

To return to grief and mourning, I have found since attending the workshop that I am frequently working with many clients who are unable to continue through a new critical stage in their life history, because of inadequate mourning at the time of a bereavement. I have found this particularly with "copers" who "coped" rather than allow themselves to mourn. One particular client who nursed her mother through a terminal illness was only able to face her final examinations after she worked through the grief. She had held her emotions back at the time so as to support the rest of her family. Frequently in group work a group member will say that his emotions are shallow and mask-like since the death of a parent some years earlier. Again it has seemed appropriate to use Ramsay's methods of reconstruction and confrontation and I am grateful to the Behaviourists for helping me deal with this particularly difficult area of human functioning. I am also encouraged by the knowledge that it is possible for counsellors from apparently opposing standpoints to come together to use and adapt each others methods.

Marilyn H. Murphy

Growth in the Group; An Experiential Gestalt Viewpoint

When I am asked to explain what conjoint family (or group) counselling therapy is all about I say something like this. "You know that as babies/children we each learned (were moulded/conditioned/taught) certain ways of being. We learned (chose) those ways (given who and where we were then) that seemed to us best. . . to take care of our needs. . . needs for safety, support, contact, love, etc. Now as adolescents and adults (in a different time and place, possibly even with different people) we often find that the 'ways of being' we chose for *then* no longer fit. . . the conditions that existed then may no longer be the same. We may have found we need to learn newer different 'ways of being'. Family or group counselling offers us this new opportunity to learn/experience/practise these new ways of being we may want to learn in a safe guided feedback environment."

The advantages of learning/practising these new ways within the family or group counselling setting are many. The drawbacks, issues of privacy and confidentiality, are usually manageable and rarely outweigh the many disadvantages. Just being in a family or group therapy setting is a real learning experience from which one can discover deeply felt understandings of the what/how/why of person/people behaviour. If one member of a family or group enters therapy alone in the traditional way, whatever balance the family had developed previously becomes somewhat unbalanced by the impact of the counsellor's role. Other members of the family/group may feel 'off balance' and respond accordingly, not knowing how to cope with the changes made by the client. The family working as a group are 'in' on the changes and more able to rebalance themselves gradually with less shock to the family

or group system. The family group as the place of original learning seems to be a most useful and reasonable place for relearning. If the original family seems too unsuitable or closed to such counselling work then a group setting can provide a 'new family' setting within which to learn/experience/practise the growth of the individual within the group setting. If it is within and without the 'group' that people need to learn to live comfortably, what better place to practise than in a family or group counselling setting?

In the same way that a headache can be seen as a symptom. . . a message that something in a person's system needs help, so the problems the client brings to the counsellor/therapist can usually be seen as warning messages that the client senses his/her system needs help. The client's message is 'here are the ways I am aware of my pressures'. Usually these are symptom messages . . . their causes are to be discovered in the counselling/therapy process. After years of tracing client 'symptoms' to their causes I suggest that these four issues appear to lie at the base of the piles of 'symptoms' clients report as 'the Problem'.

1. who am I *really*?
2. weak self respect
3. weak communication skills
4. "I don't know what I want in life or how to get it if I did know"

If this is so, that these are the causes, then perhaps these correspondent behaviours need to be modelled/learned/experienced/practised in counselling sessions:

- for 1. practise taking increasing responsibility for Self (words, feelings, thoughts, actions, Self, etc.)
- for 2. learn to take 'good' care of Self (thus more able to 'care' for others as well.)
- for 3. increasing ability to share . . . feelings, Self, thoughts, with others.
- for 4. learning constructive 'fight' styles, that is, conflict-management techniques.

As the client grows in ability and confidence to live in the chosen new 'ways of being', practice is expanded outside the counselling room to the real world. The counsellor/therapist continues to act as role-model, coach, cheerleader, guide, feedback system for the real world practice until the client's confidence/ satisfaction in living the 'new ways' learned signals the end of the counselling/therapy process.

This is a "growth" learning model of counselling/therapy that goes from where 'person' is to wherever 'person' wants to be. It can start from any point. There is no requirement that the client be 'ill' as in the 'medical' treatment model. Motivation for growth model counselling/therapy is simply a person's desire and determination to 'grow' into getting more out of life for the present and future than in the past. The process is one of learning and growing in individuation within the group.

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