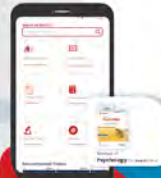


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Foreword

**L Gladson Jose**



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**Manu Goyal  
Kanu Goyal**

# Textbook of **Psychology**

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*As per Physiotherapy Curriculum of All Universities of India and  
NCAHP, Ministry of Health & Family Welfare*

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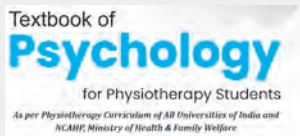
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# Foreword

*“Where the mind goes, the body will follow.  
Stay strong mentally, and the physical strength will follow.”*  
—Dr John Rusin



Psychology is the study of how our minds work and why we behave the way we do. It helps us understand our thoughts, feelings, and actions, as well as how our life experiences shape who we are. Physiotherapy is not just about fixing the body; it is also about helping people take charge of their lives, improve their well-being, and overcome both physical and mental challenges. To be a good physiotherapist, you need to understand how pain, motivation, mental strength, and patient involvement affect recovery. Psychology and physiotherapy work together, showing how our minds and bodies influence our overall health. As physiotherapy students, you not only learn how to treat physical problems but also how to consider the mental and emotional parts of a patient's healing process.

As I have three decades of association with psychology and physiotherapy, and have also been an expert member in framing physiotherapy curriculum at national level, I am excited to introduce this special book entitled, *Textbook of Psychology for Physiotherapy Students*, written by Dr Manu Goyal and Dr Kanu Goyal, both well-respected educators in the field of physiotherapy. This book shows the authors' hard work and expertise in making a resource that is both informative and practical.

This book offers a way of looking at how psychology connects to physiotherapy. It is different from other textbooks because it matches what students learn as per university syllabus and Ministry of Health and Family Welfare prescribed national physiotherapy curriculum, and it also focuses on what future physiotherapists need in their work.

Dr Goyal's knowledge and passion for improving physiotherapy education is evident throughout the book. This book goes beyond just teaching theories; it gives clear steps on how to use psychological ideas in real-life clinical situations through case studies, so that students can connect with patients in a caring and effective way.

*“Alone, we can do so little; together, we can do so much.”*  
—Helen Keller

The book also includes important inputs from experts who have shared their knowledge and research, making it even better. Each chapter includes different viewpoints from top professionals in psychology, physiotherapy, and similar fields. I have no doubt that their collective contributions will

inspire, challenge, and support your journey toward becoming not just a skilled physiotherapist, but also an empathetic and insightful practitioner.

*“Words are capable of arousing the strongest emotions and prompting all men’s actions.”*  
—Sigmund Freud

Whether you are just beginning your studies in physiotherapy or are already a practicing professional, the chapters provide a well-structured path to understanding how mental and emotional factors play a crucial role in physical recovery. Dr Goyal’s writing is clear and accessible, making complex topics easy to understand and apply. There are questions at the end of chapters to prepare for university examination. Student Assignment introduced in the chapters helps in self-motivation and progress. References aid further reading and clarification to have evidence-based learning.

I would also like to extend my heartfelt congratulations to the CBS Publishers & Distributors for recognizing the importance of this work and for making it accessible to a wide audience. The experts in the advisory committee elevate the standard of your publications. The commitment of CBS Publishers to publish books in the PhysioBrid Series that contribute meaningfully to both education and practice is truly commendable. The effort put into ensuring this book reaches the hands of those who need it most will undoubtedly make a significant impact on the future of physiotherapy education.

*“When you want to know how things really work, study them when they’re coming apart.”*  
—William Gibson, Zero History

Wish the readers all the best. May God bless the authors and contributors. My prayer for their future endeavors.



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## Preface

There is a necessity of having a systematized and thorough book on psychology for aspiring physiotherapists. This attempt has been made to meet the requirements of the students according to the prescribed curriculum for psychology.

The *Textbook of Psychology for Physiotherapy Students* has been written to bridge the gap between physiotherapy and psychology, emphasizing the importance of psychological understanding in the treatment of patients. Understanding the emotional and psychological behavior of the patients during the framework of the rehabilitation care is of utmost importance for every physiotherapist.

This book has been designed to provide a lucid and succinct overview of the psychological concepts pertaining to physiotherapy. This book is a collaborative effort by reputed healthcare professionals to improve the knowledge of students and enable them to develop interest and positive attitude toward the subject and its implications in the clinical practice.

The textbook consists of 19 chapters that cover a wide range of topics. Each chapter has been structured to cater to the syllabi of various universities offering Bachelor of Physiotherapy (BPT) programs, ensuring that students receive pertinent knowledge. It is quite possible that there might be a need to enhance the content. The authors would be grateful to the students for their valuable inputs to enhance the quality of the book in future editions.

This book may be useful as a reference material for learning, training and research purposes. The sole aim has been to provide a platform where the students can enhance their knowledge up to the maximum.

We wish that all the students enjoy reading this book and it will certainly help in enriching their thought process by incorporating the psychology aspects during patient care.

**Manu Goyal**

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# Acknowledgments

The *Textbook of Psychology for Physiotherapy Students*, would not have been possible without the blessings of the Almighty God. A heartfelt gratitude to our parents for their constant support, blessings and entrusting us always for our work. We are thankful to our adorable daughter for allowing us to spare some time every day to complete the book. We are thankful to the worthy management of Maharishi Markandeshwar Trust, Ambala for providing us with the professional recognition. We are extremely thankful to all the esteemed contributors for their significant contribution, devotion of time, hard work and knowledge to this book. Each chapter is written so well that it reflects the deep understanding and extensive knowledge of each contributor making this book easily understandable for the readers.

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We sincerely thank the entire CBS team for bringing out the book with utmost care and attractive presentation. We would like to thank Ms Nitasha Arora (Assistant General Manager Publishing – Medical and Nursing), Ms Daljeet Kaur (Assistant Publishing Manager) and Dr Anju Dhir (Product Manager and Medical Development Editor) for their publishing support. We would also extend our thanks to Ms Surbhi Gupta (Sr. English Editor), Mr Ashutosh Pathak (Sr. Proofreader cum Team Coordinator) and all the production team members for devoting laborious hours in designing and typesetting the book.

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*The names of the contributors and reviewers are arranged in alphabetical order.*

# Special Features of the Book

**Learning Objectives** in the beginning of every Chapter help readers understand the purpose of the chapter.

## LEARNING OBJECTIVES

*After the completion of the chapter, the readers will be able to:*

- Define psychology and its core areas of practice, research, and applications.
- Explain the historical development of the field, including major theoretical perspectives.
- Describe the relationship between mental health and physical health.
- Identify the biological, psychological, and social factors that contribute to mental health problems.

## CHAPTER OUTLINE

- Introduction
- Definition of Psychology
- Enigmatic Journey of Understanding Ourselves: A Historical Background to Psychology

**Chapter Outline** gives a glimpse of the content covered in the chapter.

**Key Terms** are added in each chapter to help understand difficult scientific terms in easy language.

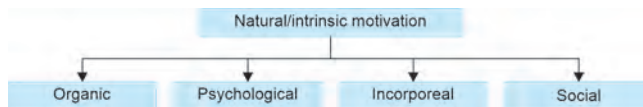
## KEY TERMS

**Cognitive psychology:** It focuses on the study of the higher mental processes.

**Counseling psychology:** It focuses primarily on educational, social and career adjustment problems.

**Environmental psychology:** It considers the relationship between people and their physical environment including how our physical environment affects our emotions and the amount of stress we experience in a particular setting.

The book is well illustrated with relevant **Figures**.



**Fig. 4.4:** Types of natural/intrinsic motivation

**Table 1.1:** Major landmarks in the development of psychology

Years	Developmental landmarks of psychology
1879	1st Psychological lab, Germany
1890	William James published psychology principles
1895	Functionalism
1900	Sigmund Freud established psychodynamics
1924	Behaviorism
1951	Client-centered humanistic psychology
1954	Establishment of motivation and personality
1957	Social psychology
1985	Cognitive psychology
2000	Neuropsychology, evolutionary psychology

Numerous **Tables** have been used in the chapters to facilitate learning in a quick way.

**Must Know** boxes give an overview of important facts about the concerned topic.

**MUST KNOW**

- **Structuralism (Wundt):** Breaking down the mind into its basic structures.
- **Functionalism (James):** Emphasizes the function of mental processes and how they help us adapt to the environment.
- **Behaviorism (Watson, Skinner):** Focuses on observable behavior and how it is shaped by learning through conditioning.
- **Psychoanalysis (Freud):** Explores the unconscious mind and the role of early childhood experiences in shaping personality.
- **Humanism (Maslow, Rogers):** Highlights human potential, self-actualization, and the importance of free will and subjective experience.

**CASE STUDY****Patient Profile****Name:** Michael Smith**Age:** 2 years**Gender:** Male**Medical history:** Premature birth at 32 weeks, neonatal jaundice, and mild respiratory distress syndrome**Family history:** No known neurological disorders**Presenting Symptoms**

- Delayed motor milestones (not sitting independently, not crawling, not walking)
- Muscle stiffness (spasticity) in the legs
- Poor trunk control and balance
- Difficulty using hands for fine motor tasks (grasping toys, self-feeding)
- Limited speech and communication skills

**Case Study** demonstrates example(s) of specific clinical scenarios that are often encountered by Physiotherapists.



### Physio CORNER

Developmental delays in autism spectrum disorder (ASD) can vary widely, as ASD is a complex neurodevelopmental condition characterized by challenges in social interaction, communication, and repetitive behaviors. Understanding these developmental delays is crucial for early identification, intervention, and support. Here are the key areas where developmental delays are often observed in children with autism:

#### Social and Emotional Development

- **Social interaction:**
  - **Limited eye contact:** Difficulty making or maintaining eye contact.
  - **Difficulty with social cues:** Challenges in understanding and responding to social cues, such as facial expressions and body language.
  - **Lack of interest in peers:** Limited interest in playing or interacting with other children, preferring solitary activities.

Physiotherapy correlation of the topics under study is mentioned as **Physio Corner**.

CBS

Important takeaway points of respective chapters have been highlighted under **Summary** boxes.


### SUMMARY

- Psychology, a discipline that delves into the intricacies of human thought and behavior, has evolved significantly over time, transitioning from philosophical musings to a robust scientific field. This chapter offers a comprehensive introduction to psychology, outlining its historical development, theoretical frameworks, and practical applications.
- **Historical development:** The journey of psychology is a fascinating one, beginning with early inquiries in ancient Greece and progressing through various stages of scientific evolution. Philosophers like Plato and Aristotle laid the groundwork by exploring the essence of the soul and perception.

### REFERENCES

1. Cherniak, Christopher, Nisbett, Richard & Ross, Lee. Human Inference: Strategies and Shortcomings of Social Judgment. Philosophical Review. 1983; 92 (3):462
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3. Seedat S, Scott KM, Angermeyer MC, Berglund P, Bromet EJ, Brugha TS, Demyttenaere K, De Girolamo G, Haro JM, Jin R, Karam EG. Cross-national associations between gender and mental disorders in the World Health Organization World Mental Health Surveys. Archives of general psychiatry. 2009 Jul 1;66(7):785–95.

Giving extra edge to the study, **References** have been included at the last of every chapter.



## STUDENT ASSIGNMENT

### LONG ANSWER QUESTIONS

1. What is psychology, and how does it contribute to our understanding of human behavior and mental processes? Explain various aspects of human cognition and behavior.
2. Write an overview of the historical development of psychology as a scientific discipline.

### SHORT ANSWER QUESTIONS

1. What is psychology, and how does it contribute to our understanding of human behavior and mental processes?
2. What are the various aspects of human cognition and behavior that psychology explores?

### MULTIPLE CHOICE QUESTIONS

1. The scientific study of both the mind and observable behaviors is the definition of:
  - a. Sociology
  - b. Psychology
  - c. Anthropology
  - d. Neuroscience
2. John B Watson, a prominent figure in psychology, is most associated with which school of thought?
  - a. Psychoanalysis
  - b. Behaviorism
  - c. Humanism
  - d. Cognitive psychology

At the end of chapters, **Student Assignment** section is given which contains practice questions and multiple choice questions to help students attain mastery over the subject.

Brid  
Series



# Syllabus

*(Based on Physiotherapy Curriculum of All Universities of India and NCAHP,  
Ministry of Health & Family Welfare)*

## BPT (First Year)

### Unit 1 Introduction to Psychology

- **Describe schools:** Structuralism, functionalism, behaviorism, psychoanalysis.
- **Describe methods:** Introspection, observation, inventory and experimental method.
- **Describe branches in brief:** Pure psychology and applied psychology.
- Describe importance of study of psychology in physiotherapy.

### Unit 2 Developmental Psychology

- **Describe growth and development:** Nature of growth and development, characteristics of growth and development, developmental periods of infancy.
- Describe childhood, adolescence, adulthood and old age, factors affecting growth and development.
- Describe role of heredity and environment and their relative importance in physical, psychological and social development.

### Unit 3 Emotions and Perception

- Describe concept and definition of emotions, theories of emotions, physiological changes due to emotional state, nature and control of anger, fear and anxiety.
- **Describe sensation, attention and perception:** Meaning and definition.
- Describe types of sensation and perception.
- Describe principles of perception, illusion and hallucination and concept of attention and factors determining attention.

### Unit 4 Motivation and Learning

- Definition of motivation, needs, drives and motives, primary motives and secondary motives, and achievement motivation.
- Discuss the theories of motivation.
- Describe theories of learning.

- Describe concepts, characteristics, types, laws of learning, theories of learning, trial and error theory.
- Describe conditioning—classical and operant, insight theory of learning, factors influencing learning.
- **Describe the effective ways to learn:** Massed/spaced, whole/part, recitation/reading, serial/free recall, incidental/intentional learning, knowledge of results, association, organization, and mnemonic methods.
- Describe intelligence; discuss characteristics, types, IQ, Mental age.
- Describe assessment of intelligence, intelligence tests—verbal and performance test.

### Unit 5 Psychology of Frustration and Stress

- **Describe frustration and stress under the following headings:** Definition, causes, sources of frustration, conflict, different types of conflicts, adjustment and maladjustment, defense mechanism.
- Describe different types of anxiety, tension, physiological symptoms, causes, reactions to stress, psychosomatic problems, coping strategies.
- Discuss the management of stress.

### Unit 6 Personality

- Define personality and describe factors in personality development.
- **Describe tools of measurement of personality:** Observation, situational test, questionnaire, rating scale, interview, and projective techniques.
- **Describe defense mechanisms:** Denial of reality, rationalization, projection, reaction formation, identification, repression, regression, intellectualization, undoing, introjection, acting out.
- Describe psychological reactions of a patient during admission and treatment in terms of possible anxiety, shock denial, suspicion. Loneliness, shame, guilt, rejection, fear, withdrawal, depression, egocentric, justify and loss of hope.

### Unit 7 Social Psychology

- Describe different types of leaders and different theoretical approaches to leadership.
- Describe development of attitude and change of attitude.

### Unit 8 Clinical Psychology

- Describe models of training, abnormal behavior assessment, clinical judgment, psychotherapy, self-management methods, physiotherapist-patient interaction, aggression.
- **Discuss the following:** Self-imaging, stress management, assertive training, group therapy, body awareness, pediatric, child and geriatric clinical psychology.



# Contents

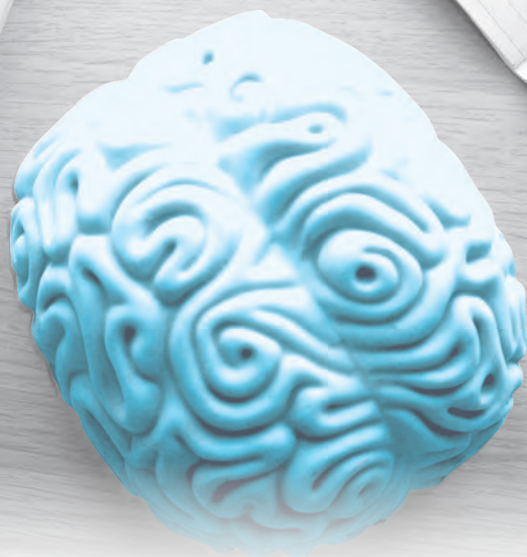
Foreword .....	iii
The Advisory Board .....	v
About the Authors .....	vii
Preface .....	ix
Acknowledgments .....	xi
Contributors and Reviewers .....	xiii
Special Features of the Book .....	xxi
Syllabus .....	xxv
<b>CHAPTER 1</b> Introduction to Psychology .....	1–25
<i>Aditi Popli, Hem Jivani, Sunanda Bhowmik</i>	
<b>CHAPTER 2</b> Growth and Development .....	27–63
<i>Shweta Sharma, Ankita Sharma, Nishchint Banga, Parul Sharma</i>	
<b>CHAPTER 3</b> Sensation, Attention and Perception .....	65–82
<i>Hina Vaish</i>	
<b>CHAPTER 4</b> Motivation .....	83–104
<i>Aditi Popli, Hem Jivani, Lakshay Panchal</i>	
<b>CHAPTER 5</b> Frustration and Conflict .....	105–138
<i>Ankita Sharma, Moattar Raza Rizvi</i>	
<b>CHAPTER 6</b> Emotions .....	139–162
<i>Manu Goyal, Kanu Goyal, Prateek Sharda</i>	
<b>CHAPTER 7</b> Intelligence .....	163–187
<i>Riya Kalra, Sushma K C, Kanu Goyal, Manu Goyal</i>	
<b>CHAPTER 8</b> Thinking and Memory .....	189–226
<i>Manu Goyal, Kanu Goyal, Prateek Sharda</i>	



<b>CHAPTER 9</b>	Learning .....	227–261
	<i>Neha Sharma, Rittu Sharma</i>	
<b>CHAPTER 10</b>	Personality .....	263–290
	<i>Hina Vaish</i>	
<b>CHAPTER 11</b>	Defense Mechanisms of the Ego .....	291–306
	<i>Kajal Taneja</i>	
<b>CHAPTER 12</b>	Substance Abuse .....	307–328
	<i>Kajal Taneja</i>	
<b>CHAPTER 13</b>	Behavior Modification .....	329–349
	<i>Pragya Mitra, Chandani Pandey</i>	
<b>CHAPTER 14</b>	Pediatric Psychology .....	351–366
	<i>Riya Kalra, Kanu Goyal, Manu Goyal</i>	
<b>CHAPTER 15</b>	Geriatric Psychology .....	367–392
	<i>Lakshay Panchal, Aditi Popli, Hem Jivani</i>	
<b>CHAPTER 16</b>	Industrial Psychology .....	393–414
	<i>Divya Aggarwal, Pooja Sharma, Priyanka Sethi</i>	
<b>CHAPTER 17</b>	Social and Clinical Psychology .....	415–450
	<i>Shweta Sharma, Urvi, Parul Sharma</i>	
<b>CHAPTER 18</b>	Counseling .....	451–478
	<i>Chandani Pandey, Pragya Mitra</i>	
<b>CHAPTER 19</b>	Psychology and Physiotherapy .....	479–512
	<i>Muskan Gupta, Shweta Sharma, Parul Sharma</i>	
	<i>Index</i> .....	513

# 18

## CHAPTER



## Counseling

*Chandani Pandey, Pragya Mitra*

### LEARNING OBJECTIVES

*After the completion of the chapter, the readers will be able to:*

- Understand the basic principles of counseling, its process, historical background and various approaches.
- Develop practical skills in applying various counseling techniques such as active listening, empathy, and effective communication skills.
- Gain awareness of cultural, social, and personal factors that influence the counseling process.
- Discuss the ethical standards and legal considerations in counseling practice.
- Develop the competencies necessary to support and guide the clients effectively, fostering positive change and promoting physical and mental health and well-being.

### CHAPTER OUTLINE

- |                             |                                    |
|-----------------------------|------------------------------------|
| • Introduction              | • Process                          |
| • Scope of Counseling       | • Approaches                       |
| • Definitions of Counseling | • Skills and Techniques            |
| • Aims of Counseling        | • Ethical and Legal Considerations |
| • History                   | • Physiotherapy and Mental-Health  |

### KEY TERMS

**Active listening:** A technique where the counselor fully engages with the client, demonstrating attentiveness and understanding.

**Body awareness and dissociation:** Techniques to improve body awareness and manage dissociative symptoms.

**Confidentiality and privacy:** The protection of a client's personal information and the right to keep their details private.



**Counseling:** The process of assisting individuals in exploring, understanding, and resolving personal, social or psychological issues.

**Empathy:** The ability to understand and share the feelings of another person.

**Ethical and legal considerations:** Guidelines and frameworks that govern the practice of counseling to ensure ethical standards and legal compliance.

**Ethical guidelines:** Formal frameworks that outline recommended behaviors for counselors to ensure safe and ethical practice.

**Falls and mobility issues:** Addressing physical issues that affect mobility and independence.

**Identifying patterns and behaviors:** Recognizing and addressing maladaptive thought and behavior patterns that cause distress.

**Informed consent:** The process of obtaining a client's agreement to participate in therapy, ensuring they understand the purpose and potential outcomes.

**Interdisciplinary collaboration:** Working together with other healthcare professionals to provide comprehensive care.

**Lifestyle and weight management:** Developing programs to improve lifestyle choices and manage weight for better health.

**Mental health integration:** Combining mental healthcare with physiotherapy to provide holistic treatment.

**Motivation and self-management:** Encouraging patients to take an active role in their recovery and self-care.

**Nonpharmacological pain management:** Using nondrug methods to alleviate pain and improve mental well-being.

**Note-taking:** The practice of documenting sessions to aid memory, maintain confidentiality, and support legal requirements.

**Psychoeducation:** Offering information and education about illnesses, symptoms, and management techniques.

**Questioning:** Asking open-ended and closed-ended questions to fully understand the client's experiences and emotions.

**Relaxation exercises:** Techniques such as progressive muscle relaxation, deep breathing, and guided imagery to reduce anxiety and stress.

**Self-disclosure:** The process of revealing personal information to another person to foster intimacy and trust.

**Summarizing:** Providing a concise overview of the session's key points to ensure clarity and understanding.

**Supportive therapy:** Providing support to individuals facing serious physical health issues, emphasizing acceptance and coping strategies.

**Tailored exercise programs:** Individualized exercise regimens to enhance mood and overall well-being.

**Therapeutic relationship:** The bond between the counselor and client, essential for effective therapy.

## INTRODUCTION

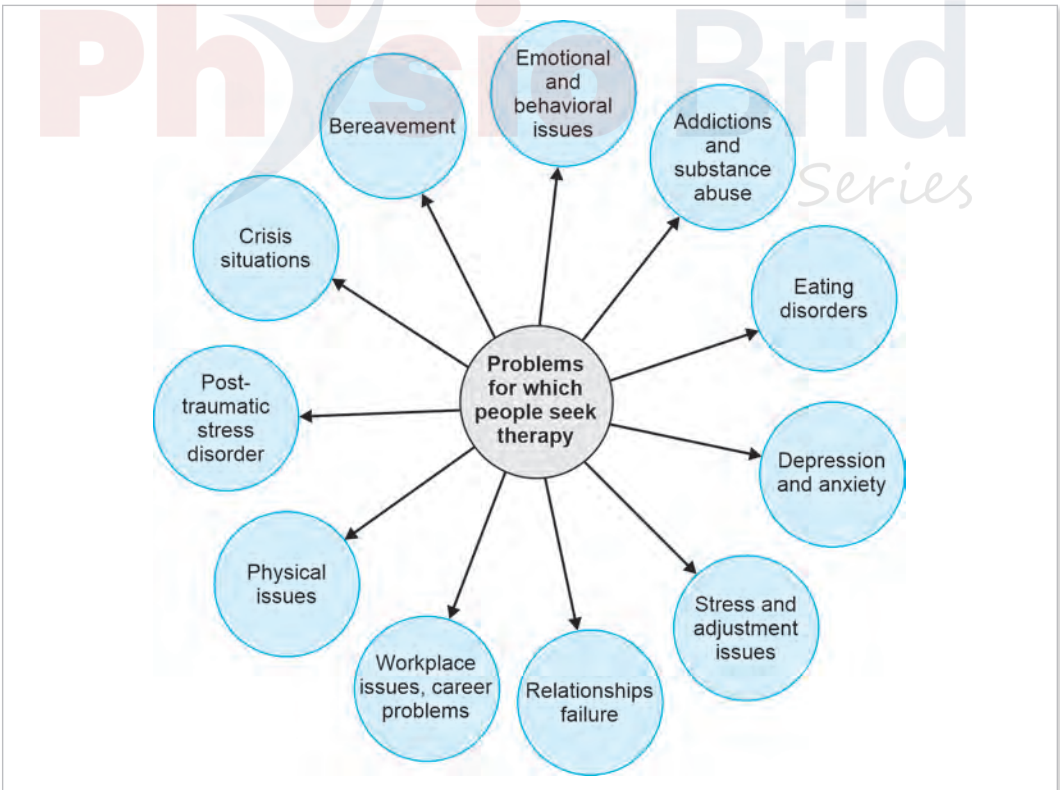
Counseling is a wonderful invention of the 20th century. In today's intricate, fast-paced world, we encounter various challenges that can be overwhelming. While we often manage to navigate through life smoothly, there are moments when we confront situations beyond our immediate capacity to handle. Typically, we seek solace and guidance from loved ones, community members, spiritual

leaders or healthcare professionals to address these issues. However, there are instances when their support may not suffice or we feel hesitant to confide in them due to embarrassment or a lack of suitable solutions.<sup>1</sup>

Counseling serves as a valuable resource during such moments. It's often readily accessible and affordable now. Rather than diagnosing or labelling the patients, counselors focus on listening and collaborating with their clients to understand and resolve the issues. For most individuals, just one to six counseling sessions can significantly alleviate their concerns. These sessions offer a chance in our society to be genuinely heard, respected, and understood without any expectations of reciprocity. Counselors are trained mental health professionals that are equipped with various qualities that help them connect with fellow human beings more deeply.<sup>2</sup>

### SCOPE OF COUNSELING

The scope of counseling is not only limited to psychological issues, it is well implicated in various physical diseases as well such as hypertension, neurological disorders, cardiac issues, etc. (Fig. 18.1).<sup>2</sup>



**Fig. 18.1:** Various problems due to which clients seek counseling

## DEFINITIONS OF COUNSELING

**Counseling has been defined by many professional bodies which are as follows:**

The definition of counseling includes work with individuals and with relationships which may be developmental, crisis support, psychotherapeutic, guiding or problem-solving. The task of counseling is to allow the 'client' to explore, discover and clarify ways of living more satisfyingly and resourcefully.<sup>3</sup> (BAC, 1984).

Counseling refers to a professional and therapeutic relationship between therapist and client. This includes one-to-one interaction with clients, sometimes more than two. It is designed to help clients to understand and clarify their views of their life space, and to learn to reach their self-determined goals through meaningful, well-informed choices and resolution of problems of an emotional or interpersonal nature.<sup>4</sup> (Burks and Steffle, 1979). Refer to Table 18.1 to understand the differences between the functions of various health professionals.

### MUST KNOW

The various professionals work together to provide holistic mental health services to individuals by collaborating and making referrals to interdisciplinary professionals.

**Table 18.1:** Differences between various mental health professionals

Professional group	Specialization
Counselors/psychologists	Counselors/psychologists work with clients who can function and fulfil their day-to-day activities but experience mild difficulties due to stress, adjustment issues, family issues, marital issues, self-confidence issues, sleep issues, etc.
Clinical psychologists	They are involved in understanding the symptomatology of various severe mental health issues that are causing difficulties in day-to-day life and that need immediate treatment such as bipolar disorder, personality disorders, schizophrenia, neurodevelopmental disorders, etc.
Psychiatrists	They are involved in prescribing medications to clients suffering from significant mental health issues that are also affecting their normal functioning.
Psychiatric-social workers	They work at the community level and provide healthcare facilities to state and national healthcare centers.

## AIMS OF COUNSELING

These are the various outcomes or goals that can be achieved through counseling.

- **Gaining insight:** To understand the root causes of emotional difficulties and gain control over feelings and actions.<sup>5</sup>
- **Improving relationships:** Developing the ability to form and maintain meaningful connections with others in family or work settings.





- **Enhancing self-awareness:** Becoming more conscious of suppressed thoughts and feelings and gaining a clearer understanding of how others perceive oneself.
- **Embracing self-acceptance:** Cultivating a positive attitude toward oneself involves acknowledging and accepting previously criticized aspects of one's identity.
- **Pursuing self-actualization:** Progressing toward fulfilling one's potential and integrating conflicting aspects of oneself.
- **Attaining enlightenment:** Aiding the client in reaching a higher spiritual awakening or understanding.
- **Solving problems:** Finding solutions to specific issues that the client has been unable to resolve independently, and gaining general problem-solving skills.
- **Educating on psychology:** Providing clients with concepts and techniques to comprehend and manage behavior.
- **Developing skills related to social situations:** Initiating and maintaining conversations, and assertiveness skills.
- **Changing thought patterns:** Altering or replacing irrational beliefs or harmful thought patterns linked to self-destructive behavior.
- **Modifying behavior:** Changing or replacing maladaptive behavioral patterns.
- **Instituting systemic change:** Introducing alterations to the functioning of social systems, like families.
- **Empowerment:** Equipping the client with skills, awareness, and responsibility to be the master of their own decisions.
- **Quality of life:** Focusing on the quality of life and leading a more purposeful and meaningful life.

## HISTORY

### Development Before 1900

The field of counseling was evolved over a period when counseling was not done by professionals but teachers, advocates and reformers were the main ambassadors who did counseling mainly to provide information and to make people aware of various issues. It started with the start of the social welfare movement.

### Development During 1900–1909

This era was all about these three persons who were addressed as pioneers in the field of counseling: **Frank Parsons, Clifford Beers and Jesse B. Davis.**<sup>5</sup>

- **Frank Parsons**, father of counseling psychology, is well known for his multidisciplinary career and his selfless energy in helping others. He also established Boston's Vocational Bureau in 1908



which was aimed to help youngsters to choose their career as per their aptitude and interest areas. He also constructed several questionnaires that could help people in choosing careers as per their “experiences”, “preferences” and “morals”.

- **Clifford Beers** was struggling with depression and found insufferable mental health facilities during his multiple admissions to the hospital and penned down his feelings in his book, named “A Mind That Found Itself”. He addressed counseling “as a means of helping people adjust to themselves and society”.

## Development in 1910

Three major episodes that clearly define the growth of counseling during 1910:

1. **National Vocational Guidance Association (1913):** Print writing about vocational counseling and guidance.
2. **Smith-Hughes Act (1917):** Financial contribution to support the vocational guidance in the educational institutes.
3. **World War-I (1914–1918):** Establishment of Army Alpha and Army Beta and other psychometric tests.

## Development in 1920

**Commencement of educational courses:** In 1920, the counseling field got authenticity by commencing certificates and professional courses in counseling. Education courses were developed to become a counselor and it was first started at Harvard University in 1911. Also, certification of the counselors was initiated in Boston and New York during the mid-1920s.

## Development During 1930

- E G Williamson’s work became prominent in the 1930s and 1940s, particularly with the publication of his book “How to Counsel Students” in 1939. His development is also known as “trait-factor theory” or the “Minnesota Point of View” which focused on a counselor-centered approach. The main aim of this approach was to figure out the deficits of the client and suggest solutions to fulfill the deficits so that the client could make decisions independently. The subjects with whom Williamson majorly worked were the unemployed ones.
- **Counseling as a part of school curriculum:** John Brewer in his book Education as Guidance (1932) emphasized the role of teachers as counselors so that they could prepare students for the outer world in which they have to survive after the completion of their studies.
- **Dictionary of occupational tiles (DOT):** US employment service was also developed by the government and it further launched the DOT in 1938 and it became the main platform that provide knowledge of the guidance specialists.



## Development in 1940

- **Carl Roger's theory:** Carl Roger proposed a client-centered theory in which solution was planned and thought by the client only. He emphasized few qualities such as listening and being empathetic and unconditional positive regard as a counselor to achieve common goal.
- **World War II:** Military recruiters were looking for men and women who possessed the aptitude to serve in the army irrespective of gender. In simple words, the war crises compelled the government to recruit men and women according to their aptitude not based on their gender. Thus, during World War II, the US government was looking for trained professionals and psychologists who could perform psychometric assessments to recruit men and women in the army.

## Development During 1950–1960

Refer to Figure 18.2 to understand the major developments that took place during 1950–1960.

## Development in 1970

- **Development of new concepts of counseling:** Counseling was not limited to the fields of vocation and education. The counseling psychology became popular almost in every area and the recruitment process of hiring counselors began even for hospitals, clinics, rehabilitation centers, community mental health clinics, and even for assistance programs as well.
- **American Mental Health Counseling (1976):** AMHC was established to define the goals and roles of the counselors as per the standards of the code of ethics.
- **State Licensure:** As counseling became a profession and law became restricted and it became a law that one had to pass an exam to become a professional counselor. Virginia was the first state to acquire a state license in 1976.

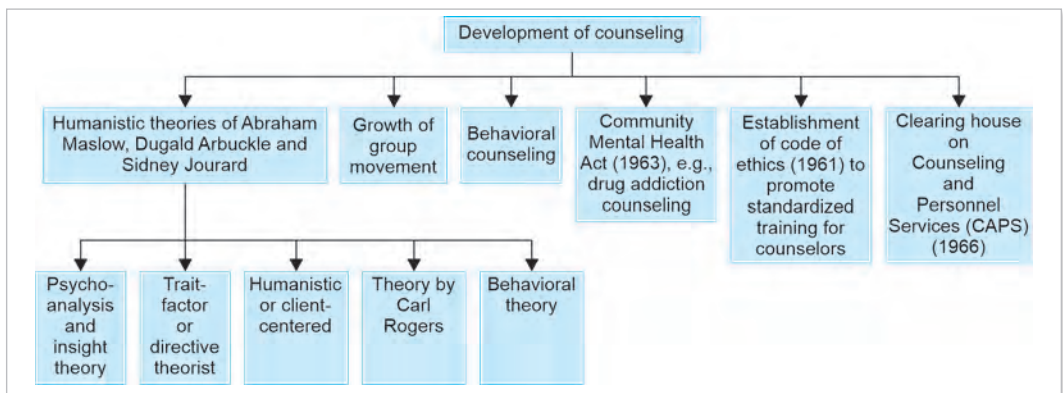


Fig. 18.2: Development during 1950–1960



- **Guidelines for higher qualifications in counseling:** Guidelines and outlines had prepared and issued by the Association of Counselor and Supervisors in 1973 to pursue master's and doctoral in counseling.

## Development During 1980–1990

- **Council for Accreditation of Counseling and Related Educational Programs:** It was established in 1981 and in 1987, it got the membership of Council of Postsecondary Accreditation. The main of this body is to systematize the educational programs at school, graduation, master and doctoral level of counseling psychology.
- **National Academy of Certified Clinical Mental Health Counselors:** The academy started training professionals and supervisors of mental health counselors in 1988.
- **American Association of Counseling Association:** After 1984, American Personnel and Guidance Association (APGA) changed its name from APGA to the American Association of Counseling Association to define the changing goals and roles of the counselor.
- **Publishing Journals:** Journal of Counseling and Development, March 1987, Journal of Counseling and Development, May 1986, Journal of Mental Health Counseling, January 1985, Elementary School Guidance and Counseling, October 1989.

## Current Trends

- **Crisis plan management for critical issues:** Terrifying incidents such as terrorist attacks, sudden loss of dear ones, and road accidents usually make persons more vulnerable to experiencing post traumatic stress disorder (PTSD) and acute stress disorder (ASD). The symptoms of PTSD were observed among people of the US after a terrorist attack on September 9, 2001 in New York. Crisis counseling plays a crucial role in helping individuals to overcome the trauma and healthily lead their lives.
- **Managed care:** It can be understood in terms of third-party (e.g., Maybe the hospital or the organization where the counselor works) system which promotes the quality of services that counselor provides to the client.
- **Promoting wellness:** The main aim of the counselors is not only to resolve the current issues but also to encourage and enable the person to live a healthy life in every aspect. The wellness model which used by the counselors is proposed by Myers et al. (2000).
- **Technology or cyber-counseling:** Counselors also use different platforms to reach their clients and with the advancement of technology it becomes easy for both (counselor and client) to connect. Earlier the technology was used to keep records, however, these days it is also used to communicate, to interact with each other while maintaining the confidentiality, and also to preserve the client's responses. This is majorly useful for those who are physically challenged, and living in remote areas.



## Conclusion

The field of counseling has progressed from the root and works almost in every aspect of life to promote a healthy and fruitful lifestyle of individuals. It uses the holistic or eclectic approach to deal effectively with the stressors of life.

## PROCESS

Counseling relies on a structured framework for guidance, benefiting both the counselor and the client. While not always strictly adhered to, this framework acts as a map or reference point in counseling practice. In 1994, Egan<sup>6</sup> presented a three-stage framework for the counseling process, as detailed in Figure 18.3. In his book “The Skilled Helper” (1994), Egan elaborates on these three stages with additional subsections. However, an alternative model might examine the preliminary steps before clients begin working with counselors.

- **Precontemplation:** The client starts considering seeking help.
- **Establishing the contact:** A referral is usually made to the client or they can approach the counseling.
- **Envisioning the relationship:** The client envisions the counselor and the relationship they will form.
- **Initial meeting:** The client and counselor discuss pressing issues, leading to emotional expression and potential catharsis.
- **Clarity and focus:** The client gains clarity on problem situations, experiences reduced tension, and feels understood.
- **Addressing other issues:** Past-related problems may emerge and require attention.

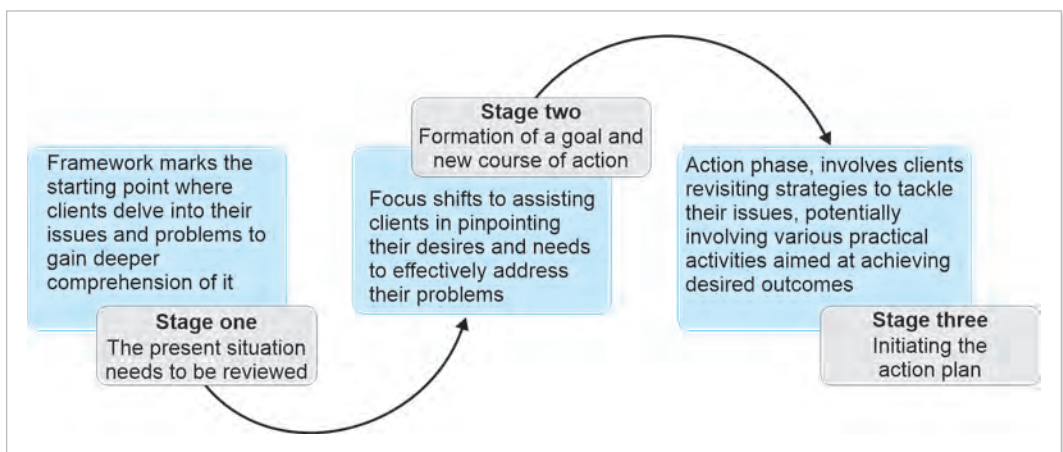


Fig. 18.3: Stages of counseling





- **Fears/worries about change:** The client expresses worry regarding the process of change and how it will impact their life and that needs to be freely discussed with the therapist.
- **Attainment of goals:** The goals can be achieved by targeting them with significant actions and seeing the changes in their actions.
- **Termination:** The counseling relationship concludes, and the client feels more self-reliant and capable of coping independently.

## Factors Affecting the Counseling Process

Refer to Table 18.2 to know about the factors affecting counseling.

**Table 18.2:** Factors affecting counseling

Client's variables	Counselor's variables	Environmental variables
Sociodemographic factors	Sociodemographic factors	Traveling and distance
Motivation	Educational qualification, skills and training	Infrastructure
Insight level	Personality factors	Ventilated counseling rooms
Personality factors	Belief system and flexibility	Noise proof rooms
Intelligence	Emotional intelligence	Cost and affordability of counseling sessions
Coping styles	Experience and expertise	Availability of test materials like manuals and stationery

## APPROACHES

### Psychoanalytic Approach

Sigmund Freud concentrated on personality structure and considered Id, Ego, and Superego as the basis of personality development. Also, take into consideration the conscious, subconscious, and unconscious mind to resolve the conflicts. This approach was also an attempt to understand many unreasonable current behaviors of the person. It is also known as insight-oriented therapy that enables the person to understand the past and how these events might affect the person in his current situation.<sup>7</sup>

- **Goals of therapy:** To bring unconscious material into consciousness, to resolve fixation that might occur during developmental stages, and to resolve the repressed traumatic experiences of childhood that are causing difficulties in the client's life.<sup>8</sup>
- **Techniques of therapy:** Analysis of dreams, free association technique, analysis and interpretation of resistance, analysis of transference and countertransference.



## Behavioral Approach

B F Skinner's approach emphasizes the modification of undesirable behavior by using different behavioral modification techniques such as reinforcements, rewards, and desensitization. This approach is based on the notion that behavior can be learned and unlearned, clearly explained by Pavlov and Skinner in their experiments.

- **Goals of therapy:** Reducing undesirable behaviors and focusing on increasing desirable behaviors.<sup>9</sup>
- **Techniques of therapy:** Systematic desensitization, relaxation exercises, flooding, token economy, contingency management, differential reinforcement, etc.

## Cognitive Behavior Therapy

Dr Aaron Temkin Beck focuses on the negative core beliefs and encourages them to challenge these negative thoughts with evidence. This theory believes that thoughts lead to feelings and feeling further leads to behavior. Thus, undesirable action or behavior can be modified by molding the thoughts. This therapy also figures out the cognitive distortions and makes the client aware of the pattern of their thoughts by charting it down in a thought recording chart.<sup>8,9</sup>

- **Goals of therapy:** It aims to improve emotional regulation and develop effective coping strategies for various psychological issues.
- **Techniques of therapy:** Socratic questioning, daily thought record, relaxation techniques, grounding techniques, responsibility chat, activity scheduling, etc.

## Rational Emotive Behavior Therapy

Dr Albert Ellis states that Rational Emotive Behavior Therapy (REBT) deals with the task of modifying irrational beliefs into rational beliefs. The therapist will be helping the patients understand their irrational beliefs and see through the more logical thoughts and explanations through confrontation and by analyzing the event.<sup>9</sup>

- **Goals of the therapy:** REBT helps people to understand thoughts that are not rational. It is the emotional and personal reaction to the events or situations that cause the problems, not the situations themselves. The therapy helps to identify the thoughts that are leading to negative emotions and then modify it with logical ones to decrease the stress and difficulties associated with it.
- **Techniques of therapy:** It include disputing irrational beliefs (DIBs), where irrational thoughts are challenged and replaced with logical ones, and the ABC Model, which helps individuals analyze the link between Activating events, Beliefs, and emotional or behavioral Consequences to promote healthier responses.

## Humanistic Approach/Person-Centered Therapy

- Dr Carl Rogers came up with six main factors responsible for the development of a person:
  - i. Therapist client psychological contact
  - ii. Client incongruence or vulnerability
  - iii. Therapist congruence or genuineness
  - iv. Therapist unconditional positive regard (UPR)
  - v. Therapist empathy
  - vi. Client perception.<sup>10</sup>
- Rogers formulated his hypothesis of the 'necessary and sufficient conditions'. The strength of the change lies like relationship between the therapist-client.<sup>11</sup>
  - The client is having incongruence between their real and ideal self.
  - The therapist should have unconditional positive regard toward the clients.
  - The therapist should be more accepting, empathetic and genuine toward the clients.<sup>10, 11</sup>
- **Techniques of therapy:** Active listening, empathy, unconditional positive regard, reflecting and genuineness.

## Existential Therapy

- Existential therapy, shaped by the contributions of Rollo Reece May and Viktor Emil Frankl, centers on the individual's pursuit of meaning, freedom, and responsibility. It addresses existential concerns such as isolation, mortality, and decision-making, encouraging individuals to live with authenticity and purpose.
  - Existentialists think that the person writes his own life story by the choices that they make.
  - Problems and symptoms start when the client is not able to make meaningful choices, has an existential crisis in their life, and thus not utilize their full potential.
  - Anxiety acts like a motivating force to achieve the full potential while sometimes it also acts as the hindrance or limiting factor that is stopping a client from achieving his full capacities.<sup>12</sup>
  - Frankl states that every person looks for the meaning of life, and although this meaning may be different, it never stops to be.<sup>12, 13</sup>
  - The fundamental dimensions of the human condition are the following: The ability to be self-aware, freely exercising their will, developing their own identity and forging significant connections as the only important part of their lives, to find the meaning, the purpose of life, finding their own beliefs, values, the meaning of life and the inevitable truth of death.<sup>12</sup>
- **Techniques of therapy:** The technique employed in existential counseling is the relationship with the client. On the other hand, the clients realized that they need to take responsibility of their own choices, decisions and hence their own life and destiny.<sup>13</sup>



## SKILLS AND TECHNIQUES

### Counseling Interview

- Interview is an important tool for data collection. An interview is a very important method for collecting detailed information related to a client's life that could help us in understanding the problems and thus making a better case formulation and treatment part. It has specific goals and a defined way of achieving those goals in a standardized way.
- The assessment includes the discussion of painful, traumatic and distressing experiences between the therapist and the client.
- The objective is to obtain reliable and adequate information through one-to-one interaction and to understand the perception of the client and how he/she sees his/her problem. The events themselves are not the issue, but how we are perceiving is rather more important.
- The interview can be of three types:
  - i. **Structured interview:** It has a predefined set of questions for all the clients. It follows a strict set of frameworks that does not provide much scope of flexibility and opportunity in gathering information. This type of interview provides very little flexibility and follows a rigid and strict process.<sup>8, 13</sup>
  - ii. **Semi-structured interview:** It usually starts with a predefined question and later the conversation continues according to the responses given by the clients. It gives more flexibility as compared to the structured interview.
  - iii. **Unstructured interview:** This interview has no predefined questions and usually takes the form of free-flowing questions that could take any path depending on the answers given by the client. It lacks structure. This type of interview sometimes deviates from the goals of the interview, thus important data cannot be collected or might get lost in the steam of other topics.

### Therapeutic Relationship

The relationship of counselor and client plays a vital role in the therapeutic process and also determines the outcome of therapy. The therapist shall be nonjudgmental, empathetic, warm, open to sensitive issues and a good listener.<sup>9, 14</sup>

- **Observation of behaviors:** Observation of verbal and nonverbal behaviors to understand the problems of the client.<sup>14</sup>
- **Carl Rogers (1951)** defined various principles that are an important part of a therapy process and these are discussed here:
  - **Real versus ideal self-congruency:** Carl Rogers believes that there should be congruency between the real and ideal self, i.e., the internal feelings and the external feelings. The capacity of the client and what they aspire to achieve.<sup>11, 14</sup>



- **Positive regard:** The therapist shouldn't judge or evaluate the clients based on their feelings and behaviors rather than accepting them as they are. They should see their clients in a very natural way.<sup>10, 11</sup>
- **Empathy:** Empathy involves understanding people's situation from their perspective, feeling what they feel, and communicating that understanding back to them to enhance their own experience and meaning. It goes beyond sympathy, which is simply recognizing and caring about someone else's suffering. While often used interchangeably, empathy involves feeling the other person's pain, whereas sympathy is more about acknowledging it. While both are sincere, empathy can create a deeper connection and facilitate more meaningful communication between individuals or between a leader and his followers.<sup>6, 15</sup>

Various skills are associated with empathy such as verbal and nonverbal skills, skills paraphrasing, Reflecting client's feeling, then meaning of messages shared by the client.

- **Attending or active listening** in counseling encompasses the counselor's presence, both physically and emotionally, with their clients. Being fully present communicates to clients that they are being heard and that their experiences are valued. Effective attending enables counselors to listen attentively to their clients.

The acronym SOLER as shown in Table 18.3 serves as a tool to demonstrate respect and authenticity throughout the counseling session, especially crucial in building rapport during the initial stages of interaction.

**Table 18.3:** The acronym of SOLER

<b>S</b>	Straightly facing the client.
<b>O</b>	Posture should be open and accepting.
<b>L</b>	Appropriately leaning toward the client to show curiosity and interest.
<b>E</b>	Eye contact with the client shows that the therapist is paying attention and also showing empathy.
<b>R</b>	Making the client feel relaxed so they can express themselves freely.

## Skills of Paraphrasing

Involve focusing on understanding the thoughts and feelings of the messages conveyed by the clients, where their keywords and concepts are reflected to them in a condensed and rephrased manner. This technique reassures the client of your attentive listening and helps them gain clarity on their situation.<sup>14, 15</sup>

The various steps of an effective paraphrasing include:

1. **Active listening:** The message conveyed by the client should be attending actively without forgetting or missing the important parts of it and later remembering it.





2. Determine important issues related to specific people, situations, settings, etc.
3. Concisely rephrase important words and concepts presented by the client and presenting them from a very different perspective.<sup>14</sup>
4. Assessing the understanding of the client's problems by using brief questions like "It sounds like..." or "Let me see if I understand this", allowing the client to confirm or correct your paraphrasing.

Effective paraphrasing can provide clearer, more focused reflections than the original statements, often resulting in client responses like "That's right" to show agreement.

Tips for paraphrasing is to begin responses with "you" to reflect the client's internal viewpoint, slow your speech rate to allow more time for thinking, and develop a strong vocabulary, and memory by practicing paraphrasing regularly.

## Reflecting Client's Feeling

This involves respectfully and openly reflecting the clients' verbal and nonverbal communication, capturing both their words and body language, as well as making reasonable inferences about their emotional state. It is crucial for the helper to carefully select words that accurately convey these emotions back to the client.<sup>14</sup>

### Ways to Show Empathy

1. **Step 1:** Establish a supportive and secure atmosphere between the therapist and client, ensuring physical and emotional comfort. This involves maintaining a tidy, private space and projecting a calming presence as the counselor.<sup>8,9</sup>
2. **Step 2:** Employ encouraging behaviors to elicit further disclosure from the client regarding their life circumstances. These can include nonverbal signals like gestures, body posture, facial expressions, etc., and verbal prompts like "Okay", "I see", "I understand" and "Please elaborate".<sup>8,14</sup>
3. **Step 3:** Engaging in active listening, paying close attention to the verbal and nonverbal expressions of the client. The attention should be directed toward understanding the perspective of the client and empathizing with their experiences.

## Self-Disclosure

Self-disclosure involves the communication process where an individual reveals personal information to another person. This information can encompass descriptions or evaluations, including thoughts, emotions, aspirations, successes, failures, fears, dreams, preferences, and dislikes. It is regarded as a valuable strategy for fostering intimacy and strengthening interpersonal connections through the sharing of information.

Through self-disclosure, individuals allow themselves to be perceived authentically, making it easier for others to relate to them as genuine human beings, complete with both flaws and strengths, thoughts, and emotions. When viewed as human, communication and relationships can flourish more readily.

Sharing one's experiences and maintaining therapy boundaries at the same time is one of the crucial components of self-disclosure that can create a feeling of similarity with the client's own experiences. It is important to note that empathy is not about sharing similar experiences, but rather about expressing understanding and care toward the client's feelings and thoughts. Self-disclosure goes beyond merely imparting information; scholars define it as revealing details to others that they wouldn't typically learn or uncover. This process entails a degree of risk and vulnerability for the individual expressing their feelings.

### Johari Window

A different way of viewing oneself can be assessed through the Johari Window (Fig. 18.4). It is a method to understand how much one knows about oneself and how much other people know about him.

Information about ourselves and others, categorized by what is known or unknown, comprises several concepts:

1. Open self	2. Undisclosed area
3. Blind area	4. Unknown area

**Fig. 18.4:** Johari Window

1. **Open self:** This encompasses aspects of ourselves that are readily apparent and acknowledged by both ourselves and others, such as physical attributes like hair color, occupation, and general appearance.
2. **Undisclosed area:** This pertains to aspects of ourselves that we are aware of but choose not to disclose to others, such as personal dreams or ambitions, creating a hidden dimension of our identity.
3. **Blind area:** This refers to aspects of ourselves that others perceive but of which we remain unaware. An example could be when others view us as displaying strong leadership skills, while we may not recognize this trait in ourselves.<sup>14</sup>
4. **Unknown area:** This includes aspects of ourselves that neither we nor others are aware of. These could be hidden talents or potential qualities that have yet to be discovered or explored.

### Self-disclosure, while often beneficial, carries certain risks:

- It may shift the focus from the other person to yourself, potentially leading to an unfavorable response or failing to elicit the desired impression. Self-disclosure doesn't guarantee positive outcomes.
- There's a risk of creating an imbalance in the relationship, where the other person gains power or feels pressured to support or protect you due to the information shared.



- Self-disclosure can be misinterpreted as advice, potentially leading to misunderstandings or conflicts.
- Excessive or premature self-disclosure in a relationship can undermine its foundation and damage trust and intimacy.

## Acceptance

Acceptance is fundamentally recognizing and acknowledging “What is” without passing judgment on a situation. It involves embracing a mindset that enables you to release feelings of frustration, disappointment, stress, anxiety, regret, and unfulfilled expectations. Acceptance fosters inner peace by acknowledging the inherent limits of your control. While a simple concept, it’s a challenging practice. Fortunately, life offers numerous opportunities to cultivate acceptance. The reality is that life presents countless moments where one might wish for different outcomes.

Acceptance should not be equated with giving up or condoning others’ behavior to persist. It doesn’t entail surrendering to circumstances that are unhealthy or uncomfortable. The primary obstacle to acceptance often lies in the desire for control, yet control itself is illusory. Life’s certainty is its unpredictability; you cannot dictate events, others’ actions or the past and future. What you can control are your thoughts, beliefs, attitudes, interpretations, and expectations. Investing energy in trying to control things that are not controllable will only lead to anger and frustration. Accepting what one can and cannot control is the key to solving many problems.

Engaging in acceptance involves practicing simple matters. For instance, when faced with rain, acknowledge its presence without judgment. Should your mind veer toward negative thoughts, return to the simple acknowledgment of the rain’s existence. Employ mindfulness techniques, such as tuning into your senses, to fully experience and embrace the moment. By accepting what is, you can cultivate a sense of calm and inner peace amidst life’s uncertainties.

Counselors must cultivate self-acceptance regarding their attitudes, values, and beliefs, recognizing how these aspects may influence both personal lives and professional practice. They should reflect on how their perspectives might impact their interactions with clients, particularly when faced with differing opinions. In the counseling profession, practitioners engage with individuals from diverse backgrounds, encompassing various races, cultures, and religions. Counselors need to acknowledge and respect these differences, understanding that clients may hold beliefs and values divergent from their own.

## Genuineness

Genuineness, also known as congruence, is a fundamental aspect of effective counseling characterized by authentic attitudes and behaviors. Being genuine entails being truthful and authentic, presenting oneself exactly as one truly is without imitation. Genuine individuals are transparent, with no hidden agendas or personas. They are comfortable in their interactions and do not feel the need to alter themselves to gain acceptance.



In the context of counseling, genuineness is considered paramount, particularly according to Rogers. It involves therapists being authentic to themselves during client interactions. While being genuine doesn't necessitate therapists disclosing their problems, it does involve sharing their emotional reactions to clients' experiences. Genuineness fosters a direct and sincere connection between counselor and client, where the therapist engages on a person-to-person level without a facade.

Ultimately, the development of a sound therapeutic relationship between the client and the therapist laid the foundation of the therapeutic process, facilitating trust, openness, and effective communication.

- **Informed consent:** In this, the client has been informed regarding the purpose of the test, how the results will be used to answer the referral question, and who will have access to the findings of the assessment. The psychologists will proceed only after the client agrees to begin with the assessments.<sup>15</sup>
- **Privacy and confidentiality:** The right to confidentiality means that the test results are only accessible to appropriate parties and will not be shared otherwise. The appropriate parties usually include the client, therapist, and referral professionals. So, any transmission of results to other parties will warrant the informed consent of the client.

The right to privacy essentially pertains to an individual's willingness to share personal information with others, whether that information is factual or related to feelings and attitudes.

- **Note taking:** Aid for the memory-previous session, confidentiality, court orders, diagnosis, prognosis. Date, name, age/sex, session no, session participants, therapy method, session objective, therapist reflection, next session, plan.
- **Summarizing:** Counselor's feedback, summarizing the salient points mentioned by the client so that it couldn't be missed by the therapist. It includes a concise summary of the whole session. The client should know that the therapist heard, and understood him and can clarify any thoughts and emotions, if not clear enough for both the client and therapist.
- **Questioning:** Asking questions to fully understand, the depth of the client's emotions. Not too many questions, language is important.
  - **Open-ended questions:** Begin, elaborate, rich, How- feelings, what- emergence of facts, when- timing of problems, where- environment, why- reasons.
  - **Closed-ended questions:** Keeping from wandering off, fill in specific information gaps.

## Identifying Patterns and Behaviors

Identifying the maladaptive patterns of thoughts, behaviors and emotions that is causing distress to the individual and helping them through various approaches of counseling for alleviating their distress and promotes well-being and quality of life.<sup>15</sup>

## ETHICAL AND LEGAL CONSIDERATIONS

Ethics are recommended behavioral norms derived from a shared set of values. Typically, a code of ethics serves as a formal framework for ethical norms. A code of ethics must be developed as the group moves closer to professionalism to ensure safe professional practice. Counselors can access ethical guidelines that have been produced by professional bodies of counseling.<sup>15, 16</sup>

The following are professional associations for counselors and psychotherapists:

- American Psychological Association (APA)
- American Counseling Association (ACA)
- British Association for Counseling (BAC)

Since 1953, APA has published and updated ethical guidelines, with the latest version being the ethical principles of psychologists and code of conduct, released in the year 1992.

### General Principles

- **Beneficence and nonmaleficence:** Psychologists aim to help their clients, avoid causing harm to them and work to protect the rights and well-being of both themselves and other impacted parties, as well as the welfare of study subjects who are animals, in the course of their work.
- **Fidelity and responsibility:** A trustworthy and genuine relationship with their clients should be made by psychologists. Psychologist should understand their obligations to society, to maintain ethical and professional standards at the community level by being truthful to their responsibilities toward society.<sup>16, 17</sup>
- **Integrity:** The aim is to promote transparency and accuracy related to research, assessments, training, education, and practice in psychology. Psychologists should never indulge themselves in behaviors that hide the truth, mislead, misinterpret, confound the assessments or reports, and make rash or ambiguous decisions. They have the responsibility to maximize the benefits of the clients and minimize any harm. If they think, they are not the expert in any particular area of assessment and therapy, then referrals should be made to another expert.
- **Justice:** They should provide equal access and opportunity to people from all areas of life irrespective of gender, race, caste, religion, background, socioeconomic status (SES), etc. They shouldn't indulge in any unfair means of practice and safeguard the rights of people in society.
- **Respecting rights and dignity of people:** They should safeguard the confidentiality, privacy and self-determination as well as the worth and dignity of the individuals irrespective of their vulnerability whether they are capable of making a decision or not. They should connect the individuals to many levels of services available at the community level.<sup>17</sup>

### Ethical Issues and Dilemmas

- **Honoring the individuality and diversity of the client:** If a client's right to freedom is not upheld, the following issues may arise such as building client dependence, difficulty concluding





a case, pushing clients to take on tasks they are unable to perform on their own, keeping the assistance process opaque and discrimination.<sup>15, 16</sup>

- **Transparency and clear boundaries in dual professional relationships:** A dual connection is when a professional takes on two or more roles with the person seeking assistance, either concurrently or sequentially, such as friendship and business dealings. Because of the unequal power and status relationships between counselors and their clients, judgment is likely to be impacted and weakened, which increases the risk of exploitation.<sup>18, 19</sup>

## PHYSIOTHERAPY AND MENTAL-HEALTH

Physiotherapy (PT) is a healthcare profession that deals with restoring and managing various physical conditions that could occur due to any injury thus affecting the day-to-day functioning of the individuals. It helps in the management of mobility, chronic pain, stiffness and many other conditions through physical rehabilitation.<sup>20</sup>

These healthcare professionals work at a general hospital, private clinics, community health centers, and sports clubs, and organize various camps, workshops, charities research work, etc. Physiotherapy offers valuable assistance to individuals of all age groups dealing with various health issues, including:

- **Bones, joints, and soft tissue:** This includes conditions like pain in the back, neck shoulder, and injuries related to sports where physical interventions could aid in pain management and rehabilitation.
- **Brain or nervous system:** Physiotherapy addresses movement difficulties stemming from conditions such as multiple sclerosis (MS), and dementia such as Alzheimer's, Parkinson's, and stroke helping individuals regain mobility and functionality.<sup>20, 21</sup>
- **Heart and circulation:** Following a heart attack, physiotherapy plays a crucial role in cardiac rehabilitation, promoting cardiovascular health and aiding in the recovery process.<sup>22, 23</sup>
- **Lungs and breathing:** Physiotherapy interventions are beneficial for managing conditions like chronic obstructive pulmonary disease (COPD) and cystic fibrosis, improving lung function and enhancing breathing efficiency.<sup>24, 25</sup>

By focusing on physical activity enhancement and injury prevention, physiotherapy empowers individuals to lead healthier lives and minimize the risk of future injuries.<sup>26, 27</sup>

There are various reasons why individuals seek the assistance of a physiotherapist.<sup>28</sup>

Here are some common scenarios:

- **Illness:** Following a prolonged illness or during/after an illness affecting mobility, balance or motor skills, physiotherapy can aid in recovery and rehabilitation.
- **Chronic health conditions:** Certain chronic health conditions, such as diabetes, may impair mobility and balance, necessitating physiotherapy intervention to manage symptoms and improve function.



- **Postsurgery:** After undergoing surgery, engaging in physical therapy is crucial for the healing process. Physiotherapy helps individuals regain mobility and function in affected body parts, such as hands, feet or the back, facilitating recovery and rehabilitation.<sup>28</sup>
- **Injury management:** Physiotherapy is effective in managing injuries that cause significant pain or limit mobility, facilitating recovery and restoring function.
- **Aging:** As individuals age, they may encounter changes in their bodies that affect movement and function. Physiotherapy can assist in mitigating these effects, helping individuals regain function or adapt to changes.
- **Major health crisis:** Following major health crises such as heart attacks, strokes or traumatic brain injuries, physiotherapy plays a crucial role in aiding patients' recovery and restoring everyday function.<sup>28, 29</sup>
- **Comorbid psychological problems:** Many psychological issues such as stress, depressive symptoms, panic attacks, generalized anxiety disorder, somatoform, substance abuse, insomnia, obsessive-compulsive disorder (OCD), cognitive deficits, etc.
- **Enhanced physical performance:** Athletes and individuals aiming to improve their physical performance often turn to physiotherapy to learn techniques for optimizing their body's capabilities, thereby enhancing performance in fitness pursuits.
- **General wellness:** Physiotherapy is utilized by individuals seeking to maintain overall health and mobility, counteracting the effects of aging, and acquiring strategies for staying active and healthy.

Physiotherapy also plays a significant role in enhancing mental health, a fact often overlooked by some practitioners. The saying “no health without mental health” underscores the integral relationship between physical and mental well-being. Physiotherapists, renowned for their expertise in physical healthcare, offer a range of interventions that positively impact mental health.<sup>29, 30</sup>

- **Nonpharmacological pain management:** Physiotherapists provide nondrug approaches to pain management, which can alleviate discomfort and enhance mental well-being.<sup>31, 32</sup>
- **Tailored exercise programs:** Individualized exercise regimens prescribed by physiotherapists can boost mood, promote overall well-being, and address comorbidities associated with mental health conditions.
- **Addressing physical barriers:** Physiotherapy interventions target physical issues hindering social participation and recovery in individuals with mental health diagnoses, such as side effects of psychotropic medications.
- **Motivation and self-management:** Physiotherapists play a crucial role in motivating patients and promoting self-management strategies for both mental and physical health issues.
- **Falls and mobility issues:** Physiotherapists manage falls and mobility issues in older adults and address developmental challenges in children and young people.
- **Body awareness and dissociation:** Expert advice and interventions aim to improve the awareness of the body like any sensation, pain, stiffness or numbing.

- **Lifestyle and weight management:** Physiotherapists develop tailored lifestyle and weight management programs to enhance overall health and well-being.
- **Relaxation exercises:** Progressive muscle relaxation, deep breathing, and guided imagery could help with anxiety and physiological symptoms related to mental health issues.
- **Supportive therapy:** Supporting people suffering from serious physical health issues where one could not alter the debilitating consequences and acceptance is one of the major components.
- **Psychoeducation:** Providing important information regarding the illness, symptomatology, and management techniques can help alleviate the distress of the individuals.
- **Counseling:** Counseling can provide help with the numerous factors that are interfering with the recovery process of the individual.

Research highlights the profound impact of physical activity on psychological well-being, with physical exercises proven to lessen the symptoms of many mental health issues such as stress, depression, anxiety, etc. Recognizing the substantial burden of mental health disorders and their correlation with musculoskeletal conditions, physiotherapists advocate for a holistic multidisciplinary approach to management.<sup>32, 33</sup>

## Implications

Apart from helping individuals with physical issues and comorbid psychological issues that can affect the recovery from their illness and also the symptoms could worsen if mental health issues weren't targeted, the same challenges could affect those working in the healthcare field including the mental health of physiotherapists themselves.<sup>33, 34</sup>

Physiotherapists can also suffer from various mental health issues due to burnout, fatigability, lack of resources, infrastructure, human resources, etc. Mental health issues in these professionals could affect their work productivity and in turn, could impact the delivery of healthcare services to the people at large. Mental health issues like depression, anxiety, stress, generalized anxiety disorder, panic disorder, substance abuse, obsessive and compulsive disorder, etc., could affect any healthcare worker.<sup>35</sup>

The timely interventions in these conditions that include, supportive therapy, behavior therapy, cognitive behavior therapy, mindfulness, relaxation, etc., could alleviate the distress of the physiotherapists and can improve their quality of life which in turn could improve the delivery of healthcare services at large.

## MUST KNOW

Physiotherapists can help by providing basic counseling skills to their patients but it is also very important to remember that they need to refer the patient to a psychologist/clinical psychologist or psychiatrist for serious mental health concerns or if their counseling skills are not able to alleviate their distress. Timely referral is very important, so the Multidisciplinary Team (MDT) works well for the overall management of patients in clinics).



## Physio CORNER

Guidance and counseling are essential components of a physiotherapist's practice, as they contribute significantly to the overall well-being and recovery of patients. Here are the primary purposes of guidance and counseling in the context of physiotherapy:

- Enhancing patient compliance and engagement
- Addressing psychological barriers to recovery
- Improving communication and understanding
- Supporting behavioral change
- Managing chronic pain and coping strategies
- Enhancing patient empowerment and independence
- Facilitating emotional and psychological support
- Improving social and interpersonal relationships
- Preventing relapse and long-term maintenance
- Integrating multidisciplinary care

## CASE STUDY

### Integrating Counseling and Physiotherapy for Chronic Pain Recovery

#### Patient Background

John, a 45-year-old man, suffered a severe lower back injury from a car accident. After initial medical treatment, he was referred to physiotherapy to aid in his recovery. Despite attending regular physiotherapy sessions, John's progress was slow, and he reported ongoing pain, frustration, and a lack of motivation to continue the exercises. His physiotherapist noticed that John's psychological state might be hindering his physical recovery and recommended integrating counseling into his treatment plan.

#### Challenges

- **Chronic pain and fear-avoidance behavior:** John experienced persistent pain, which led to fear-avoidance behavior. He was afraid that movement would exacerbate his pain, causing him to limit his activity levels and resist certain physiotherapy exercises.
- **Emotional distress:** The accident and its aftermath caused significant emotional distress, including anxiety, depression, and feelings of helplessness, which further impeded his recovery.
- **Lack of motivation:** John struggled with staying motivated during his rehabilitation, often feeling that the exercises were too difficult or that his condition would never improve.
- **Negative coping mechanisms:** John began using unhealthy coping mechanisms, such as excessive alcohol consumption, to manage his pain and emotional distress, which further negatively impacted his physical and mental health.

#### Counseling Interventions

Recognizing the need for psychological support, John's physiotherapist referred him to a counselor specializing in pain management and rehabilitation. The following interventions were implemented:

- **Cognitive behavioral therapy (CBT):** The counselor used CBT to address John's fear-avoidance behavior and negative thought patterns. By helping him reframe his thoughts about pain and movement, John

*Contd...*



began to see his exercises as a pathway to recovery rather than a source of increased pain. This shift in mindset encouraged him to engage more actively in his physiotherapy sessions.

- **Pain management techniques:** The counselor introduced John to relaxation techniques, such as deep breathing exercises and guided imagery, to help him manage his pain more effectively. These techniques were also incorporated into his physiotherapy sessions, allowing John to feel more in control during exercises.
- **Motivational interviewing:** The counselor used motivational interviewing to help John explore his own reasons for wanting to recover and regain his previous level of functioning. This intervention increased his intrinsic motivation and commitment to the rehabilitation process.
- **Addressing emotional distress:** Through regular counseling sessions, John was able to process the emotional trauma related to the accident. The counselor provided a supportive environment where John could express his fears and frustrations, which helped reduce his anxiety and depression.
- **Developing healthy coping mechanisms:** The counselor worked with John to identify healthier coping mechanisms to replace his alcohol use. This included developing a daily routine that incorporated activities he enjoyed, setting achievable goals, and building a support network with friends and family.
- **Collaborative approach with the physiotherapist:** The counselor maintained regular communication with John's physiotherapist to ensure that the psychological and physical aspects of his recovery were aligned. This collaborative approach helped tailor John's physiotherapy exercises to his evolving psychological state.

#### Outcome

With the integration of counseling into his treatment plan, John experienced significant improvements in both his physical and psychological well-being:

- **Improved pain management:** John learned to manage his pain more effectively, which reduced his fear of movement and allowed him to participate more fully in his physiotherapy exercises.
- **Increased motivation and engagement:** His motivation to engage in physiotherapy increased as he began to see progress and believed in his ability to recover.
- **Enhanced emotional well-being:** John's anxiety and depression symptoms decreased, leading to a more positive outlook on his recovery process.
- **Healthier coping strategies:** John reduced his reliance on alcohol and developed healthier ways to cope with stress and pain, contributing to his overall well-being.
- **Accelerated physical recovery:** As a result of his improved psychological state, John's physical recovery accelerated. He regained strength, mobility, and confidence, eventually returning to his daily activities and work.

#### Conclusion

This case study illustrates the critical role that counseling can play in enhancing physiotherapy outcomes. By addressing the psychological barriers to recovery, counseling helped John overcome his fear of movement, manage his pain, and stay motivated throughout his rehabilitation. The collaborative approach between the counselor and physiotherapist ensured a holistic treatment plan that supported both John's physical and emotional recovery, leading to a successful outcome.



## SUMMARY

- Counseling for mental health issues has significant implications in the field of physiotherapy, enhancing both the physical and psychological well-being of patients. Integrating mental health with physiotherapy promotes a holistic approach to patient care. Patients receiving mental health support alongside physiotherapy tend to have better treatment outcomes. Addressing issues such as anxiety, depression, and stress can improve patient engagement, adherence to physiotherapy regimes, and overall recovery rates. This leads to the development of individualized care plan can lead to more effective and tailored treatments.<sup>30, 35</sup>
- Counseling equips patients with coping strategies to manage chronic pain, disability or recovery from injury. Techniques such as cognitive behavioral therapy (CBT) can help patients change negative thought patterns and improve their pain management and rehabilitation efforts. Many physical symptoms can be exacerbated by psychological factors. Addressing mental health issues can reduce psychosomatic symptoms, thereby enhancing the effectiveness of physiotherapy.
- Mental health counseling can provide techniques for stress and pain management, such as mindfulness, relaxation exercises, and stress reduction strategies, which can complement physical therapy exercises. Effective counseling can strengthen the therapist-patient relationship, building trust and open communication. This rapport is crucial for patients to feel comfortable sharing their concerns and for therapists to provide comprehensive care.<sup>33, 35</sup>
- Incorporating counseling within physiotherapy encourages interdisciplinary collaboration. Physiotherapists may work closely with psychologists, psychiatrists, and other mental health professionals to provide integrated care.
- Overall, the integration of mental health counseling within physiotherapy is essential for comprehensive patient care, leading to improved physical and mental health outcomes, enhanced treatment adherence, and overall patient well-being.<sup>34, 35</sup>

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# STUDENT ASSIGNMENT

## LONG ANSWER QUESTIONS

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1. What is counseling? What are the most common approaches to counseling, and how do they differ?
2. Elaborate on the various skills and techniques of counseling.
3. How do cognitive-behavioral techniques integrate into counseling sessions?
4. What are some common barriers to effective counseling, and how can they be overcome?
5. What are the key ethical issues counselors face, and how can they be addressed?
6. In what ways can physiotherapists integrate mental health screenings into their practice?
7. How can physiotherapists and mental health professionals collaborate to provide holistic care for patients?

## SHORT ANSWER QUESTIONS

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1. Define active listening technique with relevant example.
2. Write about confidentiality and privacy of a counseling process.
3. What do you understand by the client-centered approach of counseling?
4. What is Johari Window?
5. What are the common mental disorders that are prevalent in a physiotherapy clinic?
6. Define self-disclosure.

## MULTIPLE CHOICE QUESTIONS

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1. **What is a primary goal of counseling in mental health?**
  - a. Prescribing medication
  - b. Providing physical therapy
  - c. Facilitating self-understanding and change
  - d. Conducting medical procedures
2. **How can physiotherapists support mental health during physical rehabilitation?**
  - a. By prescribing antidepressants
  - b. By integrating mindfulness and relaxation techniques
  - c. By referring all patients to psychiatrists
  - d. By focusing solely on physical recovery

3. Which strategy is most effective for building a strong therapeutic alliance in counseling?
- a. Being authoritative and directive
  - b. Using technical jargon
  - c. Demonstrating empathy and active listening
  - d. Minimizing personal interaction
4. When should a physiotherapist refer a patient to a mental health professional?
- a. When the patient requests a referral
  - b. When mental health issues are beyond the physiotherapist's scope of practice
  - c. When physical therapy goals are met
  - d. When the patient shows no physical improvement
5. What is an indicator of a successful physiotherapy and mental health intervention?
- a. Increased dependence on therapy
  - b. Enhanced physical function and improved mood
  - c. Solely physical recovery
  - d. Reduced need for social interactions
6. In physiotherapy, which technique is often used to help reduce anxiety and improve mental well-being?
- a. High-intensity interval training
  - b. Progressive muscle relaxation
  - c. Deep tissue massage
  - d. Cryotherapy

---

**ANSWER KEY**

1. c      2. b      3. c      4. b      5. b      6. b

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# Textbook of Psychology for Physiotherapy Students

## Salient Features

**Learning Objectives** in the beginning of every Chapter help readers understand the purpose of the chapter.

### LEARNING OBJECTIVES

After the completion of the chapter, the readers will be able to:

- Define psychology and its core areas of practice, research, and applications.
- Explain the historical development of the field, including major theoretical perspectives.
- Describe the relationship between mental health and physical health.
- Identify the biological, psychological, and social factors that contribute to mental health.

**Chapter Outline** gives a glimpse of the content covered in the chapter.

### CHAPTER OUTLINE

- Introduction
- Definition of Psychology
- Enigmatic Journey of Understanding Ourselves: A Historical Background to Psychology
- Branches of Psychology
- Modern School of Psychology
- Levels of Explanation in Psychology

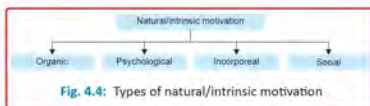
**Key Terms** are added in each chapter to help understand difficult scientific terms in easy language.

### KEY TERMS

**Cognitive psychology:** It focuses on the study of the higher mental processes.

**Counseling psychology:** It focuses primarily on educational, social and career adjustment problems.

The book is well illustrated with relevant **Figures**.



Numerous **Tables** have been used in the chapters to facilitate learning in a quick way.

**Table 1.1:** Major landmarks in the development of psychology

Years	Developmental landmarks of psychology
1879	1st Psychological lab, Germany
1890	William James published psychology principles

**Must Know** boxes give an overview of important facts about the concerned topic.

### MUST KNOW

#### Basic Tenets of Psychology

- **Debate on nature versus nurture:** The ongoing debate about the relative influence of genes (nature) and environment (nurture) on behavior and mental processes.

Physiotherapy correlation of the topics under study is mentioned as **Physio Corner**

### Physio CORNER

Developmental delays in autism spectrum disorder (ASD) can vary widely, as ASD is a complex neurodevelopmental condition characterized by challenges in social interaction, communication, and repetitive behaviors. Understanding these developmental delays is crucial for early identification, intervention, and support. Here are the key areas where developmental delays are often observed in children with autism:

#### Social and Emotional Development

Important takeaway points of respective chapters have been highlighted under **Summary** boxes.

### SUMMARY

- Psychology, a discipline that delves into the intricacies of human thought and behavior, has evolved significantly over time, transitioning from philosophical musings to a robust scientific field. This chapter offers a comprehensive introduction to psychology, outlining its historical development, theoretical frameworks, and practical applications.

**Case Study** demonstrates example(s) of specific clinical scenarios that are often encountered by Physiotherapists.

### CASE STUDY

#### Rehabilitation and Motivation: The Case of John Doe's Journey to Overcoming Chronic Lower Back Pain

##### Patient Profile

Name: John Doe

Age: 45 years

Condition: Chronic Lower Back Pain

##### Motivational Strategies Implemented

- **Goal setting:** Set a long-term goal of returning to recreational basketball and short-term goals like improving flexibility and reducing pain.

At the end of chapters, **Student Assignment** section is given which contains practice questions and multiple choice questions to help students attain mastery over the subject.

### STUDENT ASSIGNMENT

#### LONG ANSWER QUESTIONS

1. Define psychology, and how does it contribute to our understanding of human behavior and mental processes? Explain various aspects of human cognition and behavior.
2. Write an overview of the historical development of psychology as a scientific discipline.

## About the Authors



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