



**Directorate of Distance Education
Centre for Distance and Online Education (CDOE)
NALSAR University of Law, Hyderabad**

Reading Material

**ONE YEAR ADVANCED DIPLOMA IN
FAMILY DISPUTE RESOLUTION**

1.4 PRINCIPLES OF FAMILY PSYCHOLOGY

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COURSE INTRODUCTION

Psychology plays a conspicuous role in the family in all spheres and stages of life. Family is a basic unit of society which links individual and community. Family dynamics are the patterns of relating, or interactions, between family members. All families have some helpful and some unhelpful dynamics.

The configuration of contemporary family is undergoing a revolutionary change. In the modern competitive society there is emotional alienation among marital partners. Marital disharmony leads to family instability which in turn leads to mental health issues. Hence the need for psychological counselling to individual members, marital partners and family as a whole. Counselling plays a pivotal role in Family Dispute Resolution.

For clear understanding, the entire syllabus in Principles of Family Psychology has been divided into four modules.

MODULE I deals with family, its definition, functions and family roles played by different members in the family ; family diversity, its variations and emerging trends. It encompasses marital relations, parent- child relationship and gender roles in the family. The impact of parental divorce, single parenthood and remarriage on child development is discussed at length. Human sexuality, its perspectives and sexual disorders are also dealt with in this module.

MODULE II deals with psychology, definition, scope and application with reference to family dynamics. It also entails child development, normal and delayed development as well as three major theories of child development namely those of Freud, Erikson and Jean Piaget.

MODULE III deals with family dynamics which include group dynamics and interpersonal relations, as well as aggression and violence in family. Focus is on conflict and stress, definition, causes, types and management styles and strategies and mental health issues in the family. Rehabilitation of children with special needs, addicts and individuals with chronic health problems into the family are also dealt with in the module.

MODULE IV deals with counseling, definition, aims, characteristics of an effective counselor and importance of counseling in family dispute resolution. Counseling skills have been described in detail. Various domains of counseling like premarital counseling, marital counseling and family counseling have been touched upon. As regards therapeutic approaches, focus is on supportive and crisis counseling, cognitive behaviour therapy and behaviour modification. Force field analysis and Crave analysis have been described for problem solving and decision making in the family. Ethics in counseling is also discussed in this module.

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MODULE I FAMILY

'Family is the most important thing in the world'

Families are the compass that guide us, they are the inspiration to reach great heights and our comfort when we occasionally falter.

(Brad Henry)

1.0 Introduction

The institution of family is a basic unit in the society, and the multifaceted functions performed by the family make it a much needed institution in a society. The individuals and the family go hand in hand, and in many ways in their interpersonal relationships they are inseparable worlds: the individuals as the 'all-in-one', the family as the 'one-in-all'. Interconnectedness of individuals in family relationships through bonds of affection and obligations lead to joint decision making, budget pooling, cooperative work roles and altruistic parenting. In a framework of culturally accepted notions, family members have the division of rights and responsibilities by gender and generational position. Family is one of the main socializing unit of the society. It plays a major role in the development and well being of its members, society and nations as a whole.

1.1 Learning Objectives

After going through this module, you will be able to :

- ❖ Understand the concept of family
- ❖ Define family
- ❖ Enlist family functions
- ❖ Explain roles in family
- ❖ Describe family diversity and its various forms
- ❖ Discuss emerging trends in family diversity
- ❖ Describe marital relations in family
- ❖ Illustrate importance of gender roles
- ❖ Explain parent - child relationships
- ❖ Describe parenting styles
- ❖ Explain impact of parent divorce, single parenthood and remarriage
- ❖ Describe human sexuality, its perspectives and sexual disorders

1.2 What is Family?

Life is dynamic. Life is continuous and often bewildering change. The family is an ever changing, flowing dynamic entity. In today's scenario, human development in the family is not smooth. Family pattern and structure are rapidly changing all over the world. The family is acquiring a new look, its face is being changed by the social and cultural revolution which is the hallmark of our time in history. It is responding to the inexorable effects of growing complexity with industrialization and advanced technological innovations, growing impersonality of social relations and corresponding clash of life values.

The configuration of the 'contemporary family' is undergoing revolutionary change hence the patterns of interpersonal relations in the family are affected. Turmoil and instability are the order of the day in individual, family and society.

"A family system is a social and/or biological construction made up of a set of people related by blood or intention. A family functions as a system because it is a unit, and every family member plays a critical, if not unique, role in the system. In a family system it is not possible that one member of the system can change without causing a ripple effect of change throughout the family system.

1.2.1 Definition of Family

The term 'Family' had been defined by Murdock as a "Social group characterized by common residence, economic cooperation and reproduction. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship and one or more children own or adopted of the sexually cohabiting adults".

The Census Report defined family as "a group of two or more persons related by blood, marriage or adoption and residing together, all such persons are considered as members of one family".

Most definitions refer family as a universal social institution, which is constituted of persons directly linked by "Kin" connection where the adult members, assume the responsibility of caring for the children.

Modern Definition of Family

The definition of Family has evolved, but its importance remains. Family plays a crucial role in modern society. The current definition is somewhat open and inclusive. "A family might be of two parents of any gender, married or not. Some people even make a family with more than three parents. The children may have been born to one of the parents, both parents, or adopted."

Some of the facts about the modern family are :

- Families are multi-generational
- Families are shrinking
- Parental diversity is the new norm
- Families are more colorful
- Biology does not matter to family
- Some families are blended

1.2.2 Indian Family System

A developing nation, caught between the impact of recent science and technological advancement on the one hand and a diversified culture bond by tradition on the other, Indian family's transition is challenging. An important feature of Indian families is its great diversity. In spite of the diversity,

there are certain common institutions which are found practically throughout the length and breadth of the country. Right from ancient times, family, caste, and community have dominated the entire texture of Indian society. Family has been the dominating institution both in the life of the individual and in the life of the community.

Indian families are classified as patrilineal and matrilineal according to the lineage or descent by father or mother. The family structure is conceptualized as the configuration of role, power, status and relationships in the family which depends upon the family's socio-economic background, family pattern, and extent of urbanization. The beauty about the Indian culture lies in its age-long prevailing tradition of the joint family system which is turning to nuclear form in contemporary society.

Families in India are undergoing vast changes like increasing divorce and separation rates, domestic violence, inter-generational conflicts, social problems of drug abuse and juvenile delinquency. These changes indicate the inability to cope with the pressures of the modern life. Yet, the majority seem to have survived and are able to modify, adjust and adapt to changing social norms, values and structures, and have demonstrated a unique strength in keeping together despite the growing stress and strain.

The Indian family is by and large patriarchal in structure. In a patriarchal family set up, all male members perform duties like decision making for the rest of the family, and their physical and moral protection. This patriarchal set up is changing slowly towards equalitarian interaction among the educated, urban middle classes, and also among some rural set ups. Even in matrilineal and matrilineal cultures patriarchy seems to be prevalent in the form of power.

In contemporary Indian society, the family institution continues to play a central role in the lives of people. The family has been and continues to be one of the most important elements in the fabric of Indian society. The family has indeed contributed to the stability to Indian society and culture.

Family according to Indian Constitution

India has distinct personal laws for families belonging to different religions and, therefore, do not have agreed upon goals about this important aspect of civic life. Each community has its own personal laws which covers matters of personal relations and family practices such as marriage and divorce, adoption, maintenance, guardianship and custody of children, and inheritance and succession.

1.3 Family Functions

Family as a social institution has emerged to satisfy its basic functions which center around the primary bio-psycho-social needs of human beings. Family is both a producing and consuming unit. It provides the basis for human relations.

One of the most important function and responsibility of a family is raising a child. It is the most challenging responsibility because the child has to be raised from childhood till he/she is old enough to take care of him/herself.

Family has to ensure other functions as :

- The family is also expected to educate and transmit the societal norms and culture to its offspring and also give them a position or status in life.
- The family provides emotional, psychological moral and material support to members.
- The family has to ensure provision of physical security in terms of food, clothing, shelter and other needs to its offspring or other dependent individual members of the family.

Some of the important functions performed by the family include reproduction of new members and socializing them, and provision of emotional and physical care for older persons and young. Family in fact, is an institution which resolves large number of social problems.

The functions of family can be summed up as :

1. Socialization of children
2. Economic cooperation and division of labour
3. Care, supervision, monitoring, and interaction
4. Legitimizing sexual relations
5. Reproduction
6. Provision of social status: ascribed, as birth order; achieved: based on one's effort

The importance of Indian family lies in bringing up the child and shaping the personality as a worthy citizen of the nation. It is well said that a comfortable home is a great source of happiness. Without loving heart there is no meaning for home and family. An important function of family is the first line of defense especially for children and a major factor in their survival, health, education, development, and protection. Family has a vast potential to provide stability and support when there are problems. Human development can, thus, be enhanced by enriching family life.

1.4 Roles Played by Members in the Family

In a family, members interact in reciprocal relationships, responding to one another in the context of roles.

Roles play an extremely important part in healthy family functioning. Most researchers agree that the establishment of clear roles within a family is directly connected to a family's ability to deal with day-to-day life, unforeseen crises, and the normal changes that occur in families over time.

Types of Family Roles

Family roles are the recurrent patterns of behavior by which individuals fulfill family functions and needs. Individual members of families like father, mother, child, sibling, grandchild occupies certain roles in family. Along with roles come certain social and family expectations for how those roles should be fulfilled. To illustrate, parents are expected to teach, discipline, and provide for their children and children are expected to cooperate and respect their parents. A person's role is always expanding or changing, depending upon his or her age and family stage.

Essential Roles for Effective Family Functioning

Parents and elders have to shoulder the responsibility of fulfilling the roles which are essential for healthy family as given below.

- Provision of Resources
- Nurturance and Support
- Life Skills Development
- Maintenance and Management of the Family System
- Sexual Gratification of Marital Partners

Each family has its own ways of deciding who has the power and authority within the family unit, and which rights, privileges, obligations, and roles are assigned to each family member.

In most families parents are expected to be the leaders or executives of the family; children are expected to follow the leadership of their parents. Today, however, there are challenges to this traditional gender-based roles. In many families both fathers and mothers are bringing home paychecks. And while women still seem to shoulder the larger share of responsibility for the day-to-day operations of the family, more fathers are assuming greater roles in child-raising and household duties.

Each of these roles is accorded a status. The status assigned to a particular role within the family reflects the values and beliefs of that family. The higher the status assigned to a role, the greater the authority, privileges and reward accorded to that role.

Role Allocation is the assignment of responsibilities within a family that enables the family to function properly.

Role Accountability refers to a family member's sense of responsibility for completing the tasks of an assigned role.

Guidelines for Developing Healthy Family Roles

- Establish Clear Roles
- Allow for Flexibility
- Allocate Roles Fairly
- Be Responsible in Fulfilling Family Roles
- Focus on Family Strengths

1.5 Family Diversity

In a more contemporary view, **family diversity** refers to a broad range of characteristics or dimensions on which families vary, along with a recognition that there are a multitude of different family types that function effectively.

The main types of families include :

Nuclear family

This family consists of parents and children.

Joint family

A joint family is a large undivided family where more than one generation live together in a common house. A joint family is a form of family where the grandparents, father, mother, and children live unitedly under one roof.

Extended family

Extended family - this family usually consists of grandparents, parents and children.

Single Parent family

Single parent - this family consists of : One parent usually female and children.

In today's world family living arrangements throughout the world are considerably more diverse, pluralistic, and fluid than they were a few decades ago. There are profound demographic changes, including longer life expectancy, late marriage and childbearing, substantial growth of singlehood, cohabitation, divorce, and remarriage. As a result, there has been a sharp increase in the visibility of diverse family forms such as single parent, mostly single mother families, stepfamilies, and families living in poverty.

India is a land full of diversity. There are people having different religions, cultures, language, class, ethnic background all living in the country. Though diverse in various ways, unity in diversity is the hallmark of the country which binds us together. Diversity can also be seen in the family system of our country.

1.6 Various Forms of Family Diversity

1.6.1 Cultural Diversity

This means difference in lifestyles between families of different ethnic origins and religious beliefs and so forth. In broad terms, such cultural styles related to marriage / cohabitation are as :

- Monogamy
- Polygamy
- Polyandry

In addition, difference in religious beliefs can also affect family development. In societies where the influence of religion is more and ban on contraception have significant consequences for the family, in terms of such things as:

Relative size (number of children per family)

Stability (where divorce is not possible)

Division of labour where "traditional" male / female roles may be ideologically and structurally enforced - especially in terms of child care.

Many Indian communities are based around religious beliefs, area of origin, caste and kinship. In relation to this type of family structure, conflicts tend to arise in relation to the organization of home life in the family and outside the home.

1.6.2 Socio Economic Diversity

In India clear class divisions exist both between different social class like upper, middle and working class. These differences are manifest in ways as : the relationship between the genders, socialization of children, the importance of kinship networks and the different kinds of support provided by kin.

1.6.3 Ethnic Diversity

India is a big country. Traditionally people may be divided into two groups namely Aryans and Dravidians. But there have been a lot of invasions and explorations and people from monogoloid races as well as Europeans have found home in the country. Thus a lot of ethnic variations are found in the country.

1.7 Emerging Trends

New family structures have emerged such as Cohabiting families, Lone Parent families, Reconstituted families and Homosexual families.

Cohabitation

As marriage has declined and divorce rates risen, the number of couples living together or cohabitating has also risen. Marriage seems to be less relevant in modern society and less important in terms of economic security. For this female attitudes to sexuality may be responsible because fidelity is less important these days because of women's movement and contraception.

Lone Parent Families

The lone parent family is one of the family structures in modern society where a single parent looks after the child. Most of the times it is the female who is part of this family.

Reconstituted Families

These are families in which children from former relationships are brought to a new family relationship mainly as a result of rising divorce rates.

Homosexual Families

The numbers of homosexual families where parents are either gay or lesbian is rising. It seems inevitable that a society becomes more tolerant as this trend will increase.

In the modern era, family diversity refers to variations along **family structure**, or demographic dimensions as race/ethnicity, socio economic status, as well as in **family processes** as communication and parenting behaviors.

Family Structure

Recent demographic changes, notably including high rates of non-marital childbearing, divorce, and remarriage, have brought changes in the family system. Variations in family structure and the consequences on children's development and individual wellbeing are important. Although family composition and family transitions are important to understand, the evidence suggests that family processes exert stronger effects on the wellbeing of family members.

Family Process

Family process refers to the interpersonal dynamics that is support, communication, decision making, conflict resolution, violence between family members, that is parent–child, husband–wife, partner interactions. Attending to the diversity of family process provides a better understanding of family dynamics and has potential to guide prevention and intervention for development of healthy families. Contemporary families are remarkably diverse both in structure and process, and the social and demographic changes propelling family diversity are likely to accelerate.

Impact of Family Diversity

These family diversities have an impact on the overall life of an individual as observed in :

Values

The predominant Indian values pertaining to family, harmony, education, and selected virtues offer fundamental guidelines for living. Harmony is the keynote of existence. Successful academic achievements is the greatest tribute one can bestow on one's parents and family. Virtues such as patience, perseverance, self-sacrifice maintenance of inner strength, self-restraint, modesty, and humility are each considered necessary expressions of dignity to promote group welfare of the family.

Child Rearing Beliefs / Practices

Although traditional values indeed have been transformed, the extent to which they have historically influenced child-rearing beliefs and practices among Indian cultures is a stark reality. Parental roles and responsibilities typically entail significant personal sacrifice and accountability in return for the right to assume strict authority over and unquestioning obedience and loyalty from the child.

Children in turn, are viewed as extensions of their parents. They are treasured, protected, and readily indulged within a very nurturant, secure and predictable social environment. This situation is in transition where the trend is emerging to habitate elderly family members in the old age homes and the toddlers in play school which is not appropriate for the sound mental health of the adult, old and the little one.

Language and Communication Style

There is considerable diversity both within and among respective Indian languages. There are a multitude of different Indian languages and the dialect changes from region to region. The communication patterns of Indian languages serve to reinforce traditional cultural values and beliefs. Indian cultures are among the "highest context" cultures in the world. Indian languages employ communication patterns that promote harmonious social interaction.

Health Beliefs/ Practices

Traditional health orientations include a blending of traditional and folk medicine practices. The traditional fundamental concepts include maintaining balance between the cosmic forces. The "five elements," namely, water, fire, earth, air and internal body organs.

Modern health care includes invasive diagnostic and treatment procedures. In our country focus is also on alternative treatments like use of herbal medication and the use of therapeutic massage, acupressure, acupuncture, yoga and ayurveda.

The importance of understanding these traditional health practices is underscored by the fact that many Indian families utilize a "pluralistic" system of care that blends folk medicine with modern medicine.

Family diversity has an impact on the life of all members of the family. A deeper understanding of family diversity can help to promote welfare of the family by resolving family disputes.

1.8 Marital Relations in Family

Marital relations play a very important role in family functioning, if there are positive marital relations, the functioning of the family as whole will be healthy. If there is disharmony among the couple, the life of each member of the family is disrupted particularly having devastating affect on the lives of children thereby the whole family becomes an unhappy family.

Being married is a relationship like no other. It can be frustrating or wonderful, beautiful, maddening, and everything else in between. Marriage implies that the individual is no longer as important as we, the relationship. We give up the demands and narcissism of the ego in a marriage. What makes a successful relationship different from those that fail largely depends on the understanding between the partners. The better we know ourselves, our mate, and what it means to be married, the better and brighter our future will be.

1.9 Importance of Gender Roles

What is Male? What is Female? Answers to these questions may depend on the types of gender roles people are exposed to as a child. Gender roles can be defined as the behaviour and attitudes expected of male and female members of a society. Gender roles vary according to different societies. Different cultures impose different expectations upon men and women who live in that culture. In today's world drastic changes are occurring in the gender roles due to many reasons. These changes in gender roles affect the home, the workplace, and the school, and they affect all individuals to some degree.

Where Do Gender Roles Come From?

A person's sexuality comes from within him or her, making a person heterosexual, homosexual, bisexual, or asexual, depending on the partners he/ she is or is not attracted to. Unlike sexuality, however, gender roles are imposed from without, through a variety of social influences. Formed during the socialization phases of childhood and adolescence, gender role issues influence people throughout their lives; conflict arises when some one does not feel at ease with his/her gender role. The first and one of the strongest influence on a person's perceived gender role is his or her parents. Parents are our first teachers - not only of such basic skills as talking and walking, but also of attitudes and behaviour. Some parents still hold traditional definitions of maleness and femaleness and what kind of activities are appropriate for each.

Children look to their parents as role models. If a girl sees her mother taking part in physical activities, she will grow up with the idea that it is okay for girls to play sports. If a boy sees his father helping to take care of the new baby, he will integrate this image of "daddy as care giver" into his developing definition of masculinity.

Just as parents can provide positive role models, so too can they serve as negative role models. For example, children who grow up with parents who are in an abusive relationship have been found to repeat the same pattern as adult: male children of abusive husbands often grow up to abuse their own

wives; and daughters of abused wives can grow up to be victims of domestic violence, because their parents have shown them that this is "normal".

Children develop their gender identity knowing whether they are male or female by the age of three. As preschoolers, they use some sexual stereotypes to help them differentiate between men and women, for example, to a preschooler, long hair may mean "female" and short hair, "male". Another influence and reinforcement of gender roles come from the toys children play with. Their choice of toys support their own view of gender roles. For example, parents may give their little girl a doll to sleep with, while the boy gets a teddy bear. Most of the time we see toys and toy advertisement reinforcing the traditional gender role: boys are active and adventurous, while girls are passive and mothering. Parents need to be aware of the messages TV advertisements and toys present to their children.

Apart from parents, peers also influence the gender roles. Peer pressure is a means of reinforcing a culture's traditional gender roles. It can come in the form of teasing a child who does not fit the traditional gender roles in the peer group have even to the point of excluding that child from group activities. Peers react more positively to children who fit traditional gender roles.

Gender roles are also reinforced by school. Teachers and school administrators have great influence as they pass along cultural information and expectations. In school, children are expected to sit still, read, and be quiet. Such expectations may have been part of the gender role that a child has been learning from the parents, especially if the child is a girl. But for a boy who has been encouraged to be loud and boisterous prior to starting school, these expectations can lead to trouble. In fact, some researchers maintain that all boys face difficulty with such expectations such as these because the structure of their brains developed during child rearing makes them less able to meet those expectations as compared to girls.

Men and Gender Roles

Research into the differences between girls and boys is relatively new and is politically charged. Some studies show that boys are less able than girls to deal with the emotional problems that accompany adolescence. Recent statistics show that teenage boys commit suicide at five times the rate teenage girls do. Ultimately, lack of emotional development as a boy makes it difficult for the adult man to develop healthy relationships.

As gender roles have changed, they have opened greater opportunities for females. But men face a dilemma. The old model of the "macho man" is less acceptable in today's world than it was three decades ago, and men are struggling to reinvent themselves. Some men are so dependent on the old roles for their identity that they find themselves at a loss when confronted with new expectations. For example, some men cannot adjust when they discover that their wives or girlfriends earn more money than they do, and end the relationship.

However, today's parents have the opportunity to show their sons that they don't have to be violent to be strong. Rather than taking the attitude that "boys will be boys" if their son gets into a fight, parents can take the chance to teach their child new ways to solve conflicts without using fists.

Women and Gender Roles

Just as men's gender role have changed, women's gender roles have changed in the last few years, opening new opportunities. However, opportunities have their price, and some things are slower to change than others. Women can no longer be discriminated against in the workplace. If a woman is qualified for a job, she is by law able to get it. Few women hold top positions in large companies. However, women are looking more and more at the tradeoffs involved. Even though they may be able to get ahead in the workplace, things at home remain remarkably the same as they did in their parents' generation.

Due to gender roles, women even if they work full-time outside the home they are still perceived as having the primary responsibility for taking care of home and family. Generally, if a child is sick and both parents work, it is the mother who leaves the office, picks the child up, and stays home until the child is well enough to return to school. The tasks considered "female" were generally repetitive and had to be done daily. Researchers called these tasks "unrelenting, repetitive and routine". In addition, women are still responsible for most of the food shopping, child care, laundry, cleaning, cooking and even for maintaining the home.

The shifting of gender roles in the last 30 years has been huge. It has happened so swiftly that men and women are still trying to sort out what the new roles and rules mean to them. Although women are no longer expected to be the keepers of the house, in reality, they are in most families. Although men are generally open to the successes enjoyed by the women they share their lives with, some still find it hard to celebrate a woman's triumphs because they feel it diminishes their own.

However, rather than blaming each other for the situation, men and women are increasingly willing to work together to learn about their new roles. Successful marriage partners learn to negotiate and share tasks. It will take time to sort out all the implications of the changing gender roles, but new expectations should result in better workplaces, better relationships, better schools, and better lives. Gender roles are also influenced by the occupation of the parents. If both the parents work they cannot do justice to their roles as parents, it can influence marital relations, parent child interactions adjustment and family functioning as a whole.

1.10 Work and Family

The structure of work and work roles has direct effects on family roles and family life. Among the most significant aspects of work that influence family life and family roles are:

- The amount of time spent at workplace and the location of work
- The nature of the work schedule

- The geographic mobility associated with work
- Type of work
- Income from work

Through the industrialized world, the end of the twentieth century saw a change in work times. The two most common deviations from the norm are shift work and flex-time. In addition, the type of work one does has implications for family well-being. Generally occupational prestige and income increases marital stability and marital satisfaction. Inadequate resource, monotonous and unchallenging work, unsafe working conditions, dead-end jobs, the unrelenting threat of unemployment, and low self-esteem also affect marital relations and family life.

1.11 Parent - Child Relationships

A good parent-child relationship consists of love and respect between parents and children. To establish this relationship is the sole responsibility of the parents by giving their children unconditional love, which then generates in children love, respect and obedience for the parents.

The stream of influence between parents and children is bidirectional rather than unidirectional, i.e., from parent to child and child to parent. A parent who is impatient may cause an infant to react with distress, but an infant who is constitutionally prone to distress may elicit impatience from the parent.

The factors as birth order, gender of the child, infant temperament, financial and emotional stress, social support and gender of the parent may influence qualities of the parent-child relationships which has an impact on child's development. Social class, wealth, culture and income have a very strong impact on what methods of child rearing parents use. Cultural values play a major role in how a parent raises his or her child.

Parental personality and functioning also has been found to be important in predicting parent-child relationships. Levels of parent psychopathology are related to quality of the parent-child relationship and the child's adjustment. The interactions between depressed mothers and their infants are characterized by less positive and more negative emotions, less infant vocalization, and more passivity on the part of the infant. Therefore, the healthy child development depends on the personality of the parents and types of parenting styles they follow.



Parent - Child Communication

Communication can be positive or negative, effective or ineffective. It is very important for parents to be able to communicate openly and effectively with their children. Open, effective communication benefits not only children, but every member of the family. Children learn how to communicate by watching their parents. Good communication skills will benefit children for their entire lives. Children begin to feel that they are heard and understood by their parents, which is a boost to self-esteem. They are also more likely to feel secure in their position in the family, and are thus more likely to be cooperative.

Guidelines for Effective Communication

Good communication is an important parenting skill. Good communication is the key to building self-esteem as well mutual respect. Some of the techniques to improve parent child communication are :

Start Communicating Effectively while Children are Young

Parents should begin setting the stage for open, effective communication with their children when they are very young. Parents must demonstrate to their children that they love and accept them in both verbal and nonverbal ways. Verbally parents should try to send positive messages to their children. Nonverbally, parents can show their children they accept them through gestures, facial expressions, and other nonverbal behaviours.

Communicate at your Children's Level

When parents communicate with their children it is important for them to come down to their children's level both verbally and physically.

Learn how to Really Listen

Listening is a skill that must be learned and practiced. Listening is an important part of effective communication. Here are some important steps to becoming a good listener.

- Make and maintain eye contact
- Eliminate distractions
- Let your children know they have been heard
- Keep conversations brief
- Ask the right questions
- Try to make explanations complete
- Express your own feelings and ideas when communicating with children

1.12 Parenting

Parenting or **child rearing** is the process of promoting and supporting physical, emotional, social, and intellectual development of a child from infancy to adulthood. Parenting is the process of raising children and providing them with protection and care in order to ensure their healthy development. Parenting is a lifelong commitment. Parenting is a process that is heavily influenced by the larger social context. Family, peers, schools, and political climate play interactive role in human development.

Significance of Healthy Parenting

Raising a happy, healthy child is one of the most challenging jobs a parent can have and also one of the most rewarding. Yet many of us do not approach parenting with the same focus as we should for optimizing growth potential of the child.

Parents are the '**world**' for the child. Parents shape children by interacting with them directly. Parent-child interaction focuses on the dyadic relationship between one parent and one child. Significant associations between parent-child interaction and child outcomes are impressive because of the unique influence they have on child development. Father and mother play equally important role in the development of the child. Despite the lesser amount of time fathers spend with children, fathers' interaction patterns contribute to children's overall development apart from the influence of mothers.

The way in which parents are able to sensitively regulate their parenting behaviour based on the developmental needs of their children is a critical determinant of positive outcome.

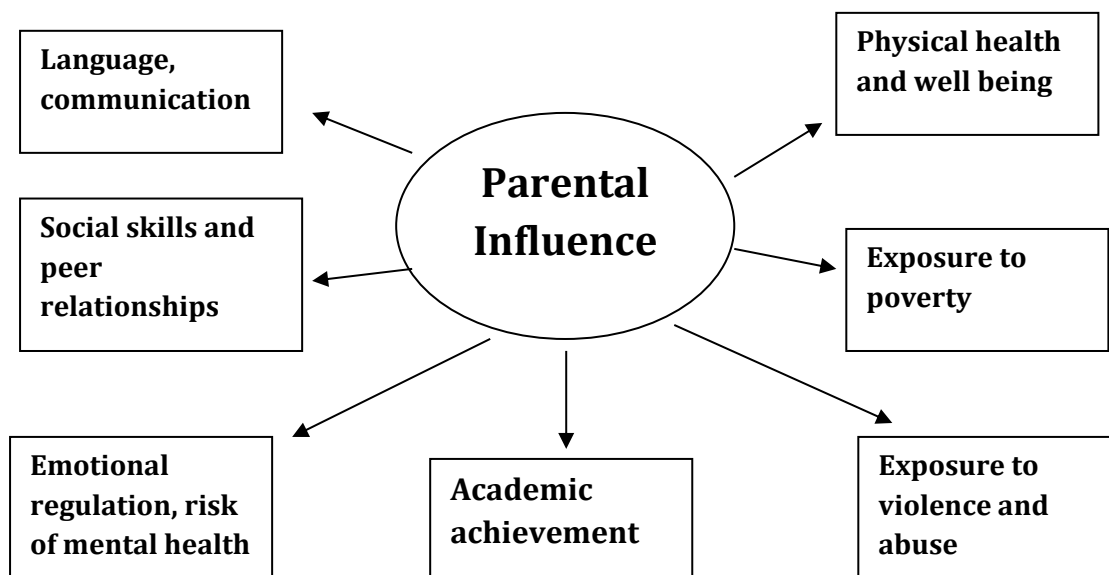
Parents assert a direct and powerful influence on their children through the process of socialization.

The significance of parenting emphasize that in biologically related families, genetic and socialization influences are difficult to separate. For example, a child who is musically talented may have inherited

that tendency from parents who are also musically gifted. Parents play a significant role in shaping children's environments and thereby children's exposure to other factors that influence development.

- Parenting has a pervasive impact on children's development as depicted in the figure below.

PARENTING



Good parenting helps foster empathy, honesty, self-reliance, self-control, kindness, cooperation, and cheerfulness. It also promotes intellectual curiosity, motivation, and encourages a desire to achieve. Healthy parenting also helps protect children from developing anxiety, depression, eating disorders, antisocial behavior, and alcohol and drug abuse.

Principles of Positive Parenting

- Ensuring a safe, engaging environment
- Creating a positive learning environment
- Using assertive discipline
- Having realistic expectations
- Be involved in your child's life
- Establish set rules and explain rules
- Be consistent
- Avoid harsh discipline
- Treat your child with love and respect
- Taking care of yourself as a parent

1.13 Parenting Styles

Parenting style is a set of attitudes that a parent transmits to the child to create an emotional climate surrounding parent-child relationships. Various parenting styles are as :

- Democratic or Authoritative Parenting Styles

- Authoritarian Parenting Styles
- Permissive Parenting Styles
- Uninvolved Parenting Styles

1.13.1 Democratic or Authoritative Parenting Style

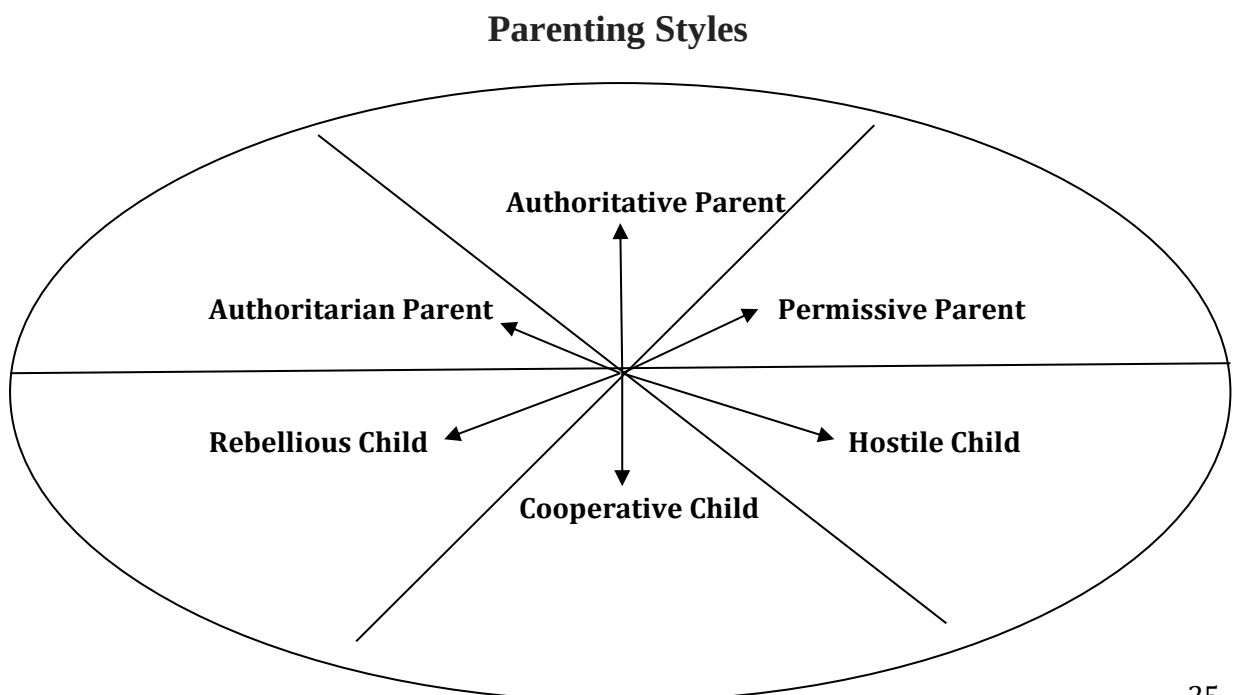
Democratic parenting is also called as Authoritative parenting. Democratic parents display a warm, accepting attitude toward their children while maintaining firm expectations of and restrictions on children's behaviour. Baumrind described this as the "just right" style. Authoritative parents rely on positive reinforcement and infrequent use of punishment. Parents are more aware of a child's feelings and capabilities and support the development of a child's autonomy within reasonable limits. There is a give-and-take in parent-child communication and both control and support are balanced.

1.13.2 Authoritarian Parenting Styles

Authoritarian parents are very rigid and strict. High demands are placed on the child, but there is little responsiveness to them. Parents who practice authoritarian style have a non-negotiable set of rules and expectations that are strictly enforced and require rigid obedience. There is usually no explanation of punishment except that the child is in trouble for breaking a rule. This parenting style is strongly associated with corporal punishment, such as spanking or hitting. Children raised in an authoritarian style home are less cheerful, more moody and more vulnerable to stress. In many cases these children also demonstrate passive hostility.

1.13.3 Permissive Parenting Style

Permissive parents display warmth and acceptance towards their children but do not place demands or restrictions on children's behaviour. Children raised by permissive parents in the long run cannot take decisions on their own, become rebellious if their demands are not met.



1.13.4 Uninvolved Parenting Style

They are not responsive to a child's needs and have no communication and no behavioral expectations. Children of uninvolved parents suffer in social competence, academic performance, psychosocial development and exhibit problem behaviors.

Over dominated child is like a heated oven,

Over protected child is like a refrigerator.

Neglected child becomes delinquent & sociopathic

Guidelines for Effective Parenting

Raising children is one of the toughest and most fulfilling jobs in the world, and the one for which we may feel the least prepared.

Nurture your Child's Self-Esteem

Children start developing their sense of self through their parents' eyes. Our tone of voice, our body language, and our every expression are absorbed by our child. Our words and actions as a parent affect our child's developing self-esteem. By contrast belittling comments or comparing your child unfavorably with another will make him or her feel worthless. Let your child know that you still love him or her, even when you do not love his or her behaviour.

Catch your Child Being Good

An effective approach is to catch your child doing something right. Make a point of finding something to praise every day. Be generous with rewards, your love, hugs and compliments can work wonders.

Set Limits and be Consistent with your Discipline

Discipline is necessary in every household. The goal of discipline is to help children choose acceptable behaviours and learn self-control. Establishing house rules will help children understand your expectations and develop self-control.

Make Time for your Children

With so many demands on our time, it is often difficult for parents and children to get together and spend some quality time together. Children who are not getting the attention they want from their parents often act out or misbehave because they are assured of being noticed that way.

Be a Good Role Model

Young children learn a great deal about how to act by watching us. The younger they are, the more cues they take from us. Children learn through imitation. Model the traits you wish to cultivate in your child, like respect, friendliness, honesty, kindness, tolerance. Exhibit unselfish behaviour. Above all treat your children the way you expect other people to treat you.

Make Communication a priority

Parents need to give explanations to children about expected behaviour. Make expectations clear and express your feelings. Parents who reason with their children allow them to understand and learn in a nonjudgmental way. Children who participate in decisions are more motivated to carry them out.

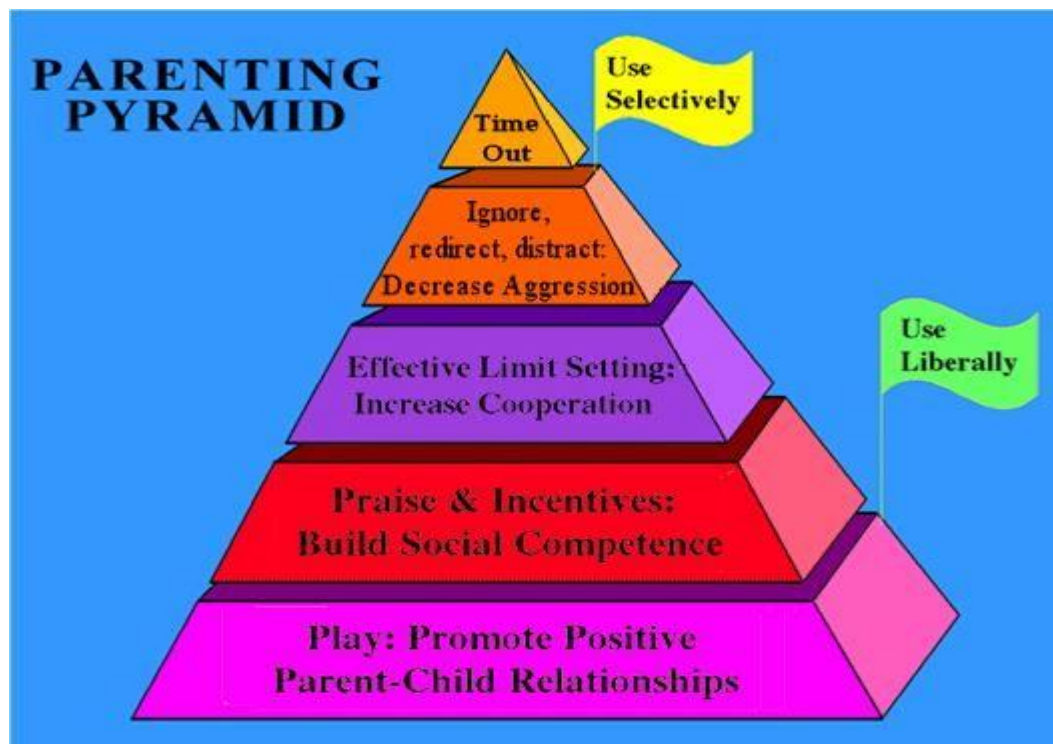
Be Flexible and willing to adjust your Parenting Style

If you frequently feel "let down" by your child's behaviour, it may be because you have unrealistic expectations.

Show that your Love is Unconditional

Make sure he or she knows that although you expect better behaviour, your love is there no matter what. Avoid blaming, criticizing or fault-finding, which undermine self-esteem and can lead to resentment. Children should know that parents love them unconditionally.

In summary effective parenting involves free communication between parents and children and using praise and punishment in a balanced way.



1.14 Parental Divorce

One instructive means of thinking about divorce is to consider divorce not a single event that influences people's lives, but rather as a process. This conceptualization of divorce suggests that divorce involves a confluence of factors and processes that occur early in the divorce, as well as after the divorce.

Marriage that end in divorce typically begin a process of unraveling, estrangement or emotional separation years before the actual legal divorce is obtained. Many unhappy couples explore marital

counseling, extramarital relationships, and trial separations, with marital happiness fluctuating upward and downward from day to day and year to year as the marital relationship and marital roles are renegotiated

Post Parental Divorce

For both parents and children, the most difficult and stressful phase of the divorce process is usually the period leading up to and immediately following parental separation and divorce. The uncoupling process takes on several dimensions at this stage, as divorcing parents confront legal challenges and expenses, make their intentions public to family and friends, and redefine their roles as residential and non-residential parents.

Studies provide evidence to suggest that characteristics of families prior to and after divorce ultimately influence the adjustment and well-being of children. In the first few years after a divorce, the children have higher rates of antisocial behaviour, aggression, anxiety and school problems.

Children and Adolescent Adjustment Post Parental Divorce

Children's adjustment within any particular family structure varies along a continuum from very poor adjustment to very positive adjustment. In some cases, parental divorce may have positive effects on children. Children most likely to benefit from parental divorce include those who endured years of frequent and intense marital conflict and those who develop very close, mutually supportive, and satisfying relationships with single parents.

Interventions to Alleviate Negative Effects of Divorce on children

Social science research has successfully identified key factors accompanying divorce that negatively affect children, thus illuminating potential areas for intervention. Programs and policies can be developed to address the factors that ultimately compromise children's well-being during the divorce process as indicated below.

Parent Education

Before opting for divorce parents can be suggested to attend parent education programs. These programs will help to increase parents' understanding of the difficulties that their children may face during the divorce process.

Social and Economic policies

Other possible areas for intervention include policies and programs that recognize the economic strain that divorcing parents, and especially the custodial mother, often face post-divorce.

Societal support

Another important step toward reducing the negative effects of divorce on children involves the destigmatization of divorce. Single parent families can lead a better life if the society is supportive of divorcing parents and their children as a means to strengthen family relationships and reduce feelings of stigma.

1.15 Single Parenthood

Parenthood is challenging under the best of conditions. With one parent, the challenges are multiplied. Coping with childrearing for single parent becomes more difficult because of responsibility overload, when the demands for work, housework, and parenting can be overwhelming for one person. These result in problems for the single parent, including loneliness, anxiety and depression. The loss of a father in the family can have far reaching implications. However, the lack of a male presence may not be as critical as the lack of a male income to the family. The economic deprivation of single-parent family life, in combination with other sources of strain and stress, is a major source of the problems experienced by both parents and children.

1.16 Remarriage

When one or both parties of a broken relationship remarry, the feelings can range from joy to deep depression. When children are involved, great care needs to be taken to make sure they are emotionally prepared to live with this new change in their life. Remarriage is not a continuation of an existing family, it is a new beginning or blending together of at least two families. This will take time and a lot of work to accomplish.

Remarriage can have both positive and negative effects on children's relationships with parents. Support from the remarried parent and stepparent can help children maintain relationships with their non-resident parents.

Common Reactions of Children to Remarriage

- Anger: one of the first emotional reactions is anger at the parent who is remarrying. Anger is a symptom that commonly masks insecurity, pain, helplessness and fear.
- Betrayal: is another feeling that bothers a child, once again leading to anger and insecurity.

Before remarriage children should be prepared about remarriage and should be acquainted with the new parent. Some of the measures parents can take for better adjustment of children are:

- Be patient and compassionate
- Communicate with your children
- Involve the children

1.17 Human Sexuality

Human Sexuality is the way in which we experience and express ourselves as sexual beings. Human sexuality is the total of our physical, emotional and spiritual responses, thoughts, feelings and behaviour. Sexuality is more about who we are than about what we do. There are many factors that help develop our sexuality, arguably one of the most important is our actual gender. Whether, a person is a male or female will likely to have a major influence on the development of individual sexuality. Sexuality is an integral part of our personalities whether we are aware of it or not.

1.17.1 Definition of Sexuality

Sexuality is the most central, elemental aspect of each person, determined largely by whether we are physically and psychologically male or female (WHO).

This definition addresses sexuality on four different levels:

1. Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.
2. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.
3. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors.
4. Sexuality includes the basic need for human affection, touch and intimacy, as consciously and unconsciously expressed through one's feelings, thoughts and behaviour.

Sexuality may be the origin for happiness and satisfaction, but in cases of sexual dysfunction it may cause frustration and suffering. Sexuality is a central motivation in couple formation.

In practice, sexuality is an omnipresent human characteristic, and for some people, it is the only component of life that brings true and genuine miracles. Sex and love can precipitate surprising turning points in life. Suddenly, in a crowd of people, you may find yourself falling in love, and your entire life changes. Sexual attraction holds inexplicable mysticism, and it can be delicious and irresistible.

Sexual Behaviour

Human sexual behaviour encompasses the search for a partner or partners, interactions between individuals, physical or emotional intimacy, and sexual contact. Some cultures will find only sexual contact within marriage acceptable; however, extra-marital sexual activity still takes place. Unprotected sex may result in unwanted pregnancy or sexual transmitted diseases. In some areas, sexual abuse of individuals is prohibited by law and considered against the norms of society.

An important reason to study human sexuality is that it is a primary source of motivation which influences human behaviour. Another reason is that we may face various personal and social problems

involving sexuality, such as, sexually transmitted diseases, unwanted pregnancies, and sexual harassment. Hence, it becomes imperative to understand human sexuality.

1.17.2 Dimensions of Human Sexuality

The most important dimensions of human sexuality are:

- Biological (physiology of sex)
- Psychological
- Sociocultural factors

Biological Dimension

- Gender
- Genetics
- Reproduction
- Fertility control
- Sexual arousal and response
- Physiological cycles and changes
- Physical appearance
- Growth and development

Psychological dimension

- Emotions
- Experiences
- Self-concept
- Motivation
- Expressiveness
- Body image
- Learned attitudes and behaviors

Sociocultural dimension

- Religious influences
- Multicultural influences
- Socioeconomic influences
- Ethical influences
- Political influences
- Media influences

1.18 Perspectives of Human Sexuality

Sexuality is the most secret and intimate feature of human life. Human preoccupation with sex and sexuality makes sense from an evolutionary perspective. There are various perspectives of human sexuality, such as :

1. Biological Perspective
2. Socio-cultural Perspective
- 3 Psychological Perspective
4. Cognitive Perspective
5. Learning Perspective

1.18.1 Biological Perspective

The biology of human sexuality examines the influence of biological factors such as organic and neurological response, heredity, hormones and sexual dysfunction. Hormones may be viewed as one of the major "driving forces" of sexual behaviour.

1.18.2 Psychological Perspective

The psychological study of sexuality focuses on psychological influences that effect sexual behaviour and experiences. Sigmund Freud explained sexuality from psychoanalytic point of view. Freud developed a theory of how human sexuality starts from a very young age which he termed as *infantile sexuality* and develops through various *psychosexual stages*. There are four psychosexual stages , namely, Oral stage during first year of life when mouth is erogenous zone for sexual satisfaction; Anal stage during second year of life when anus is erogenous zone; Phallic stage during three to four years which is latency period and Genital stage during five year onwards when masturbation is erogenous zone for sexual satisfaction. If these stages are not pscyhologically completed and satisfied appropriately, we can be trapped by fixation at that stage of development. This may lead to development of various defense mechanisms to avoid the anxiety produced from frustration arising due to dissatisfaction of sexual need of that stage.

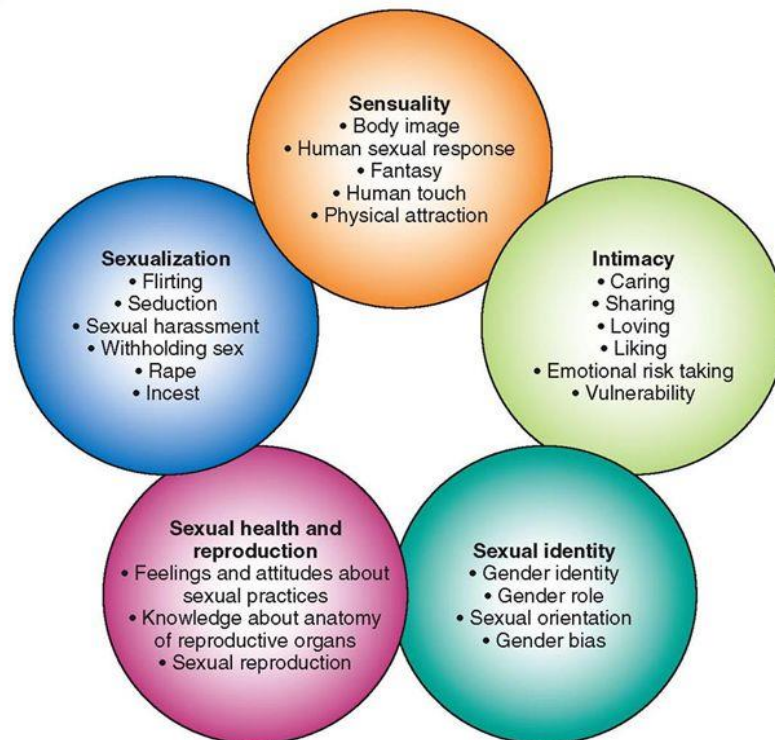
Behaviour theorists such as Watson and Skinner examined the actions and consequences of sexual frustration and their ramifications. They observed that such individuals grow up to associate negative feelings with sex in general.

1.18.3 Socio-Cultural Perspective

Human Sexuality can also be understood as part of the social life of humans, governed by implied rules of sexual behaviour in a given culture. This focus narrows the view to groups within a society. The socio-cultural aspect examines influences on social norms, including mediums such as politics and the mass media.

HUMAN SEXUALITY

Circles of Sexuality



Human Sexual Activities

Heterosexuality

Heterosexuality involves two individuals of different sexes. Different sexual practices are limited by laws in many places. Many societies encourage people to only have sex and children within marriage. Laws ban people from committing sexual abuse, committing sexual acts with anyone under an age of consent, performing sexual activities in public and engaging in sexual activities for money, that is prostitution.

Homosexuality

Same-sex sexuality involves two individuals of the same sex. It is possible for a person whose sexual identity is heterosexual to get involved in sexual acts with people of the same sex like mutual masturbation. The definition of homosexuality is a sexual attraction to members of one's own sex, though people who engage exclusively in same-sex sexual practices may not identify themselves as gay or lesbian. However, the degree of attraction complies with the varying levels of frequency, willingness and interest.

Auto Erotic Sexuality

Autoeroticism is the practice of becoming sexually stimulated through internal stimuli. Havelock Ellis defined autoeroticism as "the phenomena of spontaneous sexual emotion generated in the absence of an external stimulus preceding, directly or indirectly, from another person".

The most common autoerotic practice is masturbation. Though the terms autoeroticism and masturbation are often used interchangeably, they are not synonymous as not all autoerotic behaviors are masturbatory. Nocturnal emissions, erotic daydreams, and sexual arousal to 'sexually-neutral' stimuli such as music, scenery, art, spiritual reverie, are also examples of autoeroticism.

Through many autoerotic practices are relatively physically safe, some can be dangerous. These include autoerotic asphyxiation and self-bondage. The potential for injury or even death that exists while engaging in the partnered versions of these fetishes like choking, bondage becomes drastically increased due to isolation and lack of assistance in the event of a problem.

Alternative Sexuality

A number of "alternative sexuality" activities exist. These are usually based upon individual choice. They range from the broadly accepted or tolerated, though to the highly controversial and illegal. Examples of these less common or alternative sexualities include BDSM (bondage discipline, dominance, submission, sadism and masochism) activities where dominance and submission activities are central features of sexual activity and zoo sexuality where there is human-animal sexual activity.

Coercive and Abusive Sexuality

Sexual activity can also encompass sexual abuse - that is, coercive and abusive use of sexuality. Examples include : rape, lust murder, child sexual abuse, and zoosadism, that is animal abuse which may be sexual in nature as well as certain non-consensual paraphilias such as frotteruism, telephone scatophilia, i.e., indecent phone calls, and exhibitionism and voyeurism known as "indecent exposure" and "peeping tom" respectively.

1.19 Sexual Disorders

Sexual dysfunctions prevent or reduce an individual's enjoyment of normal sex and prevent or reduce the normal physiological changes brought on normally by sexual arousal. These dysfunctions can be classified by the phase of the sexual cycle in which they occur. It is important to keep in mind that the diagnosis of sexual dysfunction is made only when the disability persists. Any of these could occur occasionally or be caused by a temporary factor such as fatigue, sickness, alcohol or drugs.

1. Hypoactive Sexual Disorder

A persistently reduced sexual drive or libido, not attributable to depression; where there is reduced desire, sexual activity and reduced sexual fantasy.

2. Sexual Aversion Disorder

An avoidance of or aversion to genital sexual contact.

3. Female Sexual Arousal Disorder

A failure of arousal and lubrication / swelling response.

4. Male Erectile Disorder

Inability to gain an erection or inability to maintain an erection once it has occurred.

5. Female Orgasmic Disorder

A lengthy delay or absence of orgasm following a satisfactory excitatory phase. The diagnosis must take into account the patient's age, previous sexual experience and adequacy of sexual stimulation.

6. Male Orgasmic Disorder

A lengthy delay or absence of orgasm following normal excitation, erection and adequate stimulation

7. Premature Ejaculation

Ejaculation occurring with only minimal stimulation, either before penetration or soon afterwards, in either case certainly before the person wishes it. Again the diagnosis must take into account the patient's age, previous sexual experience, extent of sexual stimulation and novelty of the sexual partner.

8. Dyspareunia

Recurrent pain associated with intercourse, but in women not due to vaginismus, poor lubrication, and in women and men not due to drugs or other physical causes.

9. Vaginismus

An involuntary or persistent spasm of the muscles of the outer third of the vagina, again not attributable to physiological effects of physical causes. Vaginismus may be either lifelong or recent; generalized to all sexual encounters or specific to certain partners or situations.

10. Secondary Sexual Dysfunction

Dysfunction secondary to illness like hypothyroidism, mental disorder depression or drugs.

11. Sexual Masochism and Sadism

"Sadist" is applied to those who derive sexual excitement from the pain of others. "Masochist" is applied to those who derive sexual excitement through their own pain. Hence, sadists and masochists go hand in hand, one depending on the need of the other. the danger of these needs is that each may need successively more brutal treatment to satisfy their sexual needs.

12. Gender Identify Disorder

Strong and persistent identification of the self with another gender is considered as gender identify disorder. The persistent dissatisfaction with own sex and desire to participate in stereotyped games and pastimes of opposite sex are common among them. These individual have preference for cross dressing. People having this disorder may insist that they are of wrong sex. It may occur in children, adolescents and adults. It's etiology was thought to involve aberrant psychological conditioning, but gender identify may also be due to organic causes in the brain.

Preference for Nonconsenting Partners

The three types of this category of paraphilia are exhibitionism, fetishism and pedophilia.

Exhibitionism

Exhibitionism is the exposure of one's genitals in a public place. From the psychological point of view, there are three characteristic features of the exhibition. First, it is always performed for unknown women; second, it always takes place where sexual intercourse is impossible, for example in a crowded shopping mall; a third, it must be shocking for the unknown woman or it seems to lose its power to produce sexual arousal in the individual.

Fetishism

A fetish exists when a person is sexually aroused by a non-living object. It can manifest in two ways, one more extreme than the other. One form associates with some object most frequently women's panties or other undergarments. The other can be focus on certain parts of the body like feet, hair, ears apart from the pleasurable foreplay.

The other more extreme form of fetishism is when a non-living object completely substitutes for a human partner, such as underwear, boots, and shoes or such textured objects as velvet or silk.

Transvestic festishism is cross-dressing for erotic pleasure. Voyeurism is fantasies, urges or behaviour centered around watching non-consenting others undressing, or having sex.

Pedophilia

Pedophilia is the act of deriving sexual excitement through the physical contact of children. This paraphilia is radically different from exhibitionism and voyeurism in its severely damaging impact on the non- consenting partner, a child. Ordinarily the pedophiliac is someone who has ready access to the child. The child or parent would have no reason to suspect that the individual has a pedophilic orientation.

Frotteurism involves fantasies, urges or behaviour centered around rubbing self against non-consenting other.

Sexual Compatibility

Sexual compatibility is important in shaping for the sexual functioning of an intimate relationship. Sexual compatibility between partners would be related to differential levels of sexual functioning in intimate relationships, but this relation might differ for men and women. Sexual compatibility includes psychological and sexual satisfaction among spouses.

Summary

Family has been recognized as a basic unit of society and is a link between individual and community. In the past, families were more stable and provided adequate security in terms of physical, social and emotional needs. Current trends indicate that there is a definite change in the basic system of family, especially the role of elders and disharmony in husband-wife relationship. Divorce rates are testimony to the increasing fragility of marital relationship. Migration has major implications on elderly, women and children.

Family diversity is the hallmark of today's families structure. The various types of family diversity are cultural diversity, socio economic diversity and family life course diversity. New family structures have emerged such as cohabitation, lone parent families, reconstituted families, homosexual families and families living in poverty. These family diversities have an impact on the life of all members of the family. A deeper understanding of family diversity can help to promote welfare of the family by resolving family disputes.

Parents play a significant role in shaping the development of children. Parenting is the most rewarding process of bringing up children by providing them with protection and care in order to ensure their healthy development. Parents exert a direct and powerful influence on their children through the process of socialization. A good parent-child relationship involves love and respect between parents and children. Specifically, a common theme during childhood is that the way in which parents are able to sensitively regulate their parenting behaviour based on the developmental needs of their children is crucial in their personality development and the overall adjustment in later life.

The emotional bonding which close family ties give, make children feel wanted and loved. Families in which there are healthy marital relations and those are intact can mould their children to be better, well adjusted and contributing citizens of the society and the well being of any society or nations depends upon the well being of the families.

Human sexuality is a very complex behaviour that is affected by many facets of our lives including our physiology, cognition and social learning. Human sexuality is multi-dimensional and one can only begin to get a sense of what it is by the inclusion of many perspectives and ideas. Generally, what we do day-in and day-out as humans is in some way or another governed by our sexual self. While this makes us similar as humans, it is not necessarily the case that we accept the same behaviours or have overlapping sex norms from culture to culture which makes us different. Thus, within this similarity there is still a great deal of diversity regarding human sexuality. There are various human sexual

activities, like heterosexuality, homosexuality and autoeroticism. The major sexual disorders include hypoactive sexual disorder, dyspareunia, premature ejaculation, trans sexualism and preference for non consenting partners. Sexual compatibility and sexual satisfaction are important for marital harmony.

Check Your Progress (Objective Questions)

1. Name two aspects of modern family.
2. Name two reactions of children to remarriage.
3. Name 3 main types of families.
4. Name 2 dimensions of family diversity
5. What is the meaning of parenting?
6. Name two Parenting Styles.
7. List three principles of positive parenting.
8. Name two guidelines for effective communication
9. Name the dimensions of human sexuality.
10. Name any three sexual activities.

Answers to Check Your Progress

1. Two aspects of modern family are:
 - Families are multi-generational
 - Families are shrinking
2. Reactions of Children to Remarriage
 - Anger
 - Betrayal
3. Three main types of families are:
 - Nuclear family
 - Extended family
 - Single parent family
4. Two dimensions of family diversity are:
 - Family structure and Family process
5. Parenting is the process of promoting and supporting physical, emotional, social and intellectual development of a child from infancy to adulthood.
6. Two types of Parenting Styles are:
 - Authoritative Parenting Style
 - Permissive Parenting Style
7. Three principles of positive parenting are:
 - Ensuring a safe, engaging environment
 - Creating a positive learning environment
 - Using assertive discipline
8. Two guidelines for effective communication are:
 - Start communicating effectively while children are young.
 - Communicate at children's level

9. The most important dimensions of human sexuality are:

- Biological (physiology of sex)
- Psychological
- Sociocultural factors

10. Three sexual activities are:

- Heterosexuality
- Homosexuality
- Auto Erotic Sexuality

Model Examination Questions

1. What is family? Delineate family functions.
2. What are the roles played by different members in the family? Discuss the relationship of work and family.
3. Elucidate the effects of single parenthood and divorce on child development.
- 4 Define family diversity. Describe various forms of family diversity.
5. Discuss emerging trends in family diversity.
- 6.What is parenting ? Describe parenting styles.
7. Explain parent child relationships. Elucidate guidelines for effective communication with children.
8. Describe marital relationships in family. Illustrate the importance of gender roles.
9. What is human sexuality? Describe various perspectives of human sexuality.
10. Describe sexual disorders.

Glossary

Family: A group consisting of two parents and their children living together as a unit

Permeability: Degree of free space allowed for family members to enter or exit

Homeostasis: A state of equilibrium

Family Diversity: Variety in family style

Family Structure: Quality of formation of family

Family Process: Series of changes in family

Stereotypes: A widely held fixed idea or image

Parenting: Rearing of children

Parent- Child Relationship: Interactions between parent and child

Parenting Styles: Child upbringing in an authority or in a loving way

Effective Communication: intent of the message is correctly understood

Human sexuality: Capacity to derive pleasure from various sexual activities & sexual intercourse

Sexual behavior: Copulation leading to reproductive activities

Sexual activity: Activities for sexual excitement or sexual enjoyment

Sexual compatibility: Psychological and sexual satisfaction among spouses

Sexual disorder: Sexual dysfunction characterized by impairment of sexual functions

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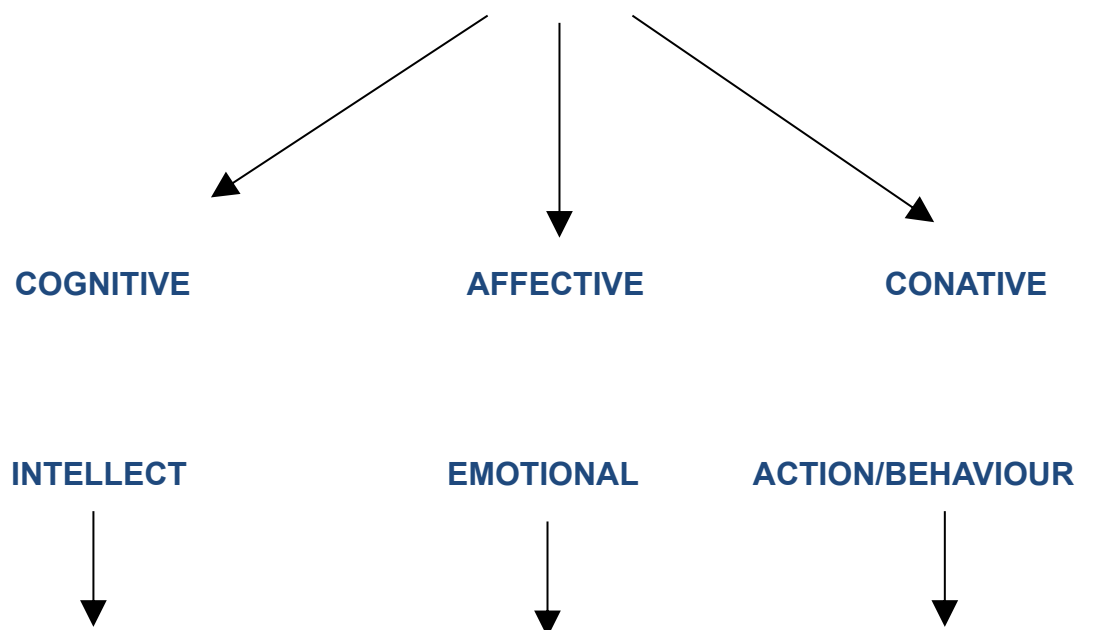
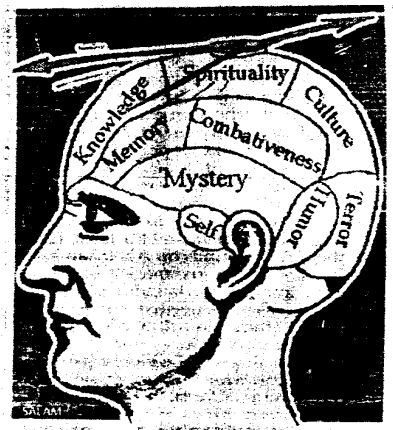
MODULE II INTRODUCTION TO PSYCHOLOGY

*'COGITO, ERGO SUM
I THINK THEREFORE I AM'*

Rene Descartes

2.0 Introduction

Psychology is a science which studies mind and behaviour, both human and animal. It is the study of how humans behave as they adapt to their environment. Psychology is the study of mind which encompasses mainly three aspects namely, cognitive, affective and conative as indicated below.



2.1 Learning Objectives

After going through this module, you will be able to:

- Understand what is Psychology?
- Define Psychology
- Explain scope of Psychology
- Explain application of Psychology with special reference to Family Dynamics
- Define child development
- Differentiate between growth and development
- Enlist developmental milestones
- Explain normal and delayed development
- Describe theories of child development

2.2 What is Psychology?

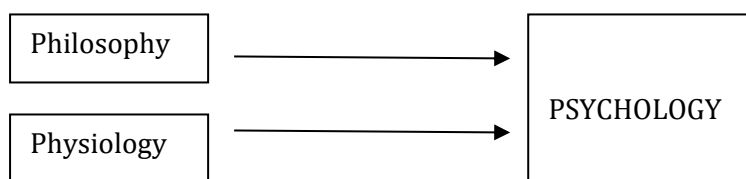
The term '**psychology**' is derived from the Greek word '**psyche**', meaning 'soul' or '**mind** and "**logos**" means '**study**'.

Psychology deals with how human beings think, feel and act. It provides information about issues that concern every one of us.

Definition

Psychology is defined as the systematic, scientific study of behaviour and mental processes.

Psychology evolved out of both Philosophy and Physiology. Philosophy provided the attitude and physiology contributed the method by which human behaviour and the mind was studied.



Although psychology is a comparatively young science it is not static, it is growing all the time and influencing other disciplines such as Medicine, Management and Law.

Goals of Psychology

The major goals of psychology are :

- To understand and describe human behaviour and mental processes
- To predict human behaviour and mental processes
- To influence / control human behaviour and mental processes

Historical Perspective

Since ancient times, philosophers and people in general have tried to understand why human beings and other animals behave as they do. The origins of psychology are often traced to the ancient Greek philosopher Aristotle, who was mainly interested in what the human mind could accomplish.

During the middle Ages, several philosophers of the 1600s and 1700's made contributions to the development of psychology. Rene Descartes, a French philosopher, described the body and mind as separate structures that strongly influenced one another. Descartes also believed that people were born with the ability to think and reason.

Psychology became a science in the mid 1800's, when two German scientist's physiologist Johannes P. Muller and the physicist Hermann L. F. Von Helmholtz showed that the physical processes underlying mental activity could be studied scientifically.

World's first Psychology Laboratory was established in Germany by Wilhelm Wundt in 1897. The work of Wundt marked the beginning of psychology as a distinct field separate from philosophy. Later four major schools developed, namely 1. Structuralism 2. Behaviourism 3. Gestalt Psychology and 4. Psychoanalysis.

Approaches to Psychology

Since the 1950s, psychologists have adopted a number of diverse approaches to understanding human nature and behaviour. Psychologists try to explain psychological phenomena from a range of different perspectives. There are many different theories and models within psychology which explain thoughts, emotions and behaviour. Each theory contributes something different and increases understanding of human behaviour.

a) Neurobiological Approach

It views the brain and nervous system as the main key to human behaviour. It studies the relationship between psychological events (what happens in the mind) and biological events (what happens in the body).

b) Behaviouristic Approach

Behaviourism is based on learning principles. It emphasizes the investigation of observable behaviour and the influence of the environment. Behaviorists emphasize that behaviour is the result of learned associations between stimulus and response.

c) Cognitive Approach

Cognitive Approach studies the higher mental processes which underlie the behaviour. They deal with cognitive processes of attention, perception, memory, thought and language.

d) Psychoanalytic Approach

It focuses on unconscious mental activities. According to this approach individual's behaviour is influenced by wishes, desires or fears which the individual has learned to suppress because they are not socially acceptable.

e) Eclectic Approach

Psychologists rarely align themselves with one approach exclusively. They are more likely to incorporate aspects of several theories into their approach. This is called an eclectic approach.

2.3 Scope of Psychology

Modern psychologists define psychology as the scientific study of human behaviour. In recent years the focus is on genetics, problems of the aged, general laws of mental activity such as learning, remembering, thinking, problem solving, imagination, emotion and motivation and as well the impact of globalization on people's behaviour and thinking. In this way every psychological process has become a specialized field of study and scope of psychology has expanded exponentially as specializations as indicated below.

Abnormal Psychology

Abnormal Psychology is the field of psychology that looks at psychopathology and abnormal behaviour. Abnormal Psychology is the study of abnormal behaviour in order to describe, predict, explain and change abnormal patterns of functioning. Normal and abnormal behaviours are on the same continuum. In general, abnormal behaviours are maladaptive and cause an individual subjective discomfort. Behaviours may be considered abnormal if they are associated with disability, personal distress, the violation of social norms, or dysfunctions.

Physiological Psychology

This field of specialization studies how the brain influences behaviour and is often known as biopsychology. It examines the relationship between behaviour and body structures or functions, particularly the working of the nervous system. Physiological psychologists explore the functions of the brain, how hormones affect behaviour, and the physical processes involved in learning and emotions. To illustrate, physiological changes like increased heart rate, pupils dilated, muscle tension, flow of adrenalin occurs under stressful situation like speaking in public or taking exams. Generally people show fight-flight response to stress. People tend to prepare and cope up with the stressful situation or escape.

Behavioural Psychology

Behavioural Psychology is based upon the idea that all behaviours are acquired through learning. The fundamental principle of behaviour psychology is that behaviours which are reinforced/rewarded are

likely to be strengthened and established; behaviours which are not rewarded are likely to be weakened and extinguished. Many techniques have been developed based on behaviorist theories which are successfully applied in the education and rehabilitation field in order to manage the problem behaviours of children in the classroom or home.

Behaviour modification technology can be used to develop skills like, social skills and vocational skills. It can also be used to increase desirable behaviours, decrease maladaptive or problem behaviours and develops new skill behaviours.

Clinical Psychology

Historically, people attributed mental disorders to the unknown mysteries of the supernatural world with all its deities and spirits. But today, psychological disorders are considered to be caused by psychological or emotional disturbances. Clinical psychology includes the study and application of psychology for the purpose of understanding, relieving and preventing psychologically based distress or dysfunction and to promote subjective well-being and personal development. Clinical psychologists also work as counsellors and psychotherapists to treat clients with mental disorders.

Cognitive Psychology

Cognitive refers to the mental processes involved in acquiring knowledge. Cognitive psychology focuses on "higher" mental processes, such as memory, reasoning, information processing, language problem solving, decision making and creativity. It uses information processing as a framework for understanding the mind.

Comparative Psychology

Comparative Psychology is the branch of psychology concerned with the study of animal behaviour which can lead to a deeper and broader understanding of human behaviour. Psychologists in this field make systematic studies of the abilities, needs, and activities of various animal species as compared with human beings.

Developmental Psychology

This branch of Psychology aims at studying development throughout the lifespan, from childhood to adulthood. The scientific study of human development seeks to understand and explain how and why people change throughout life. This includes all aspects of human growth, including physical, emotional, intellectual, social, perceptual, and personality development. Developmental psychology once focused primarily on child development but today devotes a great deal of research on adolescence, adulthood and old age.

Educational and School Psychology

Educational Psychology is the branch of psychology which deals with the three most important aspects of education namely, the learner, the learning, and the teacher. It is concerned with schools, teaching psychology, educational issues, and student concerns. Educational Psychologists attempt to improve teaching methods, teaching learning materials (TLM) to solve learning problems and to measure learning ability and educational achievement. They work with children who have learning problems like Specific Learning Disability (SLD), and Attention Deficit Hyperactive Disorder (ADHD) along with their parents and teachers as well.

Industrial and Organizational Psychology

Industrial or organizational psychology applies psychological concepts and methods to optimize human potential in the workplace. Industrial psychologists study personnel selection, leadership, and management. They also investigate how to make jobs more rewarding or how to improve workers' performance. It is closely related with organizational behaviour. It deals with issues such as work morale, employee-management relations, human engineering and strategies to cope with job stress. The emphasis is on selecting employees having aptitude, interests and personality traits suitable for a job. Efforts are made to find best person-job fit so that employee can perform on job with ease and thereby organization benefits. Organizational psychologists are also involved in advertising and marketing strategies and studies of consumer behaviour.

Experimental Psychology

Experimental Psychology is the branch of psychology that utilizes scientific experimental methods to do research on brain and behaviour. A person trained in experimental psychology primarily conducts research in specific areas such as learning, memory, thinking, or animal behaviour. Typically, experimentalists do their research in a laboratory setting.

Personality Psychology

Personality refers to enduring patterns of behaviour, thought, and emotion in individuals, that make them different from one another. This branch of psychology focuses on the uniqueness of the individual. Personality Psychology deals with factors that influence personality development, the personality types like extroversion and introversion and personality traits. It also includes measurement of personality by various personality inventories and questionnaires like sixteen personality factor questionnaire and the Big Five Personality Test.

Social Psychology

Social psychology seeks to explain and understand social behaviour and it is concerned with the study of the individual as a member of a group. It focuses on diverse topics including group behaviour, group dynamics, social interactions, interpersonal interactions, leadership, communication and social influences on decision-making. They investigate matters such as inter-group conflict, prejudices and effective leadership styles in various situations.

Forensic Psychology

It is an applied field focused on using psychological research and principles in the legal and criminal justice system. It involves understanding of criminal law in the relevant jurisdictions in order to be able to interact appropriately with judges, attorneys and other legal professionals. An important aspect of forensic psychology is the ability to testify in court, reformulating psychological findings into the legal language of the courtroom, providing information in a way that can be understood by legal professionals.

Health Psychology

Health Psychology is the application of psychological theory and research to health and illness. The aim of health psychology is promotion of positive health and prevention of illnesses. Health Psychology is concerned with the psychology of a much wider range of health related behaviour including healthy life style, the doctor-patient relationship, a patient's understanding of health information, and beliefs about illness and treatment.

Methods of Psychology

Psychologists have devised various methods to study human behaviour as given below :-

- i. Experimental method
- ii. Observation method
- iii. Case history method
- iv. Interview method

i. Experimental Method

An experimental method may be defined as an attempt to discover the relationship that exists between two variables or among a number of variables. The experimental method is a procedure of obtaining data that are directly observed and collected in an experiment conducted in a laboratory situation.

Three important characteristics of experimental method are that, the experiment can be recorded in the same situation in future. The variables in the study can be controlled by the experimenter. The third important characteristic is that every experiment consists of two variables independent and dependent variables. The experimenter will try to manipulate the independent variable to see the effect on dependent variable.

ii. Observation Method

Observation is the key method for studying human behaviour. Observation method is also called as naturalistic observation. It can be defined as the systematic investigation of phenomena, which occurs naturally without any effort or arrangements on the part of the investigator. For example, Age at which children start walking or nesting habits of birds.

iii. Case History Method

Case History means a biography of a person obtained for scientific purposes. It is a useful method for deeper understanding for a particular psychological attribute. Case History method includes obtaining information related to the client's medical history, past life history, school history and other relevant information collected from various sources. An understanding about the individual is obtained from an analysis of the biographical records of the life of the person. The clinical method can be used for clinical diagnosis and treatment.

iv. Interview Method

Interview is a purposive conversation between two individuals. If we wish to know something about a person, one method is to ask him questions and evaluate his answers. This kind of query is called interview. Interview can be structured or unstructured. Structured Interview involves a standardized format of question. Unstructured method does not involve predetermined questions. The investigator is free to ask any questions that he finds suitable to the situations.

2.4 Application of Psychology with Special Reference to Family Dynamics

Psychology can be applied to every aspect of human being. Psychology is applied from womb to tomb of a person. The principles and theories of Psychology are applied in various aspects like education, health, industry and many work settings.

Each family has its own patterns of relating to each other. These are called family interactions. They are influenced by factors like the structure of the family, the number of children and adults and how they are related, the personality of each family member, cultural background, values and personal or family experience. Knowledge about psychology helps to know about family dynamics and the cause of dysfunction in the family. We learn that communication in a loving and generous way is the best method for improving family relations.

The family as a unit can be compared to the four wheels of a car where functioning of each is important to run the whole family well. Knowledge about human behaviour and about the application of principles of psychology not only helps us in understanding our own selves better but also helps in understanding of others as well as about ourselves in relation to others. Therefore, knowledge about psychology is essential in order to deal with family related problems.

Some of the family problems can be:

- ❖ Alignments or power imbalances in a family can cause problems for young people
- ❖ After separation, it is critical for parents to work together and support each other, without drawing the children into conflict
- ❖ In stepfamilies, there is extra work in creating understanding about new roles and responsibilities.
- ❖ Poor parent child communication and interaction

- ❖ Physical or emotional abuse, domestic violence

Family problems can be dealt depending upon the nature of the problem. For example, if there are conflicts between the couple then Marriage counselling can be applied successfully to resolve conflicts, and if there is poor adjustment and understanding between the members of the family which is inducing more stress on the entire family in such cases Family counselling will be more effective. Other psychological therapies like psychotherapy or cognitive behaviour therapy can be applied individually and as well as in group in order to make family function in a healthy way.

MULTIPLE INTELLIGENCE

Who is Intelligent?



Prof: Yashpal
Logical/ Mathematical
Intelligence



Pt. Bhimsen Joshi
Musical Intelligence



Arundhati Roy
Linguistic Intelligence



Shyam Benegal
Spatial Intelligence



Medha Patkar
The Socializer



Mr. Kuki
Naturalistic Intelligence



Helen Keller
Intrapersonal Intelligence



P.T. Usha
Bodily/ Kinesthetic Intelligence

2.5 Child Development

“THE CHILD IS THE FATHER OF THE MAN”

“AS THE TWIG IS BENT, SO GROWS THE TREE”

Child development is the foundation for society's development as children become pillars of a prosperous and sustainable society. The growth and development of children represent an important investment in social capital that all societies must optimize. The development of child involves a fascinating combination of growth processes and events. At birth, children become part of a complex social world. They are the central figures in the new world.

The development of a child begins at conception, though a person's age is counted from his/her moment of birth. It almost seems that we regard the events prior to birth as unimportant. The environment in which the unborn child grows has a tremendous influence on later overall development.

Fundamental to all considerations of child development is the principle that a child is not just a small edition of an adult, nor a miniature adult. A child is a distinct identity—an individual whose personality is in a state of formation, changeable in its structure and functions, uniquely vulnerable to inner tensions and environmental pressures. (Arya, S. 1987).

Definition

Child development may be defined as ‘a progressive series of orderly and coherent changes’ (Hurlock, 2001). The goal of developmental changes is achievement of genetic potentials and self-realization.

Child development can be defined as ‘age changes in children's characteristics that are systematic rather than haphazard, successive and developmental changing from a global form to a more differentiated and complex form’ (Berndt, 1997).

Child development refers to ‘the biological and psychological changes that occur in human beings from birth to adolescence, as the individual progresses from dependency to increasing autonomy’ (Kail Robert, 2011).

2.6 Growth and Development

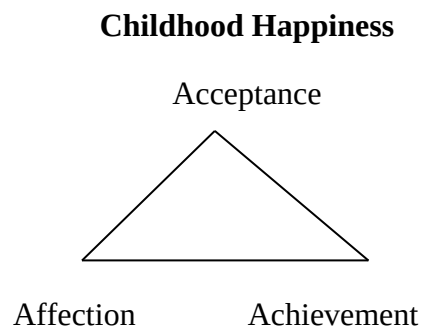
The term ‘**growth**’ refers to quantitative changes: changes in size and structure.

The term ‘**development**’ refers to both quantitative and qualitative changes: pubertal changes, development of higher mental functions and socialization.

Principles and laws of growth and development

- i. Development involves changes: Development is progressive, i.e. there are changes in size and proportions. There is acquisition of new features and disappearance of old ones. Development happens at both physical and mental level.
- ii. Early development is critical than later development: Formative years are crucial as they lay foundations for the future development and influence the personality development of the child.
- iii. Development is the product of maturation and learning: Development results from the interaction of hereditary and environmental factors. Heredity sets the limits and environmental stimulation allows full expression of one's potential.
- iv. Developmental pattern is predictable: Development follows a predictable pattern in both pre-natal and post-natal life. Development has two laws of developmental direction:
 - a. It follows the “**Cephalo-Caudal Law**” (Cephalo is Head, Cuadal is Tail), i.e. development spreads over the body from head to foot. This means the development in structure and functions come first in the head region, then in the trunk and last in the leg region.
 - b. It follows the “**Proximo-Distal Law**” i.e from near to far. Development proceeds from the central axis of the body towards the extremities. Children use their arms first, then their hands and later their fingers.
- v. Developmental pattern has specific characteristics: Development follows certain universal sequences and characteristics. Development is a continuous process; different areas develop at different rates. There is a similarity in development of all children; it proceeds from general to specific responses. There is a relation in physical growth and development of functions.
- vi. There are individual differences in development: While there are universal sequences in development, it is important to recognize that there are individual differences in both physical and psychological development.
- vii. There are periods in developmental pattern: The important periods of development include prenatal period, infancy, babyhood, early childhood, late childhood and puberty. There are times of equilibrium and disequilibrium during these periods.
- viii. There are developmental tasks to be reached for every developmental period: The developmental tasks enable parents and teachers to know at what ages children are capable of mastering different patterns of development.
- ix. Every area of development has potential hazards: At every age there are likely to be hazards that may interfere with normal development of children.
- x. Happiness varies at different stages in the developmental period: There are three A's of happiness during childhood – Acceptance, Affection and Achievement. In general the first year of life is usually considered to be the happiest and puberty is the unhappiest period.

Early childhood happiness has a profound effect on child's later adjustment and success in life.



2.7 Developmental Milestones

Developmental milestones are changes in specific physical and mental abilities that mark the end of one developmental period and the beginning of another. Developmental milestones indicate a developmental stage transition.

Children grow and develop at their own pace. Think of all the skills that children have to learn when they come into the world: smiling, turning over, responding to people, crawling, standing, eating, communicating and so on. The time table for these skills to emerge is commonly called as **developmental milestones**. Some children display skills and progression at different times than others.

A developmental milestone is a skill that a child acquires within a specific time frame. Developmental milestones are functional skills or age-specific tasks that most children learn or demonstrate in predictable stages of growth. For instance, one developmental milestone is learning to walk. Most children learn this skill or developmental milestone between the ages of 9 to 15 months.

A developmental milestone is a developmental task that a child acquires within a time frame. Certain developmental tasks have to be accomplished at typical chronological ages associated with developmental milestones. There is considerable variation in the achievement of milestones, even between children with developmental trajectories within the normal range.

Development Milestones Chart: 1 to 6 months

Childs Age	Developmental Milestones
1 month	Responds to sound Stares at faces
2 months	Vocalizes : Gurgles and coos Follows objects across field of vision Notices his hands

	Holds head up for short periods
3 months	Recognizes face Holds head steady Visually tracks moving objects
4 months	Smiles, Laughs
5 months	Plays with his hands and feet
6 months	Turns towards sounds and voices Imitates sounds Rolls over in both directions

By 6 months:

- Rolls both ways (front to back, back to front)
- Sits without support
- Responds to own name
- Explores toys with hands and mouth
- Looks for partially hidden objects
- Imitates sounds that you make
- Transfers objects from one hand to the other
- Makes "happy" and "sad" noises

By 12 months:

- Scoots or crawls
- Walks with or without support
- Babbles and says "Mama" and "Dada"
- Responds to simple requests
- Pokes and points with index finger
- Uses thumb and index finger to pick up small items
- Has strong preference for primary caregiver
- Imitates gestures like a wave or a kiss

By 18 months:

- Climbs onto and down from furniture assisted
- Points to pictures in a book with index finger
- Stacks items such as blocks
- Knows three body parts
- Uses several words including "no" and "mine"
- Plays with toys by their function (phone, comb, cups)
- Tries to activate a toy (winding, flipping switch, pushing)
- Does things for attention and looks for a reaction

By 24 months:

- Kicks a ball and can walk on tiptoes
- Begins to run
- Uses simple sentences of 2 or more words
- Follows simple directions (e.g., "hand me your book")
- Sorts items by color, shape or size
- Is learning to share and take turns
- Scribbles and may begin to copy vertical lines and circles
- Recites repeated phrases from well-known books

By 36 months:

- Catches a ball against chest
- Undresses and unties shoes
- Names actions in pictures (e.g., running, crying)
- Answers "what" and "where" questions
- Categorizes by group (trucks, animals, foods)
- Completes 4 to 5 piece puzzles
- When looking at books, can tell the difference between words and pictures
- Starts to make friends

By 4 years:

- Steers a tricycle or pedal car around objects
- Colors within lines and can draw a face
- Knows opposites (hot/cold; big/little)
- Asks "when" "why" and "how" questions
- Uses regular past tense ("ed")
- Correctly counts out 10 items (1-1 correspondence)
- Recognizes name in print
- Pretends by role playing

By 5 years:

- Balances on one foot, skips and jumps forward
- Cuts out shapes with scissors
- Understands 13,000 words
- Answers questions about a story
- Compares amounts using words like "more", "less", "same"
- Plays simple board games
- Acts out plays and stories
- Understands rules

Over 5:

- Hops and gallops in a straight line
- Uses mature (tripod) pencil grasp
- Can wait their turn
- Produces all sounds correctly (by 7)
- Correctly uses past and future tenses
- Listens to stories without pictures
- Identifies start and end sounds in words
- Adds and subtracts simple numbers

Developmental Miles stones (6months to 5+ years)

2.8 Normal Developmental

Normal development of children is influenced by many factors like heredity, genetics, environmental factors - family, child rearing, parental personality and socio economic status.

There are several stages and factors that affect the normal growth and development of children. There is evidence to show that at different ages certain developmental patterns stand out more conspicuously than others because their development is taking place at rapid rate. These periods are known as

developmental stages, characterized by specific kind of developmental patterns which overshadow all others (CASRC,2010).

Periods of normal development

The major periods of normal development are given below :

- Prenatal period : from conception to birth
- Infancy and toddlerhood: birth to 2years
- Early childhood: 2-6 years
- Middle childhood:6-12 years
- Adolescence: 12-19 years

Prenatal Period

Prenatal period from conception to birth is one of momentous changes. There are important developmental patterns occurring during the prenatal period which makes it a distinctive period in the life span of an individual.

Conception occurs when a single sperm cell from the male unites with an ovum (egg).

Prenatal development is divided into 3 periods and lasts approximately 266-280 days

- Germinal period: first 2 weeks after conception, zygote is created
- Embryonic period: occurs from 2 to 8 weeks after conception
- Fetal period: begins 2 months after conception and lasts until birth

Germinal Period: period of development that takes place the first two weeks after conception

- Rapid cell division by the zygote
- Blastocyst: group of cells after about 1 week
- Trophoblast: outer layer of cells that later provides nutrition and support for the embryo
- Implantation: attachment of the zygote to the uterine wall; occurs 10 to 14 days after conception

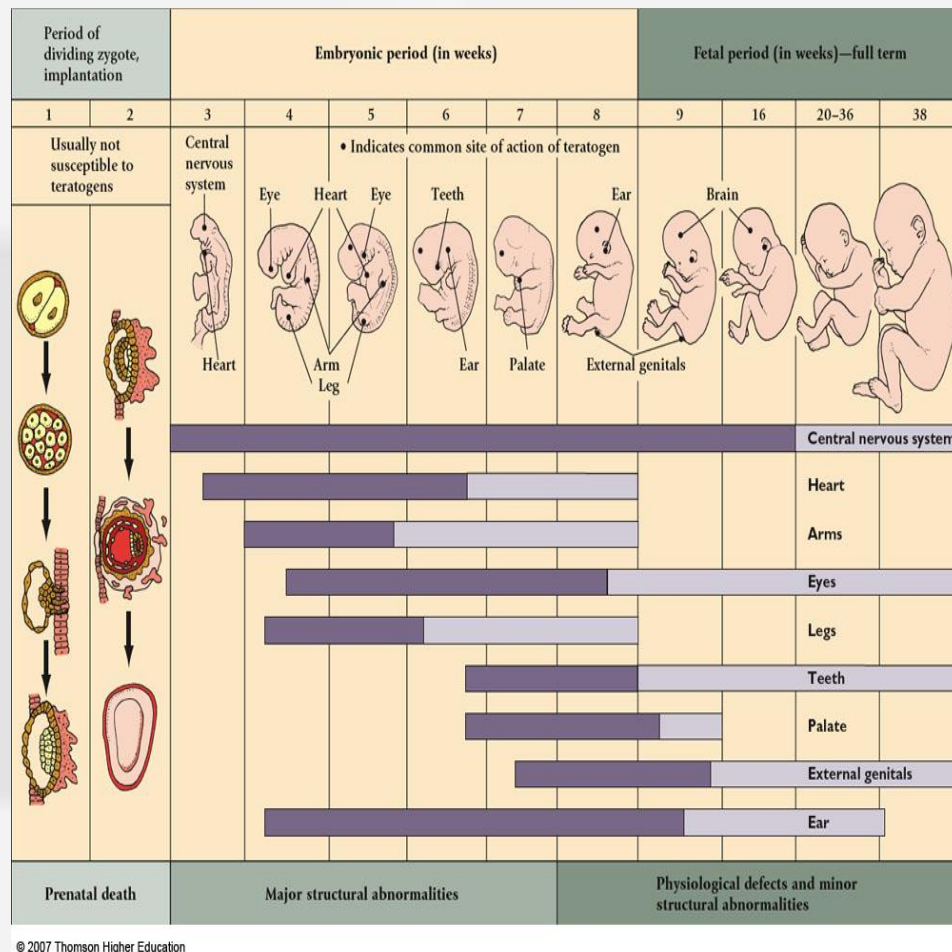
Embryonic Period: development from 2 to 8 weeks after conception

- Begins when blastocyst attaches to uterine wall
- Mass of cells is now called an *embryo*
- Three layers of cells: endoderm, mesoderm, and ectoderm
- Amnion: a bag that contains a clear fluid (*amniotic fluid*) in which the embryo floats
- Umbilical Cord: connects the baby to the placenta
- Placenta: group of tissues containing mother and baby's intertwined blood vessels
- Organogenesis: process of organ formation during the first two months of prenatal development

Fetal Period: development from two months after conception to birth

- Rapid growth and change
- *Viability*: the age at which a fetus has a chance of surviving outside the womb

The diagrammatic representation of prenatal period is given in the following figure.



- Figure 4.5 The critical periods of prenatal development. Each organ or structure has a critical period when it is most sensitive to damage from teratogens. Dark band indicates the most sensitive periods. Light band indicates the time that each organ or structure is somewhat less sensitive to teratogens, although damage may still occur. ADAPTED FROM MOORE & PERSAUD, 1993.

Source : Kliegman:Nelson Textbook of Pediatrics 19th ed,(2011),Saunders, An imprint of Elsevier.

The Brain

Babies have approximately 100 billion *neurons* (nerve cells) at birth

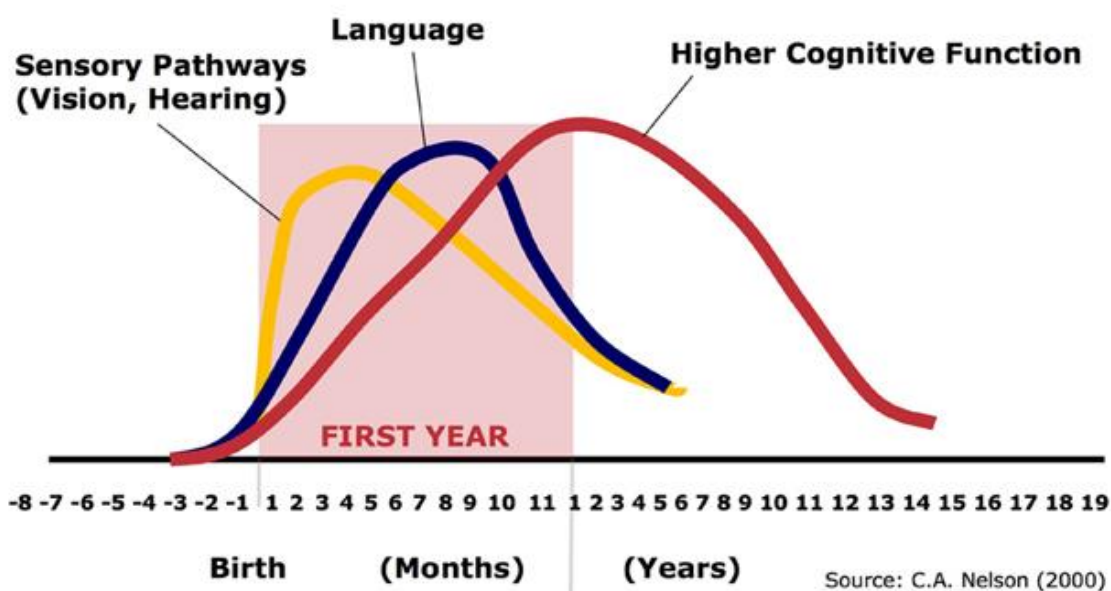
- Architecture of the brain takes shape during the first two trimesters
- Increases in connectivity and functioning occur from the third trimester to 2 years of age, known as 'brain growth spurt'.
- Neural tube develops 18 to 24 days after conception abnormalities of which can cause Anencephaly and Spina bifida.
- Neurogenesis is the generation of new neurons which begins at fifth prenatal week and continues throughout prenatal period.
- Neuronal migration: cells move outward from their point of origin to their appropriate locations, occurs approximately 6 to 24 weeks after conception.



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Human Brain Development

Neural Connections for Different Functions Develop Sequentially



- Teratogen: any agent that can cause a birth defect or negatively alter cognitive and behavioral outcomes
 - Drugs (prescription, nonprescription)
 - Incompatible blood types
 - Environmental pollutants
 - Infectious diseases
 - Nutritional deficiencies
 - Maternal stress
 - Advanced age of parent
 - X-ray and Radium
 - Tobacco
 - Alcohol

Domains of normal development

The optimal development of children is vital to the society, so it is important for us to understand the normal development of children in various domains namely, social, emotional, cognitive and language development of children.

Physical Development

Physical development involves changes in body size and body proportions which are measured in terms of height and weight. The physical development involves growth of bones, fat muscle, teeth, puberty changes of primary and secondary sex characteristics and neurological development.

Physical Changes

Body size is measured in terms of :

- Height – Neonate measure between 17 and 21 inches. There is increase in height by 2-3 inches every year until the onset of puberty.
- Weight – the average new born weighs 3-5 kgs.
- Body Build
 - Ectomorphic body build – tends to be long and slender
 - Mesomorphic body build –tends to be heavy, rectangular and muscular
 - Endomorphic body build – tends to be round and fat

Physical Growth Cycles

There are physical growth cycles which means that growth occurs in periods, phases, or “waves” of different velocities, sometimes rapidly and sometimes slowly. The two rapid growth cycles are from prenatal period to first six months and ‘puberty growth spurt’; and two slow growth cycles are end of the first post natal year and after puberty growth.

Puberty Changes

- Rapid acceleration of physical growth
- Changes in body proportions and composition
- Primary sex characteristics, reproductive structures develop
- Secondary sex characteristics, like pubic hair and change in voice

Motor Development

Motor development means the development of control over bodily movements through nerves and muscles. As one grows the child develops gross motor movements which involve large muscles of arms, legs and trunk for sitting, standing, walking and jumping. Motor skills are the skills involved in moving and interacting with objects in the environment, and include posture, mobility, coordination, strength, effort, and energy.

Gross Motor Skills :

- Increase in balance, coordination, and strength
- Connections between cerebellum and cortex become myelinated
- Reaction time gradually improves

Fine motor refers to the use of small muscles of fingers & hand for writing, tying a shoe lace.

Handedness

Young babies reach for objects without a preference for one hand over the other. The preference for one hand over the other becomes stronger and more consistent during preschool years. By the time children are ready to enter school, handedness is well established and very difficult to reverse.

Perceptual Development

Perceptual development is an aspect of cognitive development that allows a young child to start interpreting and understanding sensory input. As we are well aware that development occurs in leaps and bounds for many children at this age as they engage with the world around them and learn more about what they touch, see, smell, hear, and taste.

Sensation The *senses* begin to function early in life. Children are not born with all senses fully functioning. Sensation begins to develop and mature as the infant grows. A technique called *Habituation* is often used in researching infant preference.

Vision Vision is the least mature of all the senses at birth because the fetus has nothing to look at, so visual connections in the brain cannot form until birth. Newborn visual acuity is 20/400 to 20/800. By 6 months, infant visual acuity is 20/25 and by 1 year, infant visual acuity is at adult levels (20/20)

Light Sensitivity Newborns begin to see the world not only with greater acuity but also in color. At birth, infants have the greatest sensitivity to intermediate wavelengths (yellow/green) and less to short (blue/violet) or long (red/orange).

Colour Vision Newborns can perceive few colors, but by 3-4 months infants have color perception similar to adults.

Hearing Hearing is the most mature sense at birth. In fact, some sounds trigger reflexes even without conscious perception. The fetus most likely heard these sounds in the womb during last trimester. Sudden sounds startle babies making them cry, while some rhythmic sounds, like a heartbeat/lullaby put a baby to sleep. A child who does not respond or is inconsistent in responding to auditory stimuli may have a hearing impairment or an auditory processing disorder.

Smell Infants have a keen sense of smell and respond positively to pleasant smells and negatively to unpleasant smell. Young infants recognize familiar odors.

Taste Newborns also have a highly developed sense of taste. They can differentiate salty, sour, bitter and sweet tastes.

Touch Newborns are sensitive to touch, many areas of the newborn's body respond reflexively when touched.

Pain The infant's nervous system is definitely capable of experiencing pain. Receptors for pain in the skin are just as plentiful in infants as they are in adults. Babies behavior in response to a pain-provoking stimulus suggests that they experience pain.

Emotional Development

Emotion is the expression of feelings about self, others and things. Emotion is the language of a person's mental state of being; they are tied to the person's internal (physical) and external (social) sensory feeling. Emotions comprise of three elements:

- A subjective feeling
- A physiological change
- An overt behavior

Newborns often cry immediately after birth because they are overwhelmed by the new stimulating environment. Each child is born with an individual temperament. As infants grow older, they express increasingly specific and complex emotions. (Alegre, 2012)

Basic emotions

Happy, surprise, interest, disgust, distress, sadness and fear are all classified as “basic emotions” . Basic emotions are experienced by people world wide.

Facial expressions provide important clues about which emotion the child is experiencing. Infants can distinguish a happy, smiling face from a sad, frowning face, but they may not understand the emotional significance.

Positive Emotions

Smiles

First month → reflex response

6 weeks → spontaneous smile

7 months → smiles toward people; encourages interaction and bonding

Laughing

3 to 4 months → during activities (i.e., playing)

1 year → response to unexpected events

2 years → response to own behavior or attempting to make others laugh

Negative Emotions

Generalized distress

Newborns → hunger, pain, overstimulation

Anger and/or sadness

2 months → visible facial expression matches situation

Fear and/or distress

6-7 months to 2 years → *stranger wariness*

7 to 12 months → fear of novel toys, noises, sudden movements

9 months → peak period of fear

8 to 15 months → *separation anxiety*

Social Development

Social development refers to development of social skills and emotional maturity that are needed to forge relationships and relate to others. Social development means acquisition of the ability to behave in accordance with social expectations.

Socialization is acquisition of beliefs, values and behaviours in accordance with one's culture. Parents, peers, school, teachers and other significant adults play vital role in childrens' socialization. Socialization has three important functions to promote individual growth, regulate behavior and perpetuate social order.

Processes in Socialization

- Learning to behave in socially approved ways
- Playing approved social roles
- Development of social attitudes

Parents interactions are the building blocks for healthy social development in children. By giving lots of love and attention to the baby, parents form a close bond with the child, allowing him or her to grow in a comfortable, secure and socially healthy atmosphere. By modeling healthy relationships and staying connected with one's child, parents can help them relate to the people around them in positive, beneficial ways. Teachers can reinforce this foundation by encouraging children to act according to their families' values. As a result of perspective taking, children make friends more easily and become accepted members of a group.

Early social experiences, both inside and outside the home, are important in determining whether children want to be social, unsocial or antisocial. As children interact with peers, they learn that everyone has different goals, ideas, and ways of doing things. Social development follows a pattern, an orderly sequence of social behavior which is similar for all children within a cultural group.

Healthy social development can help child :

- Develop language skills
- Build self-esteem
- Strengthen learning skills
- Resolve conflicts
- Establish positive attitude

Speech and Language Development

The terms "speech" and "language" are generally used interchangeably but they are not synonymous.

Language encompasses every means of communication in which thoughts and feelings are symbolized so as to convey meaning to others. It includes different forms of communication as writing, speaking, sign language, facial expression, gesture, pantomime, and art.

Speech is a form of language in which articulate sounds or words are used to convey meaning. It is the most effective form of communication. It is the most important and most widely used.

Speech is a motor-mental skill. It not only involves the coordination of different group of muscles of the vocal mechanism but it also has a mental aspect, the association of meanings with the sounds produced.

Communication means an interchange of thoughts and feelings. This interchange can be carried out with any form of language-gestures, emotional expressions, speech or written language.

The word infant means “unable to speak”. The ability to use words, or to “say what you mean”, is then, one marker of development and transition from infancy to childhood.

As they grow from infancy to childhood, they learn four aspects of language, namely phonology, semantics, grammar and pragmatics.

Stages of Language Development

1. **Crying:** Crying is one of the first ways in which the infant is able to communicate with the world at large.
2. **Babbling:** the first stage of language development is known as the prelinguistic, babbling or cooing stage. During this period, which typically lasts from the age of three to nine months, infants begin to make vowel sounds. By five months, infants typically begin to babble and add consonant sounds to such as ba-ba-ba, ma-ma-ma or da-da-da.
3. **Single words:** The second stage is known as the one-word or holophase stage of language development. At the age of 10 to 13 months, child will begin to produce their first real words. Infants begin to comprehend language about twice as fast as they are able to produce it.
4. **Two words:** The third stage begins around the age of 18months, when children begin to use two word sentences consisting of nouns & verbs, such as “mummy come” “papa gone”.
5. **Multi-word sentences:** Around the age of two, children begin to produce short, multi-word sentences that have a subject and predicate.

Speech can be learned by (a) trial and error, (b) imitation and (c) training or teaching

There are six essential factors in learning to speak:

- Mental Readiness
- Physical Readiness
- Good model to imitate
- Opportunities for practice
- Motivation
- Guidance

There are three major tasks in learning to speak.

- Building a Vocabulary
- Learning to pronounce words, and

- Combining words into grammatically correct sentences.

As described by Bowen (1998), there are two aspects of language development as:

- Receptive language: To listen and to understand language
- Expressive language: To speak and to use language

Speech problems could be delayed speech, defective speech & speech disorders. These affect children's personal and social adjustment to life. Some of the commonly observed speech problems are:

- Lipping- Sounds substitution
- Stammering & Stuttering
- Slurring: Unclear speech
- Cluttering: rapid, confused and jumbled type of speech.

The difficulties in language development are excessive crying, difficulty in comprehension, bilingualism or delayed speech.

Cognitive Development

Cognitive development refers to the ways children gain knowledge reason, think, develop language and solve problems. Cognition refers to the mental activities involved in acquisition, processing, organization, storage and use of information. These activities include perceiving, imagining, reasoning and judging. Cognitive development occurs as a result of active and voluntary exploration by the child. Child's interaction with the environment is an essential requirement for cognitive development.

Moral Development

The term '**moral**' comes from the Latin word **mores**, meaning manners, customs. **Moral** behaviour is controlled by moral concepts – the rules of behaviour of a group. **Immoral** behaviour is behaviour that fails to conform to social expectations. **Unmoral** behaviour is due to ignorance of what the social group expects rather than intentional violation of the group's standards.

Moral development is the process by which children acquire society's standards of what is right and wrong. In everyday situations, children abide by some rules, they have some sense of "right" and "wrong" and ask questions about how this came to be. To illustrate, while playing games they understand taking turns and following a set of rules.

Piaget propounded 3 stages of moral development.

PREMORAL PERIOD (4-5)

- preschool children show little awareness of rules
- purpose of the game is to take turns and have fun

- rules which exist are idiosyncratic
- children become aware of the “rules” by watching older people and imitating their behavior.

MORAL REALISM (6-10)

Child develops a strong respect for rules and a belief that they must be obeyed at all times. Children at this stage tend to think of rules in terms of MORAL ABSOLUTES.

AUTONOMOUS MORALITY (11 onwards)

Children begin to understand that social rules are arbitrary. They exist because agreements have been made. It is at this stage that rules begin to be challenged. The **INTENTION** of the individual begins to have an impact. They begin to understand how rules and standards are set and understand that rules can also be changed.

Play Development

Play means any activity engaged in for the enjoyment it gives without considering the end result. Active play and passive play are two kinds of play activities. In active play enjoyment is derived from what the individual does. In passive play enjoyment is gained from the activities of others.

Four major characteristics of play are as follows:

- Play is intrinsically motivated
- Play is spontaneous and voluntarily undertaken by choice
- Majority of children have active involvement
- Play gives enjoyment

According to Piaget play is divided into three categories;

- a) Sensory-motor play involving repetition of a motor activity
- b) Symbolic or relational play- pretending or including an absent object in one's play
- c) Differentiated play involving rules and cooperation with others

The developmental stages of play in the first three years of life are as follows:

- **Presymbolic Play:** In the first two months the child receives more of visual stimuli which shows high rate of changes. Slowly the child differentiates objects based on the color shapes and size. By seven months the child is able to change from stereotypical play to functional play. By twelve months the child's interest shifts to an object which responds to their manipulation like pressing a button which makes a sound.
- **Emergence of a symbolic Play:** The play during this stage shows the increase in flexibility of the child's thought processes. The child shows symbolic representation in the play during this stage. These symbolic play or pretended gestures occur between 12 to 18 months.
- **Elaboration of Symbolic Play:** The child becomes capable of using imaginary objects to symbolize absent objects. For example, in absence of a doll the child pretend that the doll is in his /her hand

(empty) and swing and rock the doll in the hand to make it sleep. This ability of the elaboration of symbolic play emerges between 18 to 42 months.

There is a progression of play behavior through three hierarchical stages:

Developmental Stages of Play

AGE	TYPE OF PLAY	STAGES OF PLAY
0-2 years	Solitary	Plays alone, limited interaction with other children
2 -3 years	Parallel	Plays alongside others may be the same game but not with others
3-4 years	Associate	Plays the same game as other children, but the game does not involve working or connecting with them.
4-6+ years	Co-operative	Plays together with shared aims of play

Inter-relationship among various areas of development

Development in one area does not occur independently of others. Development is an inter-dependent and inter-related process. The effect of each area of development cannot be separated out easily. Thus, when we study a child, we must study her/him as a whole person and include the experiences and skills of various domains that influence the overall development.

2.9 Delayed Development

Developmental delay (DD) is the term used when a child has not reached the developmental milestones by the expected time period. A child is said to be ‘**developmentally delayed**’ when he or she is not progressing as expected in one or more areas of development. (Boehike, 2011). There can be significant lags in physical, mental , social or emotional domains of development.

Developmental Delay (DD) is present when functional aspects of child’s development in one or more domains are significantly delayed compared to the expected level for age (> 25% from the expected rate of discrepancy or 1.5 to 2 standard deviations from the norm). Developmental delay refers to a child who is not achieving milestones within the age range of the normal variability. For example, if the normal age range for walking is 9 to 15 months, and a 20 months child has still not started walking, this would be considered a developmental delay.

Global Developmental Delay (GDD) is a subset of DD defined as significant delay in two or more developmental domains among children below 5 years of age.

Prevalence

An estimated 12 – 16% of children have one or more developmental delay. Only 30% are identified before school entrance. Those identified after school entrance miss out on early intervention which can have long term benefit in overall development. Early identification by parents or primary care providers like pediatricians of developmental delays can lead to early intervention.

Risk Factors for Developmental Delay

The risk factors for developmental delays can be grouped into two categories as given below.

Genetic

Children are placed at genetic risk by being born with a genetic or chromosomal abnormality. For instance, Down syndrome is a disorder that causes developmental delay because of an abnormal chromosome.

Fragile X syndrome, an inherited type of condition causes intellectual disability.

Environmental risk

Environmental risk results from exposure to harmful agents either before or after birth, poor maternal nutrition, exposure to toxins (lead or drugs) or infections that are passed from the mother to her baby during pregnancy (e.g., measles or HIV). Environmental risk also includes a child's life experiences. Children who are born prematurely, face severe poverty, mother's depression, or lack of care are at increased risk of developmental delays.

2.9.1 Developmental Disabilities

A delay may be transient (temporary) or persistent (permanent). Persistent developmental delays are also called **Developmental Disabilities** as given below.

- Visual Impairment
- Hearing Impairment
- Language and Speech handicap
- Intellectual disabilities
- Cerebral Palsy
- Autism

Visual Impairment

blindness total - absence of sight

low vision

tunnel vision

WHO estimates about 2.6% as visually impaired in the world.

Hearing Impairment

Hearing impairment is defined as a lack or reduction in the ability to hear due to a problem somewhere in the hearing mechanism. Legally, hearing impairment refers to “loss of sixty decibels or more in the better ear in the conversational range of frequencies”. A hearing impairment can occur in the outer, middle, or inner ear along the pathway to the brain. The location and nature of dysfunction in the auditory pathway determines the degree and the type of hearing loss. It is through hearing that a child develops the comprehension of speech. Thus hearing loss affects the development of both the receptive and the expressive language. This is especially true if the impairment is caused in the early stages of life (Nagaraja, 1996).

Language and Speech Disabilities

Speech disorders affect the ability to produce speech and develop language.

The most common speech problems are:

- Articulation problems
- Problems with resonance
- Voice disorders
- Fluency: Stuttering
- Dysarthria and Dyspraxia
- Cleft Palate

Intellectual Disability

Intellectual Disability is characterized by significant limitations both in intellectual functioning and adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18 (AAIDD, 2010).

The commonly acknowledged definitions have following three important aspects which should be considered to diagnose mental retardation.

a. Significantly sub average intellectual functioning

b. Limitations in adaptive behavior

c. Manifestation before age 18

Orthopaedic and Neuromuscular Disabilities

“Locomotor disability means disability of the bones, joints or muscles leading to substantial restriction of movement of the limbs or any form of cerebral palsy”.

Orthopaedic and neuromuscular impairments impact mobility. Mobility impairments range from lower body impairments, which may require use of canes, walkers, or wheelchairs, to upper body impairments that may include limited or no use of the upper extremities and hands. Functional limitations and abilities vary widely depending upon the area and degree of disability.

Cerebral palsy is an umbrella term encompassing a group of non-progressive, non-contagious, neurological disorder that causes physical disability in human development, specifically the human

movement and posture. It is a disorder of posture and movement caused by non-progressive damage to an area of the brain while it is still developing. Although the brain damage does not progress, symptoms may appear to do so as the brain matures and problems become evident.

Multiple Disability

Children with multiple disabilities have a combination of various disabilities that may include: physical disability, intellectual disability, visual impairment, hearing or speech disability and learning disability. Along with multiple disabilities, they may also exhibit sensory losses, emotional, social and behavioural problems. Children with multiple disabilities have extensive brain damage and vary in severity and characteristics. These individuals may have difficulty attaining and remembering skills and/or transferring these skills from one situation to another. They are dependent on others for almost all activities of daily living. Support is usually needed in all spheres of life.

Autism

Autism is a neurodevelopment disorder. The characteristic features are social withdrawal, difficulty in verbal and non verbal communication and stereotype behaviours. Difficulty in social reciprocal interactions and inability to relate are hallmark features of autism. It is a lifelong developmental disability and it makes an individual's communication and relatedness with others difficult in everyday social interaction.

Mental Illness

Mental Illness refers to a psychological or behavioral abnormality of such severity that psychiatric/psychological intervention becomes necessary.

Implications of Developmental Delays

- Functional Limitations in Activities of Daily Living (ADL)
- Adverse effect on Cognitive abilities
- Negative impact on Academic achievement
- Adverse effect on health and sleep - Increase risk of mortality, morbidity, homeostasis imbalance, proneness to accidents and mental illness.

The negative impact of developmental delays can have long term physical as well psychological significance in personal and social life of the child. Since implications of developmental delays to persist, their effects can be long lasting on the types of adjustments child makes in later life.

2.9.2 Early Identification and Early Intervention

Early identification of children with developmental delays is essential for developing appropriate intervention strategies in order to ameliorate developmental delays and for prevention of developmental disabilities.

Rationale of Early Identification

As a rule, prevention is more effective and economical than rehabilitation; it is better to identify problems early and correct them promptly than to let them grow until a crisis occurs. Resources should be applied to “ounces of prevention” rather than “pounds of cure”. Indeed, for many developmental functions, undue delay in treatment may lead to irreversible developmental damage.

The deleterious effects of failing in early identification and early intervention would involve immense losses for the individual in terms of intellectual, emotional and social development, and can have long term consequences on society in terms of welfare services required for these children.

Diagnostic procedures are available for Prenatal, Neonatal and Postnatal Screening. Developmental Schedules & Development Scales are generally used for developmental screening and assessment of mental development of infants and young children

Early Intervention

It is well documented that the earliest years of a child’s life are the keystones to future development. The period from birth to three years of age is the most critical because of the rapid brain growth. Research studies have emphatically demonstrated the benefits of early intervention (Diamond,2000)

According to Individual with Disability Education Act (IDEA), early intervention refers to services provided for children before age 3 or younger. These services are designed to meet physical, cognitive, communicative, social and emotional or adaptive developmental needs. Early intervention service delivery settings can be centre based or home based. Early intervention modules include multi-disciplinary, inter-disciplinary and trans-disciplinary. Parents, families and professionals play a conspicuous role in early identification and early intervention.

2.10 Theories of child development

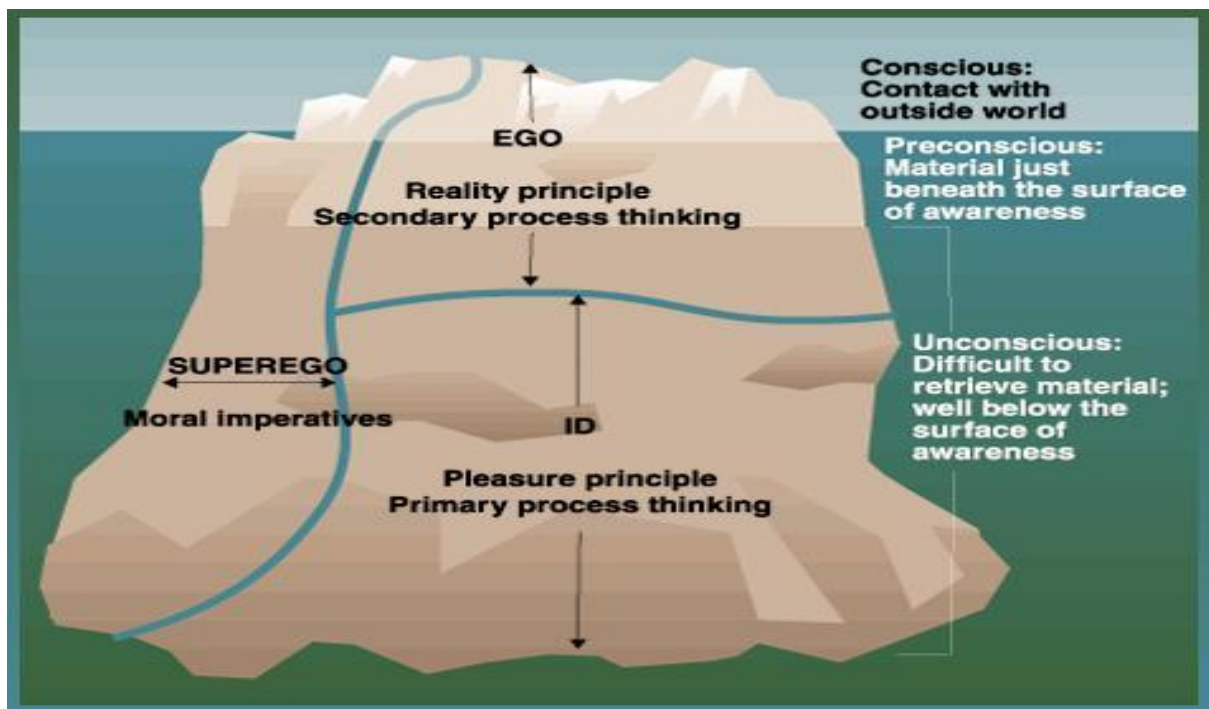
Theories about children’s development expanded around the world by 20th century.

The cardinal theories of child development are described below.

2.10.1 Sigmund Freud's Psychoanalytical Theory

Sigmund Freud postulated psychoanalytic (also known as Pschodymanic) theory of child development. Freud proposed that personality is formed during the first few years of life, rooted in unresolved conflicts between pleasure seeking instincts and social restraints.

MIND

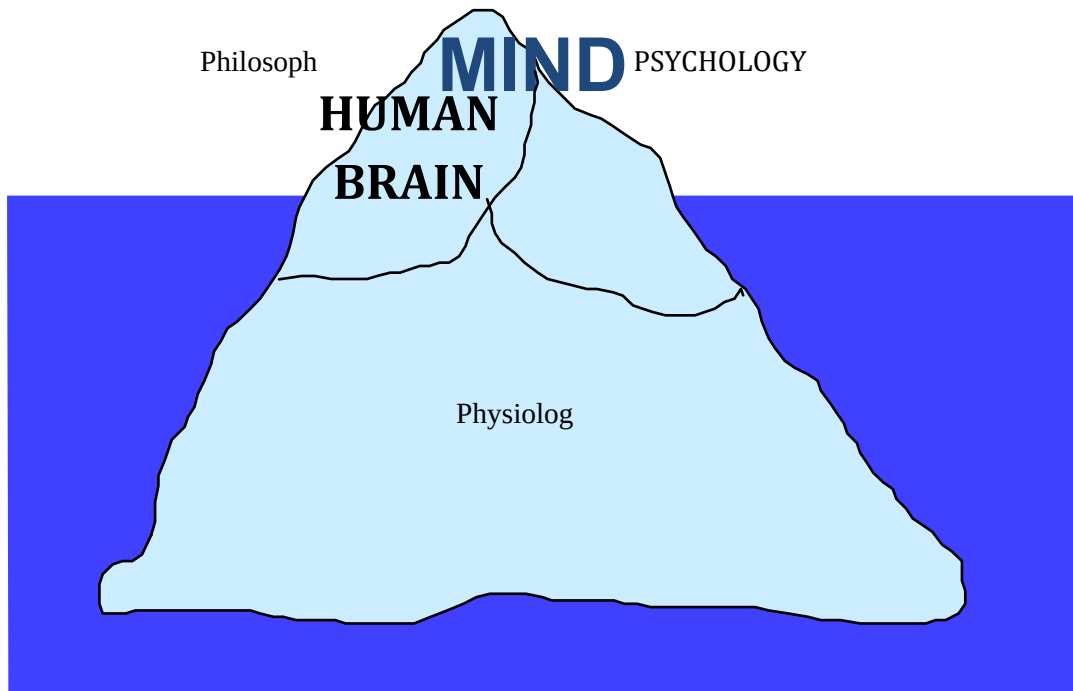


- ❖ As the child develops and learns that some feelings and desires are disapproved, these wishes, desires and fears are buried deep in the mind, leading to the development of the unconscious.
- ❖ According to psychodynamic approach, Mind has 3 parts: conscious, unconscious, and preconscious, as depicted in the figure.
- ❖ **Conscious** : It includes thoughts and perceptions.
- ❖ **Preconscious** : It is available to consciousness, e.g. memories and stored knowledge.
- ❖ **Unconscious** : Wishes and desires formed in childhood, biological urges which determine most of the behaviour.

According to the psychoanalytical approach, personality development has three structures: Id, Ego, and Superego, as illustrated in the figure. The Id is based on the '**pleasure principle**' which seeks pleasure and avoids pain without concern for moral restrictions. It seeks to satisfy the biological drives of sex and aggression.

The Ego is based on the '**reality principle**' which seeks to satisfy desires in a socially acceptable way. The Ego's goal is to negotiate between the Id's wants and the Superego's prohibitions. The Superego is based on the '**moral principle**' which seeks to apply moral values and standards of the society.

Personality Structure



Freud advocated psychosexual development during childhood influences later behavior in life.

Psychosexual Stages of Development

		Id	Ego	Sup
6-11yrs	11onwards	3-6yrs	1- 3yrs	

2.10.2 Erik Erikson's Psychosocial Theory

Erik Erikson postulated psychosocial theory of child development.

Erikson's psychosocial theory emphasized development of ego identity through psychosocial stages, each of which provides a crisis for the individual to overcome. There are 8 stages of psychosocial development each has unique task.

Erikson's Eight Life-Span Stages

Erikson's Stages	Developmental Period
Trust vs Mistrust	Infancy (first year)
Autonomy vs shame & doubt	Infancy (1 to 3 years)
Initiative vs guilt	Early childhood (3 to 6 years)
Industry vs inferiority	Middle and late childhood (6 to 11 years)
Identity vs identity confusion	Adolescence (11 to 20 years)
Intimacy vs isolation	Young adulthood (21 to 40 years)
Generativist vs stagnation	Middle age (41 to 60 years)
Integrity vs despair	The elderly (60 onward)

The tasks that the individual has to achieve during the Psychosocial stages can lead to healthy or unhealthy development leading to role identity or identity crisis as given in the figure

Erikson's Stages of Psychosocial Development

Stage	Psychosocial Crisis/Task	What Happens at This Stage?
1	Trust vs Mistrust	If needs are dependably met, infants develop a sense of basic trust.
2	Autonomy vs Shame/Doubt	Toddlers learn to exercise will and do things for themselves, or they doubt their abilities.
3	Initiative vs Guilt	Preschoolers learn to initiate tasks and carry out plans, or they feel guilty about efforts to be independent.
4	Industry vs Inferiority	Children learn the pleasure of applying themselves to tasks, or they feel inferior.
5	Identity vs Confusion	Teenagers work at refining a sense of self by testing roles and then integrating them to form a single identity, or they become confused about who they are.
6	Intimacy vs Isolation	Young adults struggle to form close relationships and to gain the capacity for intimate love, or they feel socially isolated.
7	Generativity vs Stagnation	The middle-aged discover a sense of contributing to the world, usually through family and work, or they may feel a lack of purpose.
8	Integrity vs Despair	When reflecting on his or her life, the older adult may feel a sense of satisfaction or failure.

2.10.3 Jean Piaget's Theory of Cognitive Development

Jean Piaget propounded model of cognitive development in children. According to Piaget, basic to all intellectual development are certain processes that form the matrix of cognitive development.

Piaget included concepts of assimilation, accommodation, organization and equilibrium in his exposition of cognitive development.

Assimilation is incorporating experiences into cognitive structures.

Accommodation is adapting to the environment.

Organization is the way cognitive acts are grouped and arranged to form sequences, mental structures or *schemata*.

Equilibrium results from a fundamental motive to stay in balance. It is the process by which schemata changes from one stage to another.

As children gain understanding and meaning of the world, they go through various stages of cognitive development. 'Piaget describes the first two years of life as a time of rapid growth in the child's ability to think, reason and understand the world. In early childhood there is an extra ordinary increase in representational or symbolic activity. During primary school years thought becomes more logical,

organized and flexible than in early childhood. In later childhood, children develop the capacity for scientific abstract thinking.

Stages of Cognitive Development

Piaget postulated four stages of cognitive development.

- **Sensory motor stage** (birth to 2 Years): The infant uses his senses and motor abilities to understand the world. **Object permanence** (6-9 months): infants understand that an object continues to exist even if it is out of sight. This means that they are developing memory and goal oriented thinking and understand that other people exist all the time.

This stage is sub-staged into six parts.

Sub Stages

Substage 1: (0-1 months) modification of reflexes

Substage 2: (1-4 months) primary circular reactions

Substage 3: (4-8 months) secondary circular functions

Substage 4: (8-12 months) coordination of secondary reactions

Substage 5: (12-18 months) tertiary circular reactions

Substage 6: (18-24 months) representational thought

- **Pre-Operational Stage (2 to 7 Years) :** This stage is called pre-operational stage because of the child's inability to perform operations or mental transformation, a period where basic requirements for operational logic is developing. The child uses mental representations of objects and is able to use symbolic thought and language. The emergence of language, modelling and memory are key features. During this stage, the children are 'egocentric'. They consider themselves as the center of the universe.
- **Concrete Operational Stage (7 to 11 Years) :** The child uses logical operations or principles when solving problems. During this period the children operates and acts on the concrete, real and perceivable world and events. Their egocentric thought is replaced by 'operational thought' which enable them to attend and deal with various kinds of information. Piaget called this as the ability of 'decentering'. The operational thinking process help the children to view things from someone else's perspective. Children at this stage also start understanding the basic logical rules called 'grouping'.

'Conservation' is another ability, which explain that even if certain dimensions of the objects change (example, shape, size) the objects may still conserve the properties (like: volume, quantity or weight). For example- a glass of water remains the same in volume after pouring it into a flat plate. Similarly, objects kept in a line or assembled together may still remain the same in number. 'Reversibility' is another ability attained by children at this stage. It is the capacity to understand

the relation between two things, to understand that one thing can turn another and back again, like: ice and water.

- **The Formal Operational Stage (11+ Years) :** Formal operational stage is the apex stage of cognitive development. Attainment of this level of competence presupposes acquisition of the previous stages of cognitive development. It is characterized by the adolescent's ability to think 'abstractly', to reason deductively and to define 'concepts'. The thinking process of a person is in a formal, logical, systematic and symbolic manner. The individual moves from a less to a more mature level of functioning. The hallmark of this stage is the child's ability to reason abstractly without relying upon concrete situations or events.

An understanding of theories of child development is of great importance to facilitate child rearing patterns so that parents and family members contribute towards development of healthy and happy child as shown in the figure .



Summary

Psychology is the study of mind which encompasses three components, namely, cognitive, affective and conative. Psychology evolved out of both philosophy and physiology. In today's scenario of globalization, every psychological process has become a specialized field of study, like, abnormal psychology, clinical, developmental, social, industrial and forensic psychology. Psychology as a discipline embraces all aspects of the human experience from the functions of the brain to the actions of nations, from child development to care for the aged. The research findings of psychologists have greatly increased the understanding of why people behave as they do. Insights provided by

psychology can help people function better as individuals, friends, family members and as community. It is imperative to understand family dynamics to resolve family disputes.

Psychology plays a vital role in understanding child development. Child is not a miniature adult, but a distinct identity whose personality is in a state of formation in terms of both structure and functions. Child development is a progressive series of orderly and coherent changes. It is governed by certain principles and laws, like “Cephalo-Caudal law” and “Proximo-Distal Law”. Child development is the product of maturation and learning. It is influenced by heredity endowment and stimulating and enriched environment is required for realization of genetic potential. Children grow and develop at their own pace. The time table for various skills like smiling, turning, crawling, standing, eating and communicating to emerge is commonly called as Developmental Milestones. When a child doesn't acquire age appropriate developmental milestones is said to have developmental delay. Persistent developmental delays are called Developmental disabilities, like Visual Impairment, Hearing Impairment, Intellectual disability and Autism.

Early identification of children with developmental delays is essential for developing appropriate early intervention services in order to facilitate normal development, ameliorate developmental delays and for prevention of developmental disabilities.

The theories of child development highlight the importance of unconscious motivations, social and environmental factors in personality development of children.

Check Your Progress

1. Name three aspects of psychology.
2. Enlist 3 goals of psychology.
3. List 3 applications of psychology.
4. Distinguish between growth and development.
5. Name 2 laws of child development.
6. How many neurons a newborn's brain has at birth?
7. Name four major periods of normal development
8. Enlist any four developmental milestones which the child can achieve by 6 months.
9. Name any three developmental disabilities.
10. Name psycho sexual stages of development as propounded by Sigmund Freud.

Answers to Check Your Progress

1. Psychology is the study of mind which encompasses three aspects, cognitive, affective and conative.
2. The major goals of psychology are:
 - To understand and describe human behaviour and mental processes
 - To predict human behaviour and mental processes

- To influence / control human behaviour and mental processes
3. Applications of Psychology are:
 - Education
 - Health
 - Industry
 4. The term **growth** refers to quantitative changes: changes in size and structure.
The term **development** refers to both quantitative and qualitative changes.
 5. The laws of child development are
 - Cephalo-Caudal law
 - Proximo - Distal law
 6. There are more than 100 billion neurons in a baby at birth
 7. The major periods of normal development are given below
 - Prenatal period : from conception to birth
 - Infancy and toddlerhood: birth to 2 years
 - Early childhood: 2-6 years
 - Middle childhood: 6-12 years
 8. Developmental milestones by 6 months
 - Responds to sound
 - Vocalizes :Gurgles and coos
 - Smiles, Laughs
 - Rolls over in both directions
 9. Developmental disabilities are
 - Visual Impairment
 - Hearing Impairment
 - Intellectual Disability
 10. Sigmund Freud propounded Psychosexual stages as:
 - Oral stage
 - Anal stage
 - Phallic stage
 - Latency stage
 - Genital stage

Model Examination Questions

1. What is Psychology?.
2. Describe the scope of Psychology.
3. Elucidate application of Psychology with reference to family dynamics.
4. What is child development?
5. Write a note on developmental milestones.
6. Describe speech and language development among normal children.
7. Elucidate the role of play in normal development.
8. Define Developmental delay. Describe risk factors of developmental delay.

9. Explain Piaget's stages of cognitive development.
10. Describe Sigmund Freud's theory of child development

Glossary

Psychology: Scientific study of human mind

Mental Processes: Mental functions which individuals can do with their minds

Cognitive: Intellectual ability such as thinking, reasoning and remembering

Affective: Related to moods and feelings

Conative: Involving action or behaviour

Family Dynamics: Unique patterns of relating among family members

Growth: An increase in size of a cell or organism

Development: Process of growth and maturation of humans

Developmental milestones: Skills gained by developing child at a given age

Socialization: Process of learning to behave in a way that is acceptable to society

Symbolic play: Play of young children involving use of one thing to represent another

Developmental delay: A child less developed mentally or physically than normal for its age

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Module III FAMILY DYNAMICS

'Family faces are magic mirrors.

Looking at people who belong to us, we see the future'.

3.0 Introduction

Family dynamics are the patterns of relating, or interactions, between family members. Each family system and its dynamics are unique, although there are some common patterns. All families have some helpful and some unhelpful, or even abusive, dynamics.

Family dynamics have a strong bearing on child development. Family dynamics have a strong influence on the way children and adolescents see themselves, others and the world, and influence their relationships, behaviours and their wellbeing. An understanding of the impact of family dynamics on a person's self-perception may help counsellors pinpoint and respond to the driving forces behind a young person's current needs.

Each person in a family unit has their own perspective about issues that are causing conflict in a family. When talking to one person in the family about their family dynamics, it is important to keep in mind that other family members may hold different perspectives and interpretations of events and behaviours. Each family member's perspective is valid in its own right. Understanding the patterns that are maintaining the problem, including the patterns of communication and language used to discuss the problem, allows the counselor to challenge perceptions of events.

Family Systems aims to bring strengths of individuals and family systems into family therapy.

This approach facilitates change and growth by building self-confidence, optimism, motivation and a sense of empowerment. Family influence children's overall development through a dynamic process, which unfolds over the life course of the child.

Factors influencing Family Dynamics

Some of the many influences on family dynamics include:

- nature of the parents' relationship
- having a particularly soft or strict parent
- number of children in the family
- personalities of family members
- an absent parent
- a chronically sick or disabled child within the family
- events which have affected family members, such as an affair, divorce, trauma, death, or unemployment.
- Issues such as family violence, abuse, alcohol or other drug use, mental health difficulties
- family values, culture and ethnicity

- nature of attachments in family (i.e., secure, insecure)
- broader systems- social, economic and political

Influence of Family Dynamics on Child's Outcome

- Family dynamics influence children's behaviour by the following factors:
- **Family roles** : People take on different roles or functions within the family system. These roles may be the result of family dynamics. A young person's problems, like drug use, may play a 'role' in the family system distracting the family from other problems. The young person has become the 'scapegoat' for the family, or the visible 'symptom' of a troubled family system.
- **Ascribed characteristics** : A family's attitude towards a young person has an important influence on their self-identity and self-worth.
- **Reinforcing patterns**: Interactions between family members and behaviours surrounding a 'problem' such as drug use may inadvertently serve to reinforce or encourage problem behaviour.
- **Parental Separation** : Family transition due to parental separation, stepfamilies, family trajectories on children of born to lone mothers adversely affects child outcomes.
- Family influence children's overall development through a dynamic process, which unfolds over the life course of the child.

In this module of family dynamics, you will be learning about group dynamics, interpersonal relationships, aggression and violence in family, conflicts and stress. This module also deals with disability and rehabilitation of children with special needs, addicts and individuals with chronic health problems into their families.

3.1 Learning Objectives

After studying this module, you will be able to:

- Define group and group dynamics
- Enlist stages of group development
- Discuss transactional analysis
- Understand the concept of Interpersonal Relationships
- Discuss significant Family Relationships
- Understand the concept of aggression and violence in family
- Define conflict , causes, types and its management
- Define stress, signs and symptoms and its coping mechanisms
- Discuss the relation of Mental Health and Family

- Explain the role of Family in Rehabilitation of Special Children, Addicts and Individuals with Chronic health problems

3.2 Group Dynamics

Human being is a social animal. It is rare to know an individual living isolated. Individual's life is made up largely by participating in groups. By and large much of our experiences of life involves being engaged with others, like family members and group. People work in groups quite frequently and in many different areas of their life like at work, school/college, sport, hobbies.

What is a Group?

A group refers to two or more people who share a common meaning and evaluation of themselves and come together to achieve common goals. In other words, a group is a collection of people who interact with one another; accept rights and obligations as members and who share a common identity.

3.2.1 Definition

To define "A group is any collection of human beings who are brought into social relationship with one another".

Sheriff and Sheriff defined "A group is a social unit which consists of a number of individual who stand in definite status and role relationship to one another and which posses a set of values or norms of its own regulating the behaviour of individual members at least in matters of consequence to the group".

Green et.al defined a group as an "aggregate of individual which persists in time, which has one or more interests and activities in common and which is organised". In other words, a group is formed when collection of people lead to a common goal.

Group Dynamics

"Group Dynamics" refers to the complex forces that are acting upon every group throughout its existence which cause it to behave the way it does. The social process by which people interact and behave in a group environment is called group dynamics. Group dynamics involves the influence of personality, power, and behaviour on the group process. A group will also have dynamics - it is always moving, doing something, changing, interacting and reacting. The interaction of these forces and their resultant effects on a given group constitute its dynamics.

Group dynamics deals with the attitudes and behavioral patterns of a group. Group dynamics concern how groups are formed, what is their structure and which processes are followed in their functioning. Thus, it is concerned with the interactions and forces operating within and between groups.

3.2.2 Stages of Group Development

Group development is a dynamic process. Group development is a process of five stages namely, forming, storming, norming, performing, and adjourning as shown in the figure.

Forming

The first stage in the life of a group is concerned with forming a group. This stage is characterized by members familiarizing themselves with the task and other members of the group.

Storming

The next stage in this group is marked by the formation of dyads and triads. Members seek out familiar or similar individuals and begin a deeper sharing of self. Pairing is a common phenomenon. There will be conflict about controlling the group.

Norming

This stage is also referred to as counter dependent stage where members tend to fight out in search of identify.

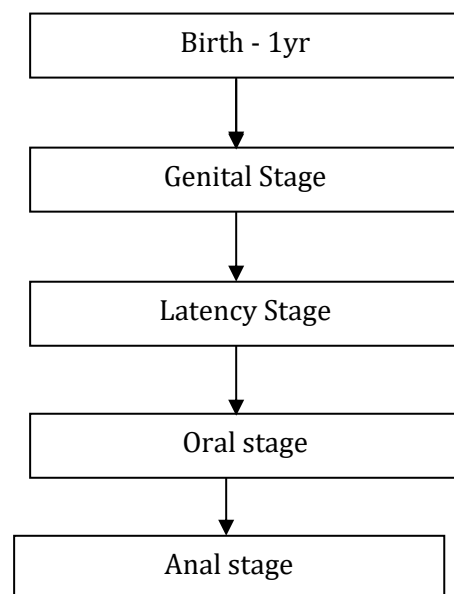
Performing

This is a stage of a fully functional group where members see themselves as a group and get involved in performing the task. Each person makes a contribution. Group norms are followed and collective pressure is exerted to ensure the process of group effectiveness of the group.

Adjuoruning

During this phase, the group will resort to some form of closure that includes rites and rituals suitable to the event.

PROCESS OF GROUP DEVELOPMENT



Group Functions

Task Functions

This is the primary reason for the establishment of a group. To achieve the task, they must have members that fulfill some or all of the following roles:

- Initiating: by proposing tasks or goals
- Information seeking: collecting relevant information
- Information giving: providing information
- Clarifying ideas: by interpreting and clarifying input
- Bringing closure: by summarizing
- Consensus testing: by checking for agreements

Maintenance Behaviour

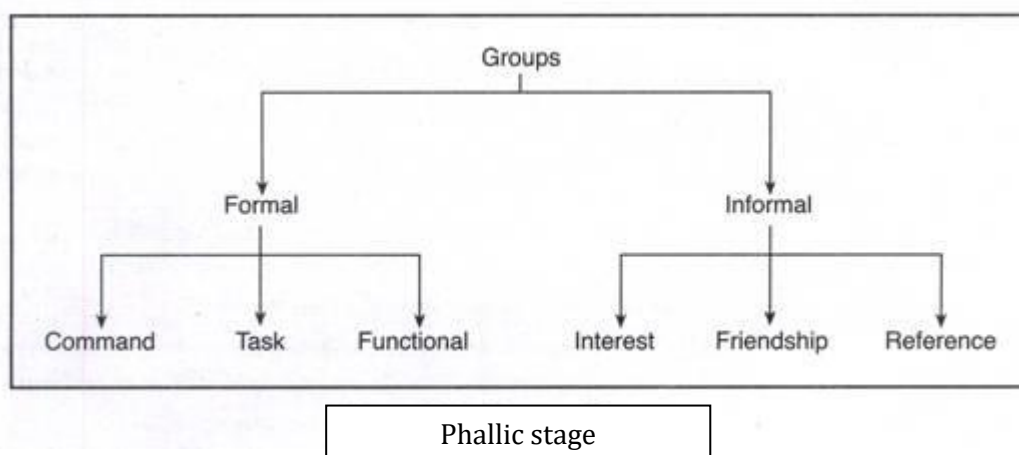
Each group needs social-emotional support to be effective. Some members of the group will take up the following roles

- a) Encouraging: by showing regard for other members
- b) Improving group by expressing group feelings
- c) Harmonizing: by reconciling differences and reducing group tension
- d) Compromising: by admitting errors and looking for alternatives
- e) Gate-keeping: by attempting to keep communications flowing
- f) Standard setting: by reminding members of group norms, rules, and roles

Types of Groups

There are two types of groups namely : Formal and Informal

While formal groups are established by an organization to achieve its goals, informal groups emerge spontaneously. Formal groups may take the form of command groups, task groups, and functional groups. Informal groups can take the form of interest groups, friendship groups, or reference groups.



Group Structure

Group Size

Group size can vary from two people to a very large number of people. Small groups of two to ten are thought to be more effective.

Group Norms

Norms define the acceptable standard or boundaries of acceptable and unacceptable behaviour, shared by group members. They are typically created in order to facilitate group survival, make behaviour more predictable, avoid embarrassing situations, and express the values of the group. Group norms may include loyalty norms : Dress norms and Reward norms. Groups members who do not conform to the norms will be punished by being excluded, ignored, or asked to leave the group.

Group Roles

There are two kinds of roles present in groups. The first is assigned roles. These include titles such as chairperson, secretary, manager. The second kind is emergent roles and arise as a result of group social or emotional needs. Role ambiguity occurs when a person is unclear of what is expected of him or her. Role conflict occurs when the job description is unclear.

Group Cohesiveness

One of the primary factors in group performance involves group cohesion. The ultimate role of groups is to come together as a unit and perform. Group cohesion makes it attractive for members to belong, attracts high performers, and provides opportunities for individual recognition within a group setting. Cohesion may result from internal successes, high social-emotional support, or external threats.

3.3 Transactional Analysis

Participation in groups is a social transaction between individuals and is called transactional analysis. These interactions were identified by Eric Berne as ego states. There are three ego states namely parent, adult and child.

1. Parent - display a protective, nurturing, controlling, role
2. Adult - display rational, calculating, factual role
3. Child - display rebellious and dependent role

According to the transactional analysis individual interactions can be summed up as:

“I’m OK - you’re not OK”, - aggressive people

“ I’m not OK- you’re OK”, - passive people

“I’m not OK - you’re not OK”. - passive people

“I’m OK - you’re OK. shows a healthy acceptance of both yourself and others.

3.4 Interpersonal Relationships

An interpersonal relationship is a relatively long-term association between two or more people. This association may be based on emotions like love and liking, regular business interactions, or some other type of social commitments.

Interpersonal relationships take place in a great variety of contexts, such as family, friends, marriage, acquaintances, work, clubs, neighborhoods, and places of worship. They may be regulated by law, custom, or mutual agreement, and are the basis of social groups and society as a whole. Although humans are fundamentally social beings, interpersonal relationships are not always healthy. Example of unhealthy relationships include abusive relationships and codependence.

A relationship is normally viewed as a connection between two individuals such as a romantic or intimate relationship, or a parent-child relationship. All relationships involve some level of interdependence. People in a relationship tend to influence each other, share their thoughts and feelings, and engage in activities together.

3.4.1 Concept of Interpersonal Relationships

An interpersonal relationship is a strong, deep, or close association or acquaintance between two or more people that may range in duration from brief to enduring. The context can vary from family or kinship relations, friendship, marriage, relations with associates, work, neighborhoods, and places of worship. Relationships may be regulated by law, custom, or mutual agreement, and form the basis of social groups and of society as a whole.

Interpersonal relationship may be based on inference, love, solidarity, support, regular business interactions, or some other type of social connection or commitment. Interpersonal relationships thrive through equitable and reciprocal compromise, they form in the context of social, cultural and other influences.

Interpersonal relationships are dynamic systems that change continuously during their existence. Like living organisms, relationships have a beginning, a lifespan, and an end. One of the most influential models of relationship development was proposed by psychologist, George Levinger to describe heterosexual, adult romantic relationships.

Stages of Interpersonal Relationships

There are five stages of Interpersonal relationships :

- 1. Acquaintance :** Becoming acquainted depends on previous relationships, physical proximity, first impressions, and a variety of other factors.
- 2. Build up :** During this stage people begin to trust and care about each other.

3. Continuation: This stage follows a mutual commitment to a long term friendship, romantic relationship, or marriage. It is generally a long, relative stable period. Mutual trust is important for sustaining the relationship.

4. Deterioration : Not all relationships deteriorate, but those that do tend to show signs of trouble. Boredom, resentment, and dissatisfaction may occur, and individuals may communicate less and avoid self-disclosure. Loss of trust and betrayals may take place as the downward spiral continues.

5. Termination: The final stage marks the end of the relationship, either by death in the case of healthy relationship or by separation.

Types of Interpersonal Relationships

Interpersonal relationships include :

1. Kinship and family relations in which people become associated by genetics or consanguinity.
2. Marriage - Relationships can also be established by marriage, such as husband-wife, father-in-law, mother-in-law, uncle or aunt by marriage.
3. Formal long-term relationships recognized by law.
4. Informal long-term relationships such as loving relationships or romantic relationships with or without living together.
5. Friendships consist of mutual liking, trust, respect, and often even love and unconditional acceptance.
6. Brotherhood and sisterhood can refer to individuals united in a common cause or a common interest.
7. Platonic love is an affectionate relationship into which the sexual element does not enter.

3.4.2 Significant Family Relationships

The most significant relationships in the family are given below:

Marital Relationships

Husband-wife relationship is the basic and most important amongst the network of interpersonal relationships on which a family revolves. The three important components of healthy marital relations are passion, intimacy and commitment. Healthy relations facilitate the spouses not only to perform their roles effectively but also help in the proper socialization of the children. On the other hand, marital conflict leads to familial disorganization and has negative consequences on the upbringing of children. Thus, the quality of interaction between a husband and a wife has repercussions on the whole family.

Parent-Child Relationships

Parent-child relationships is of great significance in the overall development of the child and later adjustment in life. Parents use emotional closeness, discipline and control to shape the personality of their children so that they behave appropriately for their future role in society.

Parent-children conflicts with regards to individual freedom and double standards giving greater freedom to sons than daughters, is a recurring feature in Indian families. It is always stressed that her relationship with her natal home is temporary. Girls used to get less autonomy and freedom from parents than boys. However, in recent times parents tend to treat them similarly.

Sibling Relationships

Sibling relationship is recognized as unique among close human relationships because siblings share a common genetic heritage and common early experience within the family. Sibling relationship is also marked by discord when paternal authority is weak or absent. Such conflict is an important dimension of sibling relations.

Mother-in-Law and Daughter-in-Law Relationships

The mother-in-law occupies a dominant position and plays an important role in the social life of the daughter-in-law. The elder woman generally finds the younger disrupting unity among brothers; the younger finds the elder to be intolerably demanding and dominating. The relationship of women with sisters-in-law is another area which is of great significance in a joint family system.

Marital disharmony and family dysfunctions are due to faulty interpersonal perception, misunderstanding and unhealthy interpersonal relationships. People can learn and improve interpersonal skills to have meaningful and enduring relationships and lead effective and happy lives.

3.5 Aggression and Violence in Family

Families play powerful direct and indirect roles in the development of violence. Aggression is linked to genetic risk, stress, harsh parenting, and family violence. Families can reduce risk through warmth, structure, and other adaptive processes. Family processes that mitigate risk for violence are amenable to support and counselling.

Recent research evidenced that many of the most salient risk and protective factors for the development of aggression and violence reside in the family system. Family-based risks begin before birth, encompassing genetic and epigenetic processes. Contextual stressors and environmental factors can impact development directly or indirectly through disrupted parenting behavior, including high negativity, low warmth, harshness, and exposure to violence.

The family can also serve as a powerful adaptive system counteracting the risk of aggression and violence. Parents can promote healthy behavioral development through warmth, structure, and prosocial values, as well as by fostering adaptive resources in the child and community. Successful

interventions like counselling often reduce aggression and violence by supporting parents and families.

3.5.1 Family influence on the development of aggression and violence

In today's world, the tendency towards violence is on increase among adolescents both at national and international level. It has long been known that children pick up their emotional expression styles from their family. Research studies have shown that certain family environments predict violent behavior among adolescents. Specifically, the families of violent adolescents had more difficulty managing family conflict and experience more problems in communication and anger management. With regard to anger, the families of violent adolescents experience more anger and expressed their anger in more maladaptive ways.

Professionals working with children and adolescents need to understand the context in which the children and adolescents live. We need to work on protective factors problem solving, and communication skills for family members and children and thus we can help to impart pro-social behaviors among the children. It is of great importance for family members to gain awareness of the types of behaviors directed to others because family members are always watching each other and learning from each other.

It is within the family that most people first experience being the victim of physical aggression in "the form of being "spanked," "smacked," or "slapped" by a parent. Moreover, because parents who hit children almost always do so for the morally correct purpose of stopping misbehavior. Corporal punishment itself teaches the child that physical aggression is a morally correct way to stop what is perceived as someone else's misbehavior. In addition, millions of children throughout the world grow in households in which they witness parents physically and psychologically attacking each other. This experience, and the experience of being hit by parents, is associated with an increased probability of subsequent physical violence both within and outside the family by these children which continues into adolescence and adulthood. Hence, there is increasing trend in physical aggression within the family and has far reaching implications on societal violence.

3.5.2 Social Learning and Modeling leads to Aggression and Violence

The violence that we see all around us every day is mostly learned through modeling. Children learn new aggressive behaviors by observing aggressive models. Children not only imitate the specific behaviors that they see, but viewing aggression changes their mental schemas and their attitudes about aggression. Watching a parent hitting another person may not only increase a child's likelihood of hitting but may also increase his or her beliefs that "hitting is OK" and that "one way to solve problems is by hitting." Modeling teaches new ideas about aggression and can help explain why exposure to violence increases aggressive behavior in the long run.

Modeling is particularly problematic for children who grow up in violent families. These children are not only the victims of aggression, but they also see violence being inflicted on their parents and siblings. Because children learn how to be parents in large part by modeling the actions of their

parents, it is no surprise that there is a strong correlation between family violence in childhood and violence as an adult. Children who witness their parents being violent or who are themselves abused are more likely as adults to inflict abuse on their partners and children. In turn, their own children are also more likely to interact violently with each other and to aggress against their parents. Hence, violence begets violence in families in cyclic manner.

According to principles of social reinforcement, if we are rewarded for being aggressive, we are likely to aggress again, but if we are punished for our violence, we may subsequently curb our aggression.

There is, however, a problem with using punishment to reduce aggression, particularly when the punishment is itself aggressive. The problem is that the punishment may be modeled, which can increase the aggressive behaviors that we are trying to stop. In a meta-analysis of many research studies it was found that although children who were spanked by their parents were more likely to immediately comply with the parents' demands, they were also more aggressive, showed less ability to control aggression, and had poorer mental health in the long term. The problem seems to be that children who are punished for bad behavior may be more likely to change their behavior only for external reasons, rather than internalizing the norms of being good for its own sake.

Punishment is most effective when it is intense, prompt applied consistently and with certainty, perceived as justified, and replaced by a more desirable alternative behavior. But even if punishment occurs under these ideal conditions, it may only suppress aggressive behavior temporarily.

One example of the use of violence to attempt to stop violence is capital punishment—the use of the death penalty. Although banned in many countries, capital punishment is still used in our country.

Although many people believe that capital punishment deters crime, there is little evidence that it actually does. For one, the time period between the crime and the punishment is typically many years long, which makes it less effective as a deterrent.

Violence creates more violence : Television, Video Games and Handguns

Worldwide, children watch both physical and non physical aggression on television and video games. Moreover the amount, intensity, and graphic nature of the violence that children view continues to escalate. Children are also exposed to violence in movies and video games, as well as in popular music and videos that include violent lyrics and imagery. As an outcome of this exposure, there is a sharp increase in aggression and violent behavior among children and youth in today's society.

Effects of Violent Video Games on Aggression

Violent video games are more popular than ever and also more graphically violent. Children spend countless hours playing video games, many of which involve engaging in extremely violent behaviors. The games often require the player to take the role of a violent person, to identify with the character, to select victims, and, of course, to kill people. These behaviors are rewarded by winning points and moving on to higher levels and are repeated over and over.

A meta-analysis of 35 research studies showed that the effect of playing violent video games were significantly linked to increase in aggressive thoughts, aggressive feelings, psychological arousal including blood pressure and heart rate as well as aggressive behavior. Furthermore, playing more video games was found to relate to less altruistic behavior.

Viewing violence increases the cognitive accessibility of violence. When we see violence, violence is then activated in memory and becomes ready to guide our subsequent thinking and behavior in more aggressive ways. This is called **Priming Aggression** as depicted in the figure. According to this model, the activation from the viewed violence spreads automatically in memory from the perceived violent acts to other aggressive ideas and in the end increases the likelihood of engaging in violence.

Priming Aggression



Worldwide, about 1,000 people are killed every day as a result of gun violence. Although school and workplace shootings have been of particular concern in recent years, even people who keep guns in their home for protection are likely to be killed by that gun-particularly at the hands of a family member-and are also likely to kill themselves with it. The presence of guns reminds us that we may respond with violence. When guns are around, violence is highly cognitively accessible, and this accessibility leads to aggressive behaviour to kill.

Another outcome of viewing large amount of violent material is desensitization, **the tendency to become used to, and thus less influenced by, a stimulus**. When we first see violence, we are likely to be shocked, aroused, and even repulsed by it. However, as we see more and more violence over time, we become habituated to it, such that subsequent exposures produce fewer and fewer negative emotional responses. In the end, we may begin to see violence as a normal part of everyday life.

3.5.3 Domestic Violence in India

"From the cradle to the grave, women are objects of violence from those nearest and dearest to them. And it is a never ending cycle for there is considerable evidence of intergenerational transmission of domestic violence".

In ancient India, women enjoyed a significant role not only in the family but in the society as a whole. The kings and the priests always held and propagated that the prosperity depends upon the respect that a household show towards the women.

Domestic violence is the most serious violation of all basic human rights that a woman suffers in her own home at the hands of members within her own family. Domestic violence is one of the most common crimes against women which is inextricably linked to the perpetuation of patriarchy. Domestic violence refers to violence against women not only in matrimonial homes but also in live-in relationship. Domestic violence is recognized as the significant barrier in the path of women empowerment and also skews the democratic set up of the polity. India has specifically legislated Domestic Violence Act in 2005 to reduce the violence against women but the same has bore mixed result as of now. One of the most serious impediments to women's development is the phenomenon of continuing and increasing violence against them. Needless to say, this constitutes a serious violation of women's human rights.

Gender violence manifests itself in various forms like, female foeticide and infanticide, sexual abuse, incest, molestation, sexual harassment at work and on the streets, marital rape, domestic violence in the form of wife assault and woman battering, female genital mutilation in some African countries and harassment, murder, beating for dowry in India.

In spite of multifarious qualities, women face discrimination, exploitation and violence. Violence against women and girls has spread into a global epidemic. This has debilitating effect over the performance of the women. She is harassed physically, psychologically, sexually and economically. It is one of the most pervasive of human rights violations, denying women and girls, equality, security, dignity, self-worth, and their right to enjoy fundamental freedom.

Violence against women is present across the world cutting across boundaries of culture, class, education, income, ethnicity and age. When the violence occurs within home, the abuse is effectively condoned by the tacit silence and the indifference by the instruments of the state and the law-enforcing machinery. Internationally, one in three women have been beaten, coerced into sex or abused in their lifetime by a member of her own family. Violence in the domestic sphere is usually perpetrated by males who are, or who have been, in positions of trust and intimacy and power in the family.

The domestic violence facts in India are truly horrifying and merit a serious look into the mind of the Indian abuser, the learned helplessness of the abused women and how to provide domestic violence support and legal help to domestic violence survivors.

Domestic violence and abuse in India is not just a problem of the lower and middle classes. It is very prevalent even among prominent and famous people too. The signs of domestic violence are not

always obvious and a lot of women do not report that they are being abused. Even the woman's own family is not always supportive at such times, because of the shame and guilt that surrounds such issues. Another concern that women face is how to prove domestic violence in India. But there is hope for women as there are strong laws against domestic violence and abuse in India. Domestic violence Indian law gives a lot of power to women.



3.6 Conflict

Conflict is the feeling of being pulled in two or more directions by opposing motives. Conflict is frustrating and stressful. Conflict arises when one person's ideas, information, opinions, theories and conclusions are incompatible with another person.

3.6.1 Definition

Conflict may be defined as a struggle or contest between people with opposing needs, ideas, beliefs, values or goals. "Conflict arises when two or more values, perspectives and opinions are contradictory in nature and haven't been aligned or agreed about yet".

Conflict in family and work is inevitable; however, conflict might escalate and lead to non-productive results, or conflict can be beneficially resolved.

Listening, oral communication, interpersonal communication, and cooperation are essential to maintain healthy relationships at home and at work. If we can learn to manage this highly probable event called conflict, then we are less apt to practice destructive behaviours that will negatively impact our lives.

Conflict management involves acquiring skills related to conflict resolution, self-awareness about conflict modes, communication skills and establishing a structure for management of conflict in your environment. Conflict is not the problem; it is when it is not managed properly that is the problem.

How Do People Respond to Conflict? Fight or Flight

Generally, we respond to conflict in one of two ways- we want to "get away from the conflict" or we are ready to "take on anyone who comes our way". In a conflicting situation, we either prepare ourselves to deal with it or wish to escape and run away from it.

3.6.2 Causes of Conflict

The major causes of conflicts can be:

1. Achieving one's personal goals - conflict arises when two or more people have the same personal goals.
2. Keeping a good relationship with the other people - conflict arises when one wants to maintain a good relationship with the other person and also satisfy one's goals.
3. Difference in needs, values and goals.
4. Scarcities of resources such as power, money, time, space, popularity and position.
5. Rivalry

3.6.3 Types of Conflicts

Approach - Approach Conflict

It is the least stressful type. Each of the two goals are desirable. Both goals are within reach. Such conflicts are resolved by making a decision.

Avoidance - Avoidance Conflict

It is the more stressful type. In this type of conflict the person will try to avoid each of two negative goals. Avoiding one of them requires approaching the other which is also undesirable.

Approach - Avoidance Conflict

In this type same goal produces both approach and avoidance motives. People and things have good points and bad points.

Multiple Approach - Avoidance Conflict

It is the most complex type. Each alternative has both positive and negative aspects. It becomes difficult to choose a particular option.

3.6.4 Conflict Management Styles

Conflict management requires such skills as effective communicating, problem solving, and negotiating with a focus on interests. The following are the some of the conflict management styles:

The Turtle (Withdrawing)

Turtles withdraw into their shells to avoid conflicts. They give up their personal goals and relationships. They believe it is easier to withdraw, physically and psychologically from a conflict than to face it.

The Shark (Forcing)

Sharks try to overpower opponents by forcing them to accept their solution to the conflict. Their personal goals are highly important for them, and relationships are of minor importance. They seek to achieve their goals at all costs.

The Teddy Bear (Smoothing)

To teddy bears the relationship is a great importance while their personal goals are of little importance. Teddy bears want to be accepted and liked by others. They give up their goals to preserve the relationship.

The Fox (Compromising)

Foxes are moderately concerned with their personal goals and their relationship with others. Foxes seek a compromise; the middle ground between two extreme positions.

The Owl (Confronting)

Owls highly value their personal goals and relationships. They view conflicts as problems to be solved. Owls see conflicts as a means of improving as problems to be solved. Owls see conflicts as a means of improving relationships by reducing tension between two persons.

3.6.5 Conflict Management Strategies

ACCOMMODATING

The accommodating strategy essentially entails giving the opposing side what it wants. The use of accommodation often occurs when one of the parties wishes to keep the peace or perceives the issue as minor.

AVOIDING

The avoidance strategy seeks to put off conflict indefinitely. By delaying or ignoring the conflict, the avoider hopes the problem resolves itself without a confrontation. Those who actively avoid conflict frequently have low esteem or hold a position of low power.

COLLABORATING

Collaboration works by integrating ideas set out by multiple people. The object is to find a creative solution acceptable to everyone. Collaboration, though useful, calls for a significant time commitment not appropriate to all conflicts.

COMPROMISING

The compromising strategy typically calls for both sides of a conflict to give up elements of their position in order to establish an acceptable, if not agreeable, solution. This strategy prevails most often in conflicts where the parties hold approximately equivalent power.

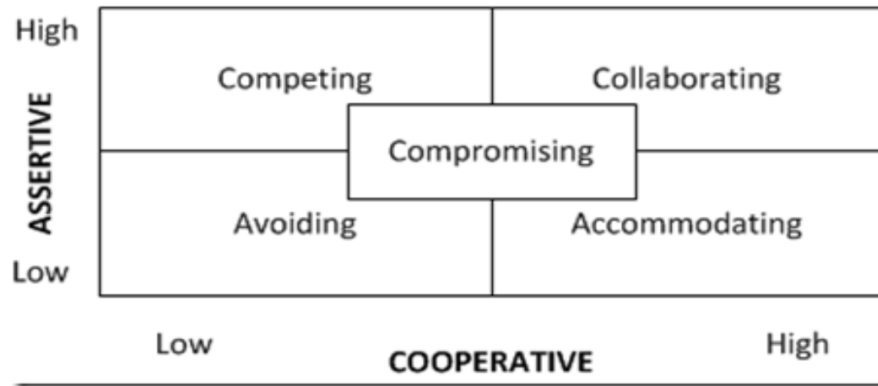
COMPETING

Competition operates as a zero-sum game, in which one side wins and other loses. Highly assertive personalities often fall back on competition as a conflict management strategy. The competitive strategy works best in a limited number of conflicts, such as emergency situations.

FORMING

THOMAS-KILMANN CONFLICT MODE INSTRUMENT

The Thomas Kilmann Conflict Mode Instrument is a model for handling conflict:



3.7 Stress

World Health Organization considered stress as Health Epidemic of 21st Century. Stress is part of day-to-day living. Modern day life has become more and more complicated due to a number of factors such as pressure of work, technological innovations, intense competitiveness, inflation, unemployment, changes in value system. This has resulted stress pervading in every sphere of life, which can have adverse impact on health.

What is Stress?

The term '**stress**' can mean worry, anxiety, burden, hardship, nervousness, strain and tension. Stress means physical or mental tension. Stress is a natural human condition. At one time or another most people experience stress. Stress can affect people of all ages, genders, and circumstances and can lead to both physical and psychological health issues. Stress has a different meaning for different people under different conditions. Each person's meaning about the term stress is uniquely personal. What is stressful for one person may have little effect on another person.

Stress is a feeling of strain and pressure. Stress is a type of psychological pain. Small amounts of stress may be desired, beneficial and healthy. Positive stress helps to improve performance and act as a stimulation to cope with challenging situations. It also provides the sense of urgency and alertness needed for survival when confronting threatening situations. Stress is the "wear and tear" our bodies experience as we adjust to our continually changing environment; it has physical and emotional effects on us and can create positive or negative feelings.

3.7.1 Definition

Hans Selye who is credited as the modern day "father of stress" defined stress as "the non - specific response of the body to any demand for change".

In behavioural science, stress is regarded as "perception of threat with resulting anxiety, discomfort, emotional tension and difficulty in adjustment".

Skinner defined "stress as a reaction of a particular individual to a stimulus event".

The reasons of stress can be:

- ❖ **External**
- ❖ **Internal**

External Stressors

- ❖ Physical Environment like lighting, heat, high noise levels, temperature and working excessive hours
- ❖ Social interaction-bullying, rudeness
- ❖ Major life events-birth, death, loss of job, separation, divorce and health/medical issues
- ❖ Daily hassles-are annoyances encountered in daily life

Internal Stressors

Internal stressors include :

- ❖ Lifestyle choices-work load, insomnia, personal habits
- ❖ Mind traps-unrealistic expectations
- ❖ Rigid thinking
- ❖ Personality traits - perfectionists, workaholics

One of the most comprehensive model of stress is the **Bio-Psychosocial Model of Stress** according to which stress involves three components namely, an external component, an internal component, and interaction between external and internal components.

Stress is the body's way of responding to any kind of demand or threat. When a person senses danger, whether real or imagine, the body's defences gear up in a rapid, automatic process known as **Fight - or Flight Stress Response**.

The Diagnostic and Statistical Manual (DSM - 5) of American Psychiatric Association recognizes two stress disorders namely :

1. Active Stress Disorder (ASD)
2. Posttraumatic Stress Disorder (PTSD)

Eustress and Distress:

Eustress is derived from the Greek root 'eu' which means euphoria or good.

Eustress is a term for positive stress. It acts as a motivator for peak performance.

Distress stems from the Latin root 'dis' which means dissonance or disagreement. Distress is a term for negative stress. Distress is a threat to the quality of life. It is when a demand vastly exceeds a person's capabilities.

Characteristics of Stress

When we feel stressful the following changes occur:

- Adrenaline starts pumping
- Breathing quickens
- Heart starts pounding
- Blood pressure increases
- Blood vessels constrict
- Blood rushes to the muscles
- Increased mental alertness

Signs and Symptoms of Stress

In today's demanding world, we tend to get stressed out frequently and we may live in heightened state of stress most of the time. Hence, it is important to be aware of signs and symptoms of stress.

- *Physical Symptoms* like Low energy, Aches and pains
- *Cognitive Symptoms* like Memory problems, Inability to concentrate
- *Emotional Symptoms* like Depression or general unhappiness. Anxiety and agitation
- *Behavioral Symptoms* like Using alcohol, cigarettes, or drugs to relax, Nervous habits like nail biting, pacing

3.7.2 Types of Stress

Stress can be categorised into three different types :

- 1. Acute Stress**
- 2. Episodic Acute Stress**
- 3. Chronic Stress**

Acute Stress

Acute Stress is the most common form of stress. Acute stress is the most widely experienced stress. It is caused by the daily demands and problems encountered by everyone of us in daily life. Acute stress is thrilling and exciting in small amounts, but too much of it is extremely exhausting.

Episodic Acute Stress

When acute stress happens too frequently it is called episodic acute stress. **Episodic acute stress** is typically observed in people with “Type A” personality, which involves being overly competitive, aggressive, demanding and sometimes tense and hostile. They generally suffer from Hypertension and Coronary heart diseases.

Another form of episodic acute stress comes from continuous worry. They are called "**Worry warts**" who see disaster around every corner and pessimistically forecast catastrophe in every situation.

Chronic Stress

Chronic Stress is opposite of acute stress. It is not exciting and thrilling, but dangerous and unhealthy. Chronic stress tears the life of a person apart his mind, body or spirit. This is the grinding stress that wears people away day after day, year after year. Chronic stress destroys bodies, minds and lives. It wreaks havoc through long-term attrition. It is the stress of poverty, of dysfunctional families, of being trapped in an unhappy marriage or in a despised job or career. It is the stress that gives never-ending "troubles". Chronic stress can kill people through suicide, violence, heart attack, stroke and, perhaps, even cancer. People wear down to a final, fatal breakdown.

3.7.3 Stress Management

Identifying unrelieved stress and being aware of its effect on our lives is not sufficient for reducing its harmful effects. Just as there are many sources of stress, there are many possibilities for stress management. However, all require work toward change: changing the source of stress and / or changing reaction to it. Stress Management, therefore, can involve making changes in the external factors which confront us or with internal factors which strengthen our ability to cope with what comes our way.

Stress Management Strategies

Stress management strategies mainly focus on two aspects one is on the individual and the second is the environment.

The Individual

Change Perceptions and Reactions

Everyone is different, with unique perceptions of, and reactions to, stressful events. There is no single level of stress that is optimal for all people. Most of the stress experiences are self-generated.

The Environment

Change the Environment in which Stressor Exists

Not all stress can be avoided, and it is not healthy to avoid a situation that needs to be addressed. However, most of the stressors can be avoided or eliminated by bringing change in the environment.

It is necessary to distinguish between the "shoulds" and the "musts" and dropping tasks that are not truly necessary. If stressful situations cannot be avoided, it can be altered.

3.7.4 Coping

Coping means one's own conscious effort, to solve personal and interpersonal problems, in order to try to master, minimize or tolerate stress and conflict.

The term '**coping**' generally refers to adaptive or constructive coping strategies to reduce stress. In contrast, other coping strategies may be called as maladaptive, if they increase stress.

The term '**coping**' is mostly associated with '**reactive coping**', that is, the coping response to a stressor. This differs from '**proactive coping**', in which a coping response aims to prevent a future stressor.

Susan Folkman and Richard Lazarus define coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing".

Coping mechanisms are the strategies people often use in the face of stress and/or trauma to help manage painful or difficult emotions. Coping mechanisms can help people adjust to stressful events while helping them to maintain their emotional well-being.

Coping Styles can be **active** or **avoidant**. **Active** coping involve an awareness of the stressor and conscious efforts to reduce the stress. **Avoidant** coping styles are characterized by 'ignoring' or avoiding the problem.

Types of Coping Mechanisms:

Adaptive Coping Mechanisms are positive and improve functioning resulting in achievement and self-fulfilment. Adaptive coping mechanisms which include support, physical activity, problem solving and relaxation are generally considered as healthy and effective ways of managing stressful situations.

Maladaptive coping mechanisms will reduce symptoms while maintaing and strengthening the disorder. Maladaptive techniques like escape, dissociation, unhealthy self-soothing, compulsions and risk-taking and self-harm are ineffective and counterproductive. Maladaptive coping may work for a short term but not effective for a long term period.

Coping Strategies

Coping strategies can be classified as :

1. Appraisal Focused Coping - which is adaptive cognition
2. Problem Focused Coping - which is adaptive behavioural / conation
3. Emotion Focused Coping - which is adaptive affection

Appraisal Focused Coping Strategies

Appraisal focused coping strategies occur when people modify their ways of thinking by denial of problem or distancing oneself from the stressor. People may alter their thinking by changing their goals and values.

Problem Focused Coping Strategies

Problem focused coping strategies attempt to deal with the cause of the problem. It is aimed at changing or eliminating the source of stress. Problem focused coping strategies involve facing the problem head on.

Solution Focused Coping Strategies

There are times we can do nothing to change a situation, but often we find an opportunity to take action and actually change the circumstances. In such situations one change can lead to other changes, so that chain reaction of positive change is created, opportunities are opened up and life changes significantly.

Time Management - when one feels overwhelmed by busy schedules.

Conflict Resolution - Strategies to mitigate the stress in a relationship

Emotion Focused Coping Strategies

Emotion Focused Coping is a mechanism to alleviate distress by minimizing, reducing or preventing the emotional components of a stressor.

Emotion Focused Coping Techniques

Emotion Focused Coping Techniques for stress relief are

- Journaling
- Reframing
- Cognitive distortions
- Meditation

Coping Mechanisms and Mental Health

Effective Coping skills can help improve mental and emotional well-being. People who are able to adapt to stressful or traumatic situations by means of productive coping mechanisms are less likely to experience mental health disorders, like anxiety and depression.

Prevention and Resilience Building

Decreasing stressful behaviours is a part of prevention, some of the common strategies and techniques are: Self-monitoring, tailoring, material reinforcement, social reinforcement, social support, self - help groups, contacting with significant others. Practice for a long life of resilient living.

The most powerful resource we have at our disposal is ourselves. We often get enmeshed with our problems and forget to acknowledge our strengths. We need to invest and nurture in our character

strengths, like determination, grace, compassion, clarity of mind and creativity. These strengths are helpful coping behavioural strategies which can impact brain structure and functions and keep us stress free.

Tips for Efficient Coping

Coping is a very complex process, that varies according to many variables such as the situation, the evaluation of the situation, and the resources available.

Let us be stress free by using the following tips.

1. *Be Positive!*
2. *Be Optimistic*
3. *Be Organized*
4. *Be Assertive*
5. *Be Objective*
6. *Accept Yourself*
7. *Make connection*
8. *Deal effectively with mistakes*
9. *Deal effectively with successes*
10. *Develop self-discipline and control*

3.8 Mental Health



Mental Health refers to our cognitive, behavioural, and emotional wellbeing. It is all about how we think, feel, and act. It determines how we handle stress, relate to others and make choices. Mental health is important at every stage of life, from infancy to old age.

Mental health can affect our daily life, relationships, and even physical health. Mental health also includes a person's ability to enjoy life, to attain a balance between life activities and efforts to achieve psychological resilience. Mental health is crucial to overall well-being of individuals, societies and nations.

3.8.1 Definition

According to the WHO (World Health Organization), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contribution to his or her community". WHO stresses that mental health "is not just the absence of mental disorder."

Mental health highlights emotional well-being, the capacity to live a full and creative life and flexibility to deal with life's inevitable challenges. Mental health is the successful performance of mental functions, resulting in fulfilling relationship with others, ability to adapt to change, cope with adversity, productive activities and thereby contributing the community and society.

Key Components of Mental Health

The key components of mental health are thoughts, feelings and actions.

It is important in life:

What we Think - Thinking is the cognitive component of mental health

What we Feel - Feeling is the emotional component of mental health

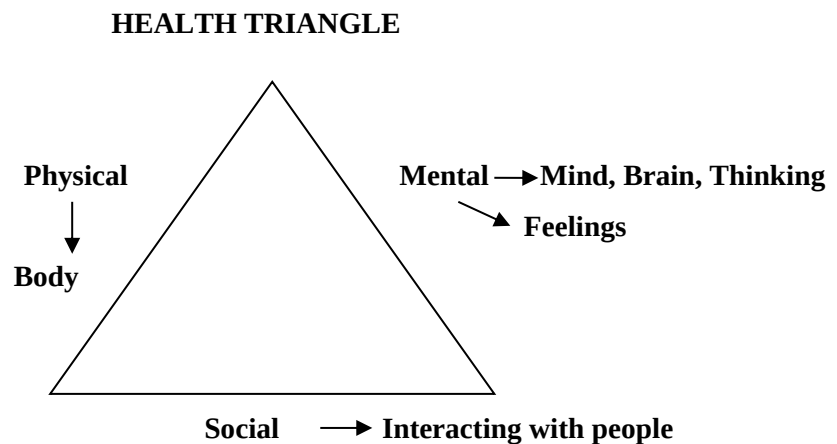
How we Act - Action is the behavioural component of mental health

Thoughts and feelings result in actions. It is important to realize that there are consequences to the way we think and feel.

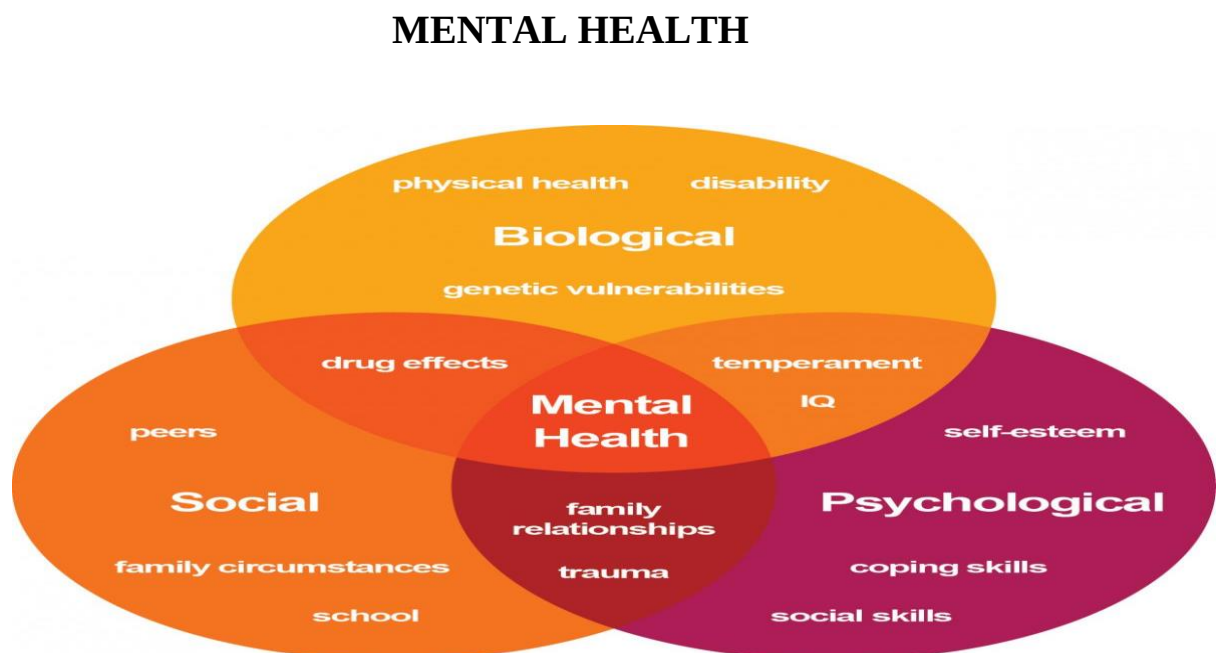
Characteristics of People who are Mentally Healthy

- Self-confidence and high self-esteem
- A zest for living and the ability to laugh and have fun
- The ability to deal with stress and bounce back from adversity
- A sense of meaning and purpose in both their activities and their relationships
- The flexibility to learn new things and adapt to change
- A balance between work and play, rest and activity
- The ability to build and maintain fulfilling relationships
- A sense of contentment

For all individuals physical, psychological and social health are vital and interwoven strands of life.



Mental Health involves Biological , Psychological and Social Factors as depicted in figure below



3.8.2 Mental Health and Family

There is a relationship between the mental health of a person and the circumstances that he or she faced in one's childhood. The way the child is brought up in the family affects the attitude as well as the way of living of the person. Many researchers have found a relation between mental disorders in children and dispute in family relationships. People who are insecure as children suffer mentally in almost all spheres of life.

Parents and children are deeply sensitive to each other's emotional states, and the behaviors and difficulties of a parent or a child affects all others in the family. Emotional well-being of children is strongly linked to their parents' mental health. In turn, parents' mental health is linked to their children's emotions and behaviour. Troubled children are likely to have troubled parents, and vice

versa. History of parental psychopathology predisposes children to increased rates of depression and other psychopathology.

Parenting is a challenging task. On top of that if the family is going through an added crisis of family dispute it causes tremendous stress and affects the mental health of all members of the family. Disruption in family structure can lead to several adverse events impacting both the mental health of children and their parents. More emotional and behavioural problems occur in families disrupted by divorce presence of a stepparent, single mother and domestic violence.

3.8.3 Promoting Mental Health

Health promotion is any event, process or activity that facilitates protection or improvement of the mental health of individual groups, community or population.

Mental Health promotions strategies are

- Keep brain healthy - mind games
- Meditation
- Healthy nutrition
- Physical exercise
- Learning new skills
- Building resilience
- Social integration

How to boost your Mental Health



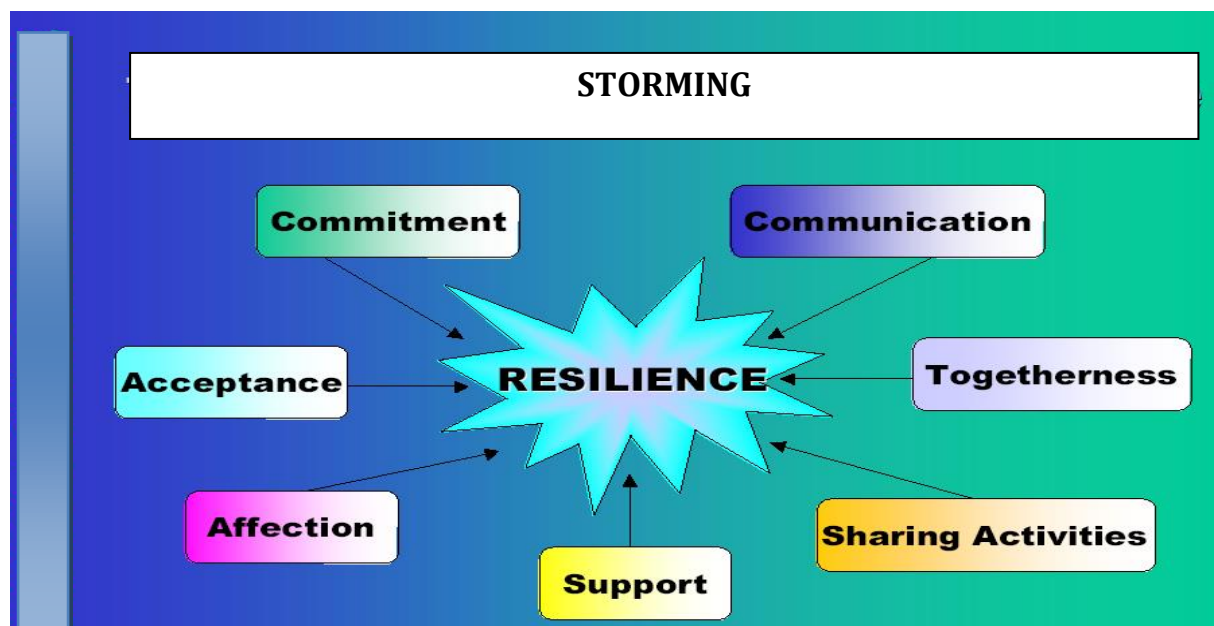
Positive Mental Health

Positive mental health refers to personal wellness and building resilience. Resilience is the ability to recover from problems or loss. Resilience is the capacity to spring back, rebound, successfully adapt in the face of adversity and develop social, academic, and vocational competence despite being exposed to extreme stress or simply to the stress that is inherent in today's world.

7C's of Resilience

- Competence
- Confidence
- Connection
- Character
- Contribution
- Coping
- Control

Family plays a conspicuous role in building resilience as shown in figure below.





3.9 Rehabilitation of Children with Special Needs into the Family

***"Disabilities are yet another manifestation of global diversity.
Let us always be committed to the fundamental principles of dignity
and equality for all human beings".***

Kofi Annan

From the time of antiquity, persons with disabilities in many parts of the world have enjoyed special positions, although the status varied from country to country. In Indian civilization there are many examples where special privileges were given to these people. The great emperor Ashoka had erected special homes and looked after them with all compassion. But in many countries in the world these people had faced many cruelties. They were punished physically and mentally. In some countries they were placed in separate Islands so that they were excluded totally from the mainstream of society.

In the new millennium the concept about health and disability is undergoing radical changes. During the last 50 years, the definition of health which meant "Freedom from Disease" has changed into "well being of person" and emphasis is placed on the quality of life of an individual. It has been always perceived that health and disability are the integral component of any society.

3.9.1 Concept of Disability

Disability is complex, dynamic, multidimensional human condition. Disability is the umbrella term for impairments, activity limitations and participation restrictions during interactions between the individual with disability and environmental factors.

World Report on Disability has explicitly evinced that there is a paradigm shift from 'Medical Model' to 'Bio- Psycho-Social Model' to focus on Equal opportunities, Protection of Rights and Full Participation of persons with disability.

Redefining Disability

Disability has been defined based on an evolving and dynamic concept. According to the Rights of Persons with Disabilities Act, 2016 'Person with disability' means a person with long term physical, mental, intellectual or sensory impairment which in interaction with others hinders his full and effective participation in society equally with others.

As per Census 2011 in India, out of the 121 Cr population, about 2.68 Cr persons are 'disabled' which is 2.21% of the total population.

The most common types of disabilities are:

- Physical disability
- Visual impairment
- Hearing impairment
- Intellectual disability
- Autism spectrum disorder
- Neurodevelopment disorder
- Multiple disabilities
- Mental Illness

Gregor Wolbring aptly remarked, 'Disability is not seen as an attitude or defect of any individual but as caused by the reaction of the society towards the biological reality of an individual'.

Environmental and societal changes are necessary to accommodate these variants for full productivity of the individual. Fundamentally, the active principles in the rehabilitation will transform the civil society to a right based inclusive society in near future.

3.9.2 Children with Special Needs

A special need child is one who requires special attention and specific necessities that other typical children do not. Special needs child is a term used to describe children who require assistance for disabilities that may be medical, mental, or psychological. Special needs can range from children with autism, cerebral palsy, down syndrome, dyslexia, blindness, ADHD, and cystic fibrosis. They can also include cleft lips and/or palates, port-wine stains, and missing limbs. The types of

special needs vary in severity, and a child with a special need is classified as being a severe case when the child's IQ is between 20 and 34, moderate 35 to 50, mild 51 to 69. These children typically need assistance in school, and have different services provided for them to succeed in a different setting.

Special needs usually refers to special needs within an educational context. This is known as **children with Special Educational Needs (SEN)**.

Education for Children with Special Needs

All children with special needs must be enrolled in primary schools. Children with mild and moderate disabilities may be integrated in normal schools, severe in special schools or remedial schools, drop out can join open schools. Open and special schools also offer vocational courses for children with special needs. Government of India has launched Sarva Shiksha Abhiyan free education for all children with special needs.

3.9.3 Rehabilitation of Children with Special Needs in the Family

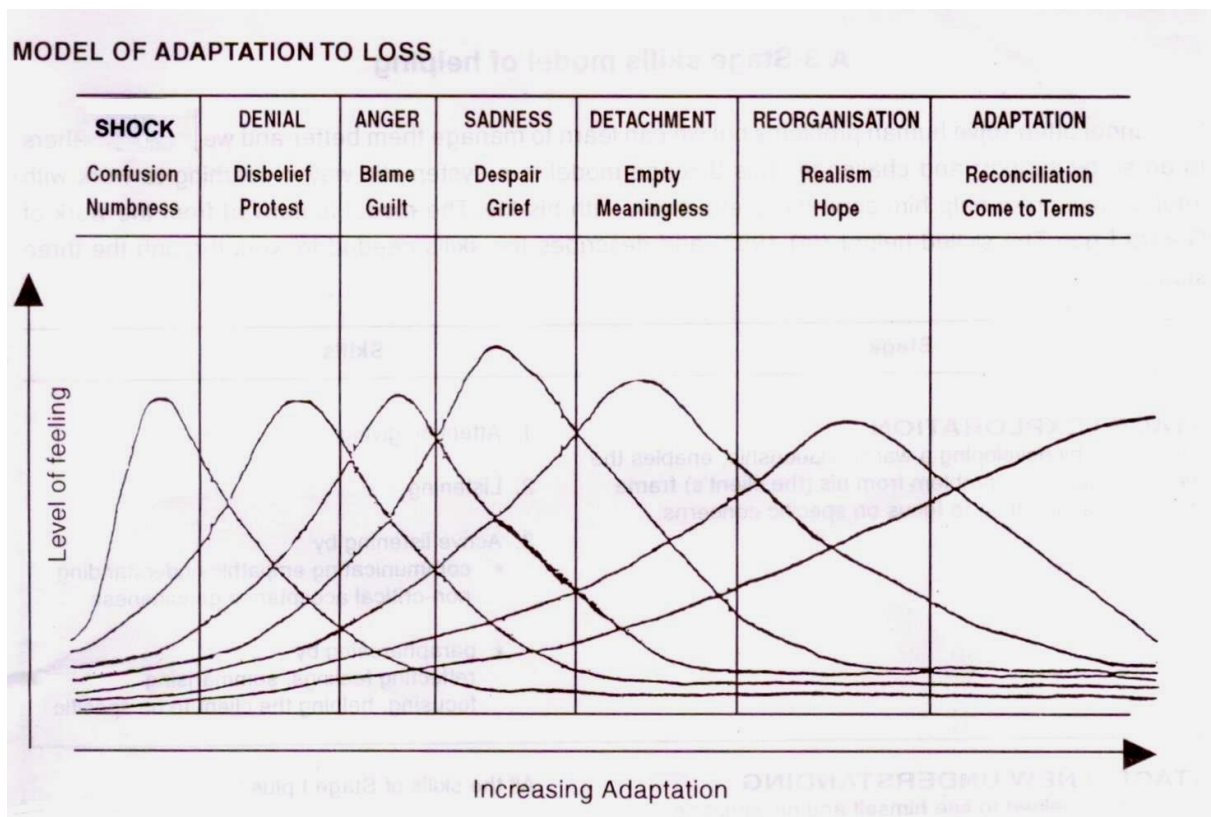
Parental Reactions

It is a universal fact that the birth of a child is anticipated with great excitement and expectations of a future filled with happiness and success. The total environment of the family is full of joy and celebrations, but in some families this exuberance becomes muted with the birth of child with special needs. It does not matter if the handicap is blindness, intellectual disability or any other physical abnormality, the total environment which was full of excitement suddenly changes in some way or the other. It is like a tragedy befallen. It is one of the most stressful experience a family can endure.

An initial parental response may be in a form of emotional disintegration. Parental reactions usually include shock, depression, guilt, sadness, anger and anxiety, Parental reactions may be affected by socio-economic status of the family, marital adjustment of the couple, and personality characteristics of both parents, specially the mother as depicted in the figure below.

A common initial reaction is of grief and disappointment, grief of the death of a dream which they were visualizing ever since the initial phases of pregnancy. The grieving time helps the parents to face their problem and prepare themselves for their behaviour modification. The parents attribute different reasons for such a happening in their family. The role of professionals working in the field of disability become important since they can help parents to face the problem and accept the child as he/she is. Parental counseling can led to parental acceptance of the child with special needs.

Parental Reactions



- Shock - confusion, numbness
- Denial - Disbelief, protest
- Anger - Blame, guilt
- Sadness - despair, grief
- Detachment - empty, meaninglessness
- Reorganization - realism, hope
- Adaptation - reconciliation, come to terms

The above model of adaptation is a continuum of reactions to loss or emotional disturbances. Psychological counselling can help people to reorganize and adapt to the reality and lead meaningful and happy life.

The most important consideration for the parents is to accept that their child is different and challenged. Once they accept this, then remedial programmes can be arranged for the welfare of such children. There are special schools for the training of special skills according to the capabilities and capacities of such children. Sensory training and perceptual knowledge is stressed during early years and children are taught utilitarian tasks that help the child to be more independent. The parents and the family members must also provide a secure environment for the development of the abilities and interest of the mentally or physically challenged children at home.

Issues related to Child

The child, who has some form of disability may not be able to explore the environment and other sources of learning for the physical-motor, cognitive, social and psychological development. Due to the disability, child may lack the opportunity to play and interact with other children of same age group. The child also becomes the medium for the parents to express their anger and grief. As a response to the mother the child develops certain behavioural problems which further create problems for the rehabilitation of these children. As the child reaches adolescence, body image becomes more important than at any age. When there is a disease or disability that makes the adolescent appear different, it can be very damaging to the long-term sense of self and the identity that an adolescent carries into adulthood. Peer interactions are particularly important for children who have disabilities. How a child is able to adapt physically, emotionally and intellectually is very important in overcoming their defect or their difference and moving into independent living as an adult.

Role of Parents

Role of parents become immensely important in bringing up children with special needs and making them able to come to the main stream and contribute to the society. Parents can play the role as advocates for their own children. Starting from their early infancy, developmental stages in various aspects of life till their education and employment, parents play a critical role.

It is of particular importance to provide information resources, support groups and psychosocial services to meet parents' needs, enhance their capacity and promote family wellness. There is also an opportunity to provide composite parent-child services to address the needs of both parents and the children.

An important aspect is the Rehabilitation Process which is designed to assist the child with special needs, who is experiencing a disability, to achieve and maintain optimal functioning in interaction with their environment. By addressing evolving needs and building on the strengths and resources of the child and their family, early initiation of rehabilitation can reduce acute health care costs and prevent disability. Rehabilitation programmes must actively consider the physical and psychosocial developmental needs of children, increasing levels of autonomy with regard to care and decision-making as well as their relationships with families, peers, schools and vocational settings. Rehabilitation is a process that can miraculously change the focus and can direct the life of the disabled child in a prolific way.

The Usefulness of the Rehabilitation Process

Rehabilitation professionals provide counselling and psychoeducation to parents about the nature and needs of child with special needs. Rehabilitation encompasses multidisciplinary approach involving medication and various therapies like Physiotherapy, Speech therapy, Occupational therapy, Early intervention, Cognitive stimulation, Special education and Vocational rehabilitation to empower these children towards independent living.

Rehabilitation focuses on the following aspects:

1. Brings self-sufficiency: It helps special children to regain the confidence and independent.
2. Helps in managing: It helps children and the family in managing them.
3. Directs for better handling: Prepares parents for a better and efficient caretaking.
4. Increases awareness: Awareness about the significant factors of disability.
5. Support of the community: community based rehabilitation the community for providing support and motivation to the disabled children.

Hence, rehabilitation process is useful as it provides, assistance and guidance to the parents and to all other family members.

For many children living with disabilities, assistive devices, crutches, wheelchairs, prostheses and computer aids can play a vital role enabling mobility, education and social engagement.

The 2008 Convention on the Rights of Persons with Disabilities is the first legally binding treaty that reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.

In the context of these constraints, outreach services have emerged namely home based, school based and community based services. These approaches signal the potential to actualize the full and meaningful participation of young child with special needs to realize their potential and lead meaningful and happy life.



3.10 Rehabilitation of Addicts into the Family

Addiction and substance abuse is a chronic, relapsing disorder wherein the drug user compulsively uses an illegal drug. This form of addiction is characterized by neurochemical and molecular changes in the brain. Some of the common drugs used by drug addicts are heroin, cocaine, lysergic acid diethylamide (LSD), mandrax, barbiturates and a variety of opiates. Estimates indicate that there are around three million drug addicts in India.

3.10.1 What is Addiction?

Addiction is a complex condition, a brain disease that is manifested by compulsive substance use despite harmful consequences. People with addiction (severe substance use disorder) have an intense

focus on using a certain substance, such as alcohol or drugs, to the point that it takes over their life. They keep using alcohol or a drug even when they know it will cause problems.

Definition

Addiction and drug abuse, now both grouped as substance or drug use disorder, is a condition characterized by a self-destructive pattern of using a substance that leads to significant problems and distress, which may include tolerance to or withdrawal from the substance.

Drug addiction is a complex neurobiological disease that requires integrated treatment of the mind, body, and spirit. It is considered a brain disease because drugs change the brain in its structure and functions. Addiction is chronic, it is progressive, and if left untreated, it can be fatal.

The term dual diagnosis refers to the presence of both a drug use disorder and a serious mental health problem in a person. Substance use disorders occur quite commonly in people who also have severe mental illness. Individuals with dual diagnosis are also at higher risk of being noncompliant with treatment.

People with addiction have distorted thinking, behavior and body functions. Changes in the brain's wiring are what causes people to have intense cravings for the drug and make it hard to stop using the drug. Brain imaging studies show changes in the areas of the brain that relate to judgment, decision making, learning, memory and behavior control.

Individuals struggling with drug addiction often feel as though they cannot function normally without their drug of choice. This can lead to a wide range of issues that impact professional goals, personal relationships, and overall health.

Individuals may abuse any substance whose ingestion can result in a euphoric (high feeling).

People can develop an addiction to:

- Alcohol
- Marijuana
- PCP, LSD and other hallucinogens
- Inhalants, such as, paint thinners and glue
- Opioid pain killers, such as codeine and oxycodone, heroin
- Sedatives, hypnotics and anxiolytics
- Cocaine, methamphetamine and other stimulants
- Tobacco

3.10.2 Physical and Psychological Effects of Drug Addiction

While the specific physical and psychological effects of drug use disorders tend to vary based on the particular substance involved, the general effects of addiction to any drug can be devastating.

Psychologically, intoxication with or withdrawal from a substance can cause everything from euphoria to severe depression or suicidal thoughts.

Causes and Risk factors for developing drug addiction

There are a number of biological, psychological, and social factors, known as risk factors, which can increase an individual's vulnerability to addiction

Symptoms and Signs of Drug Addiction

According to *DSM-5* (the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*), signs or symptoms of addiction are :

- Recurrent substance use that prevents the sufferer from meeting significant responsibilities at work, school, or home
- Recurrent drug use despite significant resulting drug-related problems in the person's life
- Recurrent legal problems as a result of drug use
- Continued drug use, tolerance and withdrawal

Treatment for Drug Addiction

The primary goals of drug-use disorder treatment are abstinence, relapse prevention, and rehabilitation.

Self-help groups for people with a drug use disorder, like Alcoholics Anonymous and Narcotics Anonymous are of great help in rehabilitation. Important aspect in the treatment of drug dependency is helping the parents, other family members, and friends of the addicted person to refrain from supporting addictive behaviors i.e., codependency. Whether providing financial support, making excuses, or failing to acknowledge the drug seeking and other maladaptive behaviors of the drug abuser, discouraging such codependency of loved ones is a key component of recovery. A focus on the addicted person's role in the family becomes perhaps even more significant when that person is a child or teenager, given that minors come within the context of a family in nearly every instance. Drug dependency treatment for children and adolescents is further different from that in adults by the impact of drugs on the developing brain, as well as the younger addict's tendency to need help completing their education and achieving higher education or job training compared to addicts who may have completed those parts of their lives before developing the addiction.

3.10.3 Role of Family in Rehabilitation of Addiction

Addiction is called "a family disease". Family members are profoundly affected when a loved one becomes addicted to alcohol or any psychoactive substance.

Traditionally in India, drug addicts are usually the responsibility of the family or the social group to which they belong. In most cases, drug addicts are treated through general health services, on a voluntary basis. In recent years State level hospitals also offer rehabilitation facilities for indoor treatment to hard-core addicts. Besides State run treatment centres, there is a network of de-addiction centres run by voluntary organizations. Community based treatment programmes are operated in different regions of the country.

The main thrust of these programmes is to strengthen the ties of addicts to their family and community and get the community to cooperate in the rehabilitation process. The de-addiction centres run by non-governmental organizations employ various systems of medicine such as allopathy, homeopathy, ayurveda, naturopathy and yoga coupled with a range of psychotherapies to cure addicts.

Till at least two decades ago, drug rehabilitation professionals in India were not very sensitive to the issue of treating drug addicts. Most centres in India were involuntary lock-and-key institutions, who believed in forcing addicts to quit their addictions.

Addiction treatment program should be voluntary and should believe in 'total abstinence'.

It should comprise three distinct phases i.e. Motivation, Detoxification and Rehabilitation.

The opposite of addiction is connection. All substances of abuse tend to isolate the user from his/her connections. Every addict is alone in his/her addiction. Merely decoupling the addict from his/her substance of abuse will not pay any dividends. Rehabilitation centres need to invest in getting the addict reconnected and bonded to his/her parents, siblings, families in order to bring about a comprehensive recovery.

The treatment program should be based not merely on decoupling the addict from the drug, but should also concentrate on helping the addict to reappraise his/her past, develop coping skills to deal with stress and boredom, and to increase his/her self esteem. Family therapy must be an integral part of a treatment program. The treatment program should be a holistic one and help the chemically dependent addict to better all four planes of him, i.e. physical, mental, social and spiritual.

Addicts have to change their world view and learn to cope with reality. Every addict is very uncomfortable in his/her reality, and parents and rehabilitation centres should assist the addict in making his/her reality more comfortable. It is easy to stop taking drugs, but a rehabilitation program is required to stay away from drugs voluntarily.

By the time most families reach out for help for drug treatment, the disease of addiction has typically progressed to a crisis level for the addict and family alike. Rehabilitation program should be designed to help not only people who have addiction but the entire family- from spouses to parents or caregivers to siblings and children because everyone affected by alcohol or other drug abuse needs support care and healing. Any treatment program should provide : The whole family the opportunity to begin their own journey of recovery.

Program and services help family members :

- Work through chaos

- Set healthy boundaries
- Rebuild trusting relationships

The Three C's of Addiction

The Three C's of addiction apply not only to the addict, but to the spouse, parent, child, sibling or other family members. The Three C's are:

- You did not **cause** it
- You cannot **control** it
- You cannot **cure** it

Encouragement, affirmation and the support of other people who know what it is like to live with addiction will help family to navigate this new territory. Families play a large part in the recovery of an addict. Every single addict who fought against addiction had family members and friends to struggle for the eventual recovery of the addict.

When considering how to deal with an addict and addiction, it is important to consider the nature of addiction. Addictions don't happen in silos. They happen in communities filled with loving people. When addictions strike, those family members and friends need to take steps to get the person they love into treatment programs that can help. These family members and friends also need to take care of their own health, so they can provide the love and support to addicted people need in order to heal. Families can help the addict by doing the following activities:

Learn as much as possible about addiction.

Learning more about how these substances interact with the cells inside the brain and using this knowledge that can help to boost a family's sense of hope. They might feel more confident that the addiction can be both treated and conquered.

Connect with understanding peers

It is not easy to live with and support someone who has an addiction. There is a block of mistrust between every member of a family touched by addiction. Connecting with peers may help, particularly if families use a trusted person or counsellor who can provide a safe, nonjudgmental space for family members.

Family therapy

Dealing with an addict is never easy. Just as an addicted person changes in the course of an addiction, so does the family. Family members become distant. The silences and blame games can cripple a family when help is desperately needed. Family therapy is the single most important thing that can help the family to function as a whole unit.

Psychological Therapies:

- Cognitive-behavioral therapy, which seeks to help patients to recognize and avoid relapse.
- Multidimensional family therapy, designed to support recovery of the patient and family

functioning.

- Motivational incentives, which uses positive reinforcement to encourage abstinence.
- EEG Biofeedback augmented treatment improves abstinence.

Behavioral Models

Behavioral models make use of principles of functional analysis of addiction behaviour. This model based on behavior modification lays much emphasis on the use of problem-solving techniques as a means of helping the addict to overcome his/her addiction.

Relapse Prevention

Alan Marlatt's Relapse Prevention approach constitute four psycho-social processes: self-efficacy, outcome expectancy, attributions of causality, and decision-making processes. Self-efficacy refers to one's ability to deal competently and effectively with high-risk, relapse-provoking situations. Outcome expectancy refer to an individual's expectations about the psychoactive effects of an addictive substance. Attributions of causality refer to an individual's pattern of beliefs that relapse to drug use is a result of internal, or rather external, transient causes. Finally, decision-making processes are implicated in the relapse process as well.

Apart from family, Government of India has taken certain initiatives for rehabilitation of addiction.

The Ministry of Social Justice & Empowerment has initiated National Centre of Drug Abuse which provides financial assistance to eligible Non-Governmental Organizations, Panchayati Raj Institutions, Urban Local Bodies, for, inter-alia, running and maintenance of Integrated Rehabilitation Centres for Addicts to provide composite/integrated services. The National Institute of Social Defence (NISD), an autonomous organization under this Ministry, conducts sensitization and preventive education programmes in schools and colleges on regular basis.

Government of Telangana has directed Prohibition & Excise Department to conduct awareness programmes in schools and colleges, seminars/workshops/meetings, distribution of pamphlets, other literacy activities on the evils of drug abuse all over the State. In a bid to cut supply of ganja, a special drive has been launched for the first time in the State to destroy live ganja plants in villages of Visakhapatnam and East Godavari Districts. 26th June, 2018 was observed as Anti Drug Abuse Day in which rallies and runs have been organized in Andhra Pradesh.

If drug addicts are to be completely rehabilitated, it is necessary for the family and local community to be involved in the treatment and social integration of addicts.

3.11 Rehabilitation of Individuals with Chronic Health problems into the Family

Chronic health problems are chronic illnesses with acute or sub acute beginning in which there is no complete cure but requires long-lasting therapy and rehabilitation. Chronic diseases are long-term health conditions that threaten well-being and function of the individual in an episodic, continuous, or progressive way over many years of life. Not only have chronic diseases emerged as leading causes of death; they also represent enormous and growing causes of impairment and disability. Tremendous

advances in public health and health care over the past century have extended average life expectancies, but these advances have been compromised by parallel increases in physical inactivity, unhealthy diet, obesity, tobacco use, alcoholism, drug addiction and other chronic disease risk factors. As a result of this combination, more individuals are living longer but with one or more chronic illnesses.

The number of persons with chronic illness is increasing, and innovations in care for these patients are being developed at a rapid pace. Health care providers work towards providing medical homes and team-based care for chronically ill patients. It is well understood that **family** provides the most important "**home**" for many patients' daily self-management and that family members can play critical roles in the health care team. Many health care systems and policy makers are interested in developing programs to mobilize family members in the care and rehabilitation of chronically ill patients.

3.11.1 What is Chronic Health Problem?

A chronic health problem is a condition or disease that is persistent and long-lasting. The term chronic is often applied when the course of the disease lasts for more than three months. A chronic condition can be distinguished from one that is acute. An acute condition typically affects one portion of the body and responds to treatment. A chronic condition usually affects multiple areas of the body, is not fully responsive to treatment, and persists for an extended period of time.

Common chronic diseases include arthritis, asthma, cancer, cardiovascular heart diseases, chronic obstructive pulmonary disease, diabetes and viral diseases such as hepatitis C and acquired immunodeficiency syndrome.

Characteristics of Chronic Illnesses

Chronic illnesses are mostly characterized by:

- complex causes
- many risk factors
- long latency periods
- a long illness
- functional impairment or disability

Most chronic illnesses do not fix themselves and are generally not cured completely. Some can be immediately life-threatening, such as heart disease and stroke. Others linger over time and need intensive management, such as diabetes. Most chronic illnesses persist throughout a person's life, but are not always the cause of death.

Chronic diseases constitute a major cause of mortality. Chronic conditions may have periods of remission or relapse where the disease temporarily goes away and subsequently reappears.

Health damaging behaviours, particularly tobacco use, lack of physical activity, and poor eating habits are major contributors to the leading chronic diseases. Chronic diseases tend to become more common with age. Chronic disease can hinder independence as it may create additional activity limitations.

Impact of Chronic Illnesses on the Patient

Advances in medicine have prolonged the life of many people with chronic diseases. Chronic diseases may not kill but they consume a lot of health care resources and threaten the quality of life of the sufferers. The ultimate goal of modern health care for patients with chronic diseases is not only to delay death but also to promote health and quality of life.

Chronic illnesses often cause bothersome health problems for those affected, problems that persist over time. These include problems with physical health, that is, distressing symptoms, physical functional impairment; mental health, that is, emotional distress, depression, anxiety and social health, that is, social functional impairment, all of which are associated with lower quality of life.

Elderly people experience a variety of chronic diseases because of biological degeneration, with health problems being almost inevitable in the last period of human life. People with chronic illnesses are affected physically, psychologically, socially, and spiritually.

Chronic diseases are at the increase, the number of patients with long-lasting diseases grow, often they are not fully reversible and the patient is left only to reconcile with them and adjust to constraints and losses that they impose on them. The loss of health is more difficult than most other losses because it undermines our image of ourselves and our abilities, and is regularly followed by other difficult losses, such as loss of material and social status, the employment, earlier way of life, failure in life plans, decline in self-esteem and sometimes the loss of support of family and friends leading to unhappiness and poor quality of life.

Effective behaviour therapy, appropriate medical management, and systematic monitoring to identifying new problems, chronic diseases and their consequences can be prevented or managed effectively.

Impact of Chronic illnesses on Family

A family develops a kind of homeostasis - a normal dynamic and routine - that is disrupted when a member of that family develops a chronic diseases. Indeed, chronic illness changes family members' roles, responsibilities and boundaries. There are many different ways that a chronic illness can affect a family. It disrupts their self-images and self-esteem. It results in uncertain and unpredictable futures. It triggers distressing emotions-anxiety, depression, resentments, feelings of helplessness, as well as illness-related factors such as permanent changes in physical appearance or bodily functioning of the individual. The response of the family to chronic illness varies based on the age and developmental stage of the ill individual, the strength and coping mechanisms of the family, and the family life-cycle stage. The person who is chronically ill may feel guilty about the demands his or her illness makes on

the family. He or she may resent the threat to his or her autonomy and the need to depend on healthy family members.

The spouse or partner of a person with a chronic illness can be faced with dual challenges:

1) as the primary provider of support to the ill partner and 2) as a family member who needs support in coping with the illness related stresses he or she is experiencing. The burdens of being the primary caregiver may take their toll. The spouse may feel trapped while trying to balance dependence and autonomy of the patient and with his or her own needs. He or she may feel tired or emotionally drained by the extent of the caregiver workload. The spouse may struggle with feeling powerless when his or her partner is in pain, or by the pressure to be emotionally strong.

Having a child with a chronic illness affects the parents in unique ways. A child with a chronic illness has a negative impact on the relationships, including lack of time with the spouse, communication problems, higher divorce rates, increased role strain, and decreased relationship satisfaction.

3.11.2 Rehabilitation of Persons with Chronic illnesses in the Family

The patient's family plays a vital part in the rehabilitation process. One of the most important factors in the patient's recovery is family involvement and support. Family members are affected by the patient's illness and ensued disability and many times, become co-managers of the patient's care. They may experience many changes as a result of the patient's disability. Family members often join the patient in a period of grief caused by a loss of function. Severe injury, chronic disease, or disability may mean a change in family roles. These changes can cause stress and conflict within the family. Financial problems due to treatment or unemployment can occur, adding more stress on the family. Changes in living arrangements, childcare issues, and community re-entry can all pose new problems for the patient and family.

By working together with the rehabilitation team, the patient and family can help reduce some of the adverse effects of diseases. This can be accomplished by:

- Identifying the adverse effects of illnesses within the family
- Working together on realistic solutions
- Participating in family education and counseling

Managing chronic illness is difficult for patients and health care providers alike. Family and friends have remarkable potential to support medical care and patient self-management as part of rehabilitation.

Effective Ways for Couples to Cope

Generally, partners use problem-focused coping (taking care of what needs to be done) or emotion focused coping (trying to reduce emotional distress). It is critical for couples and families faced with a chronic illness to use: “relationship-focused coping.” Relationship focused coping involves a balance between self and other, with the goal of maintaining the

integrity of the relationship above either spouse's needs. Effective strategies include negotiating or compromising, considering the other person's perspective and being empathic. Specific strategies include: View the illness as a couple or family problem.

Effective Ways for the Whole Family to Cope

- *Communicate with each other*
- *Support each other*
- *Increase and lean on social support outside of the family*
- *Integrate tasks of illness into the family's daily routine*
- *Take care of family members' physical and psychological health*
- *Find the new normal*
- *Coping is Possible*

The ultimate goal of most family involvement programs is to improve patient health by helping family members become powerful patient allies and integrated members of patient's health care team.

Family acceptance and support can help a patient deal with issues related to self-esteem and self-image following disability. Family participation, flexibility, and open communication can overcome many barriers associated with disability. While motivation for taking care of one's loved ones is often high, the emotional and physical toll of care giving can be overwhelming at times. As a result, caregivers experience unique stress. Often they feel isolated, anxious, and depressed. Caregivers, like patients, must be educated to meet the demands of the rehabilitation plan that is set up for their family member.

The importance of caregivers cannot be underestimated in the role of the successful rehabilitation of survivors of chronic diseases. As caregivers gain confidence they and their loved ones, should find care giving less stressful and more rewarding.

With all these adjustment demands, it is expected that the presence of a chronic illness would inevitably result in significant emotional difficulties and breakdown of the family. But, despite the presence of conditions and situations that are traumatic and disruptive, a substantial proportion of families make satisfactory if not magnificent adjustments in our country.

Summary

Family dynamics are the patterns of relating, or interactions, between family members. Each family system and its dynamics are unique, although there are some common patterns. All families have some helpful and some unhelpful, or even abusive, dynamics.

Human being is a social animal. By and large much of our experiences of life involves being engaged with others, like family members and groups. A group comprises of two or more people who share a common meaning and evaluation of themselves and come together to achieve common goals. Attraction between individuals bring them close to each other and eventually results in strong interpersonal relationships.

"Group Dynamics" refers to the complex forces that are acting upon every group throughout its existence which cause it to behave the way it does. The forces like power or personality influences the functioning of the group is known as group dynamics. There are five stages of group development namely forming, storming, norming, performing and adjourning. There are two types of groups namely : Formal and Informal While formal groups are established by an organization to achieve its goals, informal groups emerge spontaneously. Participation in groups is a social transaction between individuals and is called transactional analysis. Berne identified, three ego states as parent, adult and child in our day- to-day interactions in life.

In the family, viewing aggression and violence virtually or through the medium of TV shows, movies and videogames primes aggression and makes aggressive behaviour more likely. Exposure to violence increase aggression through reinforcement, modeling, by priming cognitions related to aggression, and through desensitization. As an outcome of this exposure, there is a sharp increase in aggression and violent behaviour among children and youth in today's society.

In the modern era, people are chronically unsure as to what their family stands for, its strivings, standards and values. The family relations of today's competitive society are marked by stress, conflict, guilt, fear leading to addiction, alcoholism and mental health issues.

WHO labelled stress as Health Epidemic of 21st century. Stress is a part of everyday life. Stress is a state of tension experienced by individuals facing extraordinary demands or challenging situations that can disrupt body's homeostasis. Stress means physical or mental tension. However, stress is not always unpleasant. Stress is part of fabric of life. A certain amount of stress is necessary for survival. Eustress is good and has positive influence while Distress is bad and can have adverse impact on health. The key to managing stress involves confronting it rather than avoiding it. Stress management strategies focus on engaging in action oriented, rational, reality based constructive coping.

Conflict is the feeling of being pulled in two or more directions by opposing motives. Conflicts are a part of day-to-day life. It is better to resolve conflicts rather than to avoid it. Conflict management requires such skills as effective communicating, problem solving, and negotiating with a focus on interests. Conflict management strategies include Accommodating, Avoiding, Collaborating, Compromising and Competing. Collaborative mode is appropriate when the conflict is important to the people who are constructing an integrative solution.

Mental health refers to our cognitive, behavioural, and emotional wellbeing. The key components of mental health are thoughts, feelings and actions. The wellbeing of an individual encompasses realization of one's potentials, capacity to cope with normal stresses of life, relating well with others, doing productive work and contributing to community and society at large. The main focus of positive

mental health is building resilience. Positive mental health of each member of the family would contribute to the health of the whole family and thereby towards building a healthy nation.

Children with special needs are a part of our society and in India family is practically responsible for the care and upbringing of these children. Parents play a crucial role in rehabilitation of these children right from helping appropriate development during infancy, education and vocational training for independent living as an adult. We need to integrate these children into the mainstream of the society.

Psychopathology in a family member is an expression of dysfunction in the whole family. Addiction is called a family disease. Addiction and abuse is a complex and chronic condition characterized by compulsive substance use leading to self-destructive harmful consequences. Some of commonly used substances are heroin, cocaine, LSD, opiates, alcohol and others. The drug effect can be euphoric or suicidal and fatal. Family plays a large and significant part in recovery of addicts.

Advances in medicines have prolonged the life of many people with chronic diseases. These people suffer from physical, mental and social health. Chronic diseases can hinder independence as it may create additional activity limitations. The patients' family plays a vital part in the rehabilitation process. Family provides the most important home for many patients' daily self-management, health care. One of the most important factors in the patient's recovery is family involvement and support.

Check Your Progress (Objective Questions)

1. What is a group?
2. Name the stages of group development.
3. Name the stages of interpersonal relationships
4. Name two significant relationships in the family
5. Names two factors of social psychology which leads to aggression and violence
6. What does Owl conflict management style represent?
7. Name 3 types of conflicts
8. What is the meaning of term Stress?
9. Expand SEN
10. What are the three primary goals of treatment of drug addiction?

Answer to Check Your Progress

1. A group refers to two or more people who share a common meaning and evaluation of themselves and come together to achieve common goals.
2. There are five stages of group development namely forming, storming, norming, performing and adjourning.
3. Acquaintance
 - Build up
 - Continuation

Deterioration

Termination

4. Marital relationships

Parent child relationships

5. Social Learning and Modeling leads to Aggression and Violence

6. The Owl represent confronting management style

7. Three types of Conflicts are

Approach - Approach Conflict

Avoidance - Avoidance Conflict

Approach - Avoidance Conflict

8. The term 'stress' can mean worry, anxiety, burden, hardship, nervousness, strain and tension. Stress means physical or mental tension.

9. Special Educational Needs

10. The primary goals of treatment of addiction are Motivation, Detoxification and Rehabilitation.

Model Examination Questions

1. Define group and group dynamics.
2. What are interpersonal relationships? Delineate significant relationships in the family.
3. Illustrate influence of family on development of aggression and violence.
4. Define conflict. Describe conflict management styles
5. Define stress. Describe types of stress.
6. What is coping? Describe coping strategies to deal with stress
7. Define mental health. Elucidate the importance of mental health in family.
8. Explain the role of parents in rehabilitation of children with special needs.
9. Delineate the role of family in rehabilitation of addiction.
10. What are chronic health problems? Elucidate the impact of chronic illness on family.

Glossary

Group dynamics: Attitudinal and behavioural characteristics during personal interactions among members of a group

Group cohesiveness: Degree to which members are attracted to each other to stay in the group

Transactional Analysis: Characteristic individual internal interactions in social situations that reveal state of mind

Interpersonal relationships: Interactions those are emotionally and socially significant between two or more people

Kinship: Related by family ties

Aggression: Behaviour aimed at harming others physically or psychologically

Violence: Expression of hostility and rage with intent to injure or damage people or property

Priming Aggression: Recent experience of a stimulus bring similar response to stimuli later.

Conflict: A struggle or clash between opposing forces

Fight or Flight response: An alarm reaction to dangerous situation to deal with it or run away

Conflict Management Style: Resolution or elimination of all forms of conflict

Approach - Avoidance: Conflict that results when a goal is both desirable and undesirable

Stress: a state of mental or emotional strain or tension

Homeostasis: tendency towards stable equilibrium maintained by physiological process

Eustress: good or beneficial stress

Distress: a state of severe anxiety or strain

Coping: Deal effectively with something difficult

Stress Management: Techniques aimed at controlling a person's level of stress.

Coping Mechanisms: Coping skills which are positive and healthy to deal with stress

Resilience: Ability to recover quickly from difficulties

Positive Mental Health: A state of positive psychology and emotional well-being

Resilience: Being able to recover and adapt in the face of crisis

Disability: A loss or restriction of functional ability

Child with Special Needs: Child who have difficulty in learning need special education.

Autism: Social withdrawal, inability to relate

Relapse prevention: prevention of high risk behaviours to avoid return to substance abuse.

Alcohol Anonymous: A world wide voluntary self help movement for alcoholics to stay sober

Rehabilitation: To restore to a good condition or bring back to original condition

Chronic disease: A disease that is long lasting and permanent

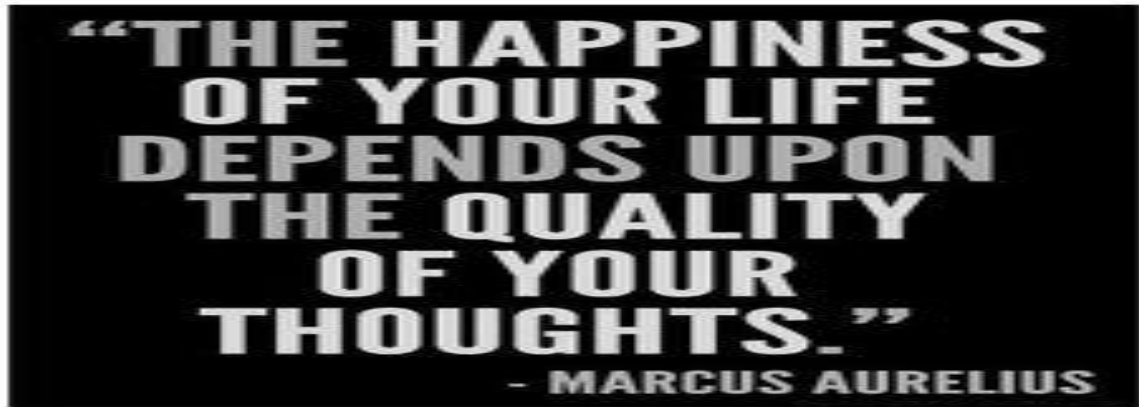
Coping: A Psychological ability that enables a person to deal with stressful situations

Quality of life: Subjective perception of leading a contented and happy life

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MODULE IV COUNSELLING



4.0 Introduction

Counselling in its widest connotation existed in one form or the other from time immemorial. In all cultures the elders not only set the norms of behaviour within that culture but also counselled the youngsters to follow the norms. Ancient epics of India are replete with depictions of counselling at various stages of life.

In most of the encounters in life one individual is understood to be helping another, the helper is expected to do something or say something that will be of value to the person being helped. Some people are charged with the responsibility of 'helping' others, namely, formal helping professionals, like counsellors, psychologists, psychiatrists, priests, social workers and a set of professionals who help clients in times of crises and distress, like doctors, dentists, lawyers, his can be added informal helpers who try to help relatives, friends and strangers. Since helping and problem solving are such common human experiences, training in both solving one's own problems and helping others solve to their problems should be as common as training in basic living skills. Unfortunately this is not the case. We have specialists and professionals trained in super specialities sans training in such basic skills.

4.1 Learning Objectives

After studying this module, you will be able to :

- ❖ Understand meaning and concept of counselling
- ❖ Enlist aims of counselling
- ❖ Enumerate characteristics of counsellor
- ❖ Illustrate importance of counselling in FDR
- ❖ Describe counselling skills
- ❖ Explain premarital counselling
- ❖ Describe marital counselling
- ❖ Explain family counseling
- ❖ Describe approaches to counselling

- ❖ Discuss problem solving and decision making in family
- ❖ Describe force field analysis and CRAVE analysis
- ❖ Discuss ethical issues in counselling

4.2 What is Counseling?

The word "counselling" is a very broad frame of reference and can mean anything from informal advice giving to the most complex interactions between clients and clinicians and barristers and litigants.

The basic meaning of **COUNSELLING** is **HELPING**

Counselling is a process wherein the counsellor helps the client in a warm interpersonal relationship. Counselling refers to various skills and principles of helping.

Concept of Counselling

Counselling is helping others to understand themselves better and to be more effective in solving their problems. Humanism is the predominant element in counselling

Counselling is form of help for a variety of personal problems or concerns, the most common being depression, anxiety, bereavement, relationship difficulties, life crises, traumas, addiction, self-defeating behaviour and thwarted ambitions.

In essence, **counseling is helping others to help themselves.**

Definition

Hackney and Cormier (1996) define counselling as “helping process involving responding to the feelings, thoughts and actions of the client”.

“Counselling implies a relationship between a client and counsellor for the purpose of helping the client to solve or prevent problems” (Sampson and Bloom, 2001).

Charles and Jyothsna (2011) defined, “counselling is a process in which the helper expresses care and concern towards the person with a problem to facilitate person’s personal growth and positive change through self understanding”.

Blocks to Counselling

- Reassuring - It will be alright, don't worry
- Logical Argument - Yes, but ...
- Diverting - Let's talk about something pleasant ...
- Advising - You should ...
- Inappropriate - Why did you?
- Questioning - You ought to ...
- Moralising - You ought to ...

- Threatening - If you don't do, you will face dire consequences
- Ordering - You must go and ...
- Praising - You are doing fine, you are unnecessarily worrying
- Criticizing - You shouldn't have

4.3 Aims of Counselling

The overall aim of counselling is to provide an opportunity for the client to work towards living in a more satisfying and meaningful life.

1. INFORMATION GIVING

In this respect counselling is like one-to-one teaching, some problems can be solved simply by providing facts or information. Information means empowering the person.

2. GIVING EMOTIONAL SUPPORT

Some problems are so intractable that lending emotional support and warmth can help individuals who feel helpless.

3. PROMOTING INSIGHT

Counselling is to assist people in the process of self-discovery. A clearer self-awareness is the key to solution of many problems.

4. CONFLICT RESOLUTION

Counselling can help people to resolve their conflicts in interpersonal and intrapersonal situations.

5. DECISION MAKING

Counselling is helping people to make critical decisions which they are finding difficult to reach. Counselling may help the person to weigh pros and cons and broaden his perspective of the problem.

6. PROBLEM SOLVING

The aim of counselling is to help individuals to systematically analyse difficulties, find solutions and act accordingly.

7. ENHANCING COPING SKILLS

Counselling helps to cope with the situations and demands which arise due to the problem the client is facing.

8. IMPROVING RELATIONSHIPS

Counselling can help to understand others point of view and improve interpersonal relationships like marital interactions and relationships in the family.

9. FACILITATING THE POTENTIALITY OF THE CLIENT

Counselling aims at developing the potentialities and improving personal effectiveness of the client

Goals of Counselling

- ❖ To enhance the client's developmental competence
- ❖ To facilitate the client's integrated ego development
- ❖ To help the client in process of socialization
- ❖ To help the client to promote sound mental and secure desirable behaviour change
- ❖ To help the client to improve personal effectiveness and to become fully functioning person
- ❖ To help the client to achieve self esteem
- ❖ To help the client to attain self realization and self actualization

4.4 Characteristics of a Good Counsellor

Personal and professional qualities of counsellors are very important in facilitating helping relationship. Essential qualities of good counsellor are

- Self awareness
- Congruence
- Acceptance
- Respect for people
- Caring and empathetic
- Ability to communicate
- Integrity
- Patience
- Honesty
- Competence
- Trustworthiness
- Open minded
- Objective
- Sensitive
- Good listener
- Non-judgmental
- Non-dominant
- Non-threatening
- Whole person

Attributes of Effective Helpers

- 1. Genuineness - Helper should have genuine concern of helping the other person
- 2. Personal warmth - The focus should be on warm interpersonal interactions
- 3. Client respect - Show positive regard to the client

- 4. Sensitivity - To human relations
- 5. Empathy - To perceive the clients problem from his perspective

Humanizing the Helping Process

There are two important aspects of the helping process:

1. Values
2. Action orientation

Values in Helping

Values that guide transactions between helpers and their clients are as follows :

- **Helper Competence** – competent helpers do help, while incompetent helpers actually harm.
Competence in helping is not a goal to be achieved; it is a lifelong pursuit.
- **Helper Genuineness** –genuine people feel comfortable of their interactions with others.
- **Helping pragmatism** – our clients are our customers and they deserve the best w e can give.
Helpers should pursue their clients' agendas and not their own
- **Respect for client** – deepest human need is need for respect. Respect means prizing people because they are human.
- **Client self-responsibility** – help clients to explore and assume self-responsibility.

Essential Conditions for Counselling

- Two persons are in psychological contact
- The first person is the client who is vulnerable and depressed
- The second person is counsellor who is calm and composed.
- The counsellor should experience unconditional positive regard
- The counsellor should experience empathic understanding of the client.
- Client perception of unconditional positive regard and empathic understanding

First Sight and Meeting

- Physical appearance (Manner & Bearing)
- Surroundings
- Placement
- Eye contact
- Greeting
- Movement and gestures
- Voice quality

Stages of counselling

Initial Stage

Establishing rapport

Developing harmonious relationship

Middle stage

Information gathering

Allow client to express freely

Termination stage

Recapitulation

Future plan of action

Follow up

Egan's 3 Stage Skills Model of Helping

Stage I Exploration

Help explore 'the problem'

Attention giving and Active listening

Stage II New Understanding

New perspectives

Communication skills :Verbal and Non-Verbal

Stage III Action

To plan, implement and evaluate

Creative thinking, Problem solving and decision making, Plan action and Evaluating

Counselling involves gathering information regarding client's past, present and future of conscious thoughts, deeper level intra psychic conflicts, feelings and behaviour for complete understanding of the client. This understanding facilitates sharing and responding with empathy by the counsellor.

Counselling Process

The counselling process focuses on the following :

1. Relationship establishment
2. Problem identification exploration
3. Planning for problem solving
4. Solution application and termination

Rapport Building

Rapport is important to work well with a client, we need to establish rapport with them. Unless a client feels a sense of rapport, they will be unlikely to be able to work well with the counsellor. Rapport means a sense of having connection with the person. Rapport will be helped and facilitated by how the counsellor manages their own feelings towards the client, and how they behave with the client.

Being well prepared for the session, unrushed, calm, ready and prepared to be there for the client, putting their own issues and problems out of the way, for the duration of the session.

Making a safe and trusting environment, including taking the trouble to make the setting appealing; offering a restful, clean, uncluttered and pleasant setting.

Being aware of who the client is knowing the client's name, and remembering key things about their issues. Offering empathy, making an effort to be there with and for the client, and trying to see how the client feels about and sees things.

Having an accepting manner, including remaining unshocked, whatever the client brings; being non-judgemental, however much the client's behaviour surprises or appals us.

Unconditional positive regard (UPR) to the client, however they have been behaving; and maintaining respect for the person.

Being unrushed, allowing the client time; letting the client stay with whatever feelings come up, without trying to solve all the problems at that moment; and being patient with clients who find it hard to talk about themselves.

Being congruent: being honest, in a well-considered and kindly way; and not being 'brutally honest' in a confrontational or rude way, but gently challenging dysfunctional beliefs and behaviours, when the time is right.

If rapport is established, the client will grow to trust the counsellor, and a good foundation is laid for real growth and healing.

4.5 Importance of Counselling in FDR

Family is a vital social institution. It provides the basis for human relationships which have a profound effect upon mental health of its members.

The configuration of the 'contemporary family' is undergoing a revolutionary change. Turmoil and instability are the order of the day in individual, family and society. Family relations of today's competitive society are characterized by undercurrent of unease, guilt and fear as though one member may betray another.

In the warfare of modern competitive enterprise, there is 'emotional alienation' among marital partners. The strife of competition reduces empathic understanding, distorts communication, impairs mutuality of support and sharing and decrease satisfaction of married life. Sexual union is a fundamental bond which becomes mechanized and depersonalized. Sex becomes the arena for

struggle, dominance and control. Sex simply dies a slow withering death. The expression of tender sentiment shrinks. Intelligent cooperation lessens and bickering and recrimination mount.

Marital disharmony leads to family instability which in turn leads to mental health issues. Hence the need for Psychological counselling to individual members, marital partners and family as a whole.

Counselling plays a pivotal role in Family Dispute Resolution. Generally people with emotional or psychological disturbances will manifest reactions, like, grief, anger, anxiety and depression for which counselling is needed.

4.6 Counselling Skills

The approach to counselling that is set out here is concerned primarily with the kind of skills that individuals need to develop if they are to become confident and competent counsellors.

Counselling Skills

- Attending skills
- Listening skills
- Influencing skills
- Responding with empathy

4.6.1 Attending Skills

The basic elements of attending are summarized by the acronym **SOLER**:

S - Face your clients **SQUARELY**. This means that you are available for them.

O - Adopt an **OPEN** posture. This means you are open to your clients & want to be non-defensive.

L - **LEAN** toward the client at times. This underscores your attentiveness and let clients know that you are with them.

E - Maintain good **EYE** contact without staring. This tells your interest in clients of & concerns.

R - Remain relatively **RELAXED** with clients as you interact with them. This indicates your confidence in what you are doing and also helps clients relax.

Interacting with others involves sending them messages of many kinds simultaneously – by means of the voice, face, gestures, body posture, use of eyes, and occupation of the space between you and them. Effective communication uses all of these different kinds of signals at once.

4.6.2 Listening Skills

Listening is a crucial ingredient of all helping. If we do not pay attention to others, we cannot possibly understand them or furnish them with the help they need. Yet in many circumstances it often becomes obvious that people are not listening to each other; an embarrassing moment, but all the more so if the listener is alleged to be there to help the person who is talking.

There are two different aspects of good listening skill. The first is the mental, or cognitive ability to register, absorb, and relay back a message which someone is giving. The second is a social skill – the ability to convey to a speaker that you are paying attention to what he or she is saying, and even to react in such a way that you encourage the speaker to talk to you in as frank and relaxed way as possible, or at least in a way that will prove useful to him or her.

Listening is:

- Free attention
- Good attending skills
- No self-listening
- No roadblocks

First level listening: “How to help people open up”

Door openers: “Would you like to talk about it?”

Minimal Encouragers: “Go on”; “Right”; “Mm-mm”

Attentive Silence: “Listen to non-verbal communication”.

At appropriate times the listener feeds back or reflects the main content of the speakers message.

Reflecting is done for four reasons:

- To show that you are really listening.
- To make sure you understood correctly
- To help the speaker clarify his or her thoughts
- To stop self-listening

Effective helpers are active listeners. When you listen to clients, you listen to them discussing:

- Their experiences, what they see as happening to them;
- Their behaviours, what they do or fail to do;
- Their affect, the feelings and emotions that arise from their experiences and behaviours;
- Their points of view in talking about their experiences, behaviours, and feelings.

Experiences, behaviours, and feelings can be either overt capable of being seen by others or covert not seen by others, hidden “inside” the speaker.

Influencing skills

Most helping encounters then move on to the giving of advice, support, or suggestions as to how a problem might be solved. At this stage the helper is, like it or not, involved in influencing the person’s life to some degree.

Helping others is an activity which involves a great deal of responsibility. People in need of help look upon those whom they have asked for it, or whose appointed task it is to help them. The helper’s reaction to the situation is crucial in determining its outcome.

4.6.3 Empathy

The fruit of attending and listening lies in the way the helper responds to the client. Empathy is a form of human communication which involves both listening and understanding and communicating understanding to the client.

A helper cannot communicate an understanding of the client's world without getting in contact with that world. Empathy in this sense is primarily a mode of human contact.

Accurate Empathy

In the counsellor - client relationship, communication of accurate empathy is very important. The first task of the counsellor is to respond to the person who comes for help.

Carkhuff distinguish two levels of accurate empathy understanding as given below.

1. At an "interchangeable" level, the counsellor communicates his understanding of client's experience and feelings that are more or less readily available to client's perception. This is called, primary-level accurate empathy.
2. At an "additive level" the counsellor probes more deeply, communicating understanding of feelings, experiences and motivations that the client expresses in implicit ways and that are not so readily available to the client's awareness. This is called advanced accurate empathy.

Accurate Empathy in General

A counsellor may be accurately empathic if he can discriminate, that is, get inside the other person (client), look at the world through the perspective or frame of reference of the other person and get a feeling for what the other's world is like; and communicate to the client this understanding in a way that shows the client that the counsellor has picked up both his/her 'feelings' and the 'behaviour and experience' underlying these feelings.

Example " If a person comes to the counsellor, sits down, looks at the floor, hunches over and haltingly tells he failed miserably in love and that he might lose his part-time job, counsellor might begin to respond to him by saying:

Counsellor: You are really feeling miserable - your world has all of a sudden begun to fall apart.

Here the counsellor sees the client's depression (feeling) and begins to understand what underlies that depression (experience) and communicates to him this understanding of his world. This is accurate empathy.

Primary level accurate empathy

Primary-level accurate empathy entails communicating initial basic understanding of what the client is feeling and the experience underlying these feelings. In this response, the counsellor merely tries to let the client know that he understands what the client has 'explicitly' expressed about himself. The counsellor, in his own words and in his own way, communicates this understanding to the client.

Example - Client: I really think that things are much better. I have a new job. My husband and I are getting along better than ever.

Counsellor : It's really exciting when things are going so well.

In these dialogues or interchanges, the counsellor says in other words what could have been said by the client. Here the counsellor generally does not go beyond primary level accurate empathy. It helps dramatically to establish rapport with the client. It develops trust and openness which is crucial to build the client-counsellor relationship.

Problems in communicating primary - level accurate empathy

- A. Failure to achieve accurate empathy: sometimes the client's feelings and emotions are not addressed.
- B. Inaccuracy: the counsellor may not accurately understand what the client is trying to say.
- C. Pretending Understanding: Sometimes it is difficult to understand what the client is saying even though one attends to him quite fully. He is confused, distracted, is in a highly emotional state. All these conditions affect the clarity of what he is saying about himself. On the other hand the counsellor himself might become distracted and fail to follow the client. At such times the counsellor should not feign understanding. Genuineness demands that he admit that he is lost and then work to get back on the track again.
- D. Parroting: The mechanical counsellor corrupts primary level accurate empathy by simply restating what the client had said.
- E. Client rambling: rambling by the client destroys the concreteness, the focus, and the intensity of the helping experience. Counsellor should respond relatively frequently to the client, without interrupting what is important or making the client lose his train of thought.
- F. Empathy of tone manner: if a client speaks animatedly with the helper, telling him of her elation over various successes in her life, and he replies in a flat, dull voice, his response is not fully empathic- even though what he says might well be accurate in identifying client's feelings and the experiences underlying these feelings.
- G. Jumping in too quickly: this is not advisable, though spontaneous interruption can be very helpful intervention.
- H. Language: the counsellor is most effective when his language is in tune with the language of the client
- I. Long windedness: The counsellor's responses should be relatively frequent but also lean and trim.
- J. Responding to feeling or content: at the given time during the helping situation, responding to either the feeling or the content may be more important.
- K. Questions: too many questions, of the closed ended variety are not advisable.

Rules for the use of primary-level accurate empathy:

1. Attend carefully, both physically and psychologically, to the message transmitted by the client.
2. Listen especially for basic or core and sometimes hidden messages.
3. Respond fairly frequently, but briefly, to these core messages, but be flexible and tentative enough so that the client has room to move.
4. Be gentle, but don't let the client recap from important issues.
5. Respond to both feeling and content unless there is some reason for emphasizing one or the other.
6. Move gradually towards the exploration of critical topics and feelings.
7. After responding, attend carefully to cues that either confirm or deny the accuracy of your response.
Check whether the client moved forward in a focused way.
8. Note signs of client stress or resistance and try to judge whether these arise because the counsellor lacked accuracy or have been too accurate or probed too much.

4.6.4 Advanced Accurate Empathy

Advanced accurate empathy, goes beyond the **expressed** to the **implied**. If the helper is accurate, however, and if his timing is good, this kind of communication helps the client move beyond self-exploration to self-understanding.

Primary-level accurate empathy gets at relevant surface feelings and meanings, while advanced accurate empathy goes deeper at feelings and meanings that are somehow buried, hidden, or beyond the immediate reach of the client.

At this level, even when the helper sees the world from the point of view of the client, he often sees it more clearly, more widely, more deeply and more cogently. He not only understands the client's perspective but sees the implications. The communication of advanced accurate empathy is the helper's way of sharing his understanding of these implications with the client. Ultimately, however, the client himself must be able to say "now I'm beginning to see where I'm going wrong and what I'm failing to do, and I want to remedy it".

Example - Rahul explores his feeling and behaviours to a certain point but seems to avoid delicate issues at the core of the problems in his life. He also shows signs of fatigue and frustration during the counselling sessions. The counsellor puts all of these clues together and says:

Counsellor: Rahul it appears that you are avoiding some of the issues that bother you the most, and perhaps running away is more depressing than facing them directly. It's very painful to put yourself directly on the line.

Advanced accurate empathy entails

Expressing what is only implied

The most basic form of advanced accurate empathy is to give expression, to what the client only implies. Once rapport has been established and the client is exploring his feelings, experiences, and behaviour, the helper can begin to state or point out what the client implies but does not say directly.

There is a message hidden in what the client has been relaying to his counsellor. The counsellor discovers it, and it helps the client understand himself and his motivation a bit more clearly. One important demand is to have the client look at feelings he has been trying to sweep under the rug.

Example : Student : I really like my teacher. Everybody in the whole school admits that she's out the best. She makes English and History very interesting, not like the others. But still I can't talk to her the way I'd like to.

Counsellor : You really like her and glad that you are in her class, but it seems that you are a bit resentful because she doesn't show you much personal attention.

Summarizing core material

The helper brings together in a summary some relevant 'core' material that has been presented in a fragmented way by the client. A summary is systematic presentation of relevant data.

Identifying themes

The counsellor goes beyond what the client has said explicitly. The counsellor identifies the themes from the clients talk. The thematic material might refer to feelings (anxiety, depression), to behaviour (controlling others, avoiding intimacy) to experiences, (a victim, of being seduced, of being feared, of being loved, of failing), or a combinations of these. Once the helper recognizes these themes, his task is to communicate those that are relevant to the client in a way that enables the client to see them too. This task demands a high degree of accurate empathy, tact and initiative.

Helping a client draw conclusions from premises

Still another way of conceptualizing advanced accurate empathy is to help the client draw his own conclusions from premises. Very often, in the data produced in the self-exploration process, there are certain implied premises from which certain logical conclusions can be drawn.

Client: I really don't think that I can take my boss's abuse any longer. I don't think she really knows what she's doing. She thinks she's doing me a favour by pointing out mistakes, all the times.

Counsellor A : what makes this really frustrating is that your boss might not even realize what she's doing to you.

Counsellor B: the alternatives then are limited. One is to stay on the job and just "take it". But you feel that this has become too painful. Another is to talk with your boss directly about this whole destructive relationship. A third is to start thinking about changing jobs, even though you like the work there. We really haven't talked about the second or third possibility.

From the less to the more

One way to look at advanced accurate empathy in summary is to see it helping the client moving from the less to the more, from basic to more complex, from superficial to deeper layers of feelings, experiences and behaviours. If the client is not clear about some issue, or if he speaks guardedly, then the helper speaks directly, clearly, openly and cogently.

Respect

Respect, like genuineness, can be considered a moral quality. However, we are interested in the kinds of behaviour that are generated by respect in a counselling situation.

Respect is a particular way of viewing another person. Respect means prizing another person simply because he is a human being. It implies that being a human being has value in itself.

Respect is value, an attitude expressed behaviourally. Values can be active or passive. Suppose that justice is a value for a person, if it is a passive value, one does nothing to cause injustice to others. If it is an active value, one does things to see to it that justice is promoted.

Example :- A person is active in various civil rights movements, he fights for new equitable tax laws, and so on. Respect is both active and passive: it sets certain limits for the helper in his interactions with the client, and it also stimulates him to act towards the client in certain ways.

Expression of respect

In helping situations, respect is not often communicated in words. In the case of respect, actions literally speak louder than words. Respect is communicated principally by the way the helper relates himself toward and works with the client.

Orientation towards the client

Orientation towards the client comprises the attitudes that must be translated into concrete behaviours if respect is to be truly a value.

- i. Being "for" the client : The counsellor's manner indicates that he is "for" the client simply because the client is human. The helper is a caring and down to earth person.
- ii. Willingness to work with the client: The helper is available to the client. He feels that he can commit himself to the client.
- iii. Regard for the client as unique: The individuality of others is also a value for the helper. He is committed to supporting the client in his uniqueness and to helping him develop the resources that make him unique.
- iv. Regard for the client's self - determination : The helper's basic attitude is that the client does have the resource to help him live more effectively. The counsellor's job is to help the client free his resources or cultivate them.
- v. Assuming the client's will: The helper acts on the assumption that the client wants to work to live more effectively, and counsellor helps him channel his efforts into constructive behavioral change.

Rogers calls this kind of respect "unconditional positive regard", (UPR) meaning that "the therapist communicates to his client a deep and genuine caring for him as a person with potentialities, a caring uncontaminated by evaluations of his thoughts, feelings or behaviours".

Genuineness

Genuineness refers to a set of counsellor behaviours essential to a high-level helping process. certain behaviours of the counsellor display his genuineness in counselling situations. A skilled helper remarkably varies from an unskilled helper by displaying genuineness in his behaviours. Such behaviours are given below.

Professional role

The genuine helper does not take refuge in the role of counsellor. Relating deeply to others and helping are part of his life. Counselling at its best is role-free.

Spontaneity

The genuine person is spontaneous. The high level counsellor, while being tactful as part of respect for others in not constantly weighing what he says. He is assertive in helping process without being aggressive.

The spontaneous person is free but not impulsive. His ability to call on a wide variety of responses allows him to be spontaneous.

Non-defensiveness

The genuine person is non-defensive. He has a feeling for his areas of strength and his areas of deficit in living and presumably is trying to live more effectively all the time. When a client expresses negative attitude towards him, he tries to understand what the client is thinking and feeling and he continues to work with him.

Example

Client: I have been coming daily I don't think I have progressed at all. I don't know why I should waste time here!

Counsellor A : I am not responsible for your wasted time. You are solely responsible.

Counsellor B : You decide yourself.

Counsellor C : You feel you are not profiting by coming here. It looks as though there is no progress.

Counsellor A and B are both defensive. Counsellor C tries to understand and gives the client the opportunity to get at the issue of responsibility in the helping process.

The genuine person is at home with himself that he can allow himself to examine negative criticism honestly.

Consistency

The genuine person has few discrepancies for instance, he does not have one set "optional" values for others different from his "real" values. He does not think or feel one thing but say another. At the same time, he does not dump his thoughts and feelings on others without discretion.

Self-sharing

The genuine person is capable of deep self disclosure. Self disclosure is not an end in itself for him, but he feels free to travel himself intimately when it is appropriate.

Alternative Frames of Reference

The same set of facts and data are open to a variety of interpretation. Sometimes a client does not change because he is locked into an unproductive interpretation of certain facts.

Suggestion of alternative interpretation or frames of reference by counsellor, gives client room to move, from his stuck-up and locked state of mind with a self-defeating view.

The purpose of suggesting alternative interpretation is to help the client control his behaviour more effectively. To sum up, psychological interpretation viewed as a behaviour consists of bringing as alternate frame of reference or language, system to bear upon a set of observations of behaviours with the end in view of making them more amenable to manipulation.

4.7 Domains of Counselling

4.7.1 Pre-Marital Counselling

Premarital counselling is highly recommended for couples planning to marry. As marriage is the most complex of human relationships, and as the couples who enter this vital relationship, are not equipped to deal with the challenges they face in the marital relationship, it is of utmost importance that they seek professional counselling in this matter. The problems couples face in marriage develop in most cases due to lack of problem solving strategies and conflicting role expectations in marital relationship.

Premarital education and marriage skill training are necessary for marital stability. It is beyond any doubt that the happily married couples live longer and are emotionally stable. Children enjoy stable family environment, and they experience fewer social problems.

Premarital counselling gives the couples opportunity to :

- Explore the couple's relationship strength and growth areas
- Learn communication skills, including assertiveness and active listening.
- Learn skills to resolve conflicts
- Explore their couples relationship and their families of origin

- Develop a budget and financial plan
- Develop their personal, couple and family goals
- Plan for the couple to annually review their marriage.

The process of exploration in premarital counselling prepares the ground for laying a strong foundation for the marital bond to ensue. It provides an exciting opportunity to learn about each other and about oneself, so that they are not completely taken by surprise when they discover each other's past life. It provides the necessary impetus to pave the way for stable, successful and happy marriage.

While love is important, it won't be enough if we don't have the basic relationship skills we needed for a successful marriage. Lasting marriages require partners who respect one another and know how to communicate with one another.

The idea behind premarital counselling is that there is a need to strengthen the relationship before tying the knot so that one is fully equipped to deal with challenges and conflicts that every couple inevitably faces at some point in their marriage. Help and encourage them to grow in their areas of weakness or insecurity. Affirm them in their areas of strength.

The primary goals of premarital counselling includes: facilitating the shift from single to married life, increasing stability and satisfaction (long and short term), developing the couple's communication skills, enhancing the companionship and prom to the relationship, enhancing intimacy between the couple, introducing and implementing problem-solving and decision-making abilities in the capacities of finance and marital responsibilities.

The aim of counselling is not to solve couple's problems, but to equip them with the tools needed for them to solve their own problems. As is often said, "Give a man a fish; you feed him for a day. Teach a man to fish; and you feed him for a lifetime."

Areas of Counselling

- | | |
|-------------------------|------------------------|
| • Marriage Expectations | Children and Parenting |
| • Roles in Relationship | Family closeness |
| • Spiritual Beliefs | Couple Closeness |
| • Personality Issues | Communication |
| • Conflict Resolution | Financial Management |
| • Leisure activities | Sexual Relationship |
| • Couple Flexibility | Family Flexibility |

Premarital counselling focuses on the following issues

- Compatibility – With your spouse and future in-laws
- Expectations – About work-family balance, careers, household responsibilities, time spent together

- Communication- With your spouse, parents in-laws
- Conflict Resolution – How to deal with big and small problems, financial matters, constant bickering, meddling in laws.
- Intimacy and Sexuality – Frequency of sexual relations, making time, making love versus just sex.
- Long term Goals – Personal, family and career

Marriage preparation will teach you and your fiancée how to deal with these issues so that they don't become toxic to your relationship. But counselling isn't only about identifying problem areas, it's about celebrating strengths as a couple.

Benefits of Premarital Counselling

- It can help reduce the stress of planning a wedding.
- It can reduce the risk of divorce.
- It can lead to a significantly happy marriage.

It is imperative to realize the importance of pre-marital counselling which is like marital insurance to enhance the quality of life for married partners and enjoy the glow of the love and happy married life.

4.8 Marital Counselling

*"Your life does not get better
by chance, it gets better by
change."*

- Jim Rohn

It is wonderful to keep a marriage healthy and happy over time, although quite a difficult task. A successful marriage depends on two things finding the right person and being the right person. A happy married life calls for constant commitment and concern for each other.

A couple in troubled relationship who is able to recognize conflicts and jointly willing to work out their differences may seek help. This process is seldom easy, however. Once problems have started to become chronic each partner feels betrayed by the other and compromise feels unsafe. In such cases, the safe and protected haven offered by a marital therapist can make the difference between a marriage that fails and one that recovers itself.

Marriage counselling is probably the best single thing that people in troubled marriages can do

to help heal their marriages. There is no single 'marital therapy'. There are different schools of marital therapy. Therapists choose techniques among these schools in eclectic fashion.

4.8.1 What is Marital Counselling?

Marriage counselling also known as couples counselling, help couples understand and resolve conflicts and improve their relationship. Marriage counselling gives couples the tools to communicate better, negotiate differences, argue in a healthier way and solve problems.

Marriage counselling focuses on helping couples to work through their difficulties which may include estrangement and loss of love feelings and communication problems.

With Whom it Works?

Marriage counselling works best when both partners are physically and emotionally present.

Marriage counselling is not perfect and doesn't always succeed in helping couples to preserve their marriages. Couples who are both motivated to keep their marriage alive will have better chances of recovery. Couples that have the best chance for recovery are those who are both motivated to keep their marriage alive. Couples who arrive at therapy with one of the partner already emotionally disengaged from the other may be beyond help.

Process of Marriage Counselling?

Assessment

Assessment starts with gathering information through which the therapist attempts to understand the nature of the problem. The assessment can be informal or formal.

An **informal assessment** consists of interview the partners.

A Formal assessment - process involves use of formal questionnaires, exercises and psychological tests to gather more objective information. Each partner may be asked to complete a genogram which is a family tree to understand how family background conditions influence marital behaviour.

Duration

Marriage counselling is generally offered once per week with each session lasting between 60 and 90 minutes. 8 to 12 sessions are required to bring about significant and lasting changes.

Marital Issues

- Resolve conflicts
- Infidelity recovery
- Process of separation
- Marriage enrichment

Marriage counselling focuses on-

- Fostering Relationship
- Maintaining Relationship
- Repairing Relationships

Strategies

- Joint Activities
- Attending to partner
- Accommodative behavior
- Positive Attributions
- Sharing Tasks

Areas of Intervention

Safety

First and foremost counselor works to provide a trustworthy and safe environment which can contain and manage couples' anger, frustration and contempt. They remain neutral and do not take sides. They maintain confidentiality and privacy and promote calm problem solving.

Normalization and Reality Testing

Counselors have to help couples to understand when their desires and expectations, indiscretions and reactions are normal and when they are unusual, inappropriate or even abusive.

4.8.2 Marital Counselling Skills

Therapist has to teach couples –

- Problem solving skills
- Communication skills
- Soothing skills
- Relationship strengthening skills

Problem solving skills

Problem solving skills can help couples learn techniques to help them better manage their conflicts.

Interpretation

When partners fail to understand one another counselor interprets meaning to promote each partner's understanding of the other. Counselor also points out relationship patterns which could interfere in their ability to relate as adult partners.

Interpretation has to be accurate in order to be helpful, so therapists will often spend a fair amount of time getting to know the partners before offering it. A helpful interpretation might offer partners a new way of looking at their behaviour that helps them to get away from being adversaries.

Communication Skills

Healthy partners communicate positive feelings of trust and affection towards each other through words and gestures in a cyclical manner that breeds more positive communication couples. Communication between chronically conflicted couples takes on a negative, defensive and demanding tone. Marital counsellors teach conflicted couples communication skills designed to replace the negative with more positive communication using following techniques.

I-statements:

Troubled partners frequently indulge in verbal fights during which they accuse and curse each other. One attack lead to other in a vicious circle of unavoidable blows. Counsellor suggests alternative ways using I- statements that can minimize fights.

For example: when one spouse has forgotten to get medicines for his/her partner on the way home his or her partner may see this as evidence of the spouses thoughtlessness and lack of concern and go on to attack by saying "That was a thoughtless thing for you to do. The recipient of this sort of accusing attacking message is likely to become defensive or even to attack back.

When you come home without my medicine, I feel like you don't care about me. This second type of message, phrased in the first person which is called an "I" statement, communicates feelings rather than accusations. It elicits a helpful, supportive response rather than a defensive one and helps to defuse potential fights and arguments.

Active listening and Repeating

Conflicted couples often become so involved in defending themselves and have difficulty listening to each other. Conversation becomes exhausting and impossible, because nobody is listening. the urge is there to speak louder as though as increase in volume will somehow get to though better. Counsellor acts as traffic cops and teach active listening skills to counter partner's obsessive defensive arguing. Counselors is to make sure that partners take turns talking and listening to each other. Ideally the couple will learn to do active listening and repeating to demonstrate understanding on their own without need of the therapists intervention.

Focal and not global criticism

In healthy marriages partners are able to forgive each other mistakes and preserve an overall positive impression of each other. In troubled marriages repetitive transgression and criticism global criticism of each other can degrade their mutual trust and affection.

The counsellor encourages the partners to criticize the specific issues and facts and not to criticize the whole person and drawn conclusions about the individual.

Soothing Skills

Counsellor encourages the chronically conflicted couples to practice soothing skills and techniques to help them defuse arousal and emotion, enabling them to communicate and solve problems more efficiently. Soothing skills practice help couples to better tolerate stressful provoking situations and to recover faster after they have become overwhelmed. As the popular phrase "any port in a storm" suggests, and alternative to outright fighting will generally qualify as a soothing activity. However, different people have different ideas about what works best for them when they need to calm down. A good therapist will recommend soothing activities matched to each partner's preferences.

Time-Out technique is very useful in helping couples to disengage from a fight. The couple agrees that they will ask their partner for a 'time-out' on their discussion for an agree upon period of time when they start to feel overwhelmed.

Talking and venting feelings is very stress relieving for some couples.

Organizing - engaging in activities - cleaning one's house, or gardening help couples to calm down.

Relaxation techniques help relieve muscular tension associated with stress. Progressive muscle relaxation, massage, physical exercise or yoga can produce similar effects.

Soothing environments- either imagined, visualized or experienced, help to calm nerves.

Distraction, or taking one's mind off of disturbing thoughts and feelings is effective means of coping with tension. Watching television, reading a book, talking with friends all can be stress busters. Desensitization, music, lighting and aromatherapy products can be used to reduce stress.

Relationship Strengthening Skills

Relationship strengthening approaches help couples to strengthen the bonds that hold them together in spite of conflicts.

Relationship Inventories/Exercises-can reawaken interest in each other.

Partner Pleasing Exercises –Offering a gift or doing something which will please the partner. whatever form the pleasing activity takes, it should be something that the partner genuinely likes or wants. Asking the couple to practice positive interactions in this manner is a step in the right direction, and can sometimes rekindle a positive feeling that has faded.

Forgiveness- It involves willing to "lose a battle in order to win the war"; to swallow pride, disavow revenge, and to allow something that hurt you to go unanswered.

Sex- Reasonably frequent sexual relations between committed partners are often an important part of what keeps a relationship healthy. Sexual relations offer partners opportunities to share physical pleasure, comfort, and release of tension and to come to associate these relaxing and exciting positive feelings with each other.

4.8.3 Approaches to Marriage Counselling

The relationship between couples may become sour for various reasons like stress, infidelity and incompatibility. Several research based approaches of marriage counselling have been developed and tested over the years, allowing one to choose the suitable to address unique set of issues.

4.8.3.1 Emotional Focused Therapy (EFT)

Emotional Focused Therapy was developed by Johnson is based on the concept of attachment therapy.

It is a short term approach for healing relationship woes.

EFT has three main goals:

It encourages the expansion of key emotional response.

It seeks to secure tight bond between the couples.

It creates new types of beneficial interactions between the partners.

This type of therapy has best success rates with couples who do not share private feelings causing an emotional distant relationship in which partners simply grow apart. The counselor acts as a 'secure base' for the couple to surface old wounds and offer them tools to navigate their partners pain points. It helps them to express emotions in a healthy manner that draw them together.

4.8.3.2 Gottman Method Couples Counseling

Gottman Method Couples Counseling developed by John Gottman is one of the most popular and contemporary approaches to couples counseling used in recent years.

Gottman constructed "The Sound Relationship House" which contains all the elements found to predict relationship success.

THE SOUND RELATIONSHIP HOUSE



The house has pillars of Trust **and** Commitment. Which are fundamental boundaries for **be** a relationship. Then couples can begin to focus on creating a house in which they **want** to live.

The foundation of this approach is the "Friendship System" which is Building Love Maps, that is to allocate a "room" in your brain for your partner. He focused on sharing fondness and admiration and turning towards each other and adopting a positive perspective.

Together these four elements create a strong friendship filled with love, affection and intimacy.

The other elements of this approach focus on Conflict management skills, creating shared meaning and helping each other fulfill their life dreams.

4.8.3.3 Insight Based Counselling

Marriage counsellors using this approach focus on changing the way each partner views their relationships with each other and helping them to look at it objectively. The counselor attempts to provide insight into the ways how couples indulge in unhealthy communication or create conflicts to hurt each other. The goal will be to help both of them to develop new ways of healthy interactions.

4.8.3.4 Psychodynamic Approaches

The purpose is to bring unconscious roots of a problem to the surface, whether the problem belongs to one or both partners. This form of couples counseling is most useful when irrational patterns of reacting exist. The belief of a psychodynamic counselor is that significant life events and childhood experiences shape people's behavioural tendencies. People act out unconscious conflicts with mate. Unconscious conflicts stem from events that took place in a person's childhood. The counselor explores major past experiences in order to change distorted perceptions and eliminate irrational reactions to current events. Therapeutic goal is to gain insight into conflicts and be effective in life.

4.8.3.5 Positive Psychology Counselling

Positive Psychology counselling is a relatively new perspective which focuses on how couples can become happier and more fulfilled. The essence of this emerging approach is moving from what's wrong to what's strong. There is a shift towards understanding our strengths using them and valuing positive interactions. The basic premise of this approach is that instead of healing pathological relations, focuses is on strengthen what is positive among each partner by increasing well being, building the best and making the lives of the couples more satisfying.

Positive Psychology counselling helps the couple to **lead a Pleasant Life** that is **Life of Enjoyment; Good life i.e., Life of Engagement** and life of **Affiliation i.e., Meaningful Life**.

Positive Psychology attune the couples to value experiences of wellbeing, contentment, satisfaction of the past; Flow and Happiness of the present and Hope and optimism for the future.

Positive Psychology emphasizes on increasing positive affect, reducing negative affect and thereby optimizing life satisfaction among the couples.

In this approach, the focus is on : **PERMA**

- ❖ P - Positive Emotions
- ❖ E-Engagement
- ❖ R-Relationships
- ❖ M-Meaning and purpose
- ❖ A-Accomplishments



4.9 FAMILY COUNSELLING

We all start our life within a family. The family that we acquire when we are born influences every aspect of our lives, from our first to last moment. Family affects who we are and who we become.

Family has a bearing on our language, our habits & customs, learn how to love and interact with others. Family lays the foundation for a healthy and happy life.

Our family can be our greatest source of support, comfort and love. But it can also be our greatest source of pain and grief. A health crisis, work problems or teenage rebellion may threaten to tear our family apart. Family can influence our perceptions, our modes of interacting, and our styles of communicating. Family counselling involves the whole, or a part of a family. Family counselling may help the family weather the storm. Family counselling can help patch strained relationships among family members and improve how family works together.

4.9.1 What is Family counselling?

Family counselling or family counseling is a form of psychotherapy designed to address specific issues affecting the health and functioning of a family.

In family therapy, the therapist applies psychological principles while engaging the participation of family members, individually or as a group and family as a whole

Family counselling can be used to help a family through a difficult period of time, a major transition, or mental or behavioral health problems among family members.

Family counselling helps families or individuals within a family to understand and improve the way family members interact with each other and resolve conflicts. Family counselling offers families a way to develop and maintain a healthy functional family.

Family structure refers to

- System and sub-systems of family
- Family's organizational characteristics
- Transactional patterns within the family

Aim of Family Therapy

- Structure of the family is transformed which will change position of members leading to change in individual's symptom
- Individual symptomatology is resultant of change in family structure.

Stages of Family counselling

- Joining
- Middle therapy
- Termination

Who can benefit from Family Therapy?

In general, anyone who wants to improve troubled relationships can benefit from family therapy.

Family counselling can help with such issues as:

- Marital problems
- Divorce
- Substance abuse
- Depression

- Grief, loss and trauma
- Parenting skills
- Financial problems

How does Family counselling work?

Family counselling often brings entire families together in therapy sessions. However, family members may also see a family therapist individually, and Family counselling may include non-family members, such as school teachers, other health care providers or representatives of social services agencies.

The therapist may explore family roles, rules and behaviour patterns in order to spot issues that contribute to conflict. Family counselling may help to identify family's strengths, such as caring for one another, and weaknesses, such as an inability to confide in one other.

Guided by the therapist, families learn new ways to interact and overcome old problems. Family will set goals and work on ways to achieve them.

4.9.2 Approaches to Family Therapy

4.9.2.1 Structural Family Therapy

Structural Family counselling is an approach developed by Salvador Minuchin which focuses on resolving family pathology arising due to structure or hierarchy of the family. The therapy includes about the past as well as the present, since the family's current problems are seen as a carryover from earlier transactional patterns. They look for triangles, where two family members resolve tensions between themselves by focusing on third person in the family.

The therapist's goal is to restructure family interactions between the family members, so they can more effectively solve their problems. Once dysfunctional transaction patterns are replaced with new, adaptive patterns the relationship loses its toxic nature and individuals no longer need to express their distress or in an aberrant way.

Structural Family counselling seems to work especially well with families who have out-of-control or over-controlled teenagers.

4.9.2.2 Strategic Family Therapy

Strategic Family counselling was developed by Jay Haley and deals about what is going on in the present. This therapy assumes that problems are the result of the current dysfunctional interactions taking place in the family. The therapist looks at the presenting symptoms as a communication towards the other family members.

Perhaps the marijuana abuse of a teenager is a way to communicate to his mother that he feels out-of-touch with a new stepfather in the house. The therapist's goal is to be the most powerful person in the

therapy so that the suggested interventions will be carried out and help restructure the relations within the family.

Strategic Family counselling is usually used with families who have not responded to other types of treatment.

4.9.2.3 Bowenian Family Therapy

This form of Family counselling is best suited for situations in which individuals cannot or do not want to involve other family members in the treatment.

Bowenian therapy is built on two core concepts, triangulation (the natural tendency to vent or destress by talking to a third party) and differentiation (learning to become less emotionally reactive in family relationships).

4.9.2.4 Conjoint Family Therapy

Conjoint Family counselling was developed by Virginia Satir, the first major female family therapist. She combined the historical approaches of the psychodynamic theorists with the here-and-now emphasis found in the structural and strategic approaches.

Satir believed that each person in the family was trying to keep the system in balance but that the "price" that each person "paid" was often very inequitable. When people in the family show a maladaptive symptom, it is because their growth is being blocked by the family unit's need for balance.

For conjoint family therapists the goal is always to help each individual family member build self-esteem which can lead to better communication and healthy adjustment within the family.

4.9.2.5 Psychodynamic Family Therapy

Psychodynamic Family counselling focuses on childhood forces that shape their personalities. The emphasis is not uni-directional, analyzing only what parents did to their children, but rather on what clients really want to do in their lives and how the family has made it difficult for them to move towards their desired goals. They then have to confront their parents as adults, whenever possible, so that instead of being emotionally dependent on the parents for approval, they become interdependent with them as adults.

4.9.2.6 Cognitive-Behavioural Family Therapy

Cognitive-Behavioural Family counselling was developed by Gerald Patterson, Robert Liberman and Robert Stuart. Cognitive-Behavioural Family counselling focuses on dyadic interactions as husband-wife, parent-child much more than those in other schools of therapy. The therapist's goal is to teach how one's behaviour can influence the others in the family and how controlling one's own thoughts can control how one feels.

The basic learning principles and techniques of positive, reinforcement, negative reinforcement, extinction and modelling and contingency contracting where each person get privileges or rewards they expect to get from the relationship.

4.9.2.7 Solution-Focused Family Therapy

Solution-Focused Family counselling developed by Steven DeShazer (1994) engages in sharing feelings about the present and the future. The focus is always on what is possible and changeable. the prior solutions are labeled as the "problem" and the presenting problem is often left backstage as new solutions are highlighted. The therapist is very active and directive, and accepts responsibility for family's outcome.

4.9.3 Techniques of Family Therapy

Techniques of

- Cognitive Therapy
- Behaviour Therapy
- Interpersonal Therapy
- Individual Therapy
- Group Therapy
- Enactment and re enactment of interaction patterns
- Reinforcing parental authority structure
- Empathic perception of other's needs
- Development of problem solving skills
- Behaviour modification
- Restructuring the environment
- Cognitive intervention
- Homework-tasks and rituals to be performed
- Narrative and restoring techniques
- Problem solving techniques-solution focused techniques.

Recent trends in Family Therapy

- Concept of power and gender based inequality in family life.
- Postmodern perspective embraces more options and solutions available to family members.
- User friendly approaches

Approaches to Counselling

4.10 Supportive Psychotherapy

Supportive counselling is a therapeutic approach aimed at facilitating optimal adjustment in particular situations of stress such as chronic physical illness, loss of loved ones, loss of wealth or failure in life. Support is the central technique in this form of therapy.

Aims

- To restore emotional equilibrium
- To get rid of emotional disturbances and neurotic problems.
- To reconstitute homeostatic balance
- To enhance self-esteem
- To help function independently
- To prevent deterioration and depression

Scope of Supportive Counselling

Supportive Counselling is indicated in:

- Crisis Management
- Psychiatric emergencies
- Drug and alcoholism
- Suicide prevention
- Hot line services

4.10.1 Techniques

Guidance

- To provide active help in information giving and imparting skills in areas of education, vocation, health & social relationships

Reassurance

Verbal statements about one's ability to get well

- Removing misconceptions.
- Diverting illogical and destructive thinking

Suggestion

Removal of symptoms

- Reorientation of patients' attitude
- Hypnosis

Persuasion

Playing a mentor role or authoritarian role

- Appeal is made to intelligence and reasoning and not emotions.
- Indoctrination

Pressure and Coercion

- Useful in situations when individual is not able to face one's real life situations
- For individuals who are shy in nature and run away from reality

Assertive Training

Assert for rightful acts

- To be firm
- Learn to say "No"

Relaxation Training

Social skills training

Interpersonal skills

Environmental manipulation

- To remove the provocative irritants
- To remove deficits in living situation that create problems.

4.10.2 Therapeutic Strategies

- ❖ Creative Art therapies
- ❖ Music therapy
- ❖ Dance therapy
- ❖ Drama therapy
- ❖ Poetry
- ❖ Occupational therapy
- ❖ Milieu Therapy

Supportive counselling uses measures of warm, friendly, strong leadership role. It provides gratification of dependency need without evoking shame and guilt.

Psychologist's role in supportive counselling is to be a sympathetic and active listener, an encourager, educator, mentor and guide.

4.11 Cognitive Behaviour Therapy

We are what we think

All that we are arises with our thoughts

With our thoughts we make the world

Budha

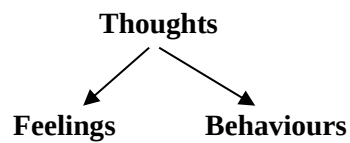
"There is nothing either good or bad but thinking makes it so"

William Shakespeare

Cognitions are thoughts, beliefs, and internal images that people have about events in their lives.

Common premise of all cognitive theories is that how people think largely determines how they feel and behave. Thoughts cause Feelings and Behaviours

"Every bad feeling we have is the result of our distorted negative thinking".

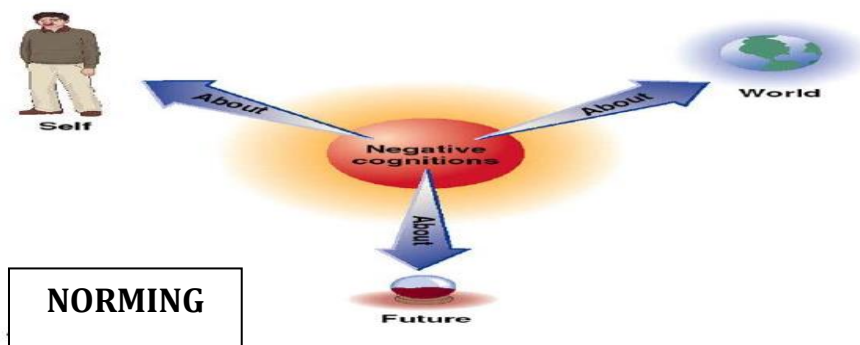


Forms of Cognitive Therapies

1. Aaron's Beck's Cognitive Therapy (CT)
2. Albert Ellis's Rational Emotive Therapy (RET)
3. Donald Cognitive Behavioural Therapy (CBT)

Beck's Cognitive Triad

- Think negatively about oneself
 - Think negatively about the world
 - Think negatively about the future
-



CBT has become one of the major trends in counselling in recent years. CBT is an educational model of counselling and guidance. It is short term, didactic and directive.

4.11.1 Cognitive Behaviour Therapy (CBT)

A B C D E F Model

- A = The *activating* event
- B = The irrational *belief* about the event
- C = The emotional *consequence*
- D = *Disputing* the irrational beliefs
- E = The *emotional* effect of disputing the belief
- F = New *feelings* and behavior

4.11.2 Third Wave Cognitive Behavioural Marriage Therapy (CBMT)

CBMT is a highly-structured approach for identifying, understanding and resolving unhealthy patterns of conflict, communication and emotional distress in marital relationships. CBMT is a present-focused therapy that looks at a couple's past experiences for ways to improve their interpersonal exchanges. It motivates a couple to stay together and helps them to focus the present and break away from past patterns of thought and behaviour. CBMT provides an active problem solving approach to managing individual differences and developing a flexible, emotionally resilient and fulfilling marital partnership for the future.

Marital Distress

Individual differences and disagreements are common in most relationships and the potential for friction and conflict is ever present. Where these relationship differences are not respectfully and assertively managed, communication breaks down, a negative emotional tone sets in and the focus shifts from partnership to resistance or withdrawal.

Causes of Marital Distress

- A loss of positive emotional reciprocity; caring or doing less for each other
- Unhelpful relationship demands or expectations from one or both partners
- Unresolved differences in attitudes and values
- Communication difficulties and unhelpful communication patterns
- Emotional or physical abuse
- Resistance patterns involving cycles of pursue-withdraw, attack-withdraw and withdraw-withdraw
- Destructive or addictive individual behaviours that damage the relationship
- Inappropriate relationship behaviours and infidelity

Success or failure of a relationship is based on the presence or absence of four types of hostile or destructive behaviours.

These are referred to as the "Four Horses of the Apocalypse."

- **Criticism:** Attacking your partner's personality or character, usually with the intent of making someone right and someone wrong.
- **Contempt:** Attacking your partner's sense of self with the intention to insult or psychologically abuse.
- **Defensiveness:** Seeing oneself as the victim and continuously warding off a perceived attack.
- **Stonewalling:** Withdrawing from the relationship as a way to avoid conflict.

These negative cognitive, behavioural and emotional patterns are the primary reason why now almost half of all marriages or committed relationships end in divorce or separation and why it is estimated that a third of all couples experience relationship distress in the first three years.

CBMT Process

There are six steps in CBT for couples counselling.

1. Undertaking a joint assessment to identify and acknowledge individual problems, relationship conflicts, external factors and expectations.
2. Agreeing shared goals and values to set direction and guide future relationship changes.
3. Using CBT for couples model to explore the interdependencies between external factors, triggers, thoughts, feelings and behaviours.
4. Identifying and practising new cognitive and behavioural strategies based on shared values, mutual respect, empathy, trust and tolerance.
5. Practicing joint communication and listening skills to support positive behavioural change.
6. Agreeing a new "relationship contract". This expresses the key principle that each partner commits to supporting behaviour change.

Stages of CBMT

- The **First Stage** involves assessment and a series of diagnostic tests which measures the issues to get a clear blueprint for therapeutic treatment.
- The **Second Stage** involves analysis of what brought the couple together and honeymoon period of the relationship.
- The **Third Stage** involves designing a new marriage contract in all areas of married life
 - finance
 - household chores
 - shared-child rearing
 - physical intimacy
 - time together
 - time apart
 - holidays

Each of these is negotiated between partners. Then this is drawn up as a document which both partners can refer and adhere to the same.

Solutions to Marriage Problems

- Acceptance: Many wonderful marriages are discarded because their core value is lost in the midst of the battle.
- Commitment : Both the partners need to be committed to each other
- Empathic Communication: Healthy communication involves mutual empathy and acceptance.

- Soft Start-up : The ability to respectfully and assertively communicate criticism and concern is key to a healthy marriage.
- The Path to Friendship: An essential vehicle for establishing friendship in a marriage is having shared goals the partners work toward in tandem.

8 ways of CBT to Improve Marriage Relationships

1. Greater presence
2. Less Anxiety
3. Improved mood
4. Better sleep
5. Healthy relationship
6. Happier kids
7. Healthier thought patterns
8. Healthier actions and behaviour

Benefits of Cognitive Behavioural Marriage Counselling

CBMT focuses directly on the attitudes, skills, behaviours and emotional responses found in adaptive, fulfilling and resilient relationships.

Cognitive Behavioural Couples counselling research studies have shown improved emotional awareness, behavioural change, listening and communication skills, joint problem solving, conflict management, relationship resilience and the development of shared values.

CBMT helps couples in achieving specific goals by adopting new perspectives on :

- A new way of thinking
- A new way of feeling
- A new way of acting or behaving

4.12 Behaviour Modification

Behaviour is any activity which is observable and measurable. Behaviour modification refers to bringing about change in behaviour based on learning principles.

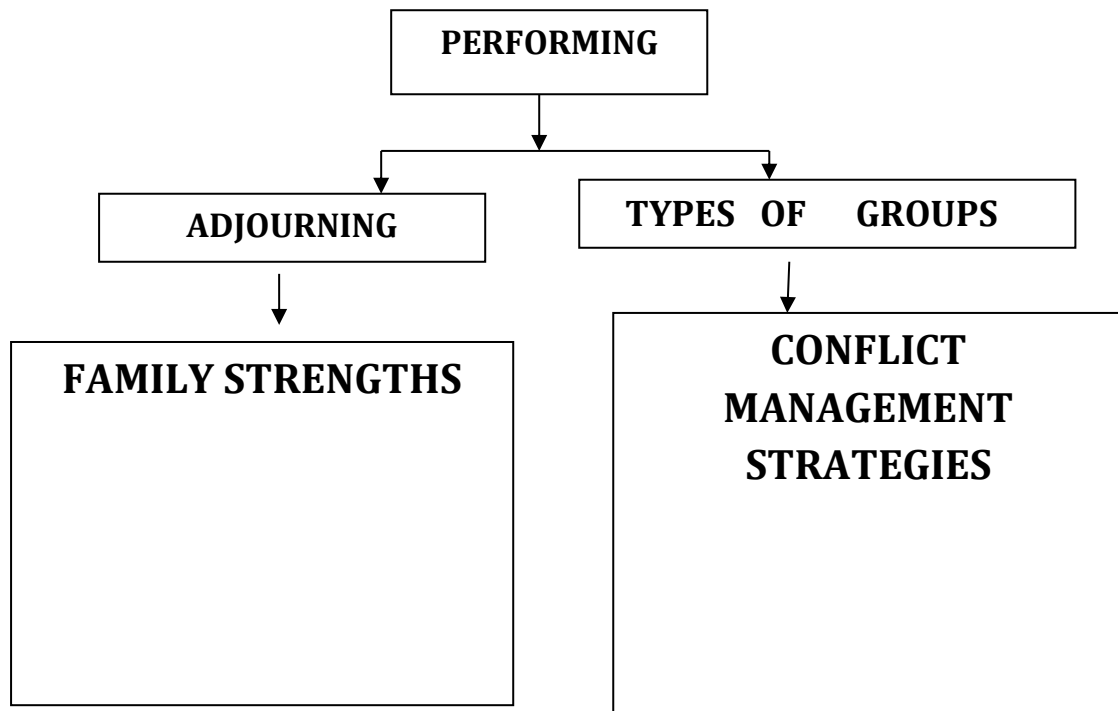
We learn a behaviour when it is followed by

- a pleasant consequence, or
- termination of unpleasant consequence

4.12.1 Behaviour Modification Technology

Behaviour modification technology has proved to be very effective in the training and management of couples with behavioural problems. Behavioural technology is used for both increasing desirable and decreasing undesirable behaviours. Systematic use of behavioural techniques can bring about change in the behaviour of persons irrespective of their age, sex, or condition.

Behaviour can be classified into two groups as :



A behaviour can be considered problematic if it is:

- Injurious to self or others.
- Interferes with own learning as well as others' learning
- Inappropriate for age
- Socially unacceptable

Behaviour modification includes the following steps

- Identification of problem behaviour
- Prioritizing the problem behaviour
- Selecting the target behaviour
- Identifying rewards
- Baseline recording
- Functional analysis
- Developing the package programme
- Implementing the package programme
- Follow up

Identification of Problem Behavior involves observation, interview and use of behaviour checklists

Prioritizing the Problem Behavior

- a. Severity, frequency and duration
- b. Dangerous to self or others
- c. Most disrupting for the client or others

Selection of Target Behavior

After prioritizing, select a specific problem behavior which needs modification.

Identification of Reward

- Observing and interviewing the client
- Using reward sampling technique and Using Reward preference checklists

Types of Rewards

- Primary reward
- Material reward
- Social reward
- Activity rewards
- Privileges
- Token reward

Recording the Problem Behaviour

There are different methods to record problem behaviour.

- Frequency Recording - Number of times specific problem behaviour occurs.
- Duration Recording - Length of time
- Interval Recording - How often problem behaviour occurs within a specified interval
- Time Sampling - Whether problem behaviours occur within a specified time.
-

Functional Analysis of Problem Behaviors A-B-C Model – 3 Components

- What happens immediately BEFORE the behavior?
This is called as ANTECEDENT factors.
- What happens DURING the behavior?
This is called as BEHAVIOR.
- What happens immediately AFTER the behavior?
This is called as CONSEQUENCE factors.

Rewards which maintain the problem behavior are:

- Attention Seeking
- Tangible Reward

- Escape
- Self Stimulatory

4.12.2 Behaviour Modification Techniques For Managing Problem Behaviour

1. Restructuring the Environment

Restructuring can be done by changing the antecedent (causative) factors like place, situation, presence of a person, appropriateness of the task, methods of instruction used by instructor.

2. Extinction / Ignoring

This technique involves removal of attention reward following a specific problem behaviour. When the child exhibits the problem behaviour do not look at the child, no long lecture to the child, no physical contact with the child.

3. Time out

Time out is separating the client from the situation following a problem behaviour for a certain period of time.

4. Physical Restraint

Physical Restraint involves restricting the physical movements of the client for sometime following a problem behaviour.

5. Over Correction

This technique not only decreases the problem behaviour, but also teach appropriate ways of behaving.

6. Token Economy Programme

This technique is very useful in individual as well as group setting. In this technique tokens are used as rewards for desirable target behaviour, which can be exchanged for other rewards.

7. Response Cost

This technique involves paying the fine or the cost for indulging in a problem behaviour. This technique is used along with token economy programme.

4.12.3 Behaviour Modification Techniques For Developing New Behaviours

Shaping

Shaping is reinforcement of closer approximations to the desired behaviour.

Components of desired behaviour are reinforced step by step.

Prompting

Prompting means guiding an individual to make a new response

Physical prompting	–	manually guiding
Gestural prompting	–	pointing with fingers and eyes
Verbal prompting	-	verbal guidance

Fading

Fading is gradual withdrawal of prompt. When desired behaviour is established, the prompts should be gradually faded, the direction being – from greatest assistance to least assistance.

Chaining

Chaining is used for teaching sequence of a new behaviour. A complex task is broken down into simple and small steps. Forward chaining – start with first step, master it, go on to next. Backward chaining – start with last step, master it, then last but one.

Imitation (Modeling)

Both desired and undesired behaviours are learnt through imitation of behaviour of others. Parents and teachers are best models for child to imitate.

Guidelines For Developing Behaviour Management Programme

- Provide reward immediately after a good or desirable behaviour.
- Remove pleasant consequences following a problem behaviour.
- In case the Individual has been habitually receiving benefits by indulging in a problem behaviour, stop those benefits.
- Teach desirable behaviours which may serve the same purpose that of problem behaviour.
- For long lasting effects, manage problem behaviours by not only changing or removing the antecedents, but also by changing the consequences.

Behaviour modification is a double edged technique to decrease undesirable behaviours and increase desirable behaviours to help couples to lead a healthy and satisfactory life.

4.13 Crisis Counselling

A crisis refers not just to a traumatic event or experience, but to an individual's response to the situation. The events that trigger crisis can run the gamut of life experience, from developmental hurdles like puberty or old age, to natural disasters or death of a loved one. Crisis counseling is an intervention that can help individuals deal with the crisis by offering emotional support for immediate relief.

James and Gilliland defined 'a crisis as the perception of an event or situation as intolerable and one that exceeds the immediately available resources and coping mechanisms of the person'. The crisis has the potential to cause severe affective, cognitive, and behavioral malfunctioning. Crisis is both universal and idiosyncratic. If the duration and intensity of the crisis is severe enough, no one is immune from breaking down. Crisis is idiosyncratic because what one person may successfully overcome, another may not, even though the circumstances are virtually the same.

Generally, crises are time limited, lasting from 6 to 8 weeks. At the end of this time, people should regain a sense of equilibrium. People should recover the capacity to function on a day-to-day basis. If resolution of the crisis does not continue or is impeded, the problems stemming from the crisis can

become pervasive. The problems will change from an acute state to a chronic state wherein the individual is constantly at risk to fall back into a continuous cycle of crisis. If this happens, the person will be in a transcrisis state.

What is Crisis Counseling?

Crisis counseling help individuals with coping and support after a major crisis. Crisis counseling is brief and time-limited with specific goals for achieving stability, increasing an internal sense of empowerment and safety, and locating appropriate resources. Typically, crisis counseling can range from 15 minutes to 2 hours and is provided through 1-3 sessions. While it is not a substitute for long-term therapy crisis counseling can provide a safe outlet for immediate relief.

Crisis counseling is *psychological first aid*, which focuses on reducing acute distress, restoring physical and mental stabilization, and integrates prosocial coping skills.

Typologies of Crises:

Crises can be categorized into four types, each with its unique characteristics as given below.

Developmental crises occur when events in the normal flux and flow of human development are disrupted by a dramatic shift that precipitates an abnormal response. To illustrate, pubertal changes in adolescence, graduation from college, marriage, a first child, job change, or retirement, old age are all key developmental stances that call for dramatic shifts in how a person operates and may cause a crisis event. Socio-Cultural factors influences how these crises can be dealt with help of counseling.

Situational crises occur when an uncommon traumatic event occurs that the individual has no way of forecasting or controlling. Automobile accidents, rapes, shootings, sudden illnesses, the unexpected death of a child or spouse, job loss, and divorce are all examples of unforeseen, sudden, and intense traumatic events that are out of the realm of normal functioning.

Existential crises are inner conflicts that accompany the important human issues of self concept, joy, happiness, love, responsibility and goal orientation. Existential crises occur when individuals suddenly realize that some important intrapersonal aspect of their lives will never be fulfilled. For example, a death bed review of one's life as meaningless is crisis of self-purpose and self-worth.

Systemic crises stand out into large segments of the population and the environment itself. Natural disasters such as tsunami, hurricanes, wildfires, floods, and earthquakes create havoc on all parts of the ecological system across wide geographic areas. These result in death and injury, as well as the loss of basic human necessities such as food and shelter. Essential services for basic human life are destroyed. Natural and human-made disasters such as the September 11 attacks, and school massacres not only affect the immediate victims but also psychologically impact people throughout the world through extensive media coverage.

4.13.1 Areas of Crisis Intervention

Natural Disasters: Crisis counseling can help in natural disasters, such as hurricanes, wildfires, or earthquakes.

Violence: Violent acts like bombing, mass shooting, gun violence continues to surge, the destruction and carnage from these shootings also continue to rise. The aftermath of these mass shootings may be associated with feelings of anger, depression, psychosomatic symptoms, anxiety, depression, and PTSD. Crisis counseling continues to provide a stable anchor for those in the wake of such violent acts.

Domestic Violence: Crisis counseling offers emotional support and resource to help individuals by creating safety planning for victims of domestic violent relationships.

Sexual Assault: Sexual assault can evoke difficult reactions of anger, confusion, depression or anxiety. Crisis counseling help with emotional processing and locating appropriate resources and referrals for recovery.

Suicidal Intervention: Crisis support for people feeling actively suicidal or in severe emotional distress. Crisis counselor will explore the individual's thoughts and feelings and refer to the appropriate resources if needed.

CRISIS COUNSELING

Crisis counseling targets temporary affective, behavioral, and cognitive distortions generated by traumatic events and helps people recognize and correct their perceptions, feelings, and behaviors to approximate more normal precrisis functioning. Crisis intervention is based on an equilibrium/disequilibrium paradigm that has four stages: (1) disturbed equilibrium from the trauma, (2) brief therapy targeted at the trauma and disequilibrium, (3) the client's working through the trauma, and (4) and restoration of equilibrium.

4.13.2 Crisis Intervention Models

There are numerous crisis intervention models. The most common is the equilibrium/disequilibrium model that views people as in a state of disequilibrium in comparison to their precrisis coping ability. Its aim is to use previous client coping mechanisms or counselor-generates new coping mechanisms to help clients regain equilibrium and bring maladaptive responses under control. It is most often used in early intervention when the person is out of control, disoriented, emotionally distraught, and unable to function.

Richard James proposed a six-step crisis intervention model. In this model which is dynamic triage assessment of affective, behavioral, and cognitive functioning. This continuous assessment allows counselors to evaluate the clients' past and present situational crises in regard to their ability to cope, response to personal threat, amount of lethality, degree of mobility, and type and amount of direct action needed to help them. The six-step model may be divided into two major categories of

Exploration and Acting. In Exploration there are three steps namely, defining the problem, determining safety needs, and providing immediate physical and psychological support. The counselor in exploration will be helping by counseling skills of attending, empathizing, and being nonjudgmental, caring, respectful, and genuine. Counselors may also become confrontive, directive, assertive, and guiding in need. In acting face counselors use three steps namely examining alternatives, making plans, and obtaining commitment. It is likely that in the active phase, a higher degree of counselor involvement, responsibility, information giving and guidance is needed.

Crisis Counseling Skills

The objective of the crisis counseling is to contain the situation, stabilize the client, stop the escalation of emotional disequilibrium and disorganization, and, it is hoped, return the client to as close to precrisis functioning as possible. Crisis intervention generally is on a very time-limited basis that can be measured in minutes, hours, or days, rather than weeks, months, or years. After stabilization, the client may be referred, if needed, to long-term therapy for systemic change and increased functioning are the goals.

Counseling skills focus on accurate listening and responding, assess, synthesize, diagnose, explore alternatives; and plan and solve problems. The crisis counselor will have little time, support, or resources to do these activities. Because of rapidly changing conditions and the volatile atmosphere that surrounds a crisis, the counselor will have to be exceedingly adaptive. At times, when clients are clearly out of control, crisis counselor is much more directive and closed ended. Assertion, positive reinforcement, limit setting, and here-and-now responses are used much more than in typical counseling. The crisis counseling helps the client towards physical mobility, psychological equilibrium, personal safety, and potential for improving quality of life.

4.14 Problem Solving

A problem is a situation one wants to change. Problems exist where goals need to be attained and there is uncertainty about solution.

A problem can be defined as “a deficit or surplus of something that is necessary to change to achieve one’s goals.”

4.14.1 What is Problem Solving?

Problem solving is an attempt to find a solution to uncertain or difficult situations. Problem solving is considered the most complex of all intellectual functions. Problem Solving is a mental process. It forms part of thinking.

Problem solving has been defined as higher-order cognitive process that requires the modulation and control of fundamental skills.

Problem solving is a tool, a skill and a process.

Problem solving is a **tool** to achieve the goal.

It is a **skill** as once we have learnt it we can use it repeatedly. Ex : Riding a bicycle, adding numbers.

It is a **process** because it involves taking a number of steps

When to use Problem Solving?

Problem solving skills can be applied whenever there is a problem to solve or a goal to achieve.

We engage in problem solving when we want to achieve a goal and experience obstacles on the way.

Problem solving can be used to find solutions about interpersonal relationships, education or work.

4.14.2 Methods of Problem Solving

There are a variety of problem solving methods each consisting of series of steps.

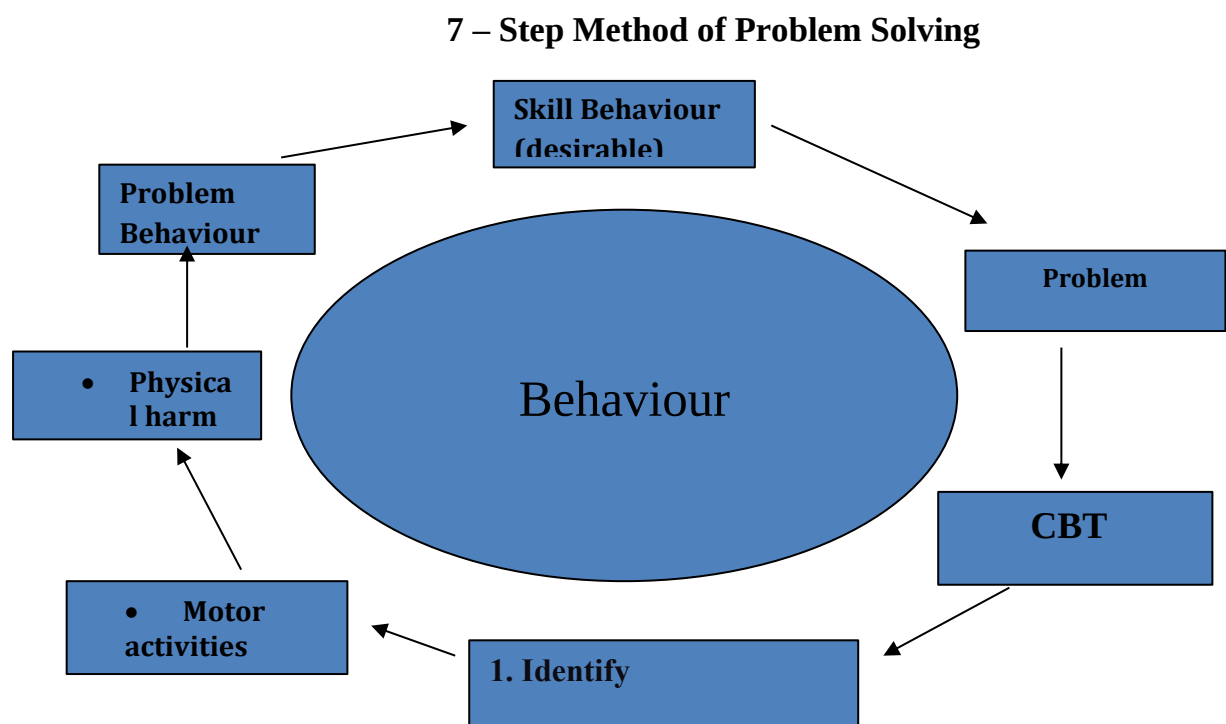
Problem solving is to be viewed as a cycle.

Problem Solving Process

Stage One: Understand the issues : Define the problem, Analyze the situation.

Stage Two: Find Solutions : Generate Ideas , Make Decisions

Stage Three: Plan Action : Analyze the Impact , Plan Your Action, Plan Follow-up



Step 1. Identify the problem

Identify and name the problem to find an appropriate solution.

Step 2. Explore the problem

Once the problem is identified, we need to think about it in different ways.

Ask questions : What are the causes and effects?

How is problem affecting others ?

Who is responsible?

Why the problem is created?

When the problem occurs?

Step 3. Set Goals

Once we have thought about the problem from different angles we can identify and set our goals.

Work towards achievement of the goals.

Step 4. Look at Alternatives

We need to look for possible solutions by creative thinking and brain-storming.

Step 5. Select a Possible Solution

From the list of possible solutions we can sort out which are most relevant to our situation and which are realistic and manageable.

Step 6. Implement a Possible Solution

Once a possible solution selected we need to put it into action for which we need energy, motivation, time and effort.

Step 7. Evaluate

Evaluating the effectiveness of solution is very important.

How effective was the solution?

Did we achieve our goal?

4.14.3 Quality Control Problem Solving

Quality Control Problem Solving Approach (PDCA)

P – Plan
D – Do
C – Check
A – Act

FOCUS – PDCA model developed by W. Edwards for solving any problem.

F – Find a process to improve

O – Organize an effort to work on improvement

C – Clarify current knowledge of the process

U – Understand process variation and capability

S – Select a strategy for continued improvement.

Problem Solving Cycle



Group Techniques for Problem Solving

- Group problem solving is an important technique. It involves open mindedness, flexibility, open to new ideas, revising thinking process.
- Group problem techniques are : Brainstorming, Brain writing, Nominal group technique

Advantages of Group Techniques

- Shared knowledge will broaden the horizon
- Better understanding of pros and cons
- Collective judgement is usually better than that of an individual

Problem solving in Couples and Families

Family problems can be of different kinds and magnitude. They range from minor annoyances to life-threatening situations. They may be brief and can be solved in no time or lifelong.

Family problem solving means removing negative experiences without creating new difficulties. Problem solving at family level needs to address basic nature of problems and how they arise in family life. Essence of problems is blocked goal attainment. When goal is blocked it leads to frustration, we need to help them to remove the block and reach the goal.

Denial is commonly defence mechanism which needs to be interpreted to remove dysfunctions. Conflict engagement is common type of emotional regulation which needs to aggression. Anger management skills and understanding family dynamics are essential for solving problems in couples and families.

Rational problem solving is important to change faulty thinking process.

Change to

Positive Thinking

Positive Emotions

Positive Actions

4.15 Decision Making

Decision Making in Families

Life constantly demands decision. The activities of problem solving and decision making are closely intertwined. Decision making involves evaluating and making choices. Whenever we encounter any problem we have to employ problem solving skills and make the decisions accordingly.

Techniques

- FORCE FIELD ANALYSIS
- CRAVE ANALYSIS

4.16 Force Field Analysis

Force field analysis is a useful technique for looking at all the forces for and against a decision. In effect, it is a specialized method of weighing pros and cons.

Force field analysis is a management technique developed by Kurt Lewin, a pioneer in the field of social sciences, for diagnosing situations useful when looking at the variables involved in planning and implementing a change program and will undoubtedly be of use in team building projects, when attempting to overcome resistance to change.

Lewin assumes that in any situation there are both driving and restraining forces that influence any change that may occur.

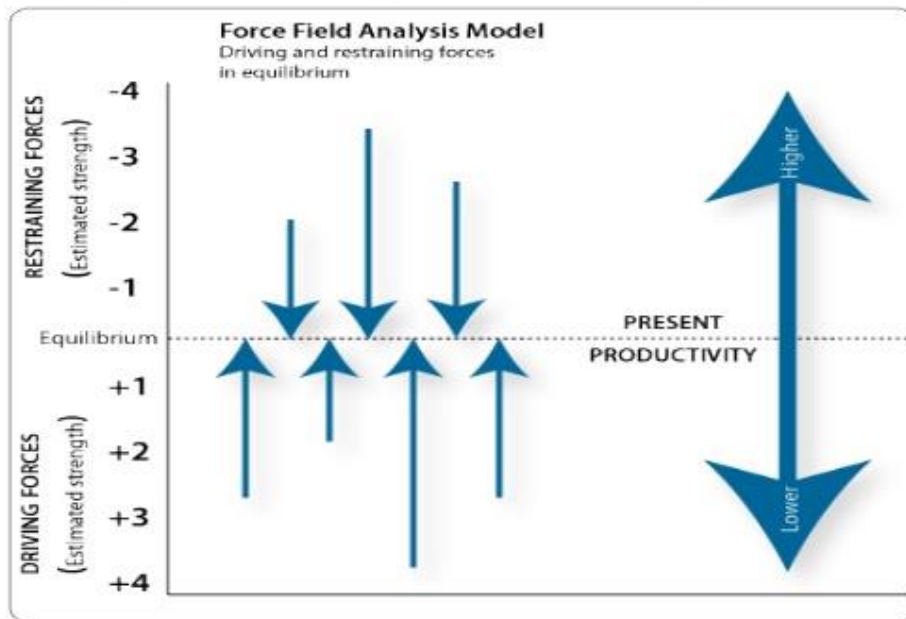
Driving Forces

Driving forces are those forces affecting a situation that are pushing in a particular direction; they tend to initiate a change and keep it going. In terms of improving productivity in a work group, pressure from a supervisor, incentive earning, and competition may be examples of driving forces.

Restraining Forces

Restraining forces are forces acting to restrain or decrease the driving forces. Apathy, hostility, and poor maintenance of equipment may be examples of restraining forces against increased production.

Equilibrium is reached when the sum of the driving forces equals the sum of the restraining forces. In our example, equilibrium represents the present level of productivity as shown below.



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Equilibrium

This equilibrium or present level of productivity can be raised or lowered by changes in the relationship between the driving and the restraining forces.

For illustration, consider the dilemma of the new manager who takes over a work group in which productivity is high but whose predecessor drained the human resources.

The former manager had upset the equilibrium by increasing the driving forces (that is, being autocratic and keeping continual pressure on subordinates) and thus achieving increases in output in the short run. By doing this, however, new restraining forces developed, such as increased hostility and antagonism, which lowered productivity shortly after the new manager arrived. Now a new equilibrium at a significantly lower productivity is faced by the new manager.

Now just assume that new manager decides not to increase the driving forces but to reduce the restraining forces by engaging in problem solving and training and development.

In the short run, output will tend to be lowered still further. However, if commitment to objectives and technical know-how of the group are increased in the long run, they may become new driving forces, and that, along with the elimination of the hostility and the apathy that were restraining forces, will now tend to move the balance to a higher level of output.

Force Field Analysis is a useful technique for evaluating all the forces for and against a plan in dealing with family dynamics. It helps to weigh the importance of these factors and decide whether a

plan is worth implementing, where we have decided to carry out a plan. Force Field analysis helps to identify changes that one could make to improve it.

4.17 CRAVE ANALYSIS

- CRAVE is an acronym used to find out whether a given programme possibility is useful, realistic and applicable.
- Control: to what degree do I have control over the course of action? To what degree do I have control over the resources needed to engage in it?
- Relevancy: to what degrees will this course of action be appropriate in helping me to accomplish goal?
- Attractiveness: to what degree does this course of action is my interest?
- Values: to what degree does this course of action is in keeping with my ethics and moral standards.
- Environment: to what degree does this course of action is realistic and free from major problems and difficulties in the environment?

Rating Programme Possibilities (Course of Action)

Possibility	Control Resources	Relevancy	Appeal	Values	Environment

With the help of CRAVE Analysis the counselor can help the couple engage in constructive change of behaviour.

Family Decision Making Process

Family decision making is the process by which families make choices and come to conclusions that guide behaviours. The family decision-making process is a communication activity. The communication may be explicit or implicit. Families are confronted with a myriad of decisions like disciplinary practices, and the deployment of limited resources. Decision making is an unavoidable, daily process. Thus, family decision making spans many family goals and practices.

Problem solving and decision making skills are very useful which every one should learn because they are useful in dealing with the obstacles and barriers that arise in the personal, academic, professional and family life.

4.18 Ethics in Counseling

The word 'ethics' is derived from the Greek root 'ethos', which means character and is concerned with exploring the concepts of 'right' and 'wrong'.

Counsellors work with clients, as individuals and in groups, to whom they give professional services concerning educational, marital, vocational and personal/social development and to deal with problems in these areas. Counsellors respect the dignity, integrity and welfare of their clients, work in ways which promote clients' control over their own lives, and respect clients' ability to make decisions and engage in personal change in the light of clients' own beliefs and values. To protect clients' interests, counselors are required to comply with code of ethics which makes explicit the values underlying their practice.

The work of counsellor involves a special relationship of trust. That trust is promoted by setting and monitoring appropriate boundaries in the relationship, and making this action explicit to the client and relevant to others. While the relationship with the client is the primary concern, it does not exist in a social vacuum. Counsellors have sensible regard for the social context of their work, which includes the clients, their families, wider community and the law.

Ethical principles of counselling

1 Respect for the rights and dignity of the client: Counsellors honour and promote the fundamental rights, moral and cultural values, dignity and worth of clients. They respect clients' rights to privacy, confidentiality, self-determination and autonomy, consistent with the law. As far as possible, they ensure that the client understands and consents to whatever professional action they propose.

2 Competence: Counsellors maintain and update their professional skills. They recognise the limits of their expertise, engage in self-care, and seek support and supervision to maintain the standard of their work. They offer only those services for which they are qualified by education, training and experience.

3 Responsibility: Counsellors are aware of their professional responsibility to act in a trustworthy, reputable and accountable manner towards clients, colleagues and the community in which they work and live. They avoid doing harm, take responsibility for their professional actions, and adopt a systematic approach to resolving ethical dilemmas.

4 Integrity: Counsellors seek to promote integrity in their practice. They represent themselves accurately and treat others with honesty, straightforwardness and fairness. They deal actively with conflicts of interest, avoid exploiting others, and are alert to inappropriate behaviour on the part of colleagues.

5 Confidentiality and Privileged Communication: Confidentiality plays a major role in defining the communication between a counsellor and a client.

6. Autonomy: Counsellors should make every effort to foster self-determination and individual responsibility on the part of clients. It's a respect for the client right to be self governing.

7. Beneficence: A commitment to promoting the clients well being. This principle means to act in the best interest of your client.

8. Non-maleficence: A commitment to avoiding harm to the client. This principle is to avoid sexual, financial and emotional or any form of exploitation.

9. Justice: Counsellor needs to provide fair, impartial and adequate service to all clients.

10. Self Respect: Fostering the counselors self-knowledge and care for self.

Counseling Session



Summary

Counselling is a form of helping that is focused on the needs and goals of the person. The speed and complexity of modern life continue to increase as do people's expectations from it. Coping well requires autonomous and flexible thinking and clear decisions. Humans have immense potential and are intrinsically intelligent, powerful, co-operative, and zestful. Counselling helps people to realize their potential, change as they learn to think through for themselves and make their own decisions, free of the effects of past conditioning. Effective counselling can help the clients to realize their potentialities and lead a meaningful and happy life.

The role of counsellor involves a range of tasks and competencies. Counsellors need to possess good interpersonal skills, as listening, verbal and non verbal communication and empathy. Counsellors should be genuine human beings and show unconditional positive regard and accept the clients in their capacity.

Counselling techniques and strategies can be used in various spheres and stages of life. Marriage is an important event in the individual's life. Premarital counselling is of great significance in reducing the stress of planning the wedding and can reduce divorce rates and marital disharmony. Marital counselling is aimed at bringing harmony into discordant home life of couples. It focuses on relationship repairing and strengthening; educating couples on communication and soothing skills.

The main goal of Family counselling is to involve all the members of the family in the therapy, as involving each member of the family will be helpful in making each member understand other members' thinking patterns and views. Family counselling mainly concentrates on the interaction patterns of the family members, their needs and attitudes. Family counselling is very useful to heal emotional wounds, come to understand one another better and restore a sense of harmony in the family system.

There are various therapeutic approaches in counselling. Supportive psychotherapy focuses on providing mental and emotional support in times of intense grief or crisis. Crisis counselling is **psychological first aid** which emphasizes on reducing acute distress, restoring physical and mental stability and integrates coping skills. Cognitive Behaviour Therapy is based on the premise of the interconnectedness of thinking, feeling, and behaving. Cognitive behaviour therapists employ active and directive techniques such as teaching, suggestion, persuasion, and challenge clients to substitute a rational belief system for an irrational one. Behaviour modification technology has proved to be very effective in the training and management of couples with behavioural problems. Behavioural technology can be used for both decreasing undesirable behaviours and increasing desirable behaviours.

Problem solving is a higher order cognitive ability to find a solution to difficult situations. Problem solving is a tool, a skill and a process. 7 step method of problem solving involves: to identify, explore, set goals, have alternatives, select the best solution, implement and evaluate. Quality control of problem solving can be done by Plan, Do, Check, Act (PDCA) cycle.

Family decision making involves both explicit and implicit communication and brainstorming by family members. Force Field Analysis and CRAVE analysis can be applied effectively by weighing pros & cons to arrive at critical decisions in the family.

Check Your Progress (Objective Questions)

1. What is the meaning of the word 'counselling'?
2. Write two aims of counselling.
3. Name three characteristics of a good counsellor.
4. Name two areas of pre-marital counselling
5. Name two areas of intervention of marriage counselling
6. Write three techniques of family counselling
7. List two aims of supportive psychotherapy
8. What is Beck's Cognitive Triad?

9. What ABC stands for in functional analysis of problem behaviors?
10. What do PDCA stand for in problem solving?

Answers to Check Your Progress

1. The basic meaning of Counselling is Helping.
2. Aims of Counselling are
 - Giving Emotional support
 - Promoting Insight
3. Characteristics of a good counsellor are
 - Self awareness
 - Acceptance
 - Congruence
4. The two areas of pre-marital counselling are
 - Marriage expectations
 - Roles in relationships
5. The two areas of intervention of marriage counselling are:
 - Safety
 - Normalization and Reality testing
6. The three techniques of family therapy are:
 - Cognitive therapy
 - Behaviour therapy
 - Interpersonal therapy
7. The two aims of supportive psychotherapy are :
 - To restore emotional equilibrium,
 - To get rid of emotional disturbances and neurotic problems
8. The Beck's Cognitive Triad is
 - Think negatively about oneself, Think negatively about the world.
9. A - Antecedent, B - Behaviour C- Consequence
10. PDCA - Plan, Do, Check, Act

Model Examination Questions

1. Define counselling. Elucidate the importance of counselling in family dispute resolution.
2. Describe counselling skills.
3. Illustrate the importance of premarital counselling for a happy married life.
4. What is marital counselling? Delineate marital counselling skills.
5. What is family counselling? Describe various approaches to family therapy
6. What is cognitive behaviour therapy? Elucidate the role of CBMT in marital relationships.

7. What is behaviour modification? Describe behaviour modification techniques for managing problem behaviours and developing new behaviours.
8. Define Crisis counseling? Delineate crisis intervention models.
9. Describe 7 step method of problem solving.
10. Describe Force Field Analysis or CRAVE Analysis

Glossary

Counseling: Psychological therapy to help the client deal with his/her problems

Congruence: Harmony between true feelings and behaviour

Rapport: A warm relaxed relationship of mutual understanding and acceptance

Empathy: Understanding a person from his/her frame of reference

Compatibility: State in which two or more people relate harmoniously

Positive attributions: Positive characteristic tendencies

Soothing skills: Ability to calm down and recover from distress

Marriage counselling: Couples counselling with partners who are married.

Family Counseling: Counselling family members to deal with problems faced in family.

Reassurance: Supportive technique

Persuasion: Active attempt by one person to change another person

Acceptance: Experience and accept difficult thoughts and feeling

Commitment: Action with obligation

Extinction: decline

Token Economy: Rewards that can be exchanged for economic purpose

Problem solving: Process to overcome difficulties to achieve a desired goal

Brain storming: Problem solving strategy in which ideas are generated

Driving forces: Behaviours or impulses that are reinforced or strengthened

Restraining forces: Control or prevent behaviours that are undesirable

Equilibrium: A state of physical and mental balance

Suggested Readings

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