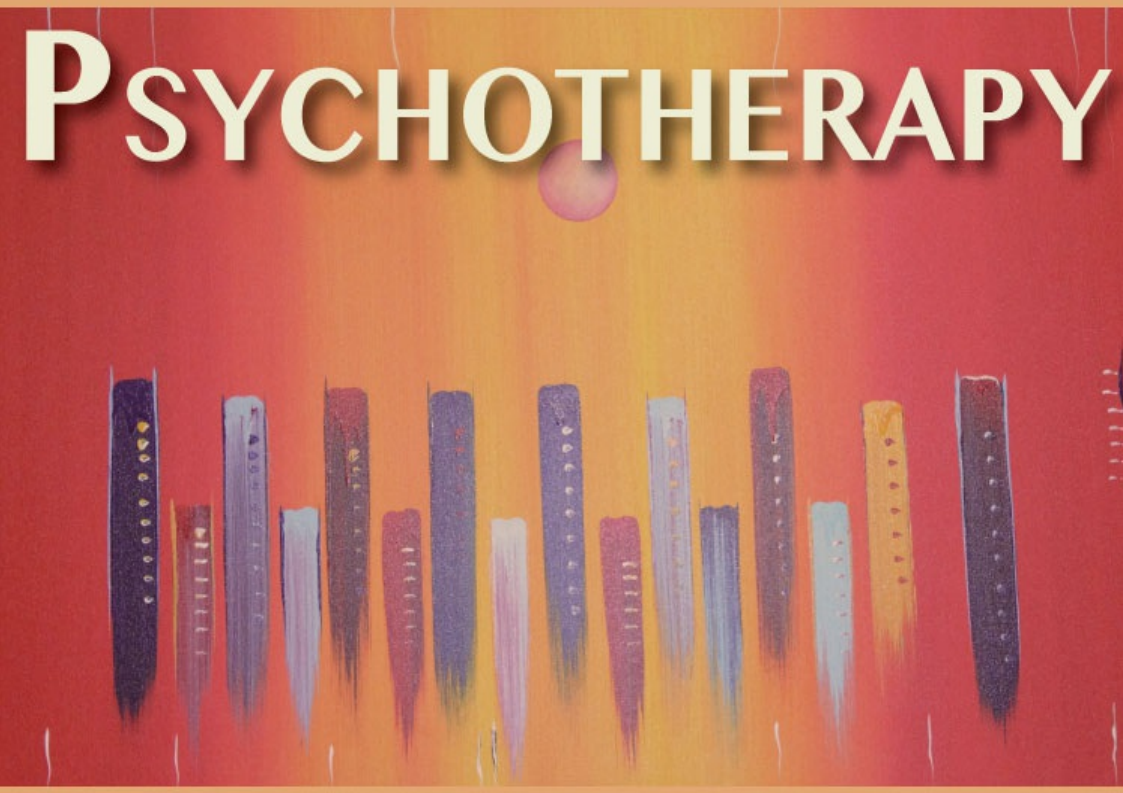
THE TECHNIQUE OF PSYCHOTHERAPY

EDUCATIONAL, CASEWORK, AND COUNSELING APPROACHES VERSUS PSYCHOTHERAPY



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e-Book 2016 International Psychotherapy Institute

From *The Technique of Psychotherapy* Lewis R. Wolberg

Educational, Casework, and Counseling Approaches Versus Psychotherapy

Educational, casework, and counseling approaches all aim at an expansion of the potentialities of the individual and a betterment of adjustment. In this way they pursue some of the goals of psychotherapy. They possess, however, certain distinctive features that should be differentiated from psychotherapy to avoid a confusion of role and function among the disciplines identified with these methods.

EDUCATIONAL APPROACHES AND PSYCHOTHERAPY

Education has been defined as a process of inducing "progressive or desirable changes in a person as a result of teaching and study" (English & English, 1958) and "the systematic instruction, schooling or training given to the young [and, by extension, to adults] in preparation for the work of life" (Oxford Univ. Dictionary, 1955). Even though education has focused on the development of the intellectual capacities of the individual and the acquisition of knowledge, a new direction in education has been fostered by the recognition of the vital significance of human relationships in the learning process. The purpose of education has been extended to include the emotional growth of the individual and more constructive relationships with people.

This progressive movement within the field of education, founded by John Dewey, "emphasizes the needs of the individual and the individual's capacity for self-expression and self-direction" (Hinsie & Campbell, 1960). The discipline of education has accordingly broadened its goals to include "the inculcation of social attitudes," "the development of social sensitivity," and the evolution of "better personal-social adjustment" (Smith & Tyler, 1942; Trecker, 1946). Educational objectives have been widened to foster personal security, and to expand assertiveness and self-direction. A principal aim in education "is to provide rich and significant experiences in the major aspects of living so directed as to promote the fullest possible realization of personal potentialities" (Giles et al, 1942). More and more schools are including in their curricula material "concerned with the total personality—not merely with

the intellect but with emotions, habits, attitudes. . . . It [general education] consists of preparation for efficient living, no matter what one's vocation" (N. Central Assn., 1942). Among the most interesting experiments along this line were those of the Bullis, Force, Ojemann and Forrest Hill Village projects (Comm. Prev. Psychiatry, 1951).

An additional factor has been recognized to the effect that emotional blocks may prevent the student from accepting or integrating educational offerings. The traditional pedagogic techniques are usually unable to handle such impediments. Interviewing and group work methods that are continually evolving in educational circles (Cantor, 1946; Slavin, 1950) attempt to deal with learning blocks. Both in objectives and techniques, some of these procedures resemble those in psychotherapy.

The question, however, still has not been answered satisfactorily as to whether these techniques are forms of psychotherapy or pure aspects of educational intervention. Behavior modification, for example, dealing as it does with habit, learning, and adjustment and practiced in schools, hospitals, prisons, and clinical and community settings, appears to fall into both areas. The confusion perhaps lies in the fact that therapeutic techniques often turn out to be educational for the patients in that they discover new things about themselves and learn different ways of behaving. On the other hand, education can register a significant psychotherapeutic impact on some individuals, helping them to control their symptoms and fostering a better life adaptation.

The success of education in promoting the development of growing and plastic personality structures of children has aroused hopes in utilizing educational approaches toward reshaping attitudes, altering values, reorganizing feelings, and refashioning behavior. Recent years have witnessed the popularization of mental health concepts in current periodicals, books, movies, radio, and television. Under certain conditions the simple imparting of the proper kind of mental health information has geared the recipient toward a more wholesome adjustment. Such simple concepts as that an infant requires the loving presence of a mother and adequate stimulation during the first year of life, or that rebelliousness during adolescence is universal and perhaps a necessary component of the child's reaching for independence, may soften parental anxiety and alter ways of handling problem situations in both parent and child.

Attempts are being made also to educate persons in more wholesome attitudes toward themselves, their families, and the community. Materials are available that are intended to ameliorate the effects of emotional illness on adjustment. This "mental health education" or "psychoeducation" in which there are promulgated precepts of normal personality growth, of psychodynamics and psychopathology, data on the health, adjustment, social and economic hazards of emotional illness, and details on the adoption of mental health information to various problems in the community has sponsored a profession of "Mental Health Educator." The impact on the public has in general been a questionable one, even though the substance of what is taught and the communication techniques have been correct.

The widespread preoccupation with psychological concepts has introduced a flood of writings and lectures formulating doctrines on how to regulate one's life most efficiently. The intent is partly to educate people into the proper handling of their relationships, and partly to mediate their personal conflicts. The effect of such writings and lectures is difficult to assess. Where they do not oppose basic defenses, the person may integrate the teachings with a reeducational result. Where they conflict with basic defenses, they may either wield no influence whatsoever or inspire guilt feelings induced by a realization that one is unable to abandon attitudes or patterns of behavior potentially hurtful to oneself or others. Group seminars oriented around discussion and clarification are much more effective than writings, provided that they are headed by a skilled group leader.

Given the proper motivation, adequate educational media, a congenial setting, an intelligent educator who inspires respect and confidence, and a friendly group bent on learning objectives with which the individual can identify, an individual may acquire a prodigious amount of knowledge. Some change may also be expected in patterns of adjustment as a by-product of the learning experience, principally due to the relationship with the educator and the group.

There are limitations, however, as to how extensively attitudes, values, feelings, and behavior, in which the individual has a deep emotional investment, may be influenced. Although these may seem senseless and are in opposition to a reasonable and happy adjustment, the individual continues to adhere to them with bullheaded persistence. They are impervious to logic, common sense, and scientific argument. The obese young woman, bloated with avoirdupois, may be better versed in the rationale and methods of calorie control than a trained dietician. She knows every reason why she must diet, yet she is

unable to stop stuffing herself with food. The man with a recent coronary attack has read the latest antitobacco literature, yet he invites devastation by chain smoking. The irate business executive, constantly disciplined by her superiors for her spleen, and in spite of a brush-up course in public relations, continues to attack her subordinates and to alienate her peers. The promising young salesperson with a flying phobia has learned all about the safety of aircraft, yet prefers the risks of bus travel to the ease and comfort of a jet plane. These are but a few examples of how limited an educational approach may be in dealing with patterns that reflect deep-seated fears and needs.

Educational techniques are valuable when the individual is able to countenance and to absorb the content they communicate. They are a parcel of all good psychotherapies. But they are unable in themselves to overcome resistances to change, nor can they readily handle the anxieties that inspire the resistances. They usually deal with dimensions peripheral to those that have initiated the individual's neurotic disturbance and that continue to activate that person's mechanisms of defense.

In summary, while educational approaches are important and useful, they are no substitute for psychotherapy. They have a growth potential, but one should not overestimate their impact on firmly conditioned and neurotically structuralized behavioral patterns.

CASEWORK AND PSYCHOTHERAPY

Psychiatric social work traditionally "is social work undertaken in psychiatric agencies and mental health programs." It has as its aim a contribution "to those services and activities within the community which promote mental health and are conducive to the restoration of the health of individuals who are suffering from mental and emotional disturbances." The social work process employed to promote this aim is "social casework," which is applied in the "identification, diagnosis, and treatment of persons with personal and social maladjustments caused or aggravated by mental and emotional problems" (Knee, 1957). By means of a "person to person helping relationship through individual interviews or group process, the social worker can assist the individual to determine and resolve specific problems in the environment and interpersonal relationships which interfere with adequate functioning" (Am. Assn of Psychiatr. Soc. Workers, 1955).

Among the varied services of the social worker are those that deal with family social work, family life education, adoption, child welfare, foster care for children, day care, homemaker activities, legal aid, public assistance, school social services, youth services, community organization and coordination, rehabilitation, protection of rights, and correctional work involving the broadest aspects of law enforcement, detention, probation, parole, and crime control and prevention. Problems in employment, housing, education, living arrangements, finances, recreation, and health come under the social worker's aegis. In the course of work the social worker must make contact with a wide range of humanity, including the physically handicapped, mentally ill, mentally retarded, indigent, chronically ill, alien and foreign born, aged, unmarried mothers, alcoholics, juvenile delinquents, criminals, drug addicts, and generally unhappy and maladjusted individuals. The enabling, problem-solving process the social worker performs to help individuals and their families resolve social difficulties they are unable to manage by themselves is "casework." With the expansion of government responsibility for financial assistance, private family agencies particularly have employed casework in order to counsel family members with reference to intrafamilial relations, so that marriage counseling, counseling of parents regarding their children, and counseling of adults regarding their aged parents constitute a substantial part of work in a family agency. Conventionally, the trained worker has executed these functions through the rendering of services of which the client is in need. The focus has been on the external problem or social situation and not, as in psychotherapy, on the individual's inner distress or illness. In rendering social services, no deliberate attempt is made to alter the client's basic personality patterns, the object being to handle situational problems on a purely realistic level.

This classic role in casework has, during the past decades, undergone considerable modification. Operationally, caseworkers have found it difficult or impossible to limit their area of work to the client's external life situation. Indeed, a conviction has evolved that, unless certain capacities are mobilized or developed in clients, they will be unable to utilize the social services offered or the community resources made available to them toward a better life adjustment. Consequently, much more extensive goals have developed in the practice of casework than are implicit in the early definition. This broadening of objectives was largely the product of psychiatric influence, particularly that of Freud and Rank, and of better understanding of the use of sociologic theory and techniques.

Thus, Towle (1947) described the caseworker as one who handles persons "experiencing some

breakdown in their capacity to cope unaided with their own affairs." This breakdown, she added, may be caused by external factors, "or it may be partially, largely, or entirely due to factors within the individual." Services may be geared toward reality needs or may be "oriented to feelings and to ways of responding."

Bowers (1951), reviewing definitions of casework, adds this one: "Social casework is an art in which knowledge of the science of human relations and skill in relationship are used to mobilize capacities in the individual and resources in the community appropriate for better adjustment between the client and all or any part of his total environment." Other definitions are (1) "casework is a method of helping a troubled person to understand what is causing his personal or family problems and to find inside himself, in the home, or in health and welfare agencies the resources to rebuild his or her family's life" (U.S. Soc. Sec. Adm. 1949) and (2) casework is "the function of professional [social] workers who, through social services and personal counseling, attempt to help individuals and their families improve their personal and family adjustments" (Hinsie & Campbell, 1960).

When we examine these definitions carefully, we find that some of the goals toward which casework is directed are identical with those in our definition of psychotherapy. Since the casework process involves an interpersonal relationship, similar emotional phenomena develop between the caseworker and client as occur between a psychotherapist and patient. The relationship has often served to release forces within the individual that are essentially psychotherapeutic in effect. But can we say the casework process is psychotherapy? Some authorities insist that it is and that "when a psychiatric social worker says she is doing case work, within the interviewing room, she does psychotherapy" (Grinker, 1961). Davidson cites Rennie's account of the casework process: "People who have been interviewed by caseworkers ... say that they like to be talked with in this way; that they gained insight, came to understand some of the reasons for their problems, and got some inklings of the way out of their difficulty . . . . The caseworker observes moods, hesitancies, and emotions . . . expressed in subtle ways. He tries to trace problems to their roots. He accepts the person as he finds him, without blame.. . . . Often the client's anxiety is drained off and his hostility and guilt are lessened. He is freed from the blinding effects of these emotions and sees, for the first time, psychological connections of which he had formerly been unaware." Davidson adds, "Now here, in the words of a distinguished psychiatrist, is a definition of casework— and it's as good a definition of psychotherapy as you can find" (Perlman, 1960b).

When we examine the effects of casework, and scrutinize the dynamics of the caseworker-client relationship, we find a number of similarities to those of psychotherapy. There are, however, differences. First, the casework process is not geared toward the resolution of emotional problems as such, but rather toward a bringing of the client to a recognition of those problems that interfere with the client's social adjustment and utilization of services. "The particular purpose of social casework is to help people who are suffering from some impairment or breakdown in their adequate social functioning and to restore, reinforce, or enhance the performance of their daily lifetasks" (Perlman, 1960b).

Second, resistances to the use of services, and fears and anxieties about changes that are occurring in the life situation and patterns of relatedness, are managed on a realistic level with active guidance and advice giving. Interpretation of unconscious conflicts and a delineation of the origin and minute operations of mechanisms of defense are avoided.

Third, the usual education of the social worker provides counseling procedures, but not the more extensive psychotherapeutic techniques. While there is general recognition of the fact that psychological disturbances are operating to initiate or reinforce problems in the milieu of the individual or family unit, these disturbances are handled on a different level than in psychotherapy. The procedures are focused on enhancing the client's own problem-solving capacities to cope more effectively with social difficulties or to execute actions to modify or resolve them. The establishment of a working relationship with the patient, the making of a social diagnosis, the understanding of the client's personality workings and resistances, the analysis of the client's assets and liabilities, and the maintenance of an effective communicative climate are important elements in the methodology of the caseworker. Guidance, reassurance, emotional support, opportunity for emotional catharsis through verbalization, environmental manipulation, and interpretation of the client's feelings and resistances are freely employed in the counseling process that develops.

While the contributions of Freud and Rank are readily acknowledged, their influence on social casework practice has not been as vigorous as in previous years. There are instead tendencies to employ the principles of ego psychology (Upham, 1973), systems theory (Hollis, 1974) and behavior modification (Fischer & Gochros, 1975), trends that are also preoccupying contemporary psychotherapy.

Unfortunately, modern casework, for many years the dominant method of practice, is undergoing an unfair attack as too expensive, and that it focuses on getting people to conform to oppressive social conditions. The field of social work itself is in a state of ferment as practitioners seek new, more lucrative roles and values to keep up with the temper of the times (Rein, 1970; Payne, 1972; Vigilante, 1972). In the face of this many social workers are striving for changes in professional identification, moving closer to the clinical field. The social worker, usually a psychiatric social worker, who has had specialized postgraduate training in psychotherapy, may, in addition to casework, function with clients on a psychotherapeutic level, dealing with their intrapsychic mechanisms as they influence the total adjustment of the individual. When the trained caseworker does this, casework is no longer being practiced; psychotherapy is the modus operandi.

Toward this expanded function advanced clinical training is being offered to social workers in training centers around the country on a postgraduate level. With such training, the designation of *psychiatric social worker* is being rejected by many social workers as a term connoting subservience to and imitation of the medical profession. The title *clinical social worker* is favored, which better describes their practice while recognizing their independence of functioning.

COUNSELING AND PSYCHOTHERAPY

Counseling is customarily defined as a form of interviewing in which clients are helped to understand themselves more completely in order that they may correct an environmental or adjustment difficulty. Guiding and helping people to make rational decisions, to organize plans for constructive pursuits, to seek out the best available community resources to satisfy immediate and future needs, and to overcome reluctancies toward and fears of action are among the tasks of the counselor. A wide variety of professional and paraprofessional paid and volunteer workers function in this way as counselors. Clients seek help for a host of problems, some real, some projections of inner distress. And it is the duty of the counselor to distinguish between the two.

The relationship between client and counselor, which is considered of prime importance in counseling, is used in different ways—from the offering of suggestions as to available resources to the interpretation of the client's attitudes and feelings. The directiveness of the counselor varies. In directive

counseling (Thorne, 1950) the counselor assumes the role of an authority offering the client an evaluation of the particular problem and defining courses of action. In nondirective counseling (Rogers, 1942) the counselor functions as an agent who encourages the client's expression of feelings, reflecting these and helping the client to assume responsibility for them. In this way the client thinks things out, develops goals, and plans the course of action. Other forms of counseling draw from the field of dynamic psychology, seeking to utilize the counselor-client relationship to demonstrate the operations of the client's personality structure either in creating the situations for which help is being sought or in blocking the client from finding appropriate solutions.

Counseling programs have advanced rapidly, particularly in the educational, industrial, social work, health, and military fields. Counselors in progressively larger numbers have been utilized for guidance activities and personal counseling in secondary schools, colleges, and universities, for "employment counseling" toward selection, placement, and morale building in industry, for "rehabilitation counseling" to enable handicapped persons to make a transition from disability to productiveness, for job relocation services for returning veterans, for "counseling psychology" in Veterans Administration hospitals and various community agencies. Family agencies offer counseling services on matters of family relationship and social adjustment such as the following:

1. Difficulties in interpersonal relationships manifest within the family, between the client and patient, siblings, spouse, children, and others, resulting in anxiety, symptoms, or deviant behavior.

2. Difficulties in personal adjustment in relation to inner functions, such as sexuality, educational achievement and learning, and employment and work abilities.

3. Environmental problems, such as economic hardships and housing deficiencies.

4. Health problems, such as disabilities, physical handicaps, mental retardation, heredity illness (genetic counseling), etc.

The helping methods in the counseling services rendered include (1) advice giving, environmental manipulation, and ego support, such as reassurance and encouragement, (2) guidance in the client's roles in family and society and in what can be done about a specific situation, and (3) clarification regarding the client's feelings and attitudes and their deviations. Services are given not only

to individuals and couples (marital counseling), but also to the total family (family counseling) and to groups (group counseling).

Because of the increasing need for counselors, various training courses have been organized on different levels of sophistication. They range from those that require only a few hours at an undergraduate level to those that lead to a doctor's degree. No unified curriculum exists, but a body of information is gradually being organized from fields of psychology, psychiatry, sociology, social work, and anthropology that are helpful in understanding personality development and structure, human relationships, the vicissitudes of adjustment, and the interviewing process. Goals in counseling have been expanded from simple testing and advice giving to managing the individual's general adjustment problems with the realization that a situational difficulty may be a mere surface manifestation of a more widespread disturbance. For example, the attempt to broaden a person's occupational perspective or to outline a curriculum in line with the person's abilities may fail because of opposing personality forces. This has tended to shift the emphasis of the interview in both individual and group discussions. The client's perceptions, goals, and values as well as feelings about the self and the environment are reflected in behavioral choices. Therefore, they need to be a part of the counseling operation (Cottle, 1973). The counselor may thus act as a catalzyer to a growth process within the client.

The term *counseling* has become diffuse, covering information and advice giving, and merging imperceptibly into psychotherapy (Patterson, 1966; Truax & Carkhuff, 1967; Osipow & Walsh, 1970). Training for a modern counseling role, accordingly, requires, in addition to supplying the counselor with special knowledge and information about resources, a recognition of symptoms of emotional illness, some comprehension of dynamics, discernment of the forces of transference and resistance that are apt to be released during the counseling relationship, knowledge of how cultural factors influence value systems, and, finally, an understanding of one's own emotional shortcomings and prejudices (including destructive countertransference) that are apt to release themselves during counseling. Particularly important is sufficient diagnostic skill to discriminate depression, paranoidal projections, and psychotic manifestations in their early stages. The counselor should know when, how, and where to refer clients for psychotherapeutic help when their conditions require more than counseling and the counselor is not equipped to function in a psychotherapeutic role.

In summary, one may easily discern from the discussion how difficult it is to separate the goals of counseling from those of psychotherapy. Some attempts have been made to distinguish the methodologies. Counseling requires a relationship between a helping agent and a client. In this relationship emotional intercurrents operate that may have a psychotherapeutic effect on the individual, with an influence far beyond the purposes for which help was sought. But while personality change may be the outcome of the counseling relationship, as it is in psychotherapy, there are certain differences between the two processes.

The reason a counselee seeks help is because there is generally some situational difficulty for which specialized knowledge is required or because the individual is unable to cope with a problem through personal resources. The counselor then executes specialized knowledge of the area of concern to aid the counselee. Thus, the area may be educational, vocational, or behavioral, as in marital maladjustments. Objective instruments, such as psychological tests, may be employed. The counselee is then guided toward adequate courses of action. The approach here is supportive, the counselor making suggestions, offering guidance, presenting to the counselee opportunities for ventilation of feelings, and encouraging the counselee toward the proper actions. Sometimes the approach may, in addition, be reeducative, with an attempt at explaining the meaning of destructive behavior patterns, helping the counselee to clarify feelings, and fostering an awareness of how the counselee behaves in relationships with family and other people. If emotional factors seem to be responsible for the counselee's inhibitions, this may be pointed out to the counselee as well as ways in which the counselee may overcome blocks. The counselor neither handles resistance and mechanisms of defense in terms of the total psychodynamic operations of the individual nor focuses on early conditionings and the unconscious forces that play upon the person. However, where counselors have received appropriate postgraduate specialized training in psychotherapy, they may be qualified to add to the battery of counseling methods the operations of psychotherapy. They will then function as psychotherapists rather than as counselors. Although counseling borders closely on the domains of psychotherapy, unless some demarcation is made in boundaries and responsibilities, interprofessional communication and cooperation are apt to suffer.