking someone else, then it moves to hitting someone with an object. Finally, you may find yourself on the other end of the continuum stabbing someone 46 times. Then one day, in your jail cell, alone and with your head down, you wonder how it ever got that far; until you finally face that the truth is, it got that far because you never took the time to become aware of where you were on the continuum, because if you had, you would have been able to step back and say, “What am I doing? This isn’t where I truly want to be.” As long as you see those who escalate violence to murder as “monsters” you will never take the time to recognize you, me, and every other person on the planet is on the same continuum; we are all just at different places on it at different times. By recognizing

where you are on the continuum, you will be able to have the chance to choose to step back and make a change.

The men in the group overwhelmingly reported that this particular group experience as a whole was the most powerful for them. Several of them welled up with tears. One man confessed that he continues to push the envelope constantly on his own continuum of violence, and it hurt for him to realize that he does. He reported that had he not looked at his violence as a continuum, he would have likely continued to push farther and farther along it. It is human nature to push the proverbial envelope. The idea of it being human nature to push the envelope can be seen in modern films. Sequels to blockbuster movies tend to include more deaths, more explosions, more blood, and overall more violence than their prequels. If we have “already seen it,” then we are likely not to return for more. If, however, we are going to see more the next time, it is our nature to be intrigued. Likewise, if we are passively aggressive with our loved ones to attempt to make a point to them (perhaps because we do not feel understood), then the next time we need to make a point and passive aggression does not bring us success or even as much success as we hoped for in the disagreement, then we are likely to push along farther on the continuum.

One way to use creativity as the counselor is to stand up and walk across the room as you describe the continuum. The simple physical movement of going from one end of the continuum to the other has a powerful impact on clients. Having clients actually stand along the continuum and describe where they are standing can be even more impactful. By placing themselves on the continuum, clients gain an experiential understanding of the reality of their actions. By having clients stand in the spot where they would place themselves, therapists can challenge their location on the continuum with information they have, and they can invite clients to move back down the continuum in the other direction (toward more peaceful interactions).

The continuum is a powerful technique, and it should not be undertaken without practice. One can practice this technique by using lighter subjects than violence. For example, after explaining the stages of change (see chapter 1), counselors can have their clients stand up and place themselves where they believe they are in regard to their readiness for change. Jacobs (1992) described using a similar technique with Maslow’s hierarchy of needs. It is probably psychologically easier to illustrate Maslow’s hierarchy of needs as a continuum than it is to

illustrate subjects such as trauma and violence on a continuum. For example, a counselor could title five different pieces of paper: (1) “Basic Needs,” (2) “Safety and Security,” (3) “Love and Belonging,” (4) “Esteem Needs,” and (5) “Self-Actualization.” The counselor could spread out the papers in order (hence a continuum) and have clients discuss where they think they are primarily living and how they can move up toward self-actualization. For example, a woman in an abusive relationship is likely primarily living in the “Safety and Security” realm, and having her stand on that piece of paper can make that realization more significant for her. By using the continuum for Maslow’s hierarchy, counselors can creatively demonstrate to clients where they are currently and to where they need to move to change their situations. Whatever the topic, therapists should be prepared for the potential intensity with which clients sometimes show when they engage in techniques such as the continuum.

MIMICKING THE PROBLEM

Studies on constructivist and experiential pedagogies have demonstrated the age-old adage that people are more likely to learn from experience than from textbooks. Effective teachers know learning by experience can be accomplished in classrooms, and the same is true for what counselors can do in therapy sessions. What occurs between therapists and clients translates into interactions outside the sessions. This is called *parallel process*, and it is true for both clients and therapists. For example, a supervisee of mine once began to discuss how boring her therapy session was. Although she did not realize it, as she described her client, the cadence of her speech became much slower than usual, and her body movements seemed to be in slow motion. I stopped her to ask if she realized what was happening, and I used an overly exaggerated slow voice to do so. Other than recognizing that I was exaggerating my speech, she reported having no idea what was happening. When I pointed out that she appeared to be mirroring the client she was describing, she acknowledged emphatically that she was but insisted that it must have been unconscious. She was correct: It *was* unconscious. What happens between counselors and their clients is likely to be paralleled between counselors and their supervisors. Likewise, what happens between clients and their therapists is likely to be paralleled between clients and those with whom they interact outside their sessions.

The technique of mimicking the problem is based on two assumptions. One assumption is that clients will learn a technique more effectively when they experience it rather than when they hear about it, and the second assumption is that what is experienced between client and counselor will be translated between or among the client and others. This technique is advanced because mimicking what someone is doing can be viewed culturally as rude or even as “mocking.” Mimicking someone in therapy, however, is far from rude, and it can produce an experiential impetus for parallel processing. In the preceding example with my supervisee, for instance, combining humor and exaggeration with mimicking what she was doing provided a memorable experience to which she would return time and again to recognize the impact of her clients on her.

Clinical Example

Wendy was 16 years old when her mother brought her in for therapy. Her mom was concerned about her self-esteem; my concern was that she was not able to be assertive with others, including her mother, because she reported always feeling intimidated by others. As the case with many who struggle with lower self-esteem, Wendy had no resistance to my confronting her. In fact, she was quick to get into her hurt child ego state and admit to being wrong. The stronger our rapport was, the more comfortable Wendy got with confronting me in a playful way. When I saw her gain confidence in confrontation, I believed it was time to attempt to spark a morphogenesis (i.e., help initiate a change from the inside out).

I told Wendy that I had to get my car fixed (which I did) and added that I was nervous to ask the men who were going to repair it some basic questions about the condition of my car. Wendy was quick to tell me to just ask them, but I insisted car repairmen were somehow scary to me because I do not know anything about cars. She insisted that it did not matter if I knew about cars, I knew a lot about a lot of things, and I “shouldn’t be worried.” I responded that it did not matter that I was good at other things because I could end up looking very stupid in this instance. Wendy became animated as she said (at what seemed to be a defining moment for her), “You can’t let people intimidate you just because you might not know the answer! That’s so stupid! Who cares if someone knows something? Good for them, so they know how to fix cars! So what? You won’t know until you ask.” I smiled at her, and I did

not need to respond. She caught herself. In that instance Wendy experienced a cathartic release.

Wendy essentially arrived at her own solution to the problem of her low self-esteem by dealing with a mirror image of her problem. With the awareness she gained from her experience as being the person to bolster someone else's esteem, she began to pursue a path that eventually led to her being more confident in who she is. When the timing is right, mimicking the problem can spark a profound change in others because it affords them the opportunity to view their own lives from a perspective outside the confines of their problems.

EXACERBATING THE PROBLEM

Advanced therapists who are aware of the significance of avoiding the error of language may, at times, consciously choose to make the error. Therapists utilizing paradoxical techniques often intentionally elicit the fight or flight response of their clients. Specifically, paradoxical intention is a technique whereby therapists ask clients to exaggerate their symptoms. The technique is advanced because asking people to do more of the unhealthy things they are doing can pose a risk. For example, consider a person who went to her doctor and asked for advice on how to quit smoking. Imagine her doctor telling her to chain smoke all day, even when she wants to quit or do something else. The paradoxical technique is to tell a person asking how to cease a behavior that she should not only continue the behavior, but also indulge in it well beyond any desire she has to do so. The intention of the doctor in this example is to make the patient so sick of smoking that her overindulgence will become the impetus for her quitting. Paradoxical techniques must be used with caution because even the most experienced therapist would not risk telling an alcoholic to drink or a self-mutilator to cut. Paradoxical techniques for the most part, like all other methods, should be discussed with a supervisor before and after they are implemented.

Assertiveness training is one area where using the paradoxical technique of exacerbating the problem is relatively benign but still must be well thought-out. Counselors working with clients who are struggling to be assertive may choose to intentionally make the error of language with the hope of eliciting the fight response. Oftentimes, when people are told (and their experiences confirm) that their voice is not worth being heard, they begin to believe it. The belief that what one has to say is not

as valuable as what others say contributes to a lack of assertiveness. The therapy office is a great place to work on assertiveness training because it provides a safe environment in which clients' fight responses can be evoked. The following clinical example illustrates the use of paradoxical intention by exacerbating her problem with assertiveness.

Clinical Example

A 53-year-old woman once described her inability to be assertive as annoying and very frustrating to her, and she wished she could change. I asked her to please stop what she was saying because I wanted to know what made her pick that chair to sit on when I had others in my office. She said she liked it, and it was comfortable. I replied that I did not want her to sit there anymore and asked her to get up and switch to a less comfortable chair. She did. The moment she sat down I asked, "What just happened?"

"You told me to move," she said.

"But," I replied, "you said you were comfortable and liked that chair."

She said, "But you told me to move," and from there we were able to begin a discussion on how I would like her to feel comfortable enough with me to be able to say "no" to anything I request from her if she wants.

Throughout that session she moved from her chair three more times at my request, until finally she was able to say, "No." I praised her ability to say "no," processed how it felt to do so, what it took for her to say "no," and how she could generalize her newfound ability to say "no" to others to whom she really wanted to say "no." She was able to come up with one person (her sister) and two scenarios she wanted to practice. We role-played both several times until she felt confident she could be more assertive in both instances. She reported the following week feeling great because she was able to follow through and now believed she would be able to maintain this change since she was gaining more confidence by the day.

PUPPET WORLD

Brian had been in and out of the county jail. He was quick to react to others and fought at even the hint of a wrong glance. I asked him to de-

scribe what types of things made him most angry. He said he “can’t stand to be disrespected, and will break someone” if he is. We talked about the various ways others showed him disrespect. People could say something about his masculinity, tell him he wasn’t good at something, or even look at him in a way that he thought was degrading, and he would be quick to throw a punch. I asked him in a very gentle and respectful voice, “Wow, what’s it like for everyone to control your life but you?”

He was defensive in his response to the question, but my tone of voice seemed to exemplify complete acceptance of who he was, so he wasn’t quite ready to punch me yet, which gave me time to explain.

“It seems to me,” I replied, “that anyone who wants to make you happy just says nice things to you, and anyone who wants you to get in trouble just has to say something negative, and you’ll do the exact trick that he/she wants. If I represent all those other people, what I think you’ve told me is that you are a lot like this puppet [holding the puppet in front of me]. If I want you to be happy, I say how great you are and you get happy [I swing the puppet to one side], and if I want you to be angry and get in trouble, I just say the words, and you do exactly what I want [I swing the puppet to the other side]. What’s almost worse,” I continued, “is that I don’t even have to say words to control you, all I have to do, from what you said, is look at you and I can make you do whatever I want. How does that feel?”

Of course, looking at his life from the perspective of being a puppet was not easy for this man with explosive tendencies, so I validated that it didn’t feel good and helped him see he can regain control of his life by no longer being the puppet. He was up for that. I saw him for six more months before I moved out of state; he did not get in trouble once during that time, and what is more, he did not get into one fight. For Brian, this was the right time to experience this technique. His behavior was about control. When he physically observed that his behavior was demonstrating that he, in fact, had no control at the time, he was ready to gain the control he sought.

SCALING

Scaling is one of the easiest and most helpful self-ranking instruments therapists can use. It consists of simply having clients rate themselves on a scale of 1–10. Scaling can be used in many ways to gauge where a person is in regard to a myriad of issues. The measurement is subjective,

and where a person ranks herself is unimportant; what matters is what the number the person chooses *means* to her and what she believes she has to do to move the number up or down on the scale. Furthermore, by using scaling as a technique, empirical evidence is created (e.g., client reports wanting to go from an 8 to a 6 this week in regard to yelling less).

Some important tips are helpful for using scaling as a technique. It seems, for instance, to be significant to make the range on the scale go from one extreme to another, forcing a person to choose something between the scale's ends. Counselors have studied hard to understand the difference between extreme language and what can be healthy language, so taking advantage of that knowledge is important. By using extreme language on the ends of the scale, counselors essentially set-up clients to pick something in the middle; as long as a number between 1–10 is chosen, areas to improve exist. For example, "Let's say 10 means your spouse is the perfect mate and never messes up at all, and 1 represents the worst spouse on the planet: someone who never listens to you or never does anything you want. Where would you rank your spouse right now?"

Scaling other people sets up teaching clients to align their expectations with reality. When people align their expectations with reality, they are let down much less frequently (see "Snakes Are Snakes" in chapter 3). There seem to be many situations where scaling is appropriate and effective. Scaling is an excellent tool to use with resistant or mandated clients. Working with clients mandated to be in counseling is difficult, especially when they are resistant to being in sessions that they believe to be unnecessary. Imagine starting off a session with a resistant or mandated client as follows:

Counselor: Are you happy?

Client: What do you mean?

Counselor: How about if I ask you that on a scale of 1–10? Let's say that 10 represents that your life is absolutely perfect; it is exactly the way you want it to be in every aspect, and 1 represents just a horrible life where things are really unbearable. Where would you rank your life right now?

Consider approaching a student, who after some Socratic dialogue reports he wants to get better at doing homework because he is tired of losing privileges, in the following way:

Counselor: On a scale of 1–10, 10 being that you do every ounce of your homework every night and always study for all your tests, and 1 is you never do any homework and never study for any tests, where would you rank yourself right now?

Client: I guess a 4.

Counselor: What does a 4 look like?

Client: I try to do my homework, but I get distracted. I usually end up texting (on the phone) or surfing (on the Internet).

Counselor: Ok, so you want to improve on that 4. What do you want to take it up to?

Client: 9 or 10, I guess.

Counselor: You know what? That's a lot of pressure on you. How about instead of taking it all the way up to a 9 or 10, you just work on taking it up 2 notches? Okay, so how about this week we agree that you try to take that 4 to a 6?

Client: That sounds better.

Counselor: All right, so what will that 6 look like this week?

Client: Maybe I can turn my phone off when I sit down to do my homework.

Counselor: That sounds awesome. Would turning your computer off too while you're doing your homework take it up to a 6?

Client: Yeah, I could do that.

Counselor: This is strictly for you so you can get yourself out of being in trouble, so let me know: Is that reasonable to turn off your computer, too?

Client: Yeah, I definitely can.

Counselor: Okay, so right now you sound like you're in great shape because you don't have to add any more time to the time you are spending on homework. All you have to do differently is change the piece about your phone and computer. Does that sound like something you want to do this week?

Client: Definitely.

The odds are in favor of this client following through because he was not asked to do something unreasonable. Viewing this in regard to the stages of change can be helpful. This client seemed to be in *contemplation*, and taking him to the *preparation* stage was more reasonable and effective than attempting to get him to the *action* phase (meaning that 9 or 10). Because this was a transcript of session with a client, we actually know that not only did he follow through with taking his homework from

a 4 to a 6 that week, but within 5 weeks, he turned around his entire academic career. (He is in college at the time of the publication of this book.)

Scaling in Marriage Counseling

In every couples counseling situation, counselors can present a scale to the clients and have them rank themselves and each other. It seems to be wise to have the clients write down the number they are thinking, so the person who is asked second does not have the opportunity to change his or her number according to what the first person reported. When counselors find a discrepancy between what the clients say about each other, the incongruity provides excellent material from which to work. For example, if a couple is asked to write down on a piece of paper where they would rank their sex life on a scale of 1–10, with 10 representing a completely fulfilling sex life and 1 representing a complete lack of sexual contact, and one partner answers “8” while the other partner answers “4,” then a therapist can respond with, “What do you think makes you two see your sex life differently?” Scaling, then, offers a wonderful starting point from which counselors can work with their clients to decrease the discrepancy between what clients believe and what is actually experienced.

Consider the following three examples of how to use scaling questions to start off counseling sessions with couples:

Counselor: Here are two blank index cards, one for each of you. On each card are two blank lines followed by empty boxes. I want the two of you to rank each other on a scale of perfection. On this scale, 10 would represent the perfect mate, a person who does everything right, and 1 would represent the imperfect mate, a person who does nothing right. Now, consider your partner, and write down your name on one line and your partner’s name on the other, followed by a number in the box that you believe applies to each of you in your relationship. Remember, you are ranking you and your partner on this relationship scale.

The preceding is a rather complete and formal way of introducing people to scaling. Given the specific circumstances of a session and the makeup of the clients, a counselor should feel free to make a briefer—or longer—explanation of the ranking procedure. A briefer introduction

to scaling from the counselor could be: “If 10 were to represent a perfect mate, someone who does absolutely everything right, and 1 were to represent someone who does absolutely nothing for the other person, doesn’t even look at the other person right, then where would you honestly rank yourselves in this relationship?”

Counselor: How committed are you to each other? On a scale of commitment from 1 to 10, if 10 is you two are absolutely committed to each other, and 1 is you really don’t want to be with each other at all, where would you rank yourselves? How would you rank each other?

Counselor: I want to find out how much you two believe you do for each other on a scale of 1–10. If 10 means the other person does everything you ask for, and 1 means the other person doesn’t do anything for you, where would you rank each other?

In each of the preceding examples, once clients rank themselves, valuable follow-up questions can be, “What does that (number) look like to you?” and “What do you think you can do to take it up a couple notches this week?” It is important to remember to encourage clients to attempt to move up only one or two notches on their subjective scale. By encouraging small changes, therapists are more likely to have clients follow through with the assignment. Also, if clients choose not to work on what they reported wanting to change, they tend to experience less guilt by admitting, “I didn’t work on taking up two notches,” because counselors can come back with, “Hey that’s okay, you’re only two notches away from where you wanted to be this week anyway; that’s very doable.”

Scaling can be done in a myriad of ways and with just about every client around at least some issue. Keep in mind that it is irrelevant what number clients use to rank themselves; the only thing that matters is what that number means to them. Be prepared to ask clients what the number they chose means to them. For example, a client once ranked himself as a “9” on a scale of 1–10 regarding his ability to communicate effectively with his wife. At first glance, it would seem that he believed he didn’t need much improvement, but when asked what that number means to him, he reported saying that he hoped to get his number up to a 9.1 for the following week, and maybe by the end of 12 weeks he would be able “to be steadily around 9.8.” The “9” did not indicate that

he believed he was communicating well; it actually meant he had a long way to go. Therefore, it is important to ask clients what the number they chose to rank themselves means to them.

As was noted previously, the astute therapist will use extreme values on both ends of the proposed scale, forcing the clients to choose a number that will set the stage for possible movement in therapy. Using scaling techniques effectively can alter the way counselors approach mandated clients. Resistance can be averted when counselors find out what is important to their clients. When people are mandated to counseling, they often have negative perceptions (and probably justifiably so based on their experiences) of both the counseling process and the counselor's intentions. I have seen several therapists unsuccessfully attempt to use scaling with mandated clients because they failed to use extremes on either end of the scale. Thus, their clients will respond that their lives are a "10" just to give the counselor nowhere to go. Therefore, a great opening for scaling with mandated clients, especially for the incarcerated populations, including adolescents in residential facilities, is to assign the following representation to the number 10: "Let's say 10 represents that your life is going exactly the way you want, including having the complete freedom to do whatever you want, and one represents . . ." By incorporating "complete freedom" clients are usually motivated to rank themselves lower than "10."

HOW TO INTERNALLY MOTIVATE ANYONE

One day a man came home from work, put his feet up on his coffee table, and was about to relax when he was disturbed by children banging and kicking garbage cans outside his apartment. He was too tired to get up and say anything, and this banging went on for hours. Every day, these children would come back and bang on the garbage cans for hours. The noise was driving the man wild, so he thought of an idea. He remembered taking a psych 101 course in college and remembered a bit about shaping behavior.

He walked out front and gathered the children together. He said, "I have a job for you all. You see, I really need you to come here after school every day and bang on these garbage cans for a half an hour, and when you're finished, I will pay you each two dollars a day to do so." Well, the children were as happy as could be! They already came and banged on the garbage cans, and now they were going to be paid for it!

They excitedly came everyday and banged the garbage cans for a half an hour. When the time was up, they stopped, collected their money, and went home. A few days went by, and the man came out to them and said, “Look gentlemen, you are doing a great job, and I appreciate what you’re doing for me, however, they are killing me at work, and now I can afford to pay you only one dollar each instead of two. I still need you to come here everyday and bang on the garbage cans and make noise, I just can only afford a dollar.” Well the children began to groan, “One dollar? That is half of what we were getting before! I’m not going the full half hour if I’m only getting half the money!” they complained.

After a couple more days went by, the man came out to see the children again and said, “Listen, you guys are doing me a favor, I want to hear some good noise, but I’m struggling at work, the boss is cutting back, and I can only afford to give you 50 cents each. I want you guys to come here everyday and bang on these garbage cans for a half hour, and I’ll give each of you 50 cents.” This time the boys’ moans and groans were even louder. “This sucks! I can’t believe we were getting two dollars for doing this, and now we’re only gonna get 50 cents.” And so the boys came everyday after school and banged the garbage cans, but this time they did so with much less gusto.

Finally, after just 2 more days, the man came out with his head held low, “I’m sorry gentlemen, I am really taking a hit at work. I more than appreciate your coming out here every day and making all this noise, but now I can only afford to give you a quarter each. So you guys come here every day, bang on the garbage cans for a half hour, and I’ll give you a quarter each.” Well, the boys were outraged, “I’m not doing this for a stupid quarter!” said one boy. “I say we all just quit!” said another boy. And that is exactly what they did.

The hard-working man in the story, who did not want to hear the noise anyway, smiled. By using external motivation to reinforce innate behavior, he was able to shape the boys’ behavior to where, when he took the external motivation (money) away, so, too, went the desire to perform the behavior. External motivation might be great in a pinch—it is definitely a helpful way to shape behavior in the short term—but in the long term, over 50 years of research has demonstrated that internal motivation lasts longer than external motivation. How then, can internal motivation be sparked?

Deci and Ryan (1985) outlined a simple, yet highly effective, three-step model for internally motivating others. The three-step model is one of the easiest to learn, but it takes great practice and discipline

to implement consistently. It is recommended that counselors practice what they preach, so using this model in everyday life can significantly augment counselors' ability to implement it in sessions. The three steps are: (1) Acknowledge feelings, (2) Explore options, and (3) Respect individuals' autonomy.

The first step is to acknowledge what another is feeling. Acknowledgment, of course, is more than simply reflecting the feeling presented. For actual acknowledgment to occur, counselors have to find a virtual way to enter their clients' phenomenological worlds. This means not just walking in others' proverbial shoes, but visualizing living fully as the client, complete with cognitive functioning, emotional range, and life experiences. To imagine such is to essentially eliminate judgment. Yield Theory (see chapter 1) fits ideally with the first step of internal motivation. When people genuinely feel validated they tend to drop their defenses. Completely circumventing another's fight or flight response is an effective gateway to helping them with the second step of this model. For example, when an 11-year-old young man says he hates doing homework and it is a "stupid waste of time," instead of bombarding him with why homework may be helpful for him, an effective acknowledgment of his feelings (albeit fairly colloquial) might be, "Yeah, homework does suck. I know I hardly ever liked doing it. Why do you think teachers make you do homework anyway?" It is important to know that conveying this reaction must be done genuinely and in a tone that is in no way belittling or robotic. In other words, it is not wise to address clients in a way that suggests what you say comes from a textbook.

When people are not defensive, they are open to listening. After validating the person whom you are attempting to motivate internally, the second step is to help the person think of alternatives to the situation. To say that at this step counselors should "provide options" is to neglect clients' autonomy. It is more helpful, therefore, to have clients attempt to come up with as many alternatives as possible. In the example from the previous paragraph, the client was set up for coming up with options by the question, "Why do you think teachers make you do homework anyway?" From this question, *whatever* answer the client gives should be accepted as a reason teachers give homework. For example, if the client responds, "Because they hate kids and want them to be miserable," then the therapist can reply (following this model of internal motivation) with, "Yeah, definitely, that could be a possibility. Maybe some of them *do* hate kids." In other words, yielding fully with the client on his re-

sponse validates where he currently is in regard to what he believes and feels about teachers and homework.

As counselors move from step one to step two of this model, they will move from acknowledging the clients' feelings to helping clients explore their options with the situation. In this example, the options are for the client to not do his homework, do part of his homework, do all of his homework, do part or all of it and not turn it in, or do part or all of his homework and turn it in. There are probably myriad other options he could choose as well. If clients are completely stuck and cannot come up with any options for themselves, counselors can help them "discover" more options. It is important, however, that the answers not just be given to clients but rather *discovered* with clients. For example, instead of saying, "You could do your homework, that could be an option," counselors might say, "What do you think about doing your homework even though you hate it? Could that be an option?" Novice counselors usually do not see much of a difference between the two ways of phrasing a similar thought; however, a closer look reveals the first way of phrasing the statement denies client autonomy, whereas the second way of phrasing the option is one which considers the client's opinion of the option and largely puts the credit for the idea with the client.

The third step to internally motivating others is likely the most important one: Fully respect the choice they make. In this example, if the young man chooses to not do homework, that *is* an option. It may not be the option for which his parents and teachers had hoped, but it is an option. Remember that internal motivation is *internal*, not external. Too often, coercion occurs when we hope others will act a certain way. Too often we praise the choice we hoped for and condemn, even silently with our disappointed facial expressions, the choices of which we do not approve. To fully accept people as they are is ideal and achievable. (Of course it is understood that fully accepting others is completely independent of condoning their actions.) To fully accept another's choices is powerful, as is having your own choices be accepted by another. In an interesting truism of human behavior, the more we completely accept others, the more likely they are to be open to what we have to say. The more we choose not to accept others, the more we are likely to elicit their fight or flight response and the more resistant they are to our suggestions. To internally motivate others then, listen to them, really hear them, and validate what they are experiencing, then facilitate their discovering options to their situation. Finally, respect that people have complete freedom to choose whatever they want.

THE ESSENTIAL TIME MANAGEMENT CHART

Ten-year-old Matthew was brought into counseling because his parents reported his grades were not “very good.” They reported that Matthew usually comes home from school and procrastinates. His procrastination leads to family conflict and usually ends up with him being grounded (which typically consists of taking away his video games); this, his parents explained, “almost always” leads to a bigger conflict.

Countless successful approaches can be used in working with people in this situation. The Essential Time Management Chart (Figure 4.1) is one approach that has been successfully implemented because it provides a way for the client to envision in a concrete way the circumstances, behaviors, and consequences of a cyclical problem. The premise behind the Essential Time Management Chart is if people can visually recognize a clear difference between two paths, they are much more likely to choose the more attractive path. The goal, then, is to create a visual tool demonstrating two distinctly different paths germane to the client’s problems.

Counselor: So let me get this straight: Your homework should take you about an hour a night?

Client: Yeah.

Counselor: But right now you’re on punishment and not allowed to play your Play Station™ because you wouldn’t do your homework the other night?

Client: Yeah, that’s right.

Counselor: So take a look at this (I drew the Essential Time Management Chart on a wipe board). It seems to me, if I’m hearing you correctly, that (pointing to the left side of the chart) the first thing that happens when you come home is that your parents ask you what homework you have, then you seem to tell them, but seem to have a tendency to start complaining. As you complain for a while, that seems to delay you doing your homework. Then your parents get mad, and the arguing and fighting starts. Once that happens, they start yelling, and you keep yelling because you really don’t want to do your homework, then they end up taking away Play Station (or something else) from you—now it’s the end of the day, your homework’s still not done, you’re grounded for a couple days, and everyone in your house is upset. Is that pretty much what happens?

Essential Time Management

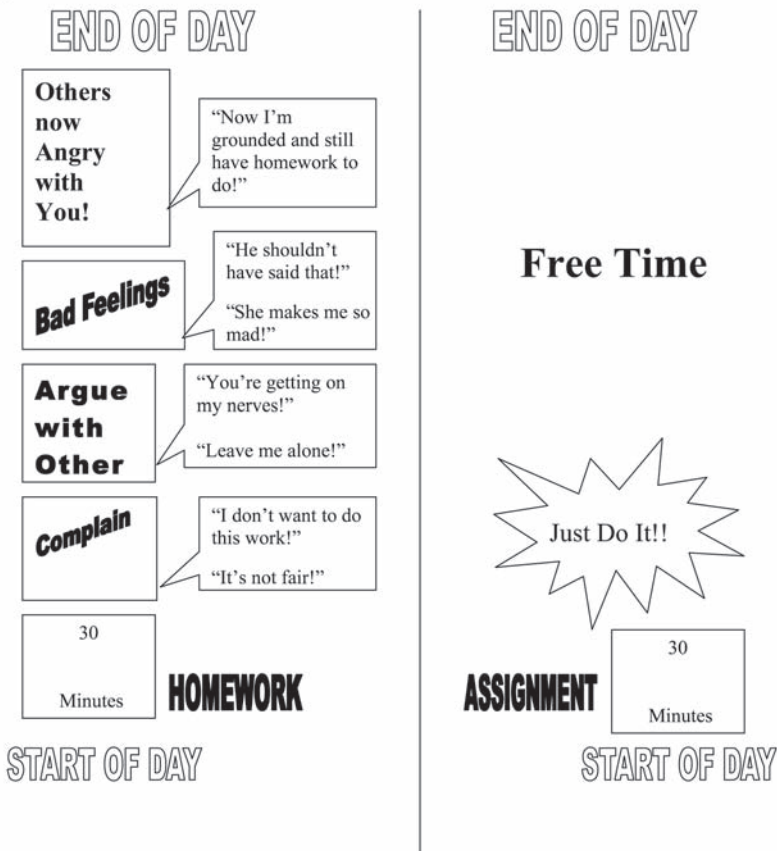


Figure 4.1 Essential Time Management Chart.

Client: Yeah (smiling with his head down), I guess that's exactly what happens.

Counselor: Okay . . . well guess what? We can fix that. What's the Nike™ shoe slogan?

Client: "Just do it."™

Counselor: (I wrote "Just do it" above the 1-hour block on the right side of the chart) Okay, so let's say that you come home from school tomorrow and decide to do the "Just do it" slogan. So you come home, you have an hour's worth of homework, and instead of complaining, fighting, getting grounded or anything else, you just come home, sit

down and do your homework right away. How might your parents feel about that?

Client: They'd have a heart attack. (Laughing)

Counselor: They'd be pretty happy, huh? (Smiling)

Client: Yeah.

Counselor: So then you would have all this free time (pointing to the chart) to do whatever you want, your parents would be happy, you'd have your work done, so you'd be happy. It seems like a pretty good choice you'd be making.

Client: Yeah, I could do that.

Counselor: I mean, essentially, I'm hearing that your homework basically has been taking you three days to complete (including grounding for three days), there have been a whole bunch of bad feelings in your house, and no one seems to be happy, all just because of this stupid homework (using his language). So, instead of letting this homework take over your entire life, how about you grab it by the horns and consider the "Just do it" side of the chart?

Client: Yeah, I can definitely do that.

Some things to consider when drawing the Essential Time Management Chart are to make the left side as visibly messy as possible (this helps the left side represent the chaotic side). Conversely, on the right side of the chart, try to keep space as empty as possible. With these two tips in mind, it helps a client who looks at the chart get a visual of a chaotic versus peaceful side. The tendency is for clients to overwhelmingly choose the right or "Just do it" side.

This technique can be helpful for children and adolescents for sure, but it is certainly not limited to that population. It can be an excellent tool to use with anyone who procrastinates. The premise is to put however long the task will take the person in the boxes at the bottom, then demonstrate two sides, one being the side that shows the person how long the task will take if it's put off, including the consequences of it being put off, and the other side demonstrating what it might look like to "just do the task" without complaining or putting the task off.

THE PUSH-BUTTON TECHNIQUE

Imagine a large box with two big red buttons on top of it. Imagine walking up to the box and realizing that if you push the button on the left, your

life will take a certain direction; however, if you push the other button, your life will go in a completely different direction. Imagine you have a conscious choice to reach up and push whichever button you want to push. Imagine now, that this large box (through modern technology) has now been condensed into a cell phone/iPod-sized gadget that you could carry with you always. Finally, imagine that before every single choice you make, you would have to pull out this device and consciously choose to press the button corresponding to the choice you are about to make.

Harold Mosak (1985) created the push-button technique in 1985. The technique itself is simple; it is predicated on the fundamental assumption that we choose everything we do in life. Despite criticisms to this assumption, choosing everything we do does not mean we choose everything that is done to us. Adler used this technique to help people see the amount of control they actually have over a situation. The following example describes the use of this technique, combined with internal motivation, the Essential Time Management Chart, and scaling. The result consistently seems to be an extremely effective way to motivate others.

Clinical Example

Jim was an adolescent who was not very fond of cleaning his room. While Jim was certainly not unique in his aversion to cleaning his room, his situation was relatively exceptional in that his new foster parents would tend to follow through with the consequences they promised. Typically, Jim's consequence was that he was not able to play the video games he loved. Once that consequence was issued, Jim would throw a tantrum that lasted hours. He often was grounded for at least 3 days as soon as he started screaming and throwing tantrums; whereas, if he were to be timed cleaning his room, it usually took about 20 minutes.

First, I introduced Jim to the Essential Time Management Chart, only needing to replace the word "homework" in the chart above with the words "clean my room." Next, I implemented the push-button technique by simply drawing two buttons on the back of my business card (when clients are younger, I often draw a sad face for one button and a happy face for the other button; see Figure 4.2). The back of a business card can be a useful place on which to draw the two buttons because it is small enough for young people to carry in their pockets. The following straightforward instructions were given to Jim after he was able to grasp the Essential Time Management Chart:



Figure 4.2 Push-button technique.

Counselor: I'm going to give you a special card with two very important buttons on it. What is so special about this card is that the buttons on the back really do work. What I want you to do is take this card out when you get home and your mom asks you to clean your room. If you are feeling like you really want to be grounded and you really want to lose playing video games because you just don't feel like playing them, then I want you to push the button on the right (pointing to the sad face button). Then, after you push the button I want you to start complaining and refusing to clean your room. If you can, after you push the button, I even want you to throw yourself on the floor. NOW, if you decide that you want to just clean your room in 20 minutes then have a great night with everyone *and* get to play video games, then I want you to push the button on the left (pointing to the happy face button). But remember, you are in complete control of whether or not you feel like being grounded or whether or not you want to play video games. All you have to do is push the button you want to come true.

The push-button technique is extraordinarily effective. It has been very beneficial for countless clients. The technique is simple, and it provides a tangible aspect to making choices. Children and adolescents I have worked with report they carry the card with them to school, and some will report physically taking the card out in their hand when they are about to make a decision. Others report just tapping the pocket in which they keep the card. Either way, consciously carrying around a card with the two buttons on it seems to be a great reminder to young people

(and all people alike) that they can have a conscious say about everything they choose to do.

TROUBLE IN AN ENVELOPE

The “trouble in an envelope” technique provides a psychological savings account where people can store what they do not want to think about until a later date. This technique works well with athletes or people who need to put their problems on “hold” for a period of time. The technique consists of simply writing one’s problems down and putting them in an envelope, and keeping that envelope in a drawer in your office until the person returns, with the ideal goal that she would not think about the problem until she returned to your office. If we took this approach with all problems we would run the serious risk of facilitating avoidance rather than dealing with the issues, so keep in mind this technique has its place. An advantage to using this technique is it seems to help people realize they can take a break from dwelling on the same problems about which they usually think. Once people experience a break from thinking about their problem, they can come back to it with a fresh perspective.

Clinical Example

Pamela was a collegiate swimmer at a major university. She needed help focusing she said, because the conference championships were this week, and she had not been able to concentrate well all semester. The previous year had brought more turmoil for her than she ever experienced. She no longer had the same group of friends, she was not doing well in her major classes, her boyfriend broke up with her, and she was getting used to regular heated arguments with her mother. For Pamela, that was a lot to have going on at once. What we know about the state of flow or “being in the zone” is that athletes do not “think” about their great performances, they just perform from muscle memory (Csikszentmihalyi, 1990). We also know that thoughts (whether negative or positive) have a physiological effect on the body. As long as any of those negative, troubling thoughts entered Pamela’s mind when she got on the blocks, she would not swim as fast as if those things were not on her mind.

After discussing the power of thoughts and the detriment of negative thinking, I pulled out a manila envelope. As I reviewed what problems

were on Pamela's mind, I wrote each one down. I handed the paper to Pamela and had her put the paper in the envelope. "Here's what I'm going to do for you Pamela," I said. "I am going to keep your problems locked in my desk drawer, and I will give them to you when you get back from your conference championships. How does that sound?" Pamela, like many people are, was more than happy to leave her problems in my office.

I think it is an important symbolic gesture to let clients participate in this exercise by having them place the paper with their problems on it into the envelope. I thought it was also important in this situation to let Pamela know that I was not "taking" her problems from her and that she was welcome to come back in anytime before the trip to get the problems back if she wanted. She also was free to wait and pick them up when she got back from the trip. Either way, the agreement was that she would not spend time thinking about any of those problems on her trip. If the problems came up, she was to just accept that they came up, and then let them go knowing they were safe in my drawer and that she could get them back whenever she wanted. Pamela helped her team bring back a conference championship, and she had a very different perspective of facing her problems when she returned.

This technique can be very helpful if a client has been spending too much time thinking about a problem to the neglect of everyday functioning. Being involved in something makes it feel overwhelming, whereas sometimes getting a break from a problem makes it seem much more manageable. My experience with this technique at the extremes vacillates from having one client report that the exercise was enough of a catalyst to help her stop thinking about her problem altogether and one client who reported not even remembering we did the exercise.

JEALOUSY AS AN UGLY FLOWER

Angie had been dating Dwight for 9 years at the time she came in for counseling. Her relationship was on the rocks due to constant fighting. Angie admitted she started most of their fights. She also reported that she "tends to get jealous," which, when described, encompassed things such as hitting Dwight if he talked to any other females. In fact, she would often pull his hair if he even looked in the direction of other females. So with their relationship in danger of ending, a powerfully illustrative technique was needed to demonstrate to Angie the damage she

was doing to her relationship. The result is what I call the “ugly flower” technique.

After drawing two simple flowers on a dry-erase board, I asked Angie if she could discern the difference between the two. “Not really,” was her answer. That is how it often is with how women see men. Many beautiful women exist whom men are attracted to at first glance. The difference, however, lies on what is inside. “Imagine your boyfriend Dwight isn’t in this relationship with you, and in fact, doesn’t know you at all. Imagine further that he sees you and another woman side by side. Like these two flowers (pointing to the board), he may think, ‘here are two very lovely women.’ But then you would say, ‘Don’t you dare look at anyone else’ ” (with a marker, scratch over one of the petals—as in Figure 4.3).

“Then, I think I also heard you say you pull his hair when he looks at other women, so now we can take out this petal, too (scratch out a second petal). And also I think I remember you saying that you physically ‘hit’ Dwight too, am I correct in remembering you saying that?”

“Yes,” Angie replied, “but he is way bigger than I am, and I don’t think I hurt him.”

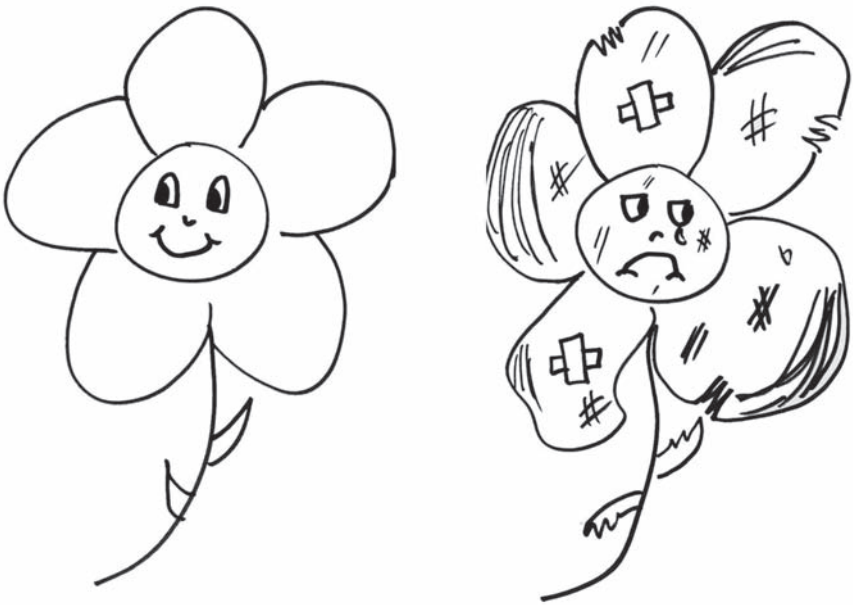


Figure 4.3 Jealousy as an ugly flower.

“Well, I don’t imagine that he is enjoying you hitting him, so now we can scratch out this third petal,” I replied, “and I am imagining when you are hitting him you are not smiling, so I’m just going to add this mean face to this flower. Now look at these two flowers. If you were Dwight and you had the option to choose between one of these two flowers, which one would you pick?”

With this quick and simply drawn illustration, the effects of Angie’s jealous behavior became powerfully evident. She decided, after what seemed to be a cathartic release of energy in her present realization, that she was ready to work hard to not demonstrate her jealousy again. This technique did not “take away” her jealousy, but it did significantly lessen her jealousy, and it allowed her to not physically act out on it. With her relationship in a better place, we were then able to explore the roots of her jealousy and attack it from its core.

PAST, PRESENT, FUTURE

A general (albeit purely anecdotal) rule is that people who are depressed spend a great deal of time living in (or more accurately, focusing on) the past, while those struggling with anxiety tend to live in or focus on the future; the happiest people, it is often said, live in the present moment. With this in mind, therapists would benefit greatly from finding ways to have their clients stay focused on the present moment. The “past, present, future” technique is a paradoxical exercise geared toward helping people live in the present moment.

Past, present, future can be done effectively with a chair. The idea is to have one part of the room represent the past, have the opposite part of the room represent the future, and have the immediate space around the chair represent the present. The counselor can face the chair toward the wall that represents the past and ask the client to sit in it. Once the client sits in the chair, the counselor can stand behind her near the wall that represents the future. From the wall representing the future, the counselor can describe the types of things that are currently going on in the client’s life and describe some possible future things that might go on in the client’s life. The natural tendency is for the client to turn in her chair to face the counselor as he is talking, however, it is important for the counselor to invite the client to remain facing the wall that represents her past. The idea is to convey to the client that she is not only missing what might come in the future, but also missing what

is occurring in the present moment because she is constantly living in the past.

The paradoxical aspect to this technique is to invite clients to spend some time performing past, present, future at home. Counselors can invite them to set a timer for about 20 minutes; during that time, they should face the wall that they dub to be the past. The idea is to contain the thoughts to a limited amount of time. If, for instance, a client reports not being able to get particular negative thoughts out of his head “all day,” then by containing his negative thoughts to 20 minutes provides him some containment of his thoughts. This exercise also forces clients to face the thoughts they are experiencing, and it helps them not resist the thoughts. It is important to *invite* clients to do the technique instead of *telling them* or even suggesting to them to do it. An invitation is open, and clients have an out if they do not believe the technique will be helpful, or if they do not want to do it.

Clinical Example 1

Betsy was 17 years old when she first came to see me. She reported spending the last 3 years in therapy. I asked her what she had gained from those years in therapy, to which she was not able to articulate much. She reported being depressed, so I asked her where she thought her depression originated.

Counselor: If you could remember the turning point in your life that shifted the direction your life took, what would it be?

Client: I know what it was (she said without hesitation). When I was 13 years old, I really liked school. My teacher was very nice to me. She even brought cookies from her house to give to me before. Until what happened with the brown jacket, I liked everybody else too.

Counselor: What happened with the brown jacket?

Client: Well, I was friends with Shelly, and she had a new brown jacket that everybody liked, and one day somebody stole it. Mrs. Smith asked me if I knew anything about it because I was the last one out of the room on Friday, and I told her I didn't because I didn't. Then she didn't believe me and I was so angry! I didn't take that jacket, I didn't even like it! Anyway, I get so mad when I think about it, and I still think about it all the time. Even when other kids are mean to me now, I still think about how things would have been different if Mrs. Smith wouldn't have accused me.

Counselor: She really let you down, didn't she?

Client: (nods her head yes)

Counselor: It hurt to know she didn't trust you. Even though it seems as though this happened four years ago, it still seems to be something that is on your mind.

Client: It is always on my mind. If I'm not thinking about that I'm thinking about my friend who was mean.

We explored whether or not she could talk to either her former teacher or her friend, or even if it was something about which she might like to get some resolution or closure. She said it was not possible to see either of them again because she had moved and did not have access to get back to see her teacher, and her friend had moved out of state. She reported that she spends "pretty much all day thinking about" those things. Once we established that her living in the past was interfering with her current relationships, I attempted to use the past, present, future technique with her.

Counselor: (Pulling a chair out to the middle of the floor and facing the east wall—representing the past): Let's say that I want to head in the opposite direction (pointing behind me), what might the first step be that I need to take?

Client: You'd need to turn around.

Counselor: Right, as long as I'm facing this direction it is going to be hard to move that way. (Standing up, I turned my chair in the opposite direction.) Now let's say that I have a big party that is going to happen right here (pointing to the chair I am sitting in—representing the present moment), but I am standing over here (I get up and walk toward the west wall—representing the future). Will I be able to enjoy the party if I am way over here?

Client: No because the party is back there.

Counselor: Exactly! If I spend a whole lot of time over here (moves toward the east wall or "the past") thinking about the past, then I am not going to be able to think about the present. Or, if I spend a whole lot of time over here (moves toward the west wall or "the future") then I am not going to be able to enjoy the present because I'll be too far off in the future. Does that make sense?

Client: Yes.

Counselor: What makes sense about it? (Checking for understanding)

Client: When I am thinking about the past I am sad, and when I worry about the future I am anxious like you said.

Counselor: And where are you happiest?

Client: In the present.

Counselor: Okay, I would like to invite you to try something tonight when you go home. Do you think you might be up for that?

Client: Maybe, it depends what it is.

Counselor: Okay. What I am going to invite you to do is to sit in a chair at home and face a wall you really don't like, maybe one with a garbage can against it. I would invite you to set a timer for 20 minutes, and for 20 minutes I want you to try to focus only on the past. If any good thoughts come into your head, I'd like you to discard them and just keep thinking about those two negative memories. Then, when the timer goes off, get up and go about your day, knowing that you do not have to spend time thinking about either one of those instances, because you'll know that you can think about them the next day for another 20 minutes.

Client: Okay, I can do that.

Clinical Example 2

Sharon was diagnosed with cancer shortly after her son was born. She spent the first 8 months of his life in and out (mostly in) of a hospital. She came to counseling because she was depressed. She had a difficult time letting go of the guilt from not being there for her son for the first 8 months of his life. I talked to her about the importance of living in the present moment. We discussed how much current time she was missing with her son because of her guilt. She would spend the day depressed and regretful, and while he was tugging on her leg to play with him, she would find herself lost in thought about the time she could not be there for him.

I described the past, present, future technique with her and invited her to consider doing the exercise at home that week. She liked the idea of condensing the time she spent dwelling on the past to 20 minutes, then spending the rest of the day attempting to be fully present with her son. When Sharon returned the following week I asked her if she had an opportunity to try the past, present, future technique at home. She emphatically said, "No!" When I asked her what happened, she said she set up a chair in her kitchen facing her garbage can, she set the microwave timer to 20 minutes, and just before she sat down she said to herself, "What the hell am I doing?" and put the chair back with a resounding determination that she would not waste another second of her present moment living in the past. She reported having the best

week she had in years after that. She not only reported not experiencing depression again over the next 8 months (during which I saw her once or twice a month regarding issues with her husband), her scores on the Beck Depression Inventory demonstrated that she was no longer experiencing depression at all. The past, present, future technique was enough at least for Sharon to spark a catharsis and rid herself of living in the past.

WANT-AD

People create personal ads for newspapers so others can get a glimpse of them. Personal ads provide a few details about a person that allow others to get some sense of who they are. Relationships can bring out the best and worst in both parties, and oftentimes people do not realize how they consistently talk about their partners. The technique of writing a personal ad for a client's partner based on how the client has described him or her can be an eye-opening experience for the client.

Clinical Example

Client: My boyfriend's a jerk.

Counselor: What keeps you with him?

Client: I don't know, I guess it's fine.

Counselor: Let me give you an idea of what I've heard you say since you started talking about it. You say he doesn't listen to you. He puts you down. He calls you names. He lies to you constantly, and if I'm remembering correctly, you say you don't have fun with him at all. Am I accurate with those things?

Client: Yes.

Counselor: So if you were to be looking through the personal ads in the newspaper, you might find something like this (writes on a dry-erase board):

Single Male

Likes to laugh and have fun
 Enjoys good conversation
 Looking for someone to
 share life with

Single Male

Will ignore you/put you down
 Will call you names/doesn't like fun
 Looking for someone to lie to

Counselor: Now the one on the right is whom you have been describing to me. Is that whom you are really looking for?

Client: (Laughing) No. But when you see it like that it makes me want to stop staying with him.

Counselor: Is this some fancy trick I'm drawing or does this seem to be accurate to you?

Client: No, it's true.

The great part about this technique is that it is simple, and it provides a metaphor that can be referred to time and again throughout the therapeutic process. Just as it is easier to step back and see what others are doing when we are not involved, so it is with clients who are provided the atmosphere to step outside their stories and look at themselves or their situations from an outsider's perspective. Writing a personal ad for the person the client is describing is a great way to spark awareness.

THE SCREEN

Frustration coupled with the inability to regulate self-control is the recipe for saying hurtful things. For better or worse, frustration is a part of human nature; what is unfortunate, however, is that so many struggle with the ability to control their impulses; therefore, people often say mean and hurtful things to others. Most unfortunately, children are oftentimes at the receiving end of hurtful words. Jacobs (1992) developed a technique that can be helpful for children who are constantly bombarded with verbal abuse. The "screen" technique is an effective way to have clients understand that they have an ability to filter what they take in.

Clinical Example

Counselor: So when your dad says those things to you it hurts a lot . . . Let me ask you something, what is a screen used for?

Client: To keep stuff out?

Counselor: Yes, absolutely a screen keeps stuff out. But what kind of stuff does it keep out?

Client: Bugs, I don't know . . . birds, I guess whatever you don't want in your house.

Counselor: Exactly! What it sounds like you need is a screen to hold up when your dad talks, because sometimes he says some pretty nice

things to you, but other times he really seems to be out of control and says some things that are pretty hurtful (hands the client a screen). You know I once heard that when people say nice things they come in small words, and when we say mean things they come in big words. That means a screen can be a great way to let in the good things people tell you but block out the bad things they say. So if you're up for it, let's practice me saying some things to you and you holding up the screen, and let's see how you do.

Client: Ok.

In a situation like this, I recommend starting off by complimenting the client to show him or her that a screen can be more helpful than something solid because we do not want to miss out on the good things people say (as Jacobs [1992] noted, sometimes a shield is what the client needs, as she may be surrounded by family or others who only say negative things to her). Once counselors practice saying positive things with their clients that they want their clients to let in through the screen, they can move to practicing saying negative things to them. The tone of the counselor's voice is crucial in an exercise like this. As counselors begin to practice saying negative things to clients while they are holding up the screen, they may want to start off saying absurd comments rather than ones that hit home. Consider the following example:

Counselor: Okay, now I am going to say some not nice things, and I want you to see if you can block them out, okay? "Hey, you look like a pink dinosaur!" Now show me if that statement got through to you or if it was blocked out by the screen.

Client: (Smiling) I blocked it out.

Counselor: Okay great. Now I'll say, "You are like a snow cone that is the wrong flavor!" Where did that one go?

Client: (Smiling) I don't even know what that means, so it hit the screen and fell to the floor.

Counselor: (Now with the client in a different state of mind, i.e., more relaxed, laughing, etc., it seems to be a good time to associate the ability to block out statements with some of the hurtful things his father says.) All right, now I will say, "You are the reason your mom and I always fight." Are you able to block that one out with the screen?

By beginning with statements that are easy for clients to digest, the error of language is avoided, and clients are often open to moving on to

more difficult topics for which they may desperately need a psychological shield. With children, making the exercise fun seems to make it more meaningful for them, hence the reason for the absurd names in the previous example. At any point, therapists must be willing to drop the physical aspect to the exercise and focus on the issue if that is what the client is expressing. Remember, this and other exercises are intended to bring awareness to clients, so once awareness is sparked, less emphasis can be on the technique and more on the issue at hand.

FREE PASS

Sometimes people want a free pass to not have to change, and that is exactly what this technique does. The human spirit does not seem to want to be contained by rules. Our fight or flight responses are often elicited when we are told what to do. The crux of counseling and therapy is effective communication, not just dialogue between two or more people. Effective communication entails finding ways for others to hear what we are saying. People are more likely to follow through with ideas that they believe to be their own. Common sense and experience tells us that people are often resistant to others telling them what to do. Conversely, some clients very much want to be told what to do so they can eschew their responsibility for changing (i.e., when clients are told what to do and things do not work out, they can simply put the responsibility for their angst on their counselor; hence, the ethical reasons counselors tend not to give advice). When people do want to be told what to do they are acting from their egos rather than their true selves (see chapter 5). Counselors and therapists are mindful that clients do not want to be told what to do as they respect clients' autonomy, or their right to make their own choices.

Coupled with the general idea that people do not like to be told what to do is the idea that people tend to feel guilty when they do not follow through with something with which they said they would. For example, sometimes people are given homework assignments in therapy and, for one reason or another, fail to follow through with even trying to do the homework. Then, in the next session, there can be a very awkward moment when the therapist asks about the homework. A danger exists in questioning clients as to whether they followed through with what they said they would because clients are then subjected to perceiving themselves to be in a pejorative relationship rather than an unconditional one.

Clinical Example

Jonathon was angry with his parents for bringing him in to see a counselor. He did not believe he was “crazy” and saw no need to be there. His parents were interested in me motivating him to do more homework, increase his grades, and solidify his desire to “make something of himself.” I am only interested, however, in motivating people to listen to their true selves, so I explored with Jonathon what he really wanted. It turned out that he very much wanted to go to college after high school, but he remained unmotivated to do homework because, as he reported, he saw no “immediate incentive” to do his homework. Also, he reported it was difficult for him to tell his parents that he wanted to go to college because he felt they “shove it down my throat too much,” and he would somehow be giving in to them if he acquiesced. He was clear in my office that he very much wanted to go to college, however, he just didn’t know what he could do to get there now.

I started off using the Essential Time Management Chart to illustrate how he appears to be spending his time. Next, I used the push-button technique to facilitate his choosing either side of the chart (to complain, argue, fight, etc., and get in trouble, or to “just do it” and enjoy free time and good feelings). While Jonathon reported that he in fact was “the one on the left” in regard to the Essential Time Management Chart (i.e., he creates his own misery through complaining, antagonizing, and procrastinating), I still had to be mindful that he mostly chose not to admit that he wanted to go to college because he did not want his parents to “win.” Therefore, the free pass technique seemed to be a logical conclusion to the session.

Jonathon reported he sometimes does not do his homework because he believes he “never gets a break.” The timing was right to use the free pass technique, so I wrote the words “Free Pass” on a Post-it™ note and handed it to him. I told him that I was writing him a free pass for him to forget everything we worked on, and if he wanted, he could come back next week and give me this free pass saying that he didn’t think about anything we talked about and that he didn’t do any of the homework he agreed to do; and all of that would be completely okay. “Really?” he replied, seemingly shocked. “Absolutely,” I said. “You have enough pressure on you, so you don’t need to worry about remembering all this stuff, too.”

Writing a free pass to forget about everything discussed in therapy is advantageous for several reasons. One reason is that clients are afforded

an “out” to not do the exercise asked of them. Providing clients an “out” is an excellent way to gauge where they are regarding three things: their readiness for change, their commitment to and/or belief in their therapist’s ideas, and the legitimacy or goodness-of-fit of the ideas themselves. Obviously, if clients return the following week having done the homework asked of them and report on the usefulness of the assignment, they are much more likely to be in the preparation or action phase of change rather than the precontemplation or contemplation stage. By doing the homework asked of them, clients demonstrate a further commitment to the therapeutic process (by showing their therapists they are thinking of the process outside of time spent in the therapeutic setting). Clients returning the following week who chose not to attempt the homework assigned may be sending the therapist a different message other than they are not committed to change. While clients who choose not to work on assignments outside of the therapeutic setting may not quite be in a stage of change that denotes action, therapists must also consider that clients may not agree with the exercise or find the exercise potentially beneficial for them. Every technique and homework assignment does not work with every client.

Whatever the reasons for noncompliance with homework assignments, it seems most effective to be nonjudgmental. When judgments get in the way, counselors have difficulty accurately assessing either their clients or the situation. By being nonjudgmental, counselors are able to re-evaluate what outside assignments may work best for the client. One nuance to consider when assigning tasks to clients is the tendency for people to perform the social nicety of nodding “yes” despite not agreeing. To counter clients acquiescing too quickly, and thus increasing their likelihood of not following through, it seems effective to question the legitimacy of your own idea after the client has agreed to do it. This works well when counselors sense any hesitancy on the part of clients. By questioning their own ideas, therapists preemptively address the willingness and likelihood clients will follow through. Then again, a safety net is to give clients a free pass at the end of the session.

ROLE-PLAYS

This is not your practice life, but counseling and psychotherapy can provide formats in which practicing life can take place. My father’s advice to me on my wedding day was, “What you prepare for will not be a

problem.” Similar words were written by the poet A. E. Housman (1966) in “Terence, This Is Stupid Stuff”: “I’d face it (life) as a wise man would and prepare for ill and not for good” (p. 163). By anticipating potentially volatile or even angst-provoking situations, clients can learn how to initiate more effective approaches. Role-playing is a pragmatic technique that can allow for both clients and counselors to creatively discuss how to handle upcoming situations.

How many of us have walked away from a life situation and wished we could have the opportunity to do it over again? In life, once experiences are over and we are armed with the knowledge of how *not* to handle them, we often yearn for the opportunity to re-experience them. When therapists role-play with clients, clients are given the opportunity to practice life in a safe environment, with the freedom to be ineffective without guilt or regret for what they say or do. They have the opportunity to practice not only what they want to say in upcoming interactions but also how they want to say it. Using role-plays as a therapeutic technique is thus an extremely effective exercise.

Clinical Example

Kerry believed her best friend Tia possibly called her boyfriend the night before he broke up with her. She believed Tia told her boyfriend myriad things that were not true about her, and she wanted to approach Tia about it. As close as the two were, and as much as Kerry liked Tia, she did not trust her and wanted to find out if Tia was trustworthy. Kerry believed Tia would get angry with her if she accused her of talking to her boyfriend, but she also reported not being able to sleep until she found out if Tia was the one who said those things to her boyfriend.

Kerry was open to role-playing how she would approach Tia. I invited her to be Tia while I took on the role of Kerry. I like to invite clients to take on the role of the other person at first for two reasons. One reason is so they have an opportunity to see how they might come across, and the other is so they augment their understanding of the other’s perspective. In the first brief role-play, my reaction to Tia was to be straightforward and elicit her fight or flight response, that is, I took on the role that Kerry described wanting to approach Tia with later that day. Kerry (in the role of Tia) was visibly defensive, and she was quick to become belligerent. As her affect elevated, I stopped the role-play and asked her how she thought that approach might work. She was quick to say it would not likely work.

“The good news,” I said, “is that was just practice, and thankfully you didn’t approach her like that.”

“I know,” she responded, “that definitely wouldn’t have worked!”

“Okay,” I replied. “Let’s try it again. This time, I will play you, but I will approach it the way I might.”

As the role-play is approached the second time, I try my best to circumvent the other person’s fight or flight response. I take on a much more inquisitive role. For example, in this situation, I said something to the effect of, “Hey Tia, I’m really hurting since John broke up with me. I’m just struggling with why he would say all those things about me that weren’t true. I don’t know where he got what he said. When you talked to him last, did he seem like he thought all that stuff?” As I said these opening lines, Kerry reported that she liked that approach much better. By inquiring as to what he was like when she (Tia) last talked to him, I was working from the assumption that she did in fact talk to him, but the softness in the language would be difficult to interpret as accusatory.

Oftentimes, clients report being able to follow through with at least some of the positive aspects of the role-plays. Think of the number of potentially hostile situations that can be averted by practicing ahead of time how to handle them. Of course, minding the error of omnipotence, counselors would do well to respect the willingness and ability of clients to actually follow-through with the role-play the way it turned out in the therapy office.

THE USE OF CHAIRS

Chairs can be extraordinarily powerful tools in role-plays for counselors. Chairs can provide physical size to psychological constructs. Psychological constructs can seem overwhelming. When therapists ask clients how big anxiety is, the answer they are likely to receive is something akin to “enormous.” Because constructs such as emotions feel so overwhelming, anytime counselors can use physical representations of the emotion being experienced or the client’s emotional self, clients will likely gain at least some relief on a subconscious level (i.e., the chair used to represent anxiety is now a finite size and able to be left behind as the client leaves the office). Using chairs is an effective way to illustrate ideas.

It is said by many people that articulated ideas, whether spoken or written, become crystallized, and the solidification of them makes them

come alive. Emily Dickinson (2002) immortalized this idea in her poem, “A Word”:

*A word is dead when it is said some say,
I say, it just begins to live that day. (p. 154)*

Chairs can be extremely powerful agents of change for people when counselors use them as benign tools for helping people crystallize ideas. For example, think of a client who is battling making a decision. By simply pointing to two chairs on either side of her, she is able to see that both decisions can be concrete options. This, of course, is only slightly more of a visual aid than saying, “On one hand you can choose this decision, and on the other hand you can choose that decision.” This metaphor can be taken a step further by inviting the client to get into each chair and feel what it is like to actually be making both decisions. From one chair, the client can discuss what it feels like to be certain she is making the first decision. She can discuss what she projects it might feel like to actually be making the decision, then the same chair can be a literal metaphor from which she can discuss what it felt like to make that decision (weeks, months, or years from making the decision) with the therapist’s intentionality being to open her client to the experience of looking back on the decision.

Once the client has role-played fully experiencing the first decision, she can then move to the other chair and repeat the same steps: see herself deciding to make the second decision, see herself making the second decision, and see herself looking back on having made the second decision. Once she has experienced both decisions, she will have at least a broader perspective on her options. Chairs cannot save people from going through the pain of life, but they can be used to make decision making clearer, and they can help clients effectively experience multiple choices.

Counselors can build on using chairs as concrete metaphors by becoming creative with what they title different chairs. For example, chairs could be titled according to the ego states of transactional analysis, the ideal self/real self of Rogerian therapy, the wise mind/emotional mind of Dialectical Behavior Therapy, the pros and cons of maternal wisdom, or in countless other creative ways. Perhaps the theory most associated with chair work is Gestalt therapy and the emphasis on the empty chair technique (see chapter 6). Having clients move from one chair to another in a session not only keeps the session active but also helps make the session experiential.

Clinical Example 1: Chair as an Emotional State

Counselor: Let's say that this chair represents your anxiety about speaking to the entire class. I want to invite you to sit in this Anxiety chair, and talk to yourself about why you are there. For instance, you might start by saying, "I am your anxiety, and I am here to give you this message . . ."

Client: Ok, I am your anxiety and I am here to tell you that you better prepare for this speech instead of trying to wing it because you failed to prepare again.

Counselor: Wow, that's a pretty important message your anxiety wants you to have. What do you think you might do with that?

Clinical Example 2: Chair as a Person in the Client's Life

Counselor: Let's say that this chair represents your father, how do you think you might start telling him all these insights you've come to?

Client: I don't know.

Counselor: I believe you, but this is a safe environment, and there is no wrong way to start off in here, so let me hear you start off however it comes to mind.

Client (to the empty chair): This is going to sound pretty stupid to you, but I want to tell you some stuff.

Counselor: Excellent (encouraging the client that any answer that came to mind really would be a good starting point). How did that feel?

Client: Pretty artificial.

Counselor: Okay, but you got the first attempt out of the way, now we can get down to you trying it again. Let's skip the beginning this time and just get to the meat of what you want to say. In fact, if you don't mind, I'd like to invite you to start off in the middle of the sentence, "and I also want to tell you . . ."

Client: Okay. (Turning toward the empty chair.) And I also want to tell you that I'm tired of having to practice what I want to say to you. You're my dad and I should be able to say that what you did was messed up, and I shouldn't have to be nervous to talk to you, because I'm not the one who did it! I'm not the one who doesn't think of others!

In this example, the client went on for some time, and when he was finished, I asked him how it felt to say it all. He reported that it felt good, but he didn't think his dad would listen if he said it that way, so I summarized his main points for him, and we practiced a third time.

The third time it seemed fairly natural for him to start off. He simply said, “I have some things to talk to you about, and I really want you to listen to me.” He felt comfortable with this opening, and it became the one he reported using when he returned to therapy the following week. Keep in mind as a clinician that setting higher expectations for the ability of clients to solve their own problems affords them plenty of space and freedom to create a solution for themselves. For instance, in the preceding case, having the client start in the middle assumes that a beginning will fall into place after the body of what he wanted to say came out, and that, as in most instances, is exactly what happened.

Clinical Example 3: Speaking From the True Self of Another

Counselor: If we could say that this chair represents your sister, would you be open to having me sit in the chair and say some things to you from what I think your sister’s true self might be saying?

Client: Sure. How do you know what she would say though?

Counselor: I don’t know what her ego might say, but I want to try to talk from some place deeper in her psyche. Let’s give it a try. (Counselor gets up and sits in the other chair, and the client starts to talk.)

Client: Was it funny for you to laugh at me when my boyfriend dumped me and those girls were laughing at me? Did you get a kick out of that? You and I were so close until then, and I have never been the same since that moment!

Counselor: (Sitting in the chair that represents the client’s sister’s true self) You know it wasn’t funny for me to laugh . . . but I admit I did laugh, and I am genuinely sorry that I did. If you want to know why I laughed I think it was because I truly felt accepted for the first time by those other girls. I always felt like a “nobody” to them and to everyone else at school, and for that moment I felt like I fit in with the people I thought were important to me. But the truth is you were and are much more important to me. My ego doesn’t always let me say this, but I felt and still do feel really insecure and scared a lot. I built my life around fitting in, and I am so sorry that I have because there is so much more to me than the mean person you see, and I am so sorry that I hurt you.

Client: (In tears) I never thought that maybe she felt insecure.

It is difficult to see the true self of others and even more difficult to see it when we are emotionally involved with others. Counselors and

therapists who subscribe to humanistic philosophy and the analytical concept of the true self (i.e., that people are inherently good, and the center of their psyches are closer to their essences than their egos) are able to role-play others' true selves because the language of the true self is rooted in the principle of self-actualization, or the autonomous drive to become something more than our introjections and experiences guide us to be.

I QUIT!

The “I quit!” technique is for people who are trying to make an important decision. The technique seems to work best if a person has a couple weeks to make the decision, but it also can be accomplished in a single session. The idea is predicated on the belief that people cannot predict how they will feel emotionally. In a documentary titled *The Bridge* (2006) by filmmaker Eric Steel, a young man named Kevin Hines, who attempted suicide by jumping off the Bay Bridge, was interviewed. Kevin described how he decided to take his life by jumping off San Francisco's well-known bridge. Perhaps most strikingly, Kevin described the thought he had the moment he let go. The instant he jumped he wished he had not. Miraculously, Kevin survived, but many people do not survive the decisions they make. Regardless if people survive the decisions they make, countless numbers wish they had taken the time to work through alternative outcomes. Therapy is a great place to practice life. The I quit! technique is designed to allow people time to make a decision and live with that decision for at least 1 week.

The most practical time to use the I quit! technique is during times clients are contemplating making career changing decisions. It seems to work best when clients have at least 2 weeks to make their decisions, but it can obviously be modified to much shorter periods of time. The technique has been used most often for student athletes considering whether to continue playing sports or to move on, but it has the potential to be used in countless situations.

Clinical Example

Abby was a sophomore in college. She had been a basketball all-star from her childhood through high school and into college. In fact, all things seemed to come easily to Abby. Now, in her second season on

her collegiate basketball team, she had run into difficulty in school for the first time in her life. Her boyfriend recently broke up with her, her friends on the basketball team seemed to form an alliance against her, and she wasn't performing as well as she was used to; for her, this combination of events was the perfect storm that would likely precipitate her quitting the team. When she came to see me, she reported being aware of her negativity toward continuing to play and the impact it was having on her performance and the team. She struggled immensely, however, with letting go. She seemed to be in a genuine impasse.

I inquired about the time-frame she had to make her decision. She was not in a hurry and had not discussed it with anyone as of yet. She reported that she could not stay "on the fence forever." We explored some of her introjections regarding playing basketball, and once we evaluated possible pros and cons of staying on the team, she seemed ready for the I quit! technique. I invited Abby to become fully involved in the exercise I was about to propose for the next 2 weeks, and if at the end of 2 weeks she was not able to decide what to do, I would shave my head (this was intended to be humorous, since I regularly shave my head, but it got her to laugh and shake up her cognitive processes, which was helpful because I wanted to have her focus on what I said next). I described the I quit! technique to Abby by saying that for the next week of practice I wanted her to spend every moment recognizing that she was indeed quitting and that nothing could stop her decision, she was only allowed to finish the week. From morning until night, whenever she thought of basketball, I invited her to daydream about this being her final week ever playing. At practice, I invited her to approach her teammates as though this was her final week but to be sure not to indicate it to anyone else. I ended with saying, "No matter how you feel, I want you to stick with this decision, at least in your mind, until you come back to my office next week at this time."

Abby returned to my office the following week to say she had really looked forward to walking back in my office because she undoubtedly made up her mind to continue playing. She had no desire to actually be done playing basketball, and she reported this exercise (of believing that it would be her last week on the court) helped her to gain an "unprecedented new appreciation for playing basketball." I did not see Abby again until the beginning of the next season when tragedy struck her family, however, she remained steadfast in her decision to not only stay on the team but cut out all negativity regarding basketball.

Had Abby come back after her first run at the I quit! technique reporting she was still at an impasse, I would have invited her to become fully involved in staying on the team for 1 week and to resign herself wholeheartedly to the idea that she cannot quit regardless of what happened. When people experience the decisions they want to make, even if it is a psychological experiment, they have a much more accurate vantage point from which they can make their decision, rather than predicating their verdict completely on hypothetical pros and cons.

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5

Projective Therapy

PRACTICAL PSYCHODYNAMICS

Projective therapy is any therapeutic approach that can be included under the umbrella of psychodynamics. *Psychodynamics* literally means the interplay of a variety of conscious and unconscious mental or emotional processes, primarily as they influence personality, behavior, and attitudes. Presented here are concise explanations of the psyche, the core of projective therapy. Also, defense mechanisms, the ebullition of the true self, and the energy that moves the psyche will all be described. I hope readers will gain a clearer understanding of what clients' project during sessions, that they will learn specific ways to identify and help clients understand what defense mechanisms they may be using, and that they will learn how to help clients work through unconscious conflicts that emerge in their conscious lives. By understanding a clear model of the psyche, therapists can observe clients from a more holistic perspective that transcends merely observing behaviors and tracking thoughts. Therapists should be well-rounded and capable of going as deeply into clients' psyches as they will let them; they should also be pragmatic enough to not explore others' unconscious when the time and situation do not warrant it. For counselors who are turned off by psychodynamic approaches, keep in mind that using projective techniques

does not make one a “psychodynamic practitioner,” it merely means that she or he is conscious enough to draw on over six scores of psychological writings.

The word *psychology* is rooted in the word *psyche*, or *soul*. Passed through the English language from its origin to its modern meaning, the word *psyche* is now equated with the word *mind*, and oftentimes, even less true to its origin, as *behavior* (Ouspensky, 1950). The founding fathers of the subject, however, developed approaches and perspectives regarding psychology with the concept that the field is the systematic study of the soul. Plato described the soul as a circle because a circle never begins or ends; thus the circle is a geometrical representation of something that transcends the hypothetical concept of time. The soul, for the founding fathers, was an a priori concept, but it was also accepted as fact.

Difficulty exists for many people in studying that which cannot be seen. B. F. Skinner and other radical behaviorists struggled with the idea of systematizing anything that could not be easily observed. Carl Jung (1958) most notably wrote about the psyche and started several of his works by stating up front that the rest of what he wrote would be predicated on the idea that a psyche exists. Critics of Jung argued that he developed his entire argument on a faulty assumption because he could not prove the psyche exists; despite this, he began his approach by accepting that it did in fact exist. Philosophy in many ways is an exercise in semantics, but recent neurological mechanisms (e.g., fMRI imaging) have allowed modern man to produce much stronger evidence for the existence of an unconscious; however, that does not necessarily translate to evidence for a psyche. Regardless, the entire argument for the existence of a human psyche is predicated on the philosophical fallacy of begging the question. Therefore, any discussion of the psyche has to be rooted in the assumption that a psyche does, in fact, exist.

ARGUMENT FOR THE UNCONSCIOUS

It is not the intent or scope of this book to include a monumental argument for the unconscious; instead, in keeping with the theme of summarizing stories and other information, this section is only intended to update the reader on a model of neuroscience that can contribute to helping clients understand why they sometimes act in ways they cannot explain, that is, why they seem to do some things unconsciously. Whereas

Freud (1900), Jung (1950, 1969), and others (Adler, 1917, 1929; Perls, 1973) have cited systematic arguments for the unconscious based on their work both with people who were diagnosed with hysteria and their work on various projective measurements, the following paragraphs are, in essence, a very brief synopsis of at least one argument for the unconscious rooted in neuroscience used in the 21st century.

In his fascinating book *The Neuroscience of Psychotherapy*, Louis Cozolino (2002) described a model of the triune brain presented by neuroscientist Paul MacLean (1990). The model of the triune brain offers an evolutionary explanation for the unconscious. Although MacLean's model is not perfect, it offers a captivating philosophical argument for why so much of our early childhood develops the roadmap for the unconscious. MacLean's model of a triune brain consists of a three-part system: the reptilian brain, the paleomammalian brain, and the neomammalian brain. The reptilian brain (the oldest evolutionary part of the brain responsible for activation, arousal, homeostasis, and reproductive drives) is fully functional at birth; the paleomammalian brain (the limbic system) is only ready at birth to be organized by early childhood experiences (Cozolino, 2002; MacLean, 1990). Finally, the neomammalian brain (consisting of the cerebral cortex) is slower to develop than the other two. These three "brains" are not fully integrated with one another until people are well into their 20s.

The "three brains" are not, in fact, separate; instead, through a myriad of neuronal connections called *enstaniation*, all three parts are intimately interconnected. A perhaps overly simplified argument for the unconscious (based on the model of the three brains) is that because the part of our brains most responsible for more advanced thinking (i.e., the cerebral cortex) is not fully developed until people reach their mid-20s, then it seems logical that the new parts of the developing brain are less likely to be as interconnected with the information stored in the reptilian brain. At least one hypothesis of why some forgetting occurs is that we encoded early information in ways by which our memory no longer tends to operate (Cozolino, 2002). For example, if we encode something in our memories before we have language, then when our language develops, we will have a difficult time recalling incidents encoded in our pre-language memory structure (hence, our general difficulty in remembering events before age 3). The frontal cortex is not fully developed until long after the limbic system (where our early memories are stored). In sum, the part of our brains that primarily deals with filtering information in the adult brain was not fully functional while we were organizing

and encoding a great deal of information in our brains, hence, we have a great deal of information that we cannot access easily. This part of our mind we dub the unconscious, or that of which we are not aware.

Parts of the Psyche

The psyche can be divided into four parts: consciousness, the unconscious, the subconscious, and the collective unconscious. In this division, consciousness is the region of the psyche equated with awareness. The unconscious is the area of the psyche that is not accessible (i.e., unawareness). The subconscious is distinguished from the unconscious in that, though it is not readily available to consciousness, it is accessible with little effort. The collective unconscious is the aspect of the psyche that interconnects it with all other psyches. Whether one agrees with the psyche being broken down into four parts is irrelevant to the definition of its parts. Again, describing the psyche begins with accepting the assumption that a psyche exists. With the acceptance of that assumption, however, we find a fascinating world of defense mechanisms seemingly designed to protect the ego from the undiscovered unconscious world. Defense mechanisms reside in the subconscious and stand guard to shelter the ego from the mystique of the unknown.

DEFENSE MECHANISMS

The *ego* is based on the reality principle (the regulating mechanism between the *id*—our basic drives—and the *superego*—our introjected consciences) and comprises the center of our consciousness, which sounds really comforting until we recognize that the human psyche largely consists of the unconscious. Like Freud's topographical model of the iceberg, the majority of the human psyche is stationed in unconsciousness. During a lecture, Joseph Campbell once quoted his friend Hinrich Zimmer as saying, "The schizophrenic drowns in the sea of chaos that the mystic swims in" (Campbell, 2002). With that in mind (i.e., the dichotomy between greatness and insanity), facing the idea that our psyches are largely unconscious can be intimidating for most people. For a species who seem to like order and control, perhaps one of the most fearful thoughts is that not much in life is actually in our control; yet scarier still, not much of even who we are is in our control. The ego allows us to believe that we have a great deal of control because it is in our egos

where we define our worlds (i.e., “I am a husband, a father, a professor,” etc.). Defense mechanisms protect the ego from having to be constantly conscious of the reality that the ego is not the center of *who* we are, just the center of what we are aware.

The more we are able to stay safely boxed in our egos, the more the world around us makes sense. If I can hold on to my biases and prejudices, then I am able to understand well how the world works. If my religious and political beliefs are the correct ones, then I do not have to worry about exploring other options. We create a very safe psychological world for ourselves by staying locked in our egos. The goal of individuation is to actualize our potential, or to move from the egoic world to the world of the true self. The therapeutic work describing the downward journey from ego to the true self is called depth psychology because it encompasses a plunge into the depth of the psyche.

Defense mechanisms are in place for important reasons. They protect our egos from the entirety of our undiscovered psyches. It makes sense that those who submerged themselves without guides into the depths of their unexplored selves experienced mental breakdowns (perhaps most notably Freud and Jung). Noting that several preeminent figures lost considerable touch with reality for some time in their lives, however, is not a logical argument (see “Fallacies” in chapter 6). When people defenestrate defense mechanisms they are closer to their true selves; without the protection of the defense mechanisms, people quickly learn that the world is not what they thought. This shifts their worldview from “known” to “uncertain.” Therefore, a more logical explanation for why we have developed defense mechanisms is that the unconscious comprises things of which we are unaware, and a great deal of fear surrounds the unknown. The cloud of unknowing brings an impending sense of insecurity, which is the antithesis of the security that the ego brings, so developing security to deal with the unknown (and protecting that security) seems to make good sense. The defense mechanisms protect our egos from having to traverse unknown territories.

In the following sections, a few key defense mechanisms are described; however, more defense mechanisms exist than are presented in this book. Regardless of the theoretical orientation counselors have, understanding basic defense mechanisms allows counselors to broaden their interpretation of client angst. The defense mechanisms described in this section are: introjections, projections, displacement, regression, denial, reaction formation, and confirmation bias.

Introjections

A young girl once asked her mother why she cut the ends off roast beef before she cooked it. The mother replied that she didn't know why, she just did it because her mother did. So the young girl went to her grandmother and asked her why she cut the ends off the roast beef. The grandmother replied, "I just did because my mother always did." Finally, the young girl was able to go to her great grandmother and ask, "Great Grandma, why do you cut the ends off the roast beef?" To which her great grandmother replied, "Oh, that's easy, when I was growing up all we had was a pot that was too small to fit the entire roast beef."

Introjections are unquestionably accepted ideas (Perls, 1973). Children are born from the womb unable to talk. From that first moment onward for years they are dependent on their primary caretakers. If you are 3 feet tall and completely dependent on a caretaker twice your size, including relying on that person to provide for your basic needs and earliest language acquisition, then you are not likely to question everything that caretaker tells you about the world. Thus, a caretaker can say in one breath, "That's not edible" when you chew on your blanket and fail to satiate your hunger, then say in the next breath, "God only likes a certain group of people (and thank goodness we are the people God likes)," and you are not likely to question that caretaker. Introjections do not just occur when we are children. They occur all throughout our lives any time we do not question what someone tells us. The following tale illuminates the absurdity of unquestionably accepting ideas.

The people of a certain village had to bring the king water daily. They were upset that they had to walk 5 miles to the river, and 5 miles back, so they began to complain. A man came upon their village, and when the villagers told him about their predicament, he agreed to go to the king at once and ask him to make a decree stating that the distance between the castle and the river be 3 miles, and that is exactly what the king did. The people were overjoyed that they only had to go 3 miles now. The man who acted on their behalf tried to help the foolish people understand that nothing had changed, only the name of the distance; still, the people would not listen to him and were joyful that they no longer had to walk as far.

Stories like this sound so far off, as though introjections are defense mechanisms *other* people use, but introjections ardently defend all people's egos from having to question the reality of the worlds they so clearly understand. Introjections are the energy that moves into the psyche from

the outside world, and as Perls (1973) noted, when we swallow wholly what we take in, we set ourselves up for swallowing two diametrically opposed ideas. At the extreme, a neurotic person might introject that it is a “dog eat dog world” and that he should “love his neighbor like himself”; two ideas that are not compatible unless, as Perls put it, you are willing to trust your neighbor only as far as you can throw him. Imagine the personality structure that unquestionably accepts such contradictory proverbs as “Absence makes the heart grow fonder” and “Out of sight, out of mind”; or “It’s better to be safe than sorry” and “Nothing ventured, nothing gained.” As we take in ideas without questioning them, our minds become automatons of confusion rather than free-willed entities. Incorporating others’ mixed messages as dogma stifles our ability to live freely because we essentially remain fettered to the past.

When introjections are passed down from generation to generation, people remain stagnant. For example, the British government instituted a calendar reform in 1752 stating that September 2 of that year would be dated September 14. This proposed change resulted in people storming Parliament screaming, “Give us back our 11 days!” because they believed that missing the celebration of saints’ days would be bad luck, so they did not handle “losing” 11 days well. More than losing saints’ days, their introjected belief about calendars had them believe they were actually losing days of their lives! The calendar as we have it today has changed throughout history; understanding the nature of nomenclature helps distinguish fact from fiction. Unfortunately, introjections are not limited to folklore and stories of the past, all people take in at least some ideas without questioning them. Making clients aware of introjections is opening the doorway for them to begin questioning formally unquestionably accepted ideas.

Clinical Example

Maria was angry with her husband for not allowing their son to be placed in special education classes. He was not willing to come in for therapy, and she was having difficulty with following his decision. The following part of the session dealt with challenging her introjections about being what she described as subservient to her husband. She was not comfortable with being obedient to him and was angry that the world worked like that. “What world?” I asked.

“You know how women have to listen to whatever their husbands decide,” she replied.

“Could you help me understand that a little more?” I inquired.

“Well, of course you know what I mean, you are married and your wife has to listen to everything you say and do whatever you decide,” she said with certainty.

“Actually, my wife is a very independent woman,” I replied. “Is having to abide by everything your husband decides something that is important to you or your culture?”

“It’s not important to me!” she said emphatically. “I don’t want to have to listen to him. I never finished high school. I know that’s how it was for my mother with my dad. He said that women have to listen to men because it is what God said.”

“And what is your belief about what God said?” I asked.

“Oh, I don’t care for church or any of that stuff,” she replied. “I guess I’m Christian . . . something . . . I don’t remember what it’s called. I know I’m bad because I don’t like church, and I know it’s a sin to not go, but it’s hard enough to get through my day without having to go to church. Besides I don’t like our church very much because the minister hit on me. He told me it was God’s will, but I don’t think that, and I refused to be with him. He said I was going to hell, but I don’t care because I don’t believe him.”

“So you are not particularly religious,” I reiterated. “Do you get a lot of pressure from family to listen to what your husband says?” (exploring cultural pressure)

“I don’t have family around here except for my mom and two cousins,” she answered.

“Are your cousins women?” I asked hoping to bring up familial introjections.

“Yes, but they’re not like me,” she said quickly. “They both work in the city. And Sharon, her husband listens to her!”

“So what makes you hold on to *having* to abide by everything your husband says, as I thought I heard you say?” I asked without judgment.

“I don’t know; because I’m supposed to?” she said hesitatingly.

“That doesn’t sound like you talking now,” I replied. “It sounds like maybe something you picked up on in your house growing up.”

“Well, I went from my house to dating my husband when I was 15 and he was 20, and we got married when I was 16,” she explained. “He never let me talk to other boys, so the only two men I’ve ever known are my dad and my husband. That’s pretty sad huh, since I’m 30 now?”

“So correct me if I’m off, but I think I’m hearing you say that you believe you have to abide by everything your husband says, but you don’t

like it and don't want to, and the only pressure to keep listening to him and doing what he wants comes from him?" I asked to clarify.

"Yeah," she replied, and then paused before continuing, "I never thought about this before."

"Is this something you would like to explore? I mean, trying to find out why you do what you do?" I asked.

"I guess. I don't want to have to listen to him," she said.

"Well," I replied, "it seems that you might especially want to question all this now because it sounds like your opinion about what to do with your child regarding school is not being heard."

When people explore things they never previously questioned, the session is often a memorable one. Like the prisoner being freed from Plato's allegorical cave, leaving the world we know for the undiscovered one is not easy. It can be very unsettling for Westerners, for instance, to question the legitimacy of logic as the highest form of thought, but like all ideas, even logic is embedded in the psyche according to how each culture values or discards it. Over time, regardless of whatever it is that we have unquestionably accepted, the journey that includes questioning why we do what we do is one that brings psychological freedom to clients.

Projections

Understanding projections is the cornerstone to performing more advanced counseling. Projections are attributions from the inside turned outward. Therefore, anything outside the psyche can be used for a point of projection. A *point of projection* is merely the point at which the energy from the inside of the psyche meets an object outside of itself. For example, if a client reports a figure in a painting is sad about a recent loss, then the picture becomes a visual point of projection. If the client believes she thought you said "x" when a taped review of the session reveals you said "y," that is an example of an auditory point of projection. Visual and auditory points of projections can point toward past-, present-, or future-oriented parts of the psyche; whereas, points of projection stemming from the other three senses seem to point toward historical experiences of the client (e.g., "that tastes like . . .," "that smells like . . .," or "that feels like . . ."). Four different categories of projections exist: general projections; projections from the anima/animus; shadow projections; and projections from the true self (those that define our true essence).

General Projections

Once, while teaching about the Rorschach test in an intro to psychology class, I left the inkblot cards on my office desk. At the time, I shared an office with a colleague. Another colleague, a math teacher, came in to visit my officemate, and she asked her (after looking at the ambiguous stimulus of a random inkblot card) why I had a picture of ovaries on my desk. My officemate shared what happened with me, so I immediately sought out the teacher who made the remark. I approached her jokingly but asked her seriously if she and her husband were trying to have a baby. She fumbled in a panic, stuttered around a bit, then said, "I have to go, my class is about to start!" After class, she sought me out to ask, "Christian, just tell me: How did you know we are trying to have a baby? After you walked away, I ran out of class, called my husband, and said, 'Christian knows,' and since he and I haven't told anyone, we have to know how you know." I laughed and told her about the ambiguous stimulus (the inkblot card) that she perceived as ovaries; that, coupled with the facts that I knew she was newly married and Roman Catholic, made my guess pretty easy.

General projections provide clues to what is going on inside your immediate mind. General projections are the ones on which psychological testers draw to determine personality structures. Projections are potent and can be very revealing. Learning to understand them provides clues to your own, as well as others' psyches; clues that can be extraordinarily powerful. Observing general projections is an ongoing process that occurs with everything exuded by the client. Questions that get to clients' general projections can be:

- What made you pick up on that part of what I just said?
- What about that picture led you to that conclusion about it?
- What do you think is going on in that picture?
- What do you think that person is feeling?

Anima/Animus Projections

Jung was the first to write about the psyche as androgynous. Accordingly, the anima is the feminine aspect of the male psyche, and the animus is the masculine aspect to the female psyche. Countless stories throughout all cultures have been told exemplifying the anima/animus in people. A useful story describing the anima/animus in men and women can be

seen in the story the ancient Greeks used to tell about the young lovers Pyramus and Thisbe. It is likely the story that inspired Shakespeare to write *Romeo and Juliet*.

Pyramus, a young teenage boy, and Thisbe, a young adolescent female, lived in the same building, a sort of townhouse. Their families feuded for years before these two were born, and time only intensified the hatred the families felt for each other, so Pyramus and Thisbe never met in person. As young teenagers, however, they found a crack in the wall between their two respective rooms and would spend countless hours talking to each other through the crack. They never saw each other, but as young lovers do so well, they were able to project the absolute best onto each other and soon fell madly in love. Finally, they decided that they needed to meet, and they chose a white mulberry bush nearby to be their meeting spot. When Thisbe arrived at their spot, she saw a lioness nearby, so she ran away, tearing her dress on some thorns before she could get away. A part of her dress, with blood from her scratch, was left behind. When Pyramus arrived at the scene and saw the torn dress with blood on it and a lioness leaving the area, he put two and two together and began to curse himself for asking her to meet in person. He believed he had lost his beloved to a lioness. He took out his sword and ended his life. As this was in progress, however, Thisbe told herself to have more courage for her lover and headed back to the mulberry bush. She saw Pyramus in the throes of death, noticed the fabric from her dress and then the blood on it, and put three and three together to understand what happened. She leaned over and stole their first and last kiss. He breathed no more. She took his sword and ended her life. The blood from both of them covered the mulberry bush that formerly produced white berries, and from that day to this, mulberries have been red to symbolize the blood of the fated lovers and the tragedy of projection.

Shadow Projections

Many years ago there lived a butcher named Shigo. Shigo was by all accounts an ordinary man and never believed he would be famous, let alone famous for writing a poem, but that is exactly for what Shigo is remembered, and here is the story about how it came to be. Shigo was a young apprentice to a butcher, and he spent years watching his master grind through the flesh of bleating animals. Day after day, month after month, and year after year, Shigo learned his trade until one day he, too, became a master butcher.

As a master butcher, day after day, month after month, and year after year, Shigo bore into the routine of his life. It was always the same. He took the animals, no matter what the sounds they made, and executed his job with precision, without passion or thought. One day, as he went about his trade, his hands were deep in a calf. Blood, as usual, covered his arms and clothes; his hands were steeped in the animal's entrails. Shigo, perhaps even more than usual, was entrenched in his work when, in an instant, he became one with the animal's carcass. He could no longer muster up any thoughts. He was frozen by perpetual nature of life and death, by the nature of the animal and himself. He did not move for minutes, for hours, and then night passed, all with him standing motionless.

When he came to, Shigo could think of only the following words, and he repeated them again and again until he wrote them down as the poem for which he is remembered to this day. These were the words that helped him reach enlightenment:

*Yesterday the soul of a demon,
This morning the face of a bodhisattva.
A demon, a bodhisattva: there is no difference.*

From that day forward Shigo put down his hooks and his knives and walked away from his trade forever. He could have stayed and continued what he was doing; it would not have mattered. What mattered is that he now profoundly knew that what he is is what we all are, that the potential for everything great and terrible lives in all of us.

According to C.G. Jung, *shadow projections* are aspects of our psyches with which we do not want to come to terms (Jung, von Franz, Jacobi, & Jaffe, 1968). The qualities of people who we most dislike are often the qualities of ourselves we least want to face, but the shadow aspect of our psyches encompasses precisely this. Shadow projections are not inherently negative. Thus, along with the qualities we most dislike about others, shadow projections also encompass the very best in us that we cannot or are not willing to recognize about ourselves. Abraham Maslow (1976) defined our unwillingness to recognize the greatness inside of us as the Jonah complex because, in the biblical tale, Jonah denies his ability to be capable of fulfilling the mission asked of him. Shadow projections are among the most difficult projections to face because it is much easier for people to box others neatly into categories rather than recognize that the potential for every human emotion, thought, and action (good, bad, or indifferent) resides in all of us.

An example of how we use shadow projections occurs when we do not like, or are irked by, people who manipulate others. What we do not like about manipulators, for instance, is more than just being duped; it could be that what we do not like about manipulators is the very aspect of ourselves that wants to manipulate, yet we keep repressed. It could be that we manipulate others and have introjected into our superegos that manipulation is wrong or bad, thus we cannot or are not willing to face that we also manipulate. What we also do not like about manipulators could be that we are wanting to manipulate a situation presently in our lives but find ourselves unable to do so, so we project that shadow onto our judgment of others who manipulate.

Shadow projections are not difficult to identify. What people dislike about political figures and Hollywood stars is often indicative of their shadow projections. After all, how many people do not know politicians or Hollywood stars personally, or have spent little to no time with them, yet still have a strong opinion of, or an emotional reaction to, certain qualities of them? To judge another whom we do not know is to disclose an aspect of ourselves that we are not willing to face. This is the shadow.

Like Shigo the butcher, when people come to terms with the shadow aspect of their psyches, they are able to alter both how they see the world and how they relate to others. For example, if clients report that another is causing them angst in their daily interactions, and the counselor can help them understand what *qualities* the person has who is causing them angst, then the clients have a better ability to learn to relate differently with that person. At a minimum, clients who explore their shadow projections learn a great deal more about themselves. At a maximum, they rid themselves of the angst by learning how to change how they interact with that person.

For example, consider the case of my former client who was outspoken about materialistic people and, more specifically, described one day in detail how annoyed she was with her cousin because she viewed her cousin as “purely materialistic.” I asked her to describe what she meant by that, and she went on to describe how her cousin “had to have” the latest brand names in everything she bought and wore. I asked my client what troubled her about this if this was something that made her cousin happy. She reported that “people shouldn’t be so hung up on material things,” and “there’s more to life than brand names.” As a counselor, this was a case where the client’s shadow projections were relatively easy to pick up on, because she wore an enormous diamond

ring that cost more than the gross national product of many third-world countries, and was wearing brand name clothes from head to toe, including having a fashionable purse at her side that cost a couple thousand dollars.

In this irony, she did not want to face the fact that she herself was extraordinarily materialistic, so she projected those qualities onto her cousin and, in turn, treated her cousin with contempt. Once she recognized that materialism was embedded in her shadow projections, she was able to go through the process of owning up to her own shadow and working through it. In this instance, the client was not willing to give up her lavish lifestyle, but she was able to view her cousin differently and hence was afforded the opportunity to reconnect with her; after coming to terms with the materialistic aspect of herself, she was no longer as harsh in her judgments of her cousin. When people can shed light on their shadows, the shadows cease to be. With the content brought out of the darkness, the material can either be worked on or suppressed by a different defense mechanism (e.g., denial, intellectualization, rationalization). Owning our shadows is a necessary part of the path to releasing ourselves from the metaphorical chains that bind us to our egos (Johnson, 1991).

True Self Projections

The true self is not the center of the ego but the center of who we are: It is the core of the psyche. According to C. G. Jung, the true self is located in the unconscious because it is equivalent to instinct, and much of people's instinct is largely suppressed in societies (Campbell, 1971). Projections from the true self emit the essence of who we are. True self projections define our essence when they transcend our defense mechanisms. Though defined under this section, projections from the true self are not technically defense mechanisms but rather the actualizing potentiality of our selves. Actualizing potentiality seems to be an oxymoron; after all, if it is actualizing, then how can it still be potential? One answer is the true self is steeped in mystery. Still, by definition the true self is always an actualization; however, whether or not that actualization can be tapped into or not depends on the individual. Joseph Campbell (2002) famously taught that when we follow our bliss we are acting from our true selves. When we act from our true selves, we transcend personae, egos, and defense mechanisms, and we act from genuine conviction.

Displacement

Displacement occurs when we take energy intended for one object and direct it onto a substitute object. Consider the classic example of the man who gets a ticket for speeding. He may be upset with the police officer but unwilling or unable to say anything to him. This man would likely come home and be short-tempered with his family because they provide an easier target for him. In therapy, displacement can be observed in countless ways, including the subtleties of clients seeming to want to talk about a certain topic but hesitating and changing the subject. For example, picture the client who seems frustrated with something the therapist suggests but seems unable to confront the therapist, so she begins to describe how her husband never understands her. In such instances, it can be therapeutic for the therapist to recognize and address the displacement on the spot. Once the therapist brings the displacement to the surface, she has an opportunity to empower the client to work on assertiveness.

One of the most effective strategies for helping deal with displacement is to use Adler's classic technique of spitting in the client's soup (Dreikurs, 1967) (see chapter 6). By making clients aware of the benefits they get from taking things out on "safer" targets, Adler noted people are more likely to have their rewards tarnished and, hence, less likely to continue the behavior. It seems much more difficult to continue to take things out on the one safe person you know once you realize that you are hurting that person. Thus, it is helpful to ask someone currently displacing or describing his displacement by asking, "Do you think if you could have said what you wanted to *X* you would have still said what you did to *Y*?"

Regression

Childhood for many people represents the safest time in their lives. Hence, when people experience trauma, a plausible safety net for them is to regress to their childhood psyches. It seems logical, for instance, that the parent who recently lost a child reverts to childish ways in coping with the tragedy. Regression can come in the obvious forms of speech or through childish behaviors. For example, I have seen several adult clients who, after finding out their parents have been diagnosed with a terminal disease, have reverted to calling them "mommy" or "daddy" as opposed to "mom" or "dad." Counselors who hear their adult clients

talking or behaving as though they are children can, at a minimum, explore whether or not their clients are feeling unsafe with their current experience of life. Also, therapists who observe adult clients performing childish behaviors can again, at a minimum, discuss the incongruence between their adult development and their childish actions. Signs that people are regressing should not be ignored. Making clients aware of their regressive behaviors can be helpful for therapists and revealing for clients.

Regression is the defense mechanism that most interferes with ego development. As children, we can afford to let someone else tell us how the world is; in fact, we depend on it for survival. As adults, accepting being told how the world is only seems to lead to neurosis (see the section “Introjection” earlier in this chapter). Trauma usually leads to regression because feeling vulnerable and unsafe is not usually acceptable for most people. Those who regress tend to feel psychologically safe when they do so. “Feeling safe,” however, is not always the path to the most growth. Nietzsche has several popular aphorisms that can describe this path (Solomon & Higgins, 2000), probably most notably, “Whatever does not kill me makes me stronger,” but he is not alone in this sentiment. People have both formally and informally expressed for ages that psychological growth occurs most often through our difficult experiences. Still, while it is entirely possible to grow from difficult times, it is equally possible to be psychologically stagnant or even reverse in development, hence regression.

Denial

Denial is the defense mechanism well known in colloquial speech. Denial occurs when we flat out resist the idea that something is. Denial is most often used in the therapeutic language of addiction. Oftentimes, when people are not just in the precontemplation stage of change, but actively resisting change, they are said to be in denial. Denial protects the ego from having to recognize painful or unwanted material. A helpful approach to dealing with denial is to think of it in terms of the stages of change. If denial were a stage of change, it would be equated to the stage before precontemplation and would probably be defined as anti-contemplation. To move someone out of anticontemplation would take the same type of questions as those asked of someone moving from precontemplation to contemplation.

Reaction Formation

It seems much easier to take the attitude that others should “do as I say, not do as I do.” That attitude is the crux of reaction formation. Any time we develop conscious attitudes and behaviors that are entirely opposed to our distressing desires, we are using reaction formation. The classic example is the priest who actively preaches antipornography but has a giant stash of pornographic material in his private home. To go beyond this example into the realm of the majority of those reading this book, let us imagine someone we may know who wants others to be open-minded. Now imagine that this person actively tells others to be open-minded and does not seem to demonstrate much tolerance for those she considers close-minded. In fact, if this person were to demonstrate frustration and narrow-minded attitude toward those who did not share her view that others should be open-minded, then this would be an easy example of reaction formation to identify. The attitude is, “I would like others to be open-minded, but I do not have to be open-minded myself.”

Confirmation Bias

A man could not find his axe one day. He looked everywhere and did not see it. A neighbor boy happened to pass by and say hello while this man was looking. The man eyed the boy up and down. “Look at him,” he thought, “he is so sneaky, everything about him is sneaky, his fake smile, his sly ‘Hello,’ he just wants to throw it in my face that he stole my axe.” The man didn’t say anything when the boy asked how he was doing, he just stared right through the boy. Later that evening, the man was moving boxes out of his garage when he found the axe he was looking for; he had forgotten he packed the axe when he moved. Some time later that night the neighbor boy came by and said hello again to the man as he passed by his house. “Hello,” the man hollered back with a smile. “That really is a nice boy,” he thought to himself.

When we want to see something in someone else, we will. Researchers describe confirmation bias in terms of researchers looking to see a particular outcome in a study and making unconscious efforts to support their hypotheses. In fact, to counter this tendency, modern researchers rely more on null hypotheses rather than directional ones. Confirmation bias occurs well outside the realm of research. I have come to identify confirmation bias as an ego defense mechanism because it overwhelmingly contributes to our remaining locked in our narrow views of the

world. As with all defense mechanisms, as we stay locked in our egos, we are saved from having to broaden our worldviews. Illustrations of confirmation bias crop up in a multitude of ways, but one such picture seems to occur in 21st century American politics.

Many politically right- and left-wing proponents have an uncanny ability to demonstrate identical characteristics. For example, if we were to take the trait of closed-mindedness, many on both sides would adamantly argue that the other side was more closed-minded, yet, neither side seems genuinely open to the other's ideas; both use confirmation bias to perpetuate their shadow projections. Consider the conservative who believes all liberals are as nonsensical as the radical liberals who set SUVs on fire to protect the environment despite the enormous amount of damage those fires do to the environment; or consider the liberal who believes all conservatives are as irrational as the radical conservatives who blow up abortion clinics and kill others because they are advocates of life. While both sides seem to revel in *reductio ad absurdum* for arguing against the other side, they understandably continue to do so to protect their egos by confirming their biases. Even without the extreme examples, those who support one side of the fence over the other side are likely to listen with great scrutiny to anyone from the other side, constantly waiting for the other person to say something inaccurate and think to herself, "I knew it! He is so stupid." Confirmation bias allows others to swim in stereotypes without ever coming up for air.

People tend to identify with groups because in so doing they can avoid the perilous journey into their own unconscious selves (Campbell, 1971). It is much easier to identify with a group, or hold fast to believing one has all the answers, than it is to get lost in uncertainty. The bottom line in regard to confirmation bias is: If we want to see someone as unintelligent, we will. If we want to see someone as flawless, we will. In every person's nature lies the capacity for all things that have ever been done by human beings. Therefore, without embracing that we are all capable of everything great and terrible that has ever been done by a person, we will continue to categorize others and lock them into the small boxes we have psychologically constructed for them. Thus, whether we believe others are wonderful or horrific, intelligent or dense, exciting or boring, they are. Whereas others are what we want them to be, we are what others want us to be as well. Our confirmation biases serve to protect our egos by locking others into the narrow psychological boxes we have created for them. Awareness of what our confirmation biases are is the first step toward ridding ourselves of them.

APPLYING PSYCHODYNAMICS

Persona

“Persona” originally described the mask that actors wore to indicate the role they played. As actors changed roles, they put on different masks to literally transition into playing a different character. For C. G. Jung, the persona is a mask that allows people to feign individuality (Campbell, 1971). In other words, by wearing the persona, people can fool themselves into believing they are individuals, all the while playing the role their society or group determines for them. It is relevant for counselors and therapists to understand the persona because without understanding it, they are likely to get caught up solely in what clients bring to therapy rather than be open to exploring what else might be driving their behaviors. Often, clients’ body language seems to indicate that they want to convey something different from what is coming through in their words. Counselors mindful of the concept of the persona can avoid the error of interpretation because they can look from the onset for potential discrepancies between the client’s content and his process (see chapter 2 for a discussion of content versus process). By recognizing the persona, regardless if they choose to point it out to clients, therapists can inquire more deeply about what it is that clients may actually be trying to convey.

The more fear that people have due to their uncertainty about their psychological worlds, the more steadfastly they are likely to cling to one or more personae. Typically, people who have the strongest personae tend to have the least amount of self-esteem. Counselors and therapists armed with this information can avoid the error of judgment because they will be more likely to be aware that the way their clients present themselves is not necessarily the real essence of who they are. Thus, clients who are overly arrogant, obstinately certain about the world, terrifyingly tough, or wear any other well-defined mask are not likely to be anything close to what they seem once therapists get to know them. Keep in mind, however, that all of us have personae. The question becomes: How attached are we to the personae we have?

For a pragmatic picture of the persona, consider the case of John, a 34-year-old man who walked into his first anger management group with his hat pulled low over his brow, a disgusted look on his face, and an air of disinterest about him. His persona was that of the “tough guy.” The tough guy persona is often marked by some relatively narrow

characteristics: a strong independence, a need or want for nothing, and an expression (whether verbal, physical, or both) that anything he has to do is a waste of his time. If therapists only see John as the tough guy he presents to be, they very well could be intimidated by him. Viewing John as hiding behind the tough guy persona, however, offers counselors the opportunity to see a man who has many more sides than that which he is presenting. Seeing clients, in this specific case, John, as something more than what they are presenting is often the prelude to developing a deeper relationship because John (and others with strong personae) is aware on some level that he is much more than who he is showing himself to be.

Ebullition

The energy in the psyche is always moving. The source or center of the psyche is the true self. Recall from the previous sections that the center of the psyche is seated in the unconscious. Recall also that the ego is merely the center of consciousness. It is important to understand the metaphorical location of the true self and ego to understand how to help people deal with the constant “knocking on the door” that the true self does to the ego. The depth-psychology term *centroversion* implies that all psyches are moving toward self-realization (Neumann, 1995). The term is similar to humanists describing people as moving toward self-actualization, but slightly more acroamatic in that complete self-realization ends in a connection or unity with all other psyches.

A model that describes the psyche as in a state of constant movement comes with other implicit assumptions. To describe the constant will of the psyche to know itself (or the knocking on the door the true self does), I use the term *ebullition*. Specifically, ebullition is a bubbling up of the energy of the psyche from the unconscious true self to the conscious ego. The defense mechanisms just described work to defend the ego from this constant bubbling up. Ebullition, as I describe it, however, cannot be stopped. The question is not how to stop the ebullition of the psyche, but how to deal with it. Remember, the first law of thermodynamics is that energy cannot be created or destroyed, only transferred.

An analogy that describes the process of ebullition involves a person, a small boat, and a big beach ball. Imagine sitting on a small boat and pushing a beach ball down underneath it. The ball would stay under the boat for a bit, but eventually, due to the movement of the water, the ball would keep being pushed back up. If we continue to push it down on

one side of the boat, it will eventually come up on another side. The ball will continue to be pushed to the top unless we actively fight to keep it down. Defense mechanisms are analogous to us pushing the ball down. The ball is analogous to our issues, and the water constantly pushing the ball up is analogous to ebullition itself. Ebullition is inevitable; therefore, one goal of therapy is to help people move the energy of the psyche in healthful ways.

Enantiodromia

Enantiodromia is a term coined by Jung (1989) that means *running in the opposite direction*. Though the concept is interspersed throughout the writings of the Greek philosopher Heraclitus (a primary influence on Jung's life), Jung specifically used it to describe how a superabundance of any force inevitably produces its opposite. Energy that has moved too far in one direction of the psyche will automatically be projected to the opposite side. For an example of enantiodromia consider the adolescent who enters college having been told what to do and how to think her whole life (including how to sit properly and what to eat). As this young lady arrives at school, she begins to think and act in opposite ways from the way she grew up. A woman named Ashley, for instance, described how, before she left for college, she was never allowed to eat sweets or any foods her mom deemed "unhealthy." Soon after getting to school and being away from her family, Ashley reported unleashing on a virtual bevy of junk foods for the next 4 years. As she described her experience: "Once I was freed from my mother's totalitarian dieting regimen I took off running and never looked back."

Ashley is not alone in her move from one extreme to the other. Enantiodromia occurs when people go from being nonbelievers to devoutly religious overnight and then attempt to convert everyone they meet to their newfound way of life. It happens when people go from being staunch advocates of one political group to the opposing side, only to harshly attack the group they recently abandoned in favor of their new beliefs. Enantiodromia can be both a natural swing in psychic energy and one that is brought about by instigation. When it is a natural reversal in energy, it can come about, for instance, because a middle-aged man might unconsciously be terrified of retirement, so to compensate, he may begin acting as though he were in his early 20s. Being aware of enantiodromia is crucial because we all impact other people with our actions, and we can inadvertently prompt others to move in opposite

ways. When we back others into psychological corners, we are fueling the proverbial fire for enantiodromia to occur.

Clinical Example

In a recent supervision session, a counselor described being stuck in her work with a 32-year-old mother. Abilene came to therapy frustrated by her 12-year-old daughter's behavior. She reported that her daughter Kylie acts out, literally lashing out at she and her husband and her siblings. After processing what "lashing out" looked like, her therapist explored the types of consequences Abilene was using with her daughter. Abilene reported having Kylie sit in a "time-out" chair next to the television facing the rest of the family and in a direction that she could not see the television screen. The family would continue to watch television, and Kylie would essentially be humiliated by the punishment. Furthermore, Kylie was told to stop "acting like a baby" when she would cry because of this punishment. Kylie's reaction would then be to regress by curling up in a ball, and she would begin rocking back and forth. The therapist discussed with Abilene the obvious psychological repercussions of treating a 12-year-old like a 5- or 6-year-old and the psychological ramifications of humiliating her child. The therapist believed she had some success with the mother hearing what she was saying but still felt at a loss for helping Abilene understand her daughter's behavior.

At this point in the supervision session, we discussed the concept of enantiodromia and linked the term to how Kylie was being treated. She was not being given the space to express a normal range of emotions, and because Kylie's psychological development was being suppressed, Abilene was essentially forcing Kylie to have nowhere left to move but in the opposite direction from where she was. Kylie could only be pushed into a corner so long without lashing out. Kylie vacillated between infantile behaviors of rocking and curling into a ball to cussing at her parents and belittling them as though she were their parent. Understanding the enantiodromia that Kylie was experiencing is important because it gave her therapist grounds on which to explain a possibility for Kylie's "lashing out."

Moving Energy in the Psyche

Imagine the psyche as a ball of energy. The libido is the source that drives that psychic energy. For Sigmund Freud (1965), the libido was

composed of sexual energy, hence, the modern connection of the word *libido* with sexual drive. For Alfred Adler (1929), the libido was composed of a will to power (influenced by Nietzsche and by Adler's own work on overcoming inferiority). Carl Jung took the concept of libido further as he described it as a spiritual energy (Campbell, 1971). By describing the libido as spiritual energy driving the psyche, Jung broadened the term to something more encompassing. At some point, mystery surrounds discussing the psyche, and for many practitioners, using what cannot be observed is not pragmatic. Moving the energy of the psyche, however, can be a very pragmatic exercise for clients.

Energy in the dynamic psyche has three possibilities: become stuck, be channeled, or be released. When energy is stuck it is called a *cathexis*. When energy is channeled into other activities or areas of a person's life, it is called *sublimation*. Finally, when energy is released, it is considered a *catharsis*. Examples of "stuck energy," or a cathexis, were described by Freud (1965) as "fixations" in psychosexual stages of development. Describing cathexes as fixations in stages of psychosexual development is limiting because they are only described in terms of one theoretical model. Cathexes are more than fixations in psychosexual development; they are stuck energy that can occur at any point in a person's life, around any issue (Perls, 1973). For example, unresolved issues surrounding a relationship can create a cathexis for one or both members.

A simple and more specific example of a cathexis is to consider the feeling that occurs when you are watching the season finale of your favorite television show and the story ends with a cliffhanger. When we are left with cliffhangers, our psychic energy remains stuck because it is waiting for something to happen or be completed. Stuck energy is troublesome for people because the psyche seems to function best when the energy is flowing freely. A specific example of a cathexis that might be more likely to bring someone into therapy is the unexpected death of a loved one. When someone we love dies unexpectedly, we more often than not have incomplete interactions with that person. If the energy becomes stuck long enough, it will metaphorically clog the psyche and interfere with a person's daily functioning. If the person does not do something different to handle the energy around her loss, the impasse she experiences will have the potential to immobilize her. Consider the mother of three who lost her own mother unexpectedly and becomes transfixed in a state of cathexis. Without moving the energy differently, this mother will not likely be able to function at her normal level. In

any therapy, an important task is to help her either channel her stuck energy into something that is helpful for her (such as religious beliefs that her mother is in a better place) or find a way to release the energy altogether (such as an experience that brings her a great deal of peace around her mother's death).

Clinical Example

Debra reported being "irritable about everything." Her "temper," she reported, was "quick," and she even described herself as "mean" to her husband. She felt most troubled over being angry and mean toward her husband because he was suffering with HIV after he underwent a blood transfusion a few years back, and she believed "he did not deserve to be treated this way." Over the course of therapy, she had revealed a very troubled past with her husband. They had been married for 38 years. She had introjected that it was inappropriate to talk about her marriage to anyone outside of it. For 38 years, if she was troubled about what was going on in her relationship, she kept it to herself. Finally, she was talked into coming in for therapy because she believed she would just be discussing her "irritable mood," as though it occurred independently of all interactions around her.

When Debra described her troubled past with her husband, she was, as many women are, protective of her husband's mistakes. Eventually, however, she recalled a time where he humiliated her in public in front of a crowd of people, including their children. Her energy reflected every intonation of one who is angry, but she continued to wear the persona of one who could smile while conveying the story. For a time, she tried to sublimate her energy into drawing and writing poetry, and, whereas that was helpful for short releases of energy, it was not enough for her to change her approach to her husband. In other words, the ebullition continued despite her best efforts.

At the right time, Debra allowed herself to hear the confrontation in therapy about the incongruence between her energy and her persona. With an outburst of tears that lasted intensely for 15 minutes, Debra experienced a cathartic release of energy. She reported experiencing a "genuine realization" that she had a right to be angry at him for all the years of suffering through which he put her. She felt in that moment a sense of peace that helped explain her behavior and bring clarity to her life. The energy that was stuck around the issue of assertiveness was released. Subsequent therapy dealt with *how* Debra could implement her newfound desire to be assertive in a healthy way.

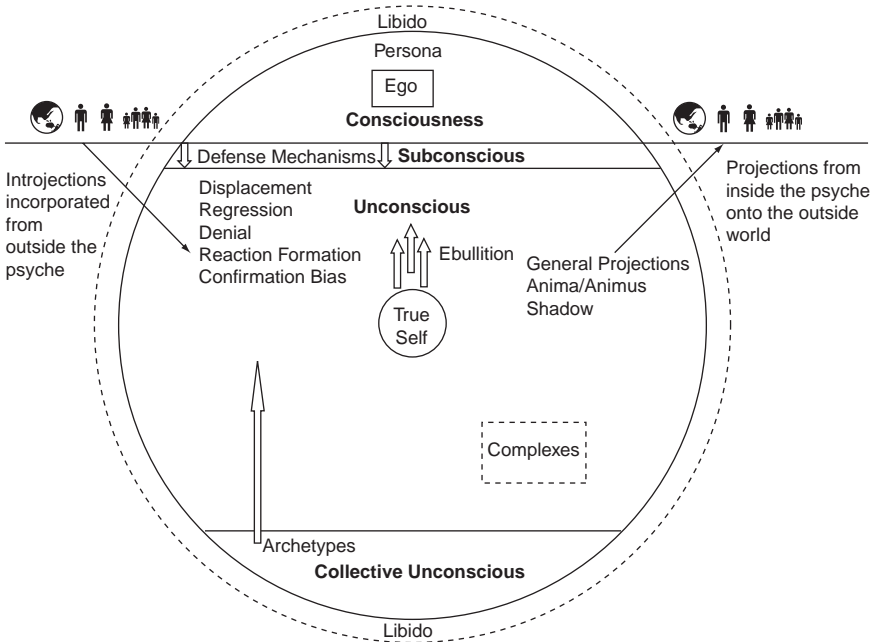


Figure 5.1 Psychodynamic circle.

PSYCHODYNAMIC CIRCLE

Figure 5.1 is a visual representation of some of the concepts presented in this section. Drawing the psyche as circle mimics Plato's declaration that the soul is a circle (Frost, 1955) because it is never beginning and never ending. Discussing metaphysical concepts in geometrical terminology is inherently limiting; however, the circle provides a visual tool for therapists to understand the concepts more completely and for therapists to use to help explain psychodynamic concepts to their clients. The libido is the energy that drives the psyche. The persona is the mask we wear to support our egos. The ego is in the center of consciousness, but, as can be seen in the image, is far from the center of the psyche. The defense mechanisms protect the ego from the unconscious. The true self is in the center of the psyche, its ebullition constantly moving toward what is conscious, with the prime goal to expand consciousness. Introjections come into the psyche from the outside world; projections leave the psyche and move onto the outside world. Complexes are groups of related images buried deep in the unconscious, and archetypes spring from the collective unconscious. The collective unconscious, like the darkest waters of the classic Freudian iceberg model, is in the deepest part of the human psyche.

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6

Classic Therapy

PERENNIAL APPROACHES

The great founders of counseling and psychotherapy produced not only great theories and ideas, but great techniques as well. Alfred Adler (1917) was creative in his approach to psychotherapy, first turning patients' chairs toward himself and abandoning the couch, next finding practical ways for clients to hear what he was attempting to convey. From his creative roots stemmed many more theorists with many more techniques. Carl Rogers (1961) clarified core conditions under which change would most likely occur. Sigmund Freud (1900) and Carl Jung (1950) helped develop, albeit different, systematic approaches to dream interpretation. Milton Erickson refined the ability to speak to the subconscious of individuals through brief tales and language set in the past tense. Fritz Perls (1973) demonstrated the power of experiential techniques in both individual and group settings. Albert Ellis (1961) integrated the philosophy of Epictetus, Ludwig Wittgenstein, and many others to illustrate the influence of language on people's emotions. Eric Berne (1967) created a systematic approach to explaining interactions among people. William Glasser (1985) generated an efficient way to approach clients when time and clarity are of the essence. All in all, the leaders of this field have paved the way for a new generation of counselors and therapists to influence countless clients (see also Haley, 1993).

This chapter presents a few selected techniques from the leaders in the field. Each technique is steeped in pragmatism, and each can be drawn from to help clients gain insight and strategy for tackling angst. As with every technique, a background in the theoretical orientation greatly helps, but each classic technique is presented here in a way that it can be integrated independently into clinicians' practices. Counselors and psychotherapists can feel confident that when they are drawing on these techniques, they are working with techniques that have been used with a multitude of clients over many years.

THE EMPTY CHAIR TECHNIQUE

Perhaps one of the most powerful techniques that can be used in therapy is the empty chair technique. The technique is simple, but the outcome can be profound, therefore, it is important that the technique not be used lightly. The empty chair technique involves having clients talk to a loved one with whom they have no more contact (because of death or lifelong separation) via an empty chair (the empty chair technique is the name of a specific technique that is used for dealing with people in this situation; see "The Use of Chairs" in chapter 4 for a broader use of empty chairs). The technique, if done properly, will drum up extraordinarily powerful emotions. Therefore, six very important aspects should be considered before using this technique.

First and foremost, therapists must be ready to handle extremely deep emotions and profound realizations from clients. Second, therapists who choose to use this technique should be prepared to know how to follow through with the catharsis that is often released through the exercise. Third, therapists will likely benefit greatly from focusing on the empty chair while the client talks to it, only glancing occasionally to pick up on the clients' overt behaviors. Fourth, counselors must maintain a serious demeanor when asking clients to talk to an empty chair; counselors who are insecure about using the technique or uncertain it is the right time for clients to talk to the empty chair are likely to elicit insecurity from the client. Eliciting insecurity around this technique can be a travesty for clients because the catharsis that can be achieved from performing this exercise can provide a profound sense of relief for clients. Fifth, timing is essential for this technique. Employing the technique before clients are cognitively, affectively, and behaviorally ready to use it will not likely help clients produce a catharsis. Finally, therapists using

the empty chair technique will likely benefit from offering the technique to clients in a nonattached way, that is, therapists should invite clients to try the exercise rather than tell them to do it.

Counselors and psychotherapists should be mindful of the inherent power differential between themselves and their clients. Clients are sometimes willing to acquiesce with their counselor's requests regardless of whether or not they really feel comfortable enough to do so. A good guideline is for therapists and counselors to remain unattached to what they suggest. Most counseling techniques work best when clients are "invited" to try them rather than *told* to do them. When clients even seem to be a little resistant to trying techniques, especially physical ones such as the empty chair technique whereby they would literally be talking to an empty chair, it is helpful for therapists to preemptively offer them an out such as, "You seem a little hesitant to do this: You know what, let's dump this idea for now and go back to what we were talking about." By not forcing clients to do techniques, or by being mindful that they may acquiesce before they are ready, counselors can meet clients where they are in regard to the stages of change.

Clinical Example

June's father was seemingly perfect in her eyes. He had died 3 years prior to the onset of our therapeutic relationship. She sought therapy because she had trouble parenting her two young sons; she reported neither son would listen to her. June had been estranged from her mother for years. Her father died hating her mother, and he passed on those feelings to June. In therapy one day, I reflected how she saw her father as relatively perfect, to which she replied, "He was, he hardly ever lost his temper." I pushed her to learn more about when she could remember his losing his temper, and she said very casually, "Well, there was that one time when he threw the phone at my head, but that was it, I mean he usually . . ."

"Wait a minute," I said as I interrupted her, "Did I just hear you say, 'my father threw a phone at my head'?"

"Yes, well I guess he would get mad sometimes."

Over the next couple sessions June came to recall countless instances where her father was physically and verbally abusive to her mother, sister, and her. She recounted horror stories of being confined as a child to the living room of their mobile home throughout the summer. Her father would keep the shades drawn and tell the family how they were all horrible sinners for wanting to go out of the house. He would physically

beat her mother in front of the children, then let them know how it was all her fault. The kids came to hate their mother for “messing up” so much. They themselves were regularly beaten with a belt and told they deserved it for being sinners. They believed him.

June’s father had been so strict, in fact, and she had repressed so much, that when it came to parenting her own children, she feared nothing more than becoming like him. She, therefore, never disciplined her children and let them do anything they wanted. June became increasingly regretful and distraught that she lost her relationship with her mother. In retrospect, her mother was not the evil person her father made her out to be, just an abused woman who feared for herself and her children. June’s anger grew toward her father, but she had no outlet, no way to reconcile her feelings toward him.

The first time I offered the empty chair technique, June became so still and quiet that after about a minute of silence I looked up to see her shaking and crying with a complete inability to even look at the empty chair; we moved away from the technique that session. As the sessions went on, however, we continued to work more and more toward having her get closure with her father by letting him know how she felt, by letting him know all she had pent up inside her. Finally, in the third attempt at the empty chair technique, in the midst of some of the most tension I have felt in a room with a client to this day, after about 30 seconds of silence, June began screaming almost uncontrollably at the chair. Amongst profanities too extreme for print, June screamed, “You took away my life! You made me afraid of everything and everyone! You made me have nothing with mom! Nothing! And now mom is dying of cancer and I hardly have any time to make up with her! But I will make up with her! I will have the relationship you didn’t want me to have! I will burn your pictures! I will never tell your grandchildren another word about you! I hate you!”

She went on for almost 10 straight minutes of screaming, crying, and releasing. When she was done, I had tears well up in my eyes for the pain that was just expressed (I held back crying as I believe my job is to be genuine but also to be strong for my clients). After experiencing one of the most powerful catharses I have ever witnessed, June was set on calling her mother to connect with her. In the following weeks, June asked to speak to her father through the empty chair technique three more times. She asked so that she could be relieved of any final pain from memories that surfaced. In the following months, she reconnected with her mother, and the two of them spent her mother’s remaining

days remodeling her mother's house. June's mother died 2 months later. The power of the empty chair technique should be respected and used appropriately.

REAL SELF/IDEAL SELF

Carl Rogers had a tremendous impact on counseling and psychology. His core conditions for change permeate almost every theoretical approach, and they comprise the underpinnings of many counseling techniques. If practiced to the full extent of its meaning, the core condition of unconditional positive regard can help counselors create the space for clients to feel comfortable enough to open up. By implementing the core condition of accurately conveying empathetic understanding, therapists can align with clients in a way that will garner their trust so that when therapists make suggestions regarding what options clients might consider, clients become much more likely to consider those options. Rogers's core condition of genuineness, or being transparent to clients, can be put into practice only when counselors experience congruence between their actual selves and their ideal selves. Both counselors and clients can learn the format for becoming more congruent through a simple technique.

The ideal self represents all that a person wants to be (i.e., his or her dreams, hopes, aspirations, etc.). The real self represents where a person is presently in her life (rooted in the construct of the reality principle). The farther apart the ideal self is from the real self, the lower the person's self-esteem. Conversely, the closer a person's ideal self is to her real self, the higher the person's self-worth. Clients can benefit from a visual representation of their different selves (see Figure 6.1). Converting the concept of the real self versus the ideal self to a technique can be effectively done by drawing it out on a board, discussing it with clients, or even representing it with two chairs.

Clinical Example

Ann watched her parents feel dissatisfied with anything they were doing. She grew up always striving to be something more than she was. She was intelligent, won awards, had many friends, and was considered by many to be one of the most successful people they knew. Ann was, however, very unhappy. She was not sure what or who she "should have been,"

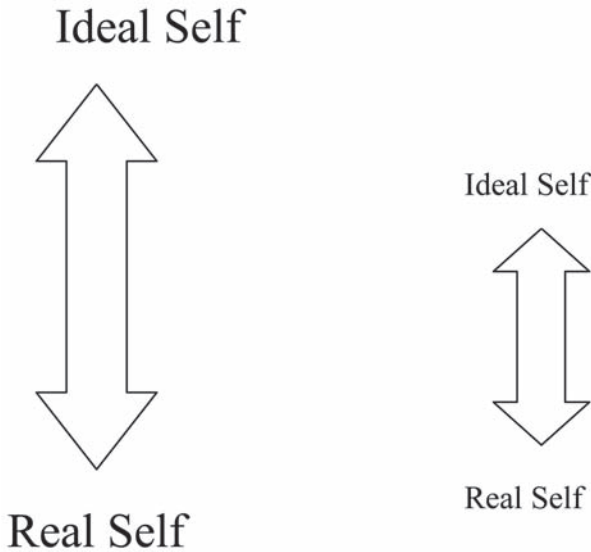


Figure 6.1 The closer the ideal self is to the real self, the more congruent the person is.

but she was sure that who she was and what she did was not enough. By using the real self/ideal self technique, I was able to set the stage for a conversation about what Ann’s actual or real self really looks like by discussing her accomplishments, and then following it up with a conversation about what makes up her ideal self.

Ann, like so many others, had a difficult time crystallizing what she “should” be. It was not easy for her to articulate for what she was striving because all Ann knew was that she felt like she had to be more. As our conversation evolved, it became easier for her to see why her ideal self is so far out of reach. For Ann, because she never feels she is enough, her real and ideal selves were analogous to identical polarities of two magnets being forced together; the closer they got, the stronger the push was between them to move in opposite directions. The energy she had concerning never feeling like she is enough was propelling her ideal self farther away. In other words, with every accomplishment Ann made, the introjections from her childhood pushed her ideal self out of reach.

Using the real self/ideal self technique does not typically solve clients’ dilemmas of lower self-esteem; instead, the technique is the impetus from which ensuing dialogues can work to crystallize what it means to live in either the real self or the ideal self. For people whose self-

esteem has been predicated on introjects, this technique can lead to an eye-opening realization. Remember that a difference exists between self-esteem and self-efficacy. Self-esteem has to do with the worth people believe they have; self-efficacy has to do with performance. Though raising self-esteem (with compliments, flattery, etc.) does not effect self-efficacy, when self-efficacy increases, a direct correlation exists to increased self-esteem. In other words, when people feel good about how they perform, they tend to feel good about themselves. Therefore, as therapists help clients align their real selves with their ideal selves, they should be mindful of ways clients can augment their self-efficacy en route to higher self-esteem and greater congruency. In all cases, when people's real selves become more congruent with their ideal selves, they have an opportunity to be more fully genuine.

SPITTING IN THE CLIENT'S SOUP

Alfred Adler was a master clinician who developed many innovative techniques. One particular technique he called *spitting in the client's soup* is a simple, yet effective way of making clients aware of the negative outcomes they are bringing forth from their inability to cope with life stressors. The "spitting" is obviously done into metaphorical soup; it is a means of calling clients out on their behaviors. People tend to take their anger out on those around whom they feel safest. Oftentimes, without realizing it, people develop patterns of dealing with stressors that include ritualistic displacement (see "Displacement" in chapter 5). The defense mechanism can be broken through when counselors implement spitting in the client's soup.

Clinical Example

Robert struggled with an addiction to gambling. He often complained that he "just couldn't get a break." He would frequently take his paycheck to the casino and spend just less than half of it playing slot machines. He wanted so badly to change his financial situation that he struggled with seeing how he was consistently hurting it by gambling. He came in for therapy because he reported his wife "made him." He was in the precontemplation stage regarding his addiction, and the first step to helping him gain awareness came through the use of spitting in his proverbial soup. His wife joined him in the second session

and reported that she longed for their marriage to be like it used to be. She longed for him to treat her with respect, rather than being the “dumping ground” she felt she had become. “There’s a big difference,” she said, “in being there for someone and being someone’s garbage can.”

Robert’s wife’s cell phone rang minutes after she was done talking, and she had to excuse herself to pick up their child from school. After she left, I asked Robert for his response to what his wife said about being his “garbage can,” and he nonchalantly replied, “I don’t know.” From his perspective, his wife constantly nagged at him. All he wanted was “a break,” and he thought it was ridiculous that she thought he had a problem with gambling.

“It’s really tough,” I said, “having to shoulder the responsibility for your bills. I can understand why it’s easier for you to take things out on your wife when you don’t catch a break gambling. You probably don’t mean to do it; you’re probably just used to being hard on her when you can’t catch that break.”

“I don’t know, I guess I didn’t realize that I’m being that hard on her,” he said honestly.

With compassion I replied, “I can see that because your focus has been on that damn break that keeps getting away and not on how you treat your wife. When you come home it’s probably really hard to recognize that ‘Hey, I didn’t make as much money as I wanted to, and I feel like I’m not acting like the man I want to act like,’ so you go right for taking it out on her rather than taking responsibility for your financial situation.”

He turned his head down and to one side as though he was thinking about what I just said, so I continued. “I understand it’s hard, but I wonder if taking it out on your wife is really getting things to where you want them to be.”

Spitting in the client’s soup was used when Robert was called out on being held accountable for his behavior; specifically, it was used when I called him out on the reason *why* he seems to do what he does (i.e., by addressing that he takes things out on his wife rather than being accountable for his financial situation). From this brief aspect of our interaction, Robert spent the next few weeks looking at his detrimental behaviors and significantly lessened his “taking things out on his wife.” In addition, without an excuse for his behavior, he began the process of recognizing his gambling problem. While Robert maintains a long struggle with his addiction, he no longer attempts to place blame outside of himself for

his actions, which has led him to reaching out for more help, and, I believe, has put him on a path to wellness.

TRANSACTIONAL ANALYSIS

Transactional analysis (TA) is a theoretical approach to counseling and psychotherapy that is rarely included anymore in books on counseling theories. While its popularity has subsided, its pragmatism remains very useful. Even without accepting all the tenets of TA, therapists can benefit greatly from some simple and pragmatic techniques that stem from Eric Berne's work. According to Berne (1967), people live out of three ego states all the time. Ego states are analogous to states of mind. Berne named the three ego states Parent, Adult, and Child. One does not have to be a parent, adult, or child to move among the three states; the ego states are a part of everyone. While a particular ego state seems to dominate the presence of people at any given time, people can move in and out of ego states rapidly.

The parent ego state can be divided into two parts: the nurturing parent and the critical parent. The nurturing parent (NP) consists of that part of the personality that exemplifies love, compassion, and giving. Examples of statements made from the NP are: "I love you," "I care about you," "I will do anything to help you." As we are dependent beings, the nurturing parent ego state is an essential part of existence.

The critical parent (CP) ego state consists of the introjected ideas received from parents. The CP exemplifies the part of the personality that is critical of others and attached to its own ideas. Examples of statements made from the CP are: "You will listen to me!" "You should not think that way!" "You must do what I say." Mystical writings have described for eons how accepting chaos is a more difficult but rewarding path. Believing the world is exactly the way we see it is a helpful defense mechanism, and it seems to be important for people to have others agree with them. All the attachment to ideas stem from the CP.

The child ego state, like the adult ego state, can also be divided into two parts: the free or fun child and the hurt child. The fun child (FC) ego state is the aspect of us that seeks pleasure, enjoyment, and fun. This is the heart of lightness, of joy, and of laughter. William Glasser (1985) was among the first to write about the role of fun in human existence to the extent that fun comprised one of his four mechanisms to wholeness (belonging, power, freedom, and fun). Examples of the FC shining

through are playing games, drinking with friends, and doing whatever fun activities bring enjoyment.

The hurt child (HC) ego state is the part of the personality that feels sorry for itself. A person acting from the HC feels helpless, as though she has no control, even over her own behavior. Typical statements that exemplify the HC are: “Poor me.” “I never get to do anything.” “It’s not fair!” The person acting from this ego state has difficulty taking responsibility for her actions and usually feels powerless to do anything about her situation.

The adult (A) ego state is that which is based on rationality. In psychodynamic terms, it is the regulatory function predicated on the reality principle. It is a relatively emotionless state in the sense that the passions seem to stem from other ego states. The adult is rooted in balance. That is, it is the ego state whereby people can observe the world around them without becoming swept up in it. Examples of statements made from the adult ego state are: “It’s unfortunate, but it’s not the end of the world.” “That didn’t happen the way I wanted, but I can handle it.” “I respect that you’re upset right now.” Statements made from the adult ego state do not consist of what Ellis (1961) termed irrational beliefs or what Beck (1976) termed cognitive distortions. The adult ego state is one that can accept ambiguity and can move beyond the self-centeredness exemplified by the other ego states.

Figure 6.2 is an example of a client’s diagram of her ego states in a TA eogram.

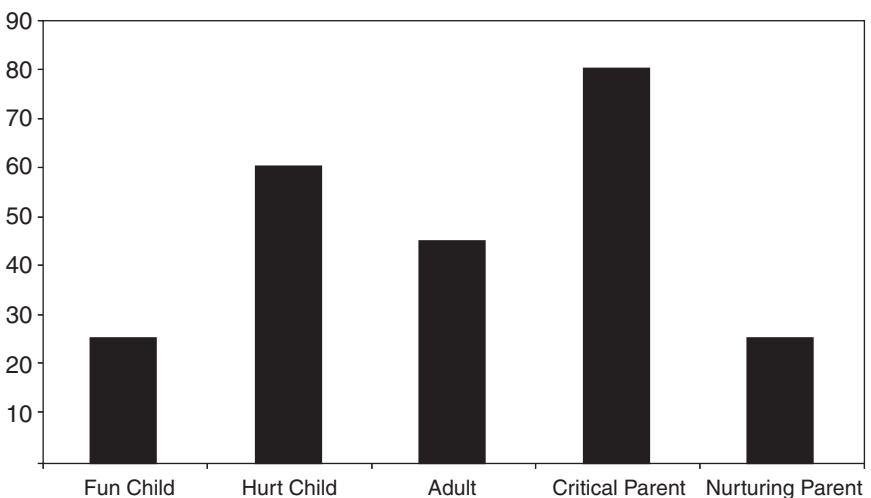
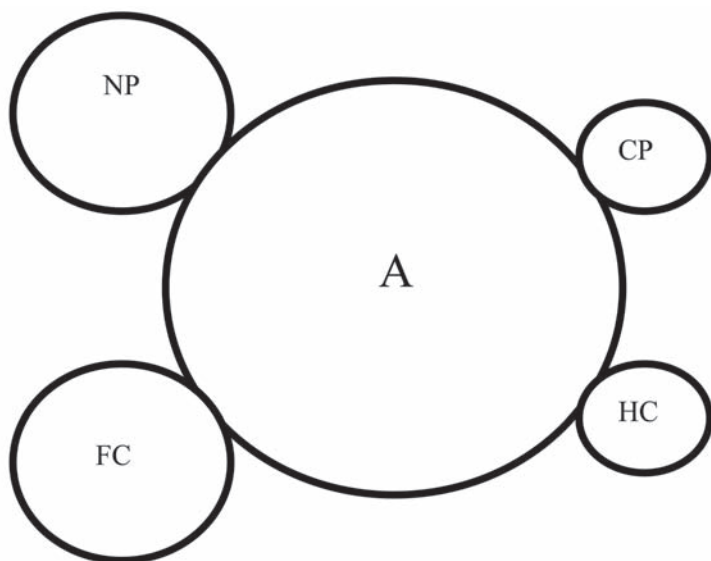


Figure 6.2 A transactional analysis eogram.

A healthy person tends to have a large adult ego state regulating the other aspects of her personality. Thus, Figure 6.3 is a diagram (drawn differently from the egogram) of the ego states of a healthy person.

A question often asked is, “Why wouldn’t the healthiest person be the one who has the largest nurturing parent?” The answer is simple. A person with a large NP who does not also have a large A to regulate the NP ends up with the personality description of the classic enabler. She is the mother who, after yelling at her 16-year-old son not to leave the house and he does anyway, buys him a pizza when he finally comes home at midnight because she “doesn’t want him to go to bed hungry.” Conversely, while the free or fun child would seem to be a healthy person who enjoys life, a person with a large FC and no regulating large A tends to end up as the person who accepts the least amount of responsibility. This is the person who fails out of college after the first semester



Example diagram of the ego states of a relatively healthy person according to transactional analysis language

Figure 6.3 A healthy person.

because he seemed to have no ability to balance responsibility with the fun he was having.

For any understanding of the ego states, easy approaches to teaching them exist. For example, clients can draw egograms of how they see their personalities.

Oftentimes, however, and not surprisingly, clients' view of themselves via their egograms is different from family members' egograms of them or the therapist's view of them. This can provide grist for the proverbial mill in regard to therapeutic conversation. For instance, counselors can ask, "What do you think makes up the discrepancy between how you view yourself and how your loved one views you?" Notice in the preceding question the word "why" was not used. This puts the question in the realm of cognition and takes it away from emotional defensiveness.

Transactional analysis, as the name implies, is the analysis of the *trans*-actions that occur between or among people. Eastern philosophy and theology (arguably one and the same to many) are centered on the fundamental belief that all beings are but many aspects of one Being. That concept is not limited to the East; Occidental writers have also been proponents of this concept. John Donne famously wrote "No man is an island, entire of itself." Alan Watts (1966) believed Kant's *ding an sich* (the thing-in-itself) does not exist. Libraries are filled with volumes written about this one idea: that is, we are all interconnected. The profundity for counselors understanding the interconnectedness is great to the extent that it can drive their fundamental assumptions. If, as a therapist, your belief is that all people affect one another, then you will do at least two things: One, you will be more likely to live out being open to admitting your mistakes and the role you play in interpersonal interactions; and two, you will be more effective at convincing others that they have a part to play in *every* interaction they meet.

For example, imagine working with a 12-year-old girl who believes that life isn't fair and that she "never gets to do anything fun." Working from a TA framework, a therapist can easily describe the different ego states. Therapists may also choose to use different chairs to represent different ego states (see "The Use of Chairs" in chapter 4). Experience has demonstrated, however, that calling a chair the "Hurt Child Chair" is more likely to elicit a client's fight or flight response than phrasing it something such as, "Let's say this chair represents the little girl inside of you who really wants to get whatever she wants . . ." By phrasing it this way, the error of language is usually circumvented, and with the client's defenses down, she is more likely to be open to the point the therapist is

attempting to illustrate. I have been successful building rapport with clients by using Yield Theory and by being careful to consistently attempt to observe the world from the client's perspective. Once a strong rapport has been built with clients, it seems to be much easier and more likely to hear clients say things like, "Yes, I am acting like a little kid."

Transactional analysis provides a practical framework from which counselors can describe to clients more effective ways to interact. It also externalizes the concepts to the extent that counselors can share their analysis of clients' interactions without eliciting clients' fight or flight response. The more effectively practitioners learn the concepts of TA, the more creative they can be with how they introduce it. As with all the techniques, counselors and therapists who practice what they preach will likely be the most genuine when they convey it to their clients.

COGNITIVE THERAPIES

The goal of cognitive therapies is to help people alter the way they perceive the world. Perceptions, after all, are thoughts, and the crux of cognitive therapy is restructuring ineffective thoughts. Understanding logic is a key to helping clients speak accurately to themselves and others about the world around them. The concepts of irrational beliefs and cognitive distortions are both rooted in an understanding of philosophical fallacies. Therapists purporting to dispute illogical thoughts must first have sound reasoning themselves, and sound reasoning is predicated on understanding mistakes in logic. This section is intended for readers to gain a basic understanding of common philosophical fallacies so as to increase their ability to identify faulty logic. Therapists who understand these fallacies well will have a better chance at helping others weed out poor personal philosophies.

Cognitive therapists systematically attempt to challenge their clients' thoughts (Sharf, 2007); however, *how* they challenge their clients' thoughts differs from therapist to therapist. Some take a relatively direct approach in confronting clients, whereas others are more subtle. Different methods of implementing cognitive therapies exist, but cognitive therapists all attempt at some level to help clients challenge their thinking. By evaluating clients' schemata (the way they organize knowledge), counselors can help them work to alter or create new ways to view the world. The following two sections are provided to help therapists gain a

clearer understanding of both logic and method in evaluating and impacting clients' schemata.

FALLACIES

Many people in the Occident have introjected that logic is the highest form of knowledge (Campbell & Moyers, 1988). Reason, of course, is the cornerstone of logic. People create personal views of logic that serve them throughout their lifetimes. Unfortunately, many people develop a personal system of reasoning that is not logical. Albert Ellis (1973), Aaron Beck (1976), Donald Meichenbaum (1977), and many others (Beck, 1995; Dryden & Neenan, 2004; Walen, DiGiuseppe, & Wessler, 1980) have demonstrated that inaccurate language becomes ineffective for clients. Twentieth-century philosopher Ludwig Wittgenstein considered himself "the last philosopher" needed because he believed he solved all logical dilemmas by going so far as to write in his *Philosophical Investigations* (1973) that no real problems exist, only problems in language exist. According to that logic, the job of the therapist is to dispute clients' thoughts that are not consistent with reason; or, in Wittgenstein's terminology, show clients how they have no real problems, just problems in how they describe the world (probably a good thing that he was a philosopher and not a counselor because that would likely undermine the whole concept of validation). In any case, if therapists purport to dispute inaccurate or ineffective language, they must be versed in philosophical fallacies. Philosophical fallacies are errors in argumentative language not rooted in reason. They are equivocation, begging the question, ignoring the question, *non sequitur*, *reductio ad absurdum*, inducting generalizations from too few instances, and analogy based on instances different in important respects.

Equivocation is the fallacy of using the same term with different meanings. For example, the word *disaster* means a catastrophe of enormous proportion, often resulting in the loss of life, property, etc. While the "etc." implies room for defining disaster subjectively, the term greatly dissipates if we accurately use it loosely to describe everything from 9/11 to spilling paint on the rug. If a client willingly describes the 2008 earthquake in Myanmar, which resulted in the loss of over 22,000 lives, as a disaster, that same client cannot also accurately describe spilling paint on her new couch as a disaster. Following the line of logic deduced from reasoning, clients would benefit from understanding that it is more ef-

fective for them to say that it is “unfortunate” they spilled paint on a new couch, whereas thousands of people dying in an earthquake is more accurately described by the word “disaster.”

Begging the question is a term often misused in the modern media. Unfortunately, oftentimes reporters telling a story about something that they believe opens the door to something else will say, “which begs the question of whether the Governor will choose to stay in office.” Begging the question does not mean that one thing leads to another. *Begging the question* occurs when someone assumes something to be true that still needs proof. The entire argument presented in this book about the human psyche falls victim to the fallacy of begging the question. Anyone can argue reasonably that because no proof of the human psyche exists, talking about it is an argument developed on a fallacy. (Knowing this does not stop me from writing about it, however, because I am also aware that Occidental understanding stems from Aristotelian logic and Cartesian thinking [Campbell, 1991], neither of which encompasses the entirety of knowledge. Logic, though valuable, is limited.)

A clinical example of how clients use begging the question to maintain their safe understanding of the world can be seen in Rita. Rita believed she could not meet a new potential boyfriend because she reasoned if she did meet someone new, he would think she was a failure since she was 29 years old and not currently dating anyone. While this is a statement many single people have articulated at one point or another, for Rita, it precluded her from going out of her apartment and actually trying to meet anyone. By evaluating her statement as a fallacy, specifically by defining it as begging the question rather than using the term irrational belief, Rita was open to adjusting her private logic.

Ignoring the question is the philosophical fallacy that specifically means an arguer introduces any consideration that distracts from what is really at stake. Ignoring the question is probably most easy to identify when politicians talk. It can also be easily identified when neighbors and family members who are attached to one political side or another discuss politics, as they seem to fall victim to the fallacy of ignoring the question pretty regularly. Consider the family discussion about politics when the topic of whether or not a candidate voted for a certain issue arises. Now let us say that no one on either side of the issue in the family took time to look up factually whether or not the candidate did in fact vote to support the issue. The proponents of the candidate will likely turn the argument into something wonderful the candidate did, even though it has nothing to do with whether or not the candidate actually voted that way, and the

opponents will likely point out something not pleasant about the candidate, again, even though it has nothing to do with the issue at hand. Both parties in this instance were illogical in their conclusions because both used the fallacy of ignoring the question.

Non sequitur is a Latin phrase meaning, “it does not follow.” In a very real sense, almost every fallacy is a non sequitur because whatever conclusions are reached are fallacious. Some very specific fallacies exist, however, that can be easily identified when clients talk. For example, consider the woman who says, “I know that he doesn’t drink or use drugs, so he should be a good dad.” Of course a man who never touched alcohol or drugs may still be apt to beat his children at one extreme and ignore them at the other. In either case, not drinking or using drugs is not a direct correlation to being a good father. The argument that a man who does not use drugs or alcohol will make a good father is a non sequitur.

Reductio ad absurdum literally means reducing an argument to its absurdity by following logical reasoning. For example, consider the use of *reductio ad absurdum* in the following argument against the gay and lesbian community: Being gay or lesbian is wrong because if everyone was gay or lesbian, then there would be no way for the human race to reproduce; therefore, people should not be gay or lesbian. This is a clear example of reducing an argument to its absurdity. The argument is also flawed because reproduction is not a moral issue in and of itself, it is a biological fact; also, this argument omits alternative reproductive possibilities (e.g., artificial insemination). The main faulty logic from this argument, however, is that it reduces the consequence to absurdity.

Inducting generalizations from too few instances occurs when arguers take an inductive leap from some to all. It may be true, for instance, that the first 42 girls Jim approached turned him down, but to say that *all* girls would certainly follow suit is inducting a generalization from too few instances (albeit it didn’t feel like too few instances for Jim). Consider the potential professor who sent his vita to over 35 universities he was interested in without getting a single interview. Had he induced the generalization that no schools would interview him, he might have ended up not sending out over 25 more applications, from which he got 3 interviews, which led to 3 job offers and a great job at the University of Nevada.

Analogy based on instances different in important respects is another erroneous approach to logical reasoning. This fallacy is grounded in the idea that if two instances are alike in a number of important points, they will be alike in the point at hand. To counter this fallacy,

people who argue by analogy should consider two tests for their analogies: (a) that the two examples compared are *similar in important respects*, and (b) that *the differences between the two examples must be accounted for as being unimportant*. In a counseling session, therapists may encounter a client who believes her performance is not what it should be. Whereas most therapists will challenge the client's use of the word *should* in one way or another, it can be beneficial to help the client understand why her reasoning leads her to such a conclusion. More specifically, let's imagine this client is a gymnast who reports her next opponent is similar in many respects to the opponent to whom she recently lost her higher ranking. If this client compares the old opponent with her new one, she will be using analogy based on instances different in important respects: namely, that she made it through the competition in which she lost and is now a competitor who, by nature of returning to the mat, has conquered adversity. By understanding where she went wrong in her reasoning, a therapist is able to meet her where she is and help her develop a new personal logic more consistent with effective reasoning.

ABC MODEL OF RATIONAL EMOTIVE BEHAVIOR THERAPY

As you think, so you become.

—Epictetus

The philosopher Epictetus (circa 55–circa 135 A.D.) articulated a succinct approach to life predicated on practicality, reason, and balance. Two millennia later, Albert Ellis (1961, 1973) systematized Epictetus's ideas into an approach to psychotherapy that ultimately came to be called Rational Emotive Behavior Therapy (REBT). As a systematic approach to implementing the 1st century philosopher's ideas, REBT can be an invaluable part of an advanced counselor's repertoire. Specifically, the ABC model of REBT is an excellent way to help clients see the faulty logic in their thinking. The ABC model does not have to be implemented in an impersonal style, and at no point do therapists implementing the model have to use the words "irrational thoughts" (using the term *irrational thoughts* tends to force clinicians into the error of language because many people become defensive when they believe they are being called "irrational").

The basic premise of REBT is rooted in Epictetus's teaching that people are not disturbed by outside events but by the view they take

of them. The premise can be clarified through visualization of a beach scene: Imagine two children playing on the beach by the ocean. As the two gaze out at the water, a very large wave begins to approach. One child says, "That is scary!" and runs straight toward his mother. The other child says, "That is awesome!" and dives headfirst into the incoming wave. If the wave *caused* the children to feel a certain way (i.e., scared or excited), then both would have reacted identically. Practitioners of REBT would argue that the event (i.e., the incoming wave) did not cause either child to feel anything. Instead, it was their thoughts that guided their feelings and actions. The ABC model is as follows.

- A = Activating event
- B = Belief about the event
- C = Consequence

Applying the ABC model to each child's experience can look like this:

Experience of the Child Who Ran Away

- A = Incoming Wave
- B = "This will be awful!"
"Something terrible will happen!"
"I can't handle this!"
- C = Scared

Experience of the Child Who Dived In

- A = Incoming Wave
- B = "This will be fun!"
"I will be fine."
"I can do this."
- C = Excited

Extreme language can lead to extreme emotion. Exaggerating the effects of a situation heightens the propensity of people to react in more exaggerated ways. If one believes, for instance, that she cannot handle a situation, she is likely to have overwhelming feelings at being forced to deal with it.

People exposed to media in the Western world are generally inundated with extreme language. Consider the advertising slogan "This is something you cannot do without!" Unless the advertisement is for air,

water, or basic sustenance, the idea that one “cannot do without it” is an extreme statement. Think of the line “I’m starving, let’s go get something to eat.” In colloquial language, the word “starving” is used to denote basic hunger; however, if it is used to mean anything other than a lack of nutrients at a life-threatening level, the word is inaccurate.

The ABC model can be applied by writing the process down on a board or by talking the client through the situation. Probably the most difficult aspect of the technique is learning how to write down beliefs and not feelings under the “B.” If a counselor writes a feeling under “B” instead of a thought, she will have a difficult time disputing it. Another difficulty to writing out the beliefs is writing down thoughts that are not extreme. In each instance, keep in mind that the beliefs are largely subconscious thoughts, so they usually consist of a rough estimate of possible self-talk. In other words, just because a client denies saying to himself that things are “awful” (or other extreme adjectives) does not mean that he is free of extreme language.

Clinical Example

Barb and John had been married for 43 years. I first met Barb during my internship at a mental health clinic. Sadly, she had never been asked what she wanted from therapy and was taken back when I posed the question. Barb reported coming in for counseling because “she liked to talk” and had been going to a therapist for years. I asked her what stopped her from talking to her husband, and she laughed, saying that they not only do not talk, they do not even sleep in the same room anymore.

“Okay,” Barb said, placating me, “I’ll play your game; what I want from therapy is a better relationship.” Keep in mind I was an intern at the time and thought I had many more answers than I do now, so I said, “Great, I can help you with that!” I asked if her husband would be willing to come in with her to talk, and she laughed condescendingly at me, saying that was not an option. I asked her if she considered leaving the relationship and finding a better relationship with someone else, to which she also replied that was not an option. “I never finished 10th grade, I haven’t worked in well over 30 years, and I don’t believe in divorce, so where am I going to go?” was her exact and rather harsh response.

I summarized what I thought I was hearing, “So you are not happy at home, you would like to be, your husband is not willing to come in to therapy with you, and you are set on not leaving him. Is that about correct?”

“Yes,” she responded.

“So tell me what makes you so upset with each other?” I asked.

“Okay, you want to know, I’ll tell you. Yesterday I just finished cleaning the kitchen when John came in, took off his coat, left it on the floor, took the bread out of the bread drawer, spilled crumbs all over the place, then walked out! I was furious with him so I screamed at him, he screamed back at me, and we haven’t talked since! He makes me so mad!”

“Man, that’s messed up. What did you do next?”

“I cleaned up the kitchen then did my crossword puzzle.”

I went on to explain the idea that things do not make her mad, that she has the power to control her thoughts, and that despite his unwillingness to come in, she can change her relationship into the one she wants. Barb, in the nicest possible way, told me that while she liked my enthusiasm for wanting to help, she did not think I was going to tell her anything profound and that her relationship had been that way for the last 38 years, and no therapy could help that. I believed wholeheartedly differently, so we agreed on keeping her regular weekly appointments. I laid out the ABC model for her in the following way:

A = John messes up the kitchen

B = “He shouldn’t do that!”

“It’s awful when he does!”

“I can’t stand it!”

C = Anger, which leads to yelling

Next, we discussed what the outcome might look like if we were to dispute her “B.” While therapists do not have the ability to change the activating events, or stop them from occurring, they do have the ability to facilitate clients changing their beliefs about the events, which directly affects their consequences or feelings. Therefore, disputing Barb’s beliefs looked like this:

A = John messes up the kitchen

B = “I wish he wouldn’t do that.”

“It’s unfortunate he did,
but I can handle it.”

C = Frustrated (not angry)

Barb admitted that in 10 years of therapy she never saw anything like this, and she believed it made a lot of sense but reported, “Honey, you

can't teach an old dog new tricks." Still, for 50 minutes a week, for over 2 months straight, we constantly disputed her irrational beliefs (though I never used the word *irrational*). One day, about 10 weeks into the process, Barb showed up late to her session. She had not been previously late, so I asked her what held her up. She reported that she only came in to thank me and just wanted to relay a quick story to me.

"Yesterday something happened to me that was similar to what we talked about the first time I saw you," she said. "Do you remember what it was?"

I shook my head no.

"Well I do," she said. "And what happened yesterday seemed like some kind of miracle. I had just cleaned up the kitchen when John came in and got out some left-over chili. He put it in the microwave without covering it. After 2 minutes it started to explode all over the inside of the microwave. He shot a glare at me as though he knew he did wrong but didn't want me to acknowledge it. I was just about to yell at him when all of a sudden everything we've been talking about hit me like a ton of bricks. I thought to myself, 'it's not the end of the world' and 'I'm going to clean it up anyway,' so I just smiled at him. Well, I could tell he thought I was up to something, so I just said, 'that's okay honey, I will clean it up, go sit down.' He was so thrown off by my response that he said, 'what the hell's gotten into you?' I laughed at that because somehow 30 years of fighting seemed ridiculous. Anyway, he sat down at the table instead of taking his chili in the other room, and we had a good laugh. It was the first time we laughed in as long as I could remember. He stayed in my room last night, and we went to breakfast this morning. We had the best conversation at breakfast, and I totally forgot about this appointment."

"That's amazing," I said.

Barb decided not to come back to counseling for awhile, and it turned out she never came back. I received a letter from her 3 months later. She and John had been sleeping in the same room ever since that night, and in their late night talks she taught him what she learned. Their relationship was now what she wanted. If Barb, after 43 years of marriage, could change her relationship around after 10 weeks of working on changing her thought processes, then many people who have struggled for a shorter time can change their thoughts as well. Using the ABC model was the impetus for eliciting the change that needed to take place for Barb.

THE MIRACLE QUESTION

While the majority of the counseling field attributes the miracle question to post-modern writers and solution-focused therapists, Alfred Adler (1929) was in fact the first to articulate what he described as “the question.” Adler’s question was, “If I had a magic wand or a magic pill that would eliminate your symptom immediately, what would be different in your life?” Fifty-nine years later, Steve DeShazer (1988) phrased the question slightly differently and called it the *miracle question*: “If you woke up tomorrow and realized that a miracle occurred, what would be different?” Another way to ask the question is to say, “If this session were to turn out exactly the way you wanted it to, what would happen?” Any way it is worded, the goal is to have the client lay a clear foundation for the therapeutic process. However it is framed, the question is an extremely effective means for clarifying what work needs to be done in counseling because any answer the client gives outlines what she wants and provides the goals for treatment.

Oftentimes even experienced therapists find themselves drifting with the content of what clients articulate rather than focusing on the process of what is occurring. When that happens, therapists lose direction. The miracle question, or any derivation of it, can bring the counselor and the client back on track toward focusing the session. Knowing what clients want is, after all, a major key to counseling. The trick is to find more effective ways to ask clients what it is they want. Hence, advanced counselors and therapists search for ways to ask the question that appeal to the individual client. Therapists can begin every session with some form of the miracle question, or they can gauge when to use it by the level of ambiguity in the session.

Clinical Example 1

Counselor: Let’s say this session goes exactly the way you would like it to go, I mean, if you were to walk away from here today and say, “Wow! That was really helpful.” What would have happened here today?

Client: Well, I guess if I left and thought it was that awesome then my mom would not yell at me anymore, or even if she did, it wouldn’t get to me so much.

Here the client has outlined a very specific plan for the therapist: Learn to deal more effectively with his mother's approach to him. Depending on the client's cognitive functioning, that is a very achievable goal. When any form of Adler's question is asked, it helps therapists take a solution-oriented approach to the session.

Clinical Example 2

In the following interaction, a 32-year-old woman is attempting to respond to the question, "What is it that you want?"

Client: I don't know. I don't know what I want.

Counselor: Let's say that you wake up tomorrow and you find that a miracle occurred and all your problems were solved. What would that look like?

Client: I'd have a million dollars!

Counselor: Would all your problems be gone then?

Client: Not all of them, but at least my husband and I wouldn't fight about money anymore.

Counselor: Would that be the miracle that would really change things for you?

Client: Actually I guess if we didn't fight any more, or at least just fought like normal people, that would be a miracle.

Counselor: Would you like to work on that?

Client: On not fighting as intensely or as much as we do, yes, but Mike won't come in for counseling.

Counselor: I understand you're frustrated that he won't come in, but do you believe that it's possible for you to learn a different approach to how you respond to him, even if he never shows up?

Client: Yes. I know I definitely play a part in it.

Counselor: How about if we start to talk about what specifically an argument between you two looks like.

The session now has a specific direction. Keep in mind the myriad directions in which a single session can go. For example, when the counselor in the previous example asked, "Would you like to work on that?" he could have responded with, "What else might have changed through that miracle?" to inquire more deeply into what the client wanted. No right answer exists for which direction to go in or how

deeply to inquire about clients' answers, but in whatever direction clients go in response to the miracle question, the session tends to become much more focused.

Sometimes novice counselors panic when clients report that their miracle would be to have a million dollars because that does not seem to be a counseling issue, but a response like that is likely most effectively handled by validation, and then followed up with the question about what having a million dollars would do differently for the client's relationships or happiness. By having clients articulate clearly what it is they want in regard to a miracle, therapists are in fact having clients clearly articulate goals for therapy. Research has demonstrated for many years that clear goals are much more likely to be met than unclear goals, so beginning a session with the miracle question is a great way to set up the therapeutic process for success.

CONFUSION TECHNIQUE

When the brain is bombarded with confusing stimuli, it works rapidly to make sense out of the first clear thing that is presented. Influenced by the work of Milton Erickson, the confusion technique was developed to help therapists emphasize pertinent points. The concept is that therapists will start a brief, tangential monologue that makes little to no sense and end with a terse, relevant statement to the client's life. When clients are distracted or lost by the confusion, their brains look for, and zero in on, the clear statement presented.

Clinical Example

Darren was a 15-year-old young man who was diagnosed with Asperger's disorder. He was brought to therapy primarily because of the sibling rivalry that occurred with his older brother. Darren often went off on tangents that were difficult to follow. His flight of ideas then usually ended with him mumbling softer and softer. Darren enjoyed coming to therapy, but I wondered how much was getting through to him until I discovered an effective way to communicate with him. I found that when I attempted to be clear or concise with my reflections, Darren would look out of the window and pay little attention to me. I knew I needed to change my approach to be more effective with him. The following interaction is what took place toward the end of a session. Darren

had just finished trailing off after a flight of ideas when I responded with the following:

“I think I know what you mean because there were several times when I was sitting on a bench, well, not so much a bench as I was in my car, which, by the way, may need air in the tires, and anyway we weren’t there, at that one place for too long before that really big guy came out; I don’t know, he seemed scary (Darren was intently listening and squinting his face as though he was trying to follow), but I remember this one time when I was young, and there was this field and I could not imagine how people cut it because the trees were enormous, like that time I saw skyscrapers in New York, but then I was going to get in an argument for some reason, but I am telling you Darren, *you and your brother have to find a way to fight less or you’re going to continue to be in trouble with your mom.*”

Much to my surprise, Darren said with astounding clarity, “I know, my mom already took away my train set, and I want to get it back. He just makes me so mad. I don’t know what to do.”

That began our first effective communication. I mimicked his flight of ideas with a stream of consciousness of my own, then ended on a clear idea. Not only was this technique effective for having Darren hear what I wanted to emphasize, it also helped him remain focused and looking at me when I spoke. Many children who are struggling with remaining focused in social interactions can benefit from the confusion technique.

W.D.E.P.

Out of the wellspring of William Glasser’s Control Theory comes a brief and effective model that can be used regardless of theoretical orientation. Reality therapists rely on the W.D.E.P. system developed by Robert Wubbolding (1991), but practitioners from other theoretical approaches may also integrate W.D.E.P., at a minimum, when they are pressed for time. W.D.E.P. is a four-question approach to problem solving and can be used as a technique as much as it can be used as a systematic model of counseling. Wubbolding’s four-question technique is both innovative and effective. School counselors, action-oriented therapists, counselors with limited time, teachers, and lay persons alike can benefit from W.D.E.P.

W.D.E.P. stands for “Wants,” “Doing,” “Evaluation,” and “Planning.” Practitioners using the W.D.E.P. system approach clients by first asking

them what it is they want. “What is it that you want?” is not only a reasonable question to ask clients, but it also helps them quickly organize their desires. When therapists effectively phrase this question, clients essentially deliver therapists their treatment goals on a platter. Oftentimes, when novice therapists reach an impasse in therapy, they have done so because they have not accurately grasped what the client wants. With training, therapists can become comfortable with asking, in one form or another, what it is specifically that clients want, even if they have failed to do so in the first part of the session. In other words, it is better to ask what clients want later than never ask it at all. The answer clients offer to the question often provides great clarity to sessions.

The second letter in the acronym W.D.E.P. stands for “Doing.” Once clients articulate what it is they want, therapists using the W.D.E.P. technique next ask what it is their clients are *doing* to get what they want. Asking clients, “What is it that you are doing to get what you want?” allows therapists to quickly assess what stage of change their client is in. For example, clients who respond to this question with “Nothing, why?” are probably in the precontemplation stage because they likely have not even considered going after the change they want. Clients responding to the same question with something like, “I haven’t done anything about it yet, but at least I’m thinking about it” are likely in the contemplation stage because they are thinking about change but have not acted on it yet. Clients who say, “I have been trying a little bit, it’s just hard for me to stick with it” are likely in the preparation stage because they are reporting that they are making small changes. Finally, regarding how this question helps therapists gauge their clients readiness for change, when clients respond with something similar to, “I have been working on this consistently for awhile now,” therapists can guess that the client is in the action phase of the stages of change (see chapter 1 for a more detailed explanation).

After therapists have used the “W” and “D” set of questions, they would move on to “E,” or “Evaluation.” An easy question to use that evaluates what clients are doing is, “How is that working for you?” When therapists ask this or a similar question, they are not only evaluating the success of what clients have tried to do in the past to solve their problem, they are helping clients hear themselves articulate how successful or unsuccessful they have been. Clients who are pleased with the congruence among what they want, what they are doing to get what they want, and how successful they are being in their pursuit of what they want have usually found resolution for that particular issue. Clients who respond to

the question, “How is that working for you?” with something like, “It’s not working at all!” are then ready to move to the last question in the W.D.E.P. process.

The “P” stands for “Planning.” Therapists who have moved through “W,” “D,” and “E” are now ready to ask their clients, “What do you think you can do differently to get what you want?” Phrasing the “Planning” as a question helps therapists respect the autonomy of their clients by first turning to them to come up with a new plan. As clients struggle to develop a new plan to get what they want, therapists can implement Socratic dialogue, or systematically leading questions, to facilitate clients’ creating a new plan. This final question in the W.D.E.P. process leads to further questions and refinement of the plan. A very helpful tip in augmenting the likelihood clients will follow through with the plan they develop is to ask them, “What might stop you from implementing this plan?” By asking this question, therapists can help clients identify potential stumbling blocks and further develop their plans.

W.D.E.P. as a four-question technique is relatively easy to learn and implement and works well when therapists have either limited time to work with clients or limited clarity about what they are working on with their clients. The simplicity of using W.D.E.P. is appealing for many, and the rudimentary nature of it helps therapists teach it to others. The following clinical example describes the application of W.D.E.P. to a young man in high school.

Clinical Example

When Matt came in for counseling, he reported being upset with himself, but he was being relatively ambiguous about why he was upset. By metaphorically stepping into my analytic self (see chapter 1), I found that his ambiguity was frustrating to me and hypothesized that maybe this ambiguity was frustrating to him as well. I decided to implement W.D.E.P.

Counselor: What is it that you want?

Matt: I want to go to college.

Counselor: What are you doing to get yourself to be able to go to college?

Matt: I don’t know. I know I should be applying to schools, and I have some applications mostly done, but I haven’t sent any off yet.

Counselor: How’s that working for you?

Matt: It's not working at all.

Counselor: So what do you think you can do differently?

Matt: I can make myself finish my applications and start sending them off.

Counselor: So you know exactly what to do to solve your problem, but something seems to stop you from sending them off. What do you think might stop you from finishing and sending off some applications this week?

In this interaction, the counselor and the client were able to cut through ambiguity by implementing the W.D.E.P. system and, thus, move the session from unproductive to productive. The clearer Matt got with describing what he wanted, what he had to do to get what he wanted, and a plan to follow through with, the less room he made for himself to continue to procrastinate. Though the reason for his procrastination was his fear of failure (which needed to be, and was, addressed later), implementing the W.D.E.P. system in the short term helped Matt move to the action stage of change and follow through with his plan by taking behavioral steps toward getting what he wanted.

DR. CONTE'S FOUR Cs OF PARENTING

Parenting is never easy. Perhaps the most honorable and difficult job on the planet is to parent effectively. That is why the most sought after skill sets in therapy are those involving parenting techniques. The techniques presented here are essentially millennia old; I have simply organized this age-old wisdom and articulated the techniques in a memorable way so they could be recalled more easily. Though it is not likely going to be difficult for therapists to learn the effective parenting techniques presented in this section, therapists should be constantly mindful that while learning parenting skills is relatively easy, implementing them remains a perennial challenge. Thus, counselors and therapists can benefit from psychoeducationally presenting the four Cs with patience. The four Cs of parenting are: choices, consequences, consistency, and compassion. By understanding and implementing the four Cs, parents can learn to take back control of their households and facilitate their children's healthy psychological development.

Choices

Common knowledge in the counseling profession is that children who have the lowest self-esteem tend to not be accountable to either rules or consequences. Children with higher self-esteem tend to have to abide by rules and consequences, and children with the highest levels of self-esteem are those who not only abide by rules and consequences but also have explanations of the purpose of the rules and consequences. Having the ability to choose empowers children. As the adage goes, give a man a fish, and he eats for a day; teach a man to fish, and he eats for a lifetime. Teaching children how to make responsible choices early on is one of the best gifts parents can give because the earlier children learn that they are responsible for their choices, the more they are likely to choose responsibly later in life. After all, how can children who have never been provided choices be expected to make good choices when they finally are given that opportunity?

Just as those who undertake a new profession have higher anxiety and benefit from more structure until they are comfortable with their new work, so, too, do children, new to the world, benefit from more structure. Parents can provide more structure to their children by limiting the number of choices they offer; the younger the child, the fewer the choices. For example, when providing choices to a 3-year-old, a parent can say, “It is time for bed. We may either read two stories before you go to bed, or you can go right to bed. It’s up to you. What would you like?” Thus, the parameters are firmly set, however, the child is given a choice. As children grow, options can be expanded, but parents who choose to set limits to the viable options their children have are more likely to end up parenting children with higher levels of self-esteem.

Consequences

Offering children choices for what they do is all but senseless if the children’s choices are not met with consequences. Consequences offered in nonattached ways are much less likely to elicit children’s fight or flight responses than those that are offered in more attached ways. In the language of transactional analysis (discussed earlier in this chapter), providing consequences from the critical parent ego state tends to elicit reactions from either a hurt child or critical parent ego state. Consequences should be clear and inevitable, and parents should be made aware that if they choose to argue with their children, they are

only setting up a power struggle with them. Providing consequences in nonattached ways can be analogous to why people tend to not voluntarily touch fire. Most people have a tendency to not touch fire because they know they will get burned. The fire is not angry with them, nor does the fire need to explain itself; it simply is what it is. Be mindful, however, that explaining oneself and providing a child with explanations as to why a consequence happened are very different things. Explaining oneself implies justification, whereas providing an explanation involves helping a child understand the nature of the consequence.

When people know that unwanted consequences are clear and inevitable, they are less likely to perform the behaviors that will lead to those consequences. Also, when people believe that they will not actually get the consequence (i.e., that it is not inevitable, or they know “mom will give in”), they are more likely to take the risk and perform the behavior. For example, if a person believes that he has a chance to get away with it, he will be more likely to rob a bank. If he knew however, that he was guaranteed to get caught and has no shot at keeping the money, then the likelihood that he will rob the bank significantly decreases. Parents, then, need to provide clear and inevitable consequences.

Oftentimes parents will complain that there is no privilege that they believe they can take away from their child. What they usually mean is that they believe nothing they take away seems to work to change their child’s behavior. Very often parents will report that their children will say, “Go ahead and take X away; I don’t care!” A statement like this usually discourages parents from following through with a consequence. It is very important to teach parents that in the overwhelming majority of instances, it is not true that children and adolescents do not care about the consequences they have to face. If they have learned that saying that a consequence does not bother them stops their parents from implementing the consequence, then children are likely to continue to say they “don’t care.” Instead of learning that their parents will follow through with giving them consequences, children and adolescents whose parents do not follow through on the consequences they say they will implement are teaching their parents to not give them consequences.

One of the trickiest parts of teaching parenting skills is helping parents find consequences that are developmentally appropriate. Too often parents in general are either way too harsh on their children or way too easy. The “punishment” has to not only fit the “crime,” so to speak, but also fit the child’s developmental level. The law of contiguity (i.e., when two ideas or events have occurred in close association, they are likely to

occur in close association again, with one eliciting the other) has taught us that timing has a lot to do with the consequences we provide. In other words, when a young child chooses to not settle down when asked to, the consequence needs to be immediate to be most effective.

Consistency

Parents begin parenthood with a great deal of credibility. As long as their words are congruent with their actions, parents will keep their credibility (this guideline can be discarded if parents do not act out of compassion—see the next section for an explanation). If their words are inconsistent with their actions long enough, however, parents lose credibility. For example, imagine the mother who promises to take her child to the movies if she makes good grades, then, time after time of making good grades, her mother never takes her. At first, the child is likely to believe her mother's words and promises; over time, however, as her mother's words remain inconsistent with her behaviors, her daughter will not likely view her mother as credible.

Consistency is so important, in fact, that it is generally more effective for parents to implement a consequence for a half hour and follow through with it than it is for them to take something away for a month and go back on their word after a couple weeks. Think of the schedules of reinforcement from basic psychology (which is from where we derive the significance of consistency). Remember that there are two types of schedules of reinforcement: continuous and partial. Continuous reinforcement is ideal for parenting, and it is what is used most often at the onset of operant conditioning to strengthen the likelihood behaviors will be performed. In the Skinner Box, for instance, if a rat was given a food pellet every time it pressed a lever in its cage, then that would represent continuous reinforcement. In regard to parenting, if parents take away a toy and refuse to give the toy back until they said they would give it back to the child, then the child learns quickly that her parents mean what they say. If parents do not follow through on what they told their children they were going to do, that sets up a partial reinforcement schedule. Partial reinforcement does not strengthen behavior as well as continuous reinforcement, but being aware of it may motivate parents to implement consistency as often as possible.

Partial reinforcement can be broken down into fixed and variable intervals and fixed and variable ratios. Interval refers to time, whereas ratio deals with the number of responses. Thus, a fixed interval schedule is one

whereby a behavior is reinforced, for example, every 5 minutes. An example of a fixed interval schedule in regard to parenting is analogous to punishing a child every 2 weeks for the inappropriate behaviors they may have done during that time period. Both the law of contiguity and compassion itself teach us that a fixed interval schedule is not an effective tool for parenting. A variable interval schedule is one where behavior is reinforced on a varying time schedule. For example, a parent may choose to punish her child after 2 weeks, then not again until after 5 weeks, then maybe not again for 1 week. Again, the law of contiguity and use of compassion are two good reasons to not parent using a variable interval schedule.

Understanding the following two schedules of reinforcement, fixed ratio and variable ratio, are singularly important for helping parents understand *why* their children continue to ask for things regardless if they have told them to not ask. A fixed ratio schedule is one whereby behavior is reinforced after a set number of responses. For example, if a child is yelled at every fifth time he takes a cookie from the cookie jar, then he learns that he can get away four times with taking a cookie out in the open and must learn to be more secretive the fifth time he takes a cookie. In any case, he learns that he has at least four “free” cookies coming to him before he suffers any consequences. Conversely, if parents give in every eighth time their child asks for something, then children will likely learn to simply ask eight times for something, and their parents will eventually give in.

Teaching parents about variable ratio schedules of reinforcement is one of the most important psychoeducational tools counselors can share with parents. People who implement their parenting skills inconsistently usually do so following a variable ratio schedule of reinforcement. Parents who use variable ratio schedules of reinforcement with their children are teaching them how to do something most people tend to despise: nag! If a child asks for a cookie and his parent says “no,” and the child has learned that when his parents say “no” they really do not mean anything (i.e., sometimes they give in when they say “no” and sometimes they do not), then the child is very likely to ask again, and again, and again, until the parent gives in and says “yes.” I once had a 9-year-old client tell me approximately how many times he needed to ask his mom for something before she would inevitably give in, “I just have to ask her about 15–20 times and I know she gets sick of me asking, so she just gives in. It works every time,” he said. Whereas parents usually get angry with children for constantly asking for something for which they have already said “no,” what parents often fail to recognize is that it

is they alone who have *taught* their child to nag them by using a variable ratio schedule of reinforcement.

Just as counselors hope parents will provide explanations to their children as to why behavior is appropriate or not, counselors can role model providing explanations by helping parents understand why reinforcement schedules play such important roles in shaping their children's behavior. Variable ratio schedules are important for people to understand for financial reasons. After all, once parents have been nagged enough, they may plan a getaway weekend to the state of Nevada to play the slot machines. By playing slot machines, parents may avoid their children's nagging, but they do not escape variable ratio schedules because as the strongest partial reinforcement schedule, variable ratio schedules are what the gambling industry banks on (e.g., you pull the arm of a slot machine and win some money, then pull it again 11 times without winning, then maybe you win 3 times in a row, etc.). By setting firm limits with children and following through, one can avoid teaching children to constantly nag, and by setting limits and following those limits, one can eschew a gambling addiction.

Compassion

Compassion cannot be omitted from effective parenting skills. Children learn what they watch others do much more than what they are told about the world (which is why it is vital to be consistent and not just talk about consistency). We are social beings, and compassion is the key to teaching young people how to interact with others. One key to being compassionate is nonattachment. When parents can be nonattached to their child's choices, they are able to implement consequences with consistency and compassion.

Nonattachment to a child's choices means that parents do not get angry with their children for the choices they make, they simply respond with a consequence and an explanation for why that consequence will occur. When parents are attached to what their children do, they often engage in arguments with them. Power struggles rarely result in effective parenting. Just as parents would not be wise to argue that it is light during the day and dark during the night, they would not be wise to argue with their children about the choices they make. One of the primary inhibitors to parents having compassion for their children's decisions is their attachment to what their children choose. For example, if a parent of a young child provides the option for her child to either

clean up his room or lose going to the movies later, and the parent really wants to take him to the movies and, thus, wants him to choose to clean his room up, then she will likely have a difficult time stepping back and observing the free will of her son.

The Four Cs in Action

Imagine a 3-year-old whose currency (that which is important to her) is watching the television show *Superfriends* at night. The following interaction is an example of how choices, consequences, consistency, and compassion can be implemented with a young girl named Solana, who (likely because she is overly tired) has thrown herself down on the ground and is beginning to whine.

Parent: Solana, I know you are tired, but you have a choice. If you continue to whine and throw yourself on the floor, you will not be allowed to watch *Superfriends*TM tonight. It is up to you what you want to do, but if you throw yourself on the floor again or continue to whine, you will not be able to watch *Superfriends*TM.

For the sake of the example, let us say that Solana has chosen to continue to whine by saying, “But I want to watch it” and throws herself on the floor again. At this point the parent must implement the consequence, regardless of what Solana chooses to do next. For example, oftentimes after children recognize their parents are serious, they may try to “take back” their choice; however, it is vital that parents stick to implementing consequences based on their children’s choices. The moment Solana began to whine (remember the law of contiguity), the parent would respond with firm compassion.

Parent: Solana, because you chose to whine, you will not be allowed to watch *Superfriends*TM tonight.

A child’s typical response here is to apologize and then ask if she can get out of the consequence, which is where consistency comes into play.

Parent: I love you very much, but you absolutely may not watch your show. I understand if you are upset that you chose to whine and you

are not happy with your choice, but you already decided. But guess what? If you choose not to whine tomorrow, you will have a chance to watch your show then.

Age-old wisdom teaches us that children learn what they see rather than what they are told. The parent in this example can demonstrate through actions rather than empty words that the heart of effective discipline for others is self-discipline. Consistency in this example occurs when, regardless of what Solana says or does, the parent sticks with the consequence she stated. Compassion occurs throughout the entire interaction but is clearly seen when the parent responds that she loves Solana. Self-discipline occurs when the parent, regardless of how tired he or she is, is able to get up and redirect Solana. Redirection for a 3-year-old can be picking her up and hugging her, physically getting down on her level and talking to her, or taking her by the hand and leading her to a different spot. If teaching Solana not to whine and throw herself on the floor, then at no point in this interaction does yelling or approaching Solana from an undisciplined approach seem to be more effective.

The four Cs of parenting are effective because providing children with a choice, being consistent in following through with a consequence, and using compassion not only helps children learn what parents are trying to teach, but does so in a way that can significantly reduce parental stress. It is a physiological fact that yelling increases blood pressure, adrenaline, and stress levels; therefore, a consistent, compassionate approach to parenting that avoids yelling and chaos can become a very attractive alternative. A useful analogy that therapists can use to entice parents to consider the four Cs over their undisciplined, often chaotic approach is the fly in the room. Imagine a fly who wants to get out of a room, so it continually bangs itself off a closed window for the entire day, while the door on the opposite end of the room is wide open. If the fly would only try smarter rather than harder, it would be free. Likewise, parents who choose to implement the four Cs are implementing a “smarter not harder” approach.

SUICIDE PREVENTION

Suicide is not an easy topic to deal with, and many novice counselors and therapists freeze up even thinking about how to work with suicidal clients. In the Occident, many people have difficulty talking about suicide

(Wertheimer, 2001), as though it is a faux pas to do so. Suicide is not a social slip-up, however, it is an action taken by people who are enduring what they believe to be intolerable suffering. Suicide is not easily understood primarily because it results from phenomenological worlds that cannot be empirically validated. Whereas some could argue that suicidal actions are expressly empirical actions, the thoughts and emotions that lead to those actions are private. In this section, the reader will be presented first with the essential questions to ask suicidal people, then with a model of suicide prevention that has been clinically demonstrated to both help counselors and therapists avoid the error of approach and to effectively help clients avert completing suicide. Learning to talk about suicide openly is an essential aspect to counselors' and therapists' jobs, and the following approach is an easy-to-learn, yet profound model for working with suicidal clients.

Signs that people are suicidal are not universal, however, some red flags do exist to identifying suicidal behaviors. For example, a person who follows through with committing suicide has developed and implemented a clear and accessible plan. Regardless if the plan may have taken the person years, months, weeks, hours, or minutes to develop, some thought went in to how the person would end his or her life. Starting from there and working backwards, we can deduce that the plan had to be clear, the person had to have the means to execute the plan, and the person had to have reason and desire to complete the plan. Therefore, as a clinician assessing whether a person is suicidal, some very clear questions need to be asked. The first question is whether or not the person feels suicidal. If the person gives any indication that she, in fact, feels suicidal, then the next question to ask is if she has a plan to take her life. If a person reports feeling suicidal but has absolutely no plan or way to complete suicide, then the likelihood that she will follow through with suicide decreases substantially. However, please note that no foolproof model of suicide prevention exists, and people can and do complete suicide without warning and without reporting a clear plan to anyone ahead of time.

If a person reports that she has a plan to kill herself, the next question to ask is whether or not she has the means to follow through with that plan. For example, once a young woman in my office told me that she was suicidal, and when I asked her if she thought about how she might do it, she reported that she could only do it one way: She would shoot herself in the head. When I asked her if she had a gun or access to a gun, she reported adamantly, "No. I never even saw a gun up close.

I think my dad said my uncle who lives in Florida has a gun in his house.” And when I asked her if she planned on leaving Pennsylvania for Florida anytime soon, she said, “No, my family hardly talks to my uncle anymore.” The more she and I discussed her plan to kill herself, the more it became apparent that she hated guns, had no idea how to use one, was afraid of them, reported “hating blood,” and, when it came down to it, we discovered that she picked that particular clear plan to report on how she might kill herself because she was not, in fact, suicidal at all. She was, however, in a great deal of psychological pain and was looking for a way to express the pain she was experiencing.

Recall from basic behavioral psychology that clear goals are much more likely to be met than unclear goals, and to establish a workable clear goal, one must have access to following through with the plan. It is no different with suicide. When people have clear, accessible plans, they are much more likely to follow through with them. Thus, if a person reports being suicidal, reports having both a clear plan, and access to that plan, the important next question should be: “What might stop you from committing suicide?” This is a valuable question because in the answer lies the probability of whether or not a person will follow through with his or her plan. For example, I once worked with a woman who reported being suicidal. She had a clear plan to take her life (she reported she would take an overdose of pills). She also had access to her plan (she reported having the pills in her home). She was not, however, going to follow through with killing herself for two deep reasons. The first reason was that she had a son who was suffering with profound mental retardation, was living in an assisted living home, and had absolutely no one to visit him besides her. She reported that she would be forever haunted by the guilt of leaving him no family member to visit him. The second reason was she was a staunch Catholic, and her religious beliefs told her that if she completed suicide she would burn for an eternity in hell and have no chance to see her son even after he eventually passed away. The lesson learned from this scenario is that therapists working with potentially suicidal clients need to find the answers to not just the first three of the following important questions, but the fourth as well:

1. Does the person feel suicidal?
2. Does the person have a plan?
3. Does the person have access to follow through with the plan?
4. Does the person have a reason that would stop him or her?

Once therapists have established that a person is suicidal, they can follow essentially the same three-step approach of internal motivation that was presented in chapter 4 (see the section “How to Internally Motivate Anyone”). The first step is to acknowledge feelings, the second is to discuss options, and the third step is to respect the person’s choice. Suicide is a real problem. When acknowledging a suicidal person’s feelings, it is vital that the acknowledgment be done genuinely and that your genuineness be conveyed. People who are about to complete suicide are in the lowest possible psychological place in regard to their belief that they can handle their lives. Imagine then, what that might feel like. Imagine your life spinning so far out of control that not only do you fantasize about dying to escape, but you also develop a clear and accessible plan, and then take steps to follow through with it.

By drawing on Yield Theory, counselors can take strong measures to avoid the error of approach by recognizing if they lived every day as the other person, they would be in the exact same place. Hence, acknowledging the person’s feelings becomes more than an exercise in implementing a model, it becomes a profound human interaction. When Milton Erickson (Haley, 1993) described joining the patient, he meant just such an interaction; one whereby the client (or patient in his words) feels understood and accepted. When a client expresses suicidal ideations, expressing concern back to him or her in a compassionate and understanding voice is paramount. The following is an example of implementing the main tenant of Yield Theory in acknowledging the feelings of a 47-year-old man named Mark who reported he had “had enough” of life. It is important to note that using Yield Theory is wise when therapists have enough time to follow through with a conversation. For instance, it would never be wise to validate something such as, “Wow, I can see how you would want to kill yourself after going through that. Well, we’re out of time for today, so should we schedule for next week?” Whereas that is an outrageous example, it is important for counselors to be aware of their surroundings and the time frame they have with which to work with someone. In the following example, the interaction took place in an office and began about 5 minutes into the session.

“Tell me what’s going on inside you,” asking with compassion.

“I don’t want to live anymore,” he said with his head down.

Hesitating, and looking at him with care, “Wow. It’s really gotten that bad?”

“Yes. I never thought I would feel like this, but I can’t live like this anymore,” he said with hopelessness in his voice.

In a quiet, soft voice, matching his, “You can’t live like what?”

“Well,” he said more animated, “I lost my job, my wife left me, my daughter hasn’t spoken to me in 2 years. What do I have left? Nothing!”

“You feel like you’re sitting in darkness all alone?” I asked.

“Yes. That is exactly how I feel,” he said with some relief that he seemed to be understood. “And since I’m already in the darkness, why not die?”

“I can see that,” I replied with all sincerity. “At times when I have felt all alone in the darkness, I have seriously thought about not being here anymore.” He just looked up at me. After a moment of silence, I continued, “You’ve been in dark places before. You have felt alone before. How did you come out of it?” (This question can be read as the transition from acknowledging feelings to exploring options because any answer he provides indicates that he recognizes that he does have other options contrary to what he reported overtly earlier. Also, because the question is asked in the past tense, it directly speaks to his subconscious, implying that he in fact has had difficult times in the past, and he has made it through all of them.)

The second step in the model is to explore options. Again, one option for Mark is to take his life. Taking his life is not the option I would choose for him, but respecting his free will and the ethical precept of autonomy, I must acknowledge that killing himself is an option. Helping suicidal clients come up with options happens more frequently than with nonsuicidal persons. In other words, whereas in chapter 4 I emphasized having clients come up with their own options as much as possible, oftentimes, people in crisis struggle to think as clearly as when they are not in crisis. Therefore, therapists will likely find themselves helping clients come up with options rather than just relying on them to come up with their own choices. In the subsequent dialogue with Mark, the “exploring options” part of the model is demonstrated.

Mark responded to the question, “I came out of dark places before in my life because they weren’t as dark as this. I mean, I literally have nothing left.”

“At the time, did they feel like they were as dark as this?” I asked.

“Probably, but they were never as bad as this,” he answered.

“I understand what you’re saying,” I replied. “This is pretty serious stuff you’re facing.” We sat in silence for about a minute. I broke the silence, “What do you believe will happen to you when you die?”

“I will go to hell,” he said almost angrily, “I don’t know, that’s what I was taught. I don’t know what will happen to me. I don’t care. Anything is better than suffering like this,” he said crying.

“So what is hell?” I asked inquisitively. (Therapists should not start discussing specific theological concepts, such as hell or any other posthumous beliefs, unless the client brings them up; however, they should absolutely address those beliefs if clients do bring them up. People are free to believe what they want; religions and spiritual beliefs boil down to faith, and therapists should not inundate clients with their own beliefs.)

“I don’t know. Fire. Suffering. I don’t know. Constant reminder of how messed up you are,” he answered looking as though he was trying to work it out.

“Mark, things are so bad for you right now that you are saying you would rather be in a place where you’ll suffer forever than keep suffering right now. Is there ever a break or rest from suffering in hell?”

“I doubt it,” he said.

After some silence had passed, “I guess at least while you are alive you have a chance to think about other things, but according to your beliefs, if you take your life, you have no chance for respite.”

“I never thought about that,” he said in a slightly more coherent voice while looking at me.

“Well, this is the time to think everything through, because this decision could be the most final decision you ever make,” I said. After pausing to observe him take it all in, I continued, “I mean, there are some other things to think about as well. For instance, if you kill yourself, you are not only killing who you are right now, but you are also killing the you that would exist in 5 years who might be looking back on today and saying, ‘Wow, I was struggling so much about 5 years ago, but somehow I found the strength to make it through.’ And you would not only be killing who you would be in 5 years, you would also be killing the you of 10 years from now; the you who found a way to make things right with his daughter, the you who became a grandfather, or maybe even the you who will one day hold your grandchild and have him or her look at you like no one ever has. You’ve made it through so much before, and you can make it through this.”

“I would want to be a grandfather. I’d want to be better at it than I was as a father,” he said, seeming now to move into more of a cognitive rather than affective mode.

The final step in this model is to let clients know that their decisions are genuinely respected. Remember that whereas choices can be fully respected, they still come with consequences. For example, if a suicidal person has a knife and is threatening harm to himself, though his final decision will be respected, he will still face the consequences of his decision, which may result in such things as police restraining him and taking the knife. Decisions that are acted upon come with consequences regardless if others respect them or not. The interaction in this example with Mark resulted in the consequence of his checking himself into a hospital. He did not have to be involuntarily committed because he chose to sign himself in, which I believe was an empowering decision for him. Because people are constantly searching for control, it seems to be ineffective for therapists to take away control from people who are suicidal. In other words, approaching suicidal clients by saying, “You can’t kill yourself. You have to step away from the ledge,” or other such demands only contributes to the error of approach and the error of language. When the error of language is initiated it is likely to only strengthen clients’ desire to demonstrate control by taking their lives. Therefore, acceptance is crucial to accurately implementing this model. People want to feel accepted and understood.

The Distraction Technique

A helpful technique for working with suicidal people is to bring their attention to something outside of the pain they are experiencing. The distraction technique is as its name implies—a technique designed to distract clients from their current state of being. The technique is aimed at the subconscious. The distraction technique is helpful to use with clients in crisis situations. Anytime clients are suicidal, they are in a crisis situation, so I have included the technique in this section on suicide prevention.

Clients in crises across all cultures tend to react primarily from a place of cognition, behavior, or affect (Myer, 1992). Clients also tend to act most impulsively when they are exclusively in one of these states. The job of a therapist in a crisis situation (such as working with suicidal clients) is to help clients return to a pre-level of crisis functioning (Myer). To do so, counselors need to work to get clients out of the state they are currently in. The distraction technique is helpful for talking someone down from an elevated psychological state. The technique consists of distracting clients from the current topic, but it is not always as

simple as it sounds, because when therapists attempt to distract clients too early, they run the risk of having clients believe that they are not paying attention.

Selective attention is the principle stating that we tend to focus on one thing at a time. Though we have the cognitive ability to be “filled with racing thoughts,” overall, we tend to focus on what is in our foreground. Whether affect, behavior, or cognitions are in people’s foreground, distracting them by pulling in another mode of being can be a helpful way to calm them from a heightened state. The distraction technique can be accomplished with a simple, “off the wall” question. Once the therapist gets an answer to the seemingly meaningless question, she can then bring the client back to the main subject with which he is dealing. After some time goes by, the therapist can ask other “off the wall” questions, and every time after the client responds, bring the client back on track. Each time the therapist gets the client to respond to the distracting question, she becomes more and more in control of the conversation and can then make clear suggestions (such as, “So that’s why I think you should put down the knife”) that the client is ready to hear.

Clinical Example

The following interaction with Trent, a 56-year-old client who was crying hysterically because he believed there was no reason left to live, took place in a counseling center. Reportedly, Trent had been going on for 40 minutes about not wanting to live when he got up and began to pace in the office. The counselor (who was an intern) began to get nervous and used the intercom to page someone for support. My office was the closest to hers, so I knocked on her door and went in. Trent was pacing and holding his head; he did not look up to see someone new enter the room.

As I walked in the therapist said, “Hi Dr. Conte, this is Trent. He’s having a rough time right now, and I thought maybe you could help.”

“Hi Trent. What’s going on?” I asked in a soft voice.

“I can’t do this anymore,” he said as he pulled hard at his hair.

“Man, I’d love to help. Could you tell me what’s going on?” I asked again softly.

“My lawyer is saying that I will probably lose in court, and I’ll have to spend two months in jail, and if I do, I know I’ll lose my daughter, and I can’t go to jail,” he said.

“Wow. I’m sorry to hear that,” I responded. “Are you sure there is no way out of this and you’re definitely going?”

“I just can’t take it! I can’t go to jail! I won’t go! I’ll kill myself before I go to jail,” he said, still looking at the ground.

“I understand you really don’t want to go to jail, and I feel you on that,” I replied. “Hey, I know this is probably a crazy time to ask you this, but did you drive here today?”

“What?” he asked annoyingly and looked up at me. “I guess. Yes. Why?”

“Oh, I’m sorry,” I said, “I was just wondering if you put money in the meter because those absurd meter-police are out there, and I wouldn’t want you to get a ticket on top of everything else you’re going through today. I just wanted to send someone out to feed your meter if you didn’t already.”

“I . . . I parked in a space. I think,” he said seemingly confused as to where I was going with this. He still seemed thrown off, but his affect changed from desperate to confused, so I brought him back on topic.

“Never mind,” I said, “I just,” I started to say then trailed off, “Ah, never mind. So tell me how you are certain that you are going to jail?”

Trent was giving me full eye contact now as he answered, “Well, my lawyer said that it doesn’t look good and that I’m going to have to plead guilty to a lesser offense that will land me 60 days in jail. She didn’t say it was final, I don’t know, I can still fight it, but I just can’t go to jail.”

“You know I have a daughter, so I would love to hear a little bit about your daughter,” I said with a half smile, attempting to link myself with him.

At this point, Trent was in a different state. As he began to describe his daughter, his affect changed significantly, and he went from a primarily affective state to a more cognitive state. I intended to do three things by using the distraction technique with Trent around the parking meter. One, I wanted primarily to distract him from his current state. Two, I had a chance to slip in the “absurd meter-police,” which I was guessing was a subconscious way of building some rapport with him (as was the side comment about my also having a daughter). Three, experience has taught me that people facing trial and other legal issues tend to not like police, and they tend to feel they never get a break (thus offering him an out for the parking situation, which though small, still constituted a much wanted “break” from the law).

Trent was able to find the strength to pull out of the situation and is currently doing well. Clinicians who use the distraction technique

need to remain mindful of how long they distract clients and in what ways they do so. Intentionality is a key to using the distraction technique effectively. The more intentional the distraction, the more control the therapist can gain of the direction of the conversation. Whereas taking oneself lightly is crucial for working in this field, and especially critical with people in crises, it is vital to remember to never make light of the person's situation. Balance and awareness are the keys to successful suicide prevention.

Epilogue

Techniques are intended to support the therapeutic relationship in which counselors and clients engage. All techniques are not for every therapist or every client. Reading about techniques is often not enough; practice is a necessity. What took minutes to read about in this book can take years to perfect. When counselors and psychotherapists take all they have studied and learned through experience and set it aside, they are free to simply have a conversation with their clients. That cannot take place if therapists are focused on their theories or techniques. If the focus is on the clients across from whom they sit, then all the knowledge and techniques therapists have ever learned will likely flow through them like an unobstructed stream.

The profundity of being welcomed into others' private phenomenological worlds is both captivating and humbling and demands that we as clinicians prepare for, and bring our best to, every client, every session. The professional conversation is different from a personal one in that it is one-sided and goal-oriented. The goals may vary from study skills to individuation, may be clearly stated or ineffectively hidden, but they exist nonetheless. To meet those goals, counselors and psychotherapists must work with intentionality. With dedication to their therapeutic interactions and a commitment to circumventing the five errors of communication, they can achieve what they likely set out to do at the

onset of graduate school: namely, affect every client with whom they interact.

People from each culture, from every ethnic background, and from all ways of life—whether they know it or not—are simultaneously intertwined and differentiated. Thus, the joy and the angst of the individual are the joy and the angst of all. That is why when we learn to see the interconnection among all people, we will find the key to dismissing the error of judgment for good. When we as clinicians can learn to see ourselves on the very continuums with which we see our clients, we will have the opportunity to effectively evaluate our own shadow projections and biases to eliminate the error of judgment from our work. With the respect in place for others and a devotion to assessment over judgment, counselors can give others the benefit of the doubt from the initial meeting and avoid the error of approach. As counselors and psychotherapists practice using effective language in their everyday lives, they become more natural at evading the error of language. Finally, clinicians mindful of the professional role they play in others' lives will at once realize their strengths and limitations and cease their attachment to the outcomes, thereby evading the error of omnipotence.

Counselors and psychotherapists may find that they maximize their effectiveness when they let go of their attachment to being right and understanding and let go of their certainties and expertise, to primarily focus on being fully present with their clients. Well-read and practiced clinicians who allow themselves to lock into their clients' energy find themselves in a state of flow and do not seem to struggle for what to say. Effective practitioners are those who know themselves well, who can, from the analytic self, evaluate the relationship they have with their clients in any given moment, and who have the wherewithal to switch gears when necessary. Therapists who affect the most lives are those who can meet people where they are and find creative ways to help guide them to where they want to go. When therapists work from their true selves rather than their egos, they elicit the natural depth that exists in all people. Techniques then, when supporting the work of the true self, help to change lives.

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