

Interperson communication skills assignment



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It was only around the sass's that it became consider as an actual practice (Benjamin, 2006). This assignment will deal with some of the most influential of these psychological practices which have developed and evolved since the inception psychology all those years ago. This will be achieved in the way of Deadlier, Gestalt and Person-centered therapies as examples. This will involve focused commentary on their historical background and key concepts with mention given to the therapeutic goals of each of the respective theories. " Psychology has a long past, but only a short history. (Boring, 1929, p. 9) Deadlier Psychology Deadlier psychology is the psychological method founded by Alfred Adler which was formulated around the idea of " individual psychology'. Individual Psychology is a humanistic approach and is a modification of Freud ' s psychoanalysis which encapsulates a body of ideas and approaches more focused on our actual motivations, as an indivisible whole, in our behavior towards a life goal. These goals come in divisions of short term and long term with all the stops in-between being goals that indeed affected our behavior today in our everyday lives.

It was Adler ' s insistence that people were motivated by social influences (as nothing materializes in isolation) and that one was, to a large extent, responsible for who they are and couldn't blame others for the predicaments and short comings they may be experiencing in their current existence (Adler, 1964). Deadlier psychology believes that a person forms a methodology to life within the first 6 years of living and the therapy places great focus on feelings of inferiority.

However these feelings of inferiority are not viewed as symbols of deficiency or fragility, but rather a driving source of creativity (Corey, 2009). Adlerian Psychology calls these feelings of inferiority “ the inferiority complex” (which is defined as an intense feeling of inadequacy often culminating in shyness or general evasive behavior) and the therapy is often associated with “ the superiority complex” (defined as the overblown or distorted feeling of superiority to others), albeit Adlerian psychology renders the latter as more of a defense mechanism for those who truly do feel inferior to others (Adler, 1998).

In therapy, Adlerians endeavour to look at the life of the individual from his subjective reality as they believe how the client perceives life is more important than what reality demonstrates. This is called the phenomenological perspective and will incorporate various aspects of the client's thought process including his viewpoint, sentiments, beliefs and values. This is of utmost importance as in order to understand the whole person, Adlerian psychology states that we cannot be understood in pieces but rather all components of ourselves must be comprehended as a unified whole.

This is known as the holistic concept (Corey, 2009). It is here where effective empathy is especially important in this regard, which is in contradiction of Freudian theory that the client must be a blank slate. It would be this empathy and the fact that Freudian therapy encouraged the analyst to be silent during free association, whilst Adlerian psychologists are encouraged to make inquiries and have discussions about the client that would be considered 2 of the major differences in the respective theories (Burrow, <https://assignbuster.com/interperson-communication-skills-assignment/>

1917). At the beginning of this section on Deadlier psychology I made referenced to the importance of social influences.

These influences are articulated as social interest ND are defined as the theory that endeavours to characterize the relationship between an individual and the people he deals with in his community. It is a trait that is inherent in all human beings which can be trained and developed. Deadlines testify that the more refined and developed ones social interest is, the more it will lessen any feelings of inferiority (Adler, 1998). In therapy, the Deadlier psychologist will attempt an assessment of the clients “ family constellation” which encapsulates the circumstances an individual is born into, including gender and birthing order (Adler, 1964).

Particular attention is given to the relationship between siblings in the birthing order and continues through the individuals early recollections. These recollections are very important as they create formative happenings that emphatically develop ones personality. It is hoped that by the end of this process the client will be able to recognize or discern where they went wrong, which could range from conceptual errors and adverse processes (Adler, 1998). Deadlier psychology goes further to say that even though children may be raised in to their location in the birth order.

Generally the oldest child enjoys more attention ND whilst no other siblings have been born, has a tendency to be spoiled more. This all changes, however, at the arrival of a new sibling and will generally find them self evicted from the favored position. The second child from the time of birth shares the attention with the first born, but competitiveness develops which

can have an influence their development later in life. This second born is generally quite the opposite of the elder sibling. The middle child often feels excluded.

A burden is laid on this child as they often become the middle man, the keeper of the peace who tries their best to keep situations together. The youngest child will always be viewed as the baby and results in the individual being pampered and has a tendency to get things their way. The only child seems to be a mixture of sorts. They share some similarities of the oldest child in this model, but tend not to discover how to share or collaborate with others their age. The only child is also often pampered like the aforementioned youngest child and may want to be the centre of attention at all times (Corey, 2009).

In the preceding text I made references to the pampering of a child. Deadlines believe that pampering does play a direct role in a child's placement as spoilt children are raised to expect their requests to be law. This is a result of the parenting figures allowing the child a feeling of eminence, a feeling that the child can get almost anything they want without them striving to have earned it and this generally leads to the child believing this eminence is a birthright. For these children it has become commonplace for them to take and not to give.

All this as a consequence could result in the child later in life losing their independence, and not knowing how to resolve issues for themselves (Adler, 1998). In my studies of Freud and Jung I was very intrigued in their dream analysis so was very interested to see how Deadlier psychology views this

concept. Whereas Freud viewed dreams as a method of solving issues from the past, Adlerian psychology rather views dreams as a recital of conceivable future events and could reflect an individual's current issues (Corey, 2009). Meanings are not determined by situations, but we determine ourselves by the meanings we give to situations. " (Adler, 1937, p. 14). Person-centered Therapy Person-centered therapy (also referred to as Organic Psychology) is the psychological method founded by the humanistic psychologist Carl Rogers. It is centered on the idea that the individual has enormous potential for understanding themselves and therefore is best placed in the resolving of their own issues without any direct interjections from the therapist. Hence the therapy revolves around the individual as the promoter and architect of their own self change (Corey, 2009).

So it would be pertinent to say that one's self concept is of great emphasis in this therapy and thus is defined as the personal perceptions one believes about themselves (Rogers, 2003). The therapy furthermore states that all of us have the capacity for growth towards fulfillment of our life's wishes and aspirations. That being said, it is of utmost importance that the therapist provides a comfortable threat free environment for the individual, as to lower their guard, to make it easier for them to be less defensiveness (Meener & Throne, 2007).

If the aforementioned life aspirations, potentials and fulfillment are indeed reached this is referred to as self actualization and it is the conviction of this therapy that this tendency is the one essential motive driving all of us. If this tendency is promoted and helped along, the person will flourish and develop and start living what they term " the good life". By " the good life" the

therapy is referring to the idea that the individual will have reached an apex of a positive mental outlook, have reached a level of congruence and would begin to trust their feelings.

Conversely if that tendency is constrained or blocked, the person will deteriorate and/or have greater difficulties (Rogers, 1951). The importance of this can never be underestimated and is of particular importance as Rogers confirms: "The organism has one basic tendency and striving - to actuality, maintain, and enhance the experiencing organism" (Rogers, 1951, p. 487). The organism Rogers (and indeed the entire therapy in general) in that quote makes reference to is the individual person as a whole inclusive of one's emotions, thoughts and welfare (Rogers, 2003).

Person-centered therapy has similarities to Adlerian psychology in the way of Adler's social interest concepts which reflects in Rogers core conditions of therapeutic change. The basis of this is in the emphasis Adlerian psychology invests in caring and empathy being at the centre of therapy regarding social interest (Watts, 1998), but whereas Adlerian psychology tries to get to the crux of the issue through applied techniques, the Person-centered therapist is non-directive and allows the client to lead the conversation.

The therapist will ask questions and forward scenarios relevant to what the client is discussing, without answering any directed questions, in an attempt to empower the client to indeed realize the issue at hand and the solution to it for themselves (Rogers, 2003). Initially there were 6 conditions that are fundamental to Person-centered therapy that are necessary in order to achieve therapeutic change and stimulate growth in a client. The first of

these is that two people must engage in psychological contact in order for therapy to commence.

The second condition refers to the fact that the client is assumed to be in a state of incongruence (the discrepancy between the matching of your experiences and awareness which results in there being an imbalance between the alignment of your feelings and actions). The next condition is that the therapist himself must be fully self-aware and congruent with the client at all times. The fourth condition is that the therapist portrays unconditional positive regard (UPPER) towards the client.

At number five is that the therapist must, above all else, display empathic understanding towards what the client reveals without getting emotionally involved. The final condition is that the expression to the client of the therapist's empathy and positive regard must be achieved to a minimal degree (Rogers, 1957). Over the years, however, the aforementioned 6 conditions have developed, revised and hence reduced to 3 core conditions as over time the others were viewed as nonessential.

The 3 conditions that remained and are practiced today are firstly "congruence"; defined in Person-centered therapy as the therapist having to be as genuine as he possible can towards the client, which is essential as it aids in the establishment of trust between the client and the therapist and thus is considered by many to be the most important part of counseling. The second core condition is "empathy", which is the issue at hand from the client's perspective (I. E. - what the client is feeling). The therapist needs to

appear incredibly authentic and sensitive during sessions, but just always be careful not to confuse empathy with sympathy.

Furthermore the therapist must pay attention to the client's experiences as if they were their own, but not at the expense of becoming lost in those emotions. This is referred to as accurate empathic understanding. The third core condition is " unconditional positive regard and acceptance" (UPPER). This encapsulates the concept that regardless what the client reveals during therapy, be it good or bad, it will be accepted unconditionally by the therapist with no judgment passed whilst showing meaningful and genuine understanding for the client.

This leads to the client being more at ease and more willing to share experiences without fear of being judged (Corey, 2009). Person- centered therapy believes that these conditions, as well as the aforementioned self actualization, are all necessary in the achievement of becoming a " fully functioning person". A " fully functional person" is the state of being reached when a person is fully congruent and comfortable with living life in the present (I. E. - not held back by past bad experiences and lives considerably more freely) and when the client has reached this state, it is then that the therapist will begin the " ending" discussion.

The " ending" discussion refers to the therapist initiating the idea of terminating the sessions as soon or later; the client needs to go it on their own (Meaner & Throne, 2007). " It is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried" (Rogers, 1961, p. 11). Gestalt Therapy Gestalt therapy is the

existential, phenomenological and process based approach formulated by Fritz and Laura Peres which focuses on the human mind and behavior in its entirety in relation to the individual's environment (I. E. The whole is more relevant than the quantity of its parts). Gestalt too initially stemmed from Freud's psychoanalytic ideals, but took issue with Freud's view of individual's being mechanistic and insisted how one acts and reacts in the present is far more important than understanding one's past (Corey, 2009). This isn't to say the past was completely overlooked and undervalued, but its relevance was more focused on how events and situations affect one now in the present as all our adaptations to the resistances and events we experienced through our development manifest in our present (Peres, 1969).

Clients who engage in Gestalt therapy are generally in a phase of existential dilemma and need to learn to be accountable for their own existence.

Gestalt therapy believed that the solution to such issues was found in the client gaining awareness and once this was achieved, genuine adjustments and changes would happen naturally (Nelson-Jones, 2000). Gestalt therapists in the quest for the client to become aware will encourage the client to face the experience in question head on, rather than simply discuss it.

For example instead of discussing the bullied abuse the client received at school, the client will be urged to try becoming that tormented child during sessions. This awareness was made up of the client being able to be self-accepting and gaining a greater understanding of Person-centered therapy in the way they all prized empathy and accepted the notion of the client having

the inherent capacity of being able to accomplish great freedoms and self-reliance.

Gestalt does, however, differ from person-centered therapy fundamentally in the way person-centered therapy wishes to limit the therapist's role to that of a passive mediator of information and that the client already deep down has the solutions (Rogers, 2003), whereas the Gestalt therapist isn't there to just pay attention and listen but also engage in dialogue and moreover make the client aware of what presently is happening (Peres, 1969).

Furthermore these Gestalt therapy sessions don't follow particular guidelines so therapists are encouraged during to devise experiments and be creative to maximize the client's awareness to the " what" and the " how' they are doing things (Yonder, 1993). Gestalt therapy places significant stress on the concept of contact and believes it is necessary if growth is to take place during sessions with clients. Contact is defined as the audible, physical, visual, odorous and actual movement made between those involved in the therapy.

Part of the importance of contact is also identifying the disruptions and defiance's to contact that may occur during therapy (Nelson-Jones, 2000) . The most common of these resistances are: " Interjecting", which refers to the acceptance of information without entirely considering whether it is something you potentially concur with and in most instances not even understanding its meaning. This form of resistance is loaded with ' should have's', ' must have's' and ' I still need to do ' s' during therapy. " Projecting"

refers to us renouncing facets of ourselves by assigning them to our given environment.

Every time we attempt to interpret the world, we project and we tend to see in other people what indeed belongs to us. " Retroflection" is when we grant ourselves what we indeed want from the environment (I. E. - doing to ourselves what we would actually like to do to another). " Confluence" involves the fading or blurring of the boundaries that stand between others and us. " Deflecting" is when the individual dilutes life in the way of making serious issues not seem as serious as they indeed are. Humor and changing of the subject are good examples of deflecting. " Desensitizing" is when we chose to block out issues or scenarios we don't want to experience or identify. In Gestalt therapy, this is viewed as a fundamental resistance. " Egotism" gets a special mention under this section as whereas it isn't directly viewed in gestalt therapy as a resistance as such, it is a familiar component in all the manifestations of our impairments and has been recognized to interfere with good contact (Latter, 1973). In Gestalt therapy, the relationship between the client and the therapist is a dynamic communication which is characterized by empathy, acknowledgement and responsibility.

This communication has 4 main aspects including " inclusion" (being as present as possible without passing any judgment on what the client has to say), " presence" (the therapist finds ways to express them self during the session towards the client), " commitment to dialogue" (makes for an understanding and allowance for communication between therapist and client) and " dialogue is lived" (implying the communication doesn't deed to

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be only verbal, but can in fact be any method that expresses energy between client and therapist) (Yonder, 1993).

There are 6 main principles to Gestalt therapy and are characterized as follows: First is the principle of “ field work”. This therapist gives special attention to how the client connects with his environment. Secondly is the principle of “ holism” which quite simply put, includes everything about the client including thoughts, emotions, dreams and reactions as gestalt therapists assign no preferable value to a particular part of the client. “ Unfinished equines” is the third principle and in gestalt therapy is construed as the unspoken or unexpressed feelings that seem to have attached themselves to specific memories from our past.

These feelings can raise their ugly head in our lives and be demonstrated by means of resentment, anxiety, anger and guilt. These hide in the background of our being and find their way into the present in a number of self-defeating expressions and acts. The fourth principle is “ the figure-formation process” which pays attention to how the client regulates and shapes their surroundings from nocturne to Juncture. It furthermore keeps a keen eye on how some element of the environment can appear from the client’s background and make itself a centerpiece of the client’s attention. Organism self-regulation” is the fifth principle and it makes reference to the innovative adjustment the client makes in relation to his surroundings. The final principle is called “ the now’ and is focused on the client truly being in the present as attention given to events from the past, as well as the future, could be a mental diversion to keep the client from dealing with issues in the present moment (Corey, 2009). “ I am not in this world to live up to other

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people's expectations, nor do I feel that the world must live up to mine. "

(Peres, 1969, p. 21).

Conclusion In the modern day there is a plethora of psychological methods and therapies, which begs the question: " Which one is the best and most practical to adopt? " I don't imagine there is a clear and elementary answer to this question, but if I had to be as bold to commit to an answer, I'd imagine my answer would be: " Somewhere in- between. " My answer isn't as cryptic and inconclusive as it may first appear as wrought all my research for this assignment, as well as previous endeavours, I have recognized that all the respective methods have their pertinent, compelling and intriguing arguments or merits.

They also do, however, seem to have their limitations to lesser or greater degree. So for myself it would make practical sense to use one approach as a basis for therapy, but include all the redeeming aspects of the others if need be. Regardless of one ' s viewpoint on the approaches I have discussed in this assignment, I can ' t help but feel the more tools we have at our disposal, the better