OPTIONS FOR HEALING
INTEGRATIVE MULTI-MODALITY THERAPY

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JOEL ZIFF, ED.D.

Abstract

The variety of therapeutic approaches can be confusing both for the client and for the practitioner. Although each modality may offer a unique perspective that can be very effective for some people at a particular moment, practitioners can become too rigid and narrow, failing to recognize when other approaches are needed. This article outlines a framework for an integrative approach to psychotherapy, clarifying choices available to the counselor at each moment using a six step protocol for counseling (creative dialogue, self-care, creating safety and rapport, heightening awareness, expanding choices, and integrating) that can be used to facilitate therapeutic change in six different dimensions of human functioning (behavioral, inter-personal, physical, emotional, mental, and spiritual) and explored in a variety of contexts with regard to time frame, content focus, and therapeutic environment.

Phone: 617-965-3932
Email: joel@ziffgroup.com

Six Blind Men and the Elephant[1]

By John Godfrey Saxe

It was six men of Indostan
To learning much inclined
Who went to see the Elephant
(Though all of them were blind),
That each by observation
Might satisfy his mind.

The First approached the Elephant
And happening to fall
Against his broad and sturdy side,
At once began to bawl:
"God bless me, but the Elephant
Is very like a wall.!"

The Second, feeling the tusk,
Cried, "Ho! What have we here
So very round and smooth and sharp?
To me 'tis very clear
This wonder of an Elephant
Is very like a spear!"

The Third approached the animal
And, happening to take
The squirming trunk within his hands,
Thus boldly up he spake:
"I see," quoth he, "The Elephant
Is very like a snake!"

The Fourth reached out an eager hand,
And felt about the knee:
"What most the wondrous beast is like
Is very plain," quoth he"
"'Tis clear enough the Elephant
Is very like a tree!"

The Fifth, who chanced to touch the ear,
Said "E'en the blindest man
Can tell what this resembles most;
Deny the fact who can:
This marvel of an Elephant
Is very like a fan!"

The Sixth no sooner had begun
About the beast to grope
Then, seizing on the swinging tail
That fell within his scope,
"I see, "quoth he, " the Elephant
Is very like a rope!"

And so these men of Indostan
Disputed loud and long,
Each in his own opinion
exceeding stiff and strong.
Though each was partly in the right,
They all were in the wrong!

[1]Pearson, Durk, and Sandy Shaw, *Life Extension*, Warner Books, NY 1983

A Vignette

Laurel looks around the circle, taking in the faces of the fifteen other students at the first meeting of a graduate school class in counseling entitled “Inter-disciplinary Perspectives”. Laurel has volunteered to describe an issue in her life and has chosen a topic that feels safe to discuss with others in the class.

Laurel tells her story. She describes being abandoned by her mother, an alcoholic, when she was a few days old. As a child, she lived with her grandmother, a very nurturing woman who unfortunately died when Laurel was still an adolescent. Resilient and optimistic in spite of all the adversity, Laurel persevered. She was married, had two children, and held a responsible position in a social services agency. Recently, Laurel’s mother had tried to reconnect with her. Laurel felt very conflicted about the relationship: one the one hand, she also longed to have a relationship with her mother; on the other hand, her mother continued to have a drinking problem. Often when Laurel made plans to get together, her mother smelled of alcohol; or, she would ask for help with something but not about Laurel’s life or reach out in any way. As Laurel spoke, her lips began to quiver; a few tears fell from her eyes. I asked her if she would be willing to stop for the moment and hear from others.

Our goal as a class is not to ‘do therapy’ with Laurel, but rather to develop an experiential understanding of choice-points, to explore the variety of ways a therapist can respond at a specific moment, and to learn from our ‘client’ which response is most helpful at a particular moment.

The other students had been listening attentively and empathically. Some of the eyes in the room were also glistening with tears, touched by Laurel’s story. I asked students to take a moment to reflect on their visceral responses – physically, emotionally, and mentally, and to become of aware of how they wanted to respond to Laurel. I asked students not to think too much or try to do the ‘right’ intervention, but to trust their impulses, to respond intuitively. And, I asked Laurel, for the moment, not to engage when someone spoke to her, but simply to take note of her internal responses to each person, and then to listen to the next person’s response to her. The students began to speak:

“I admire your courage in speaking so openly and honestly.”

“I have some tissues that I’d like to give you.”

“I think you need to set some limits with your mother.”

“My mother died when I was an infant, and I was also raised by my grandmother. I know what it must have been like for you.”

“I’m angry at your mother. I wish she would get her act together and be there for you!”

“I’d like to give you a hug.”

“I want to know how I could help you. What would you like from me?”

“I’d suggest that you have a conversation with your mother. Imagine she is sitting in an empty chair, and see what you’d like to say to her.”

"I think it's a miracle that you are as strong a person as you are given what happened to you."

"I notice that your jaw is tense. Do you feel a physical block? Are you stopping yourself from expressing something, perhaps not letting out all your tears?"

The different responses demonstrated for all of us how many choices we have as we work to help someone: supporting a behavioral change, doing something to solve the problem; focusing on emotional responses, empathizing, nurturing, or guiding someone to explore feelings; coaching to make changes in how one relates to others; bringing awareness to the body; considering sources of spiritual strength; and reinforcing positive attitudes and beliefs.

Laurel listened to each person and taken a few moments to reflect on what she has heard, but kept to the agreement and did not respond. After everyone had a chance to speak, I asked Laurel to talk about her experience. She began by speaking generally, appreciating the caring she felt from each person. She found it interesting to hear the variety of responses and noted that all of what she heard felt constructive and helpful, but she responded differently to each. I asked her to talk about her reactions.

"When I was told that I had 'courage', I liked it, but I didn't believe it was true. It didn't feel that difficult to talk. I'm not someone who has difficulty talking about my feelings."

"I would have been glad to take the tissue from the person who offered it. My nose was running, and I needed something."

"I do feel like it's a miracle that I'm alive. I've always felt like I have a guardian angel watching over me. My grandmother was very religious and I always loved sitting next to her in church, feeling her close to me and singing together."

"I really felt like the person who also lost her mother did understand, and I wanted to talk to her some more."

"I didn't want to be hugged. I don't like people getting too close when I don't know them very well."

"I didn't know what to answer the person who asked me what I wanted. I don't know what I want."

I almost laughed out loud when he said he was angry at my mother and wanted her to get her act together. I even started to feel angry, but then I felt a little guilty about it. "

"I didn't want to talk to my mother, even if it is in my imagination. I don't know what to say to her."

"I did feel tense in my jaw, but I wasn't sure what it meant, if I was blocking something. And, actually I'm sick of crying about my mother."

After Laurel finished, I asked her whom she would choose to be her therapist based on what she heard. She laughed and immediately looked at the man who had said he was angry, "I'm sick of crying! And, I'm sick of figuring out what to do. I just liked that he was angry, even if I felt a little guilty about it." I asked Vince and Laurel if they would be willing to continue their conversation for a few moments.

They agreed to do so. I asked Vince to repeat his original comment. Laurel told him some more anecdotes about interactions with her mother, both in childhood and as an adult. Vince continued to express his outrage. He did not press Laurel to do anything about it. Gradually Laurel also began to talk about feeling angry. Then she looked around the room, smiled again, and said, “This is much better than crying. I think I’ve said enough for today.”

We then took time to make sense of what happened. Why were some responses less helpful than others? What was it that Vince did intuitively that was so helpful? For Laurel, at this moment, it was not useful to try to ‘do’ something although that might be important at some time in the future: for now, it felt like too much pressure and set her up for failure. She also did not want to be encouraged to express her grief. She felt burdened and incapacitated by her grief. Having support for her anger was most helpful because it allowed her to shift her energy, to begin to feel a sense of control in her life and not have to do anything about it until she felt ready.

This experience succeeded not only in helping students understand how many choices we have as therapists, but also to understand that there is no one ‘right response’. It demonstrates that the client and therapist work together to discover what is most helpful.

Preface

The serious problems in life, however, are never fully solved. If they should appear to be so, it is a sure sign that something has been lost. The meaning and purpose of a problem seems to lie not in its solution, but in our working at it incessantly.

--- Carl Jung

When I first became interested in psychotherapy, interest that was both personal and professional, I was both excited and overwhelmed by the variety of choices. Many different perspectives were interesting and also made sense to me: gestalt therapy, family therapy, classical and Ericksonian hypnosis, body-oriented psychotherapy, the Rubenfeld Synergy Method, the Feldenkrais Technique, the Alexander Method, transactional analysis, psychosynthesis, Jungian psychotherapy, behavioral contracting, acupuncture, transpersonal and spiritually based psychotherapy, developmental psychology, and others. I didn't know where to start. Practitioners of each method claimed that they possessed the most powerful and effective approach. Over the course of 15 years, I explored a variety of methods. What I discovered is that there was no one 'right' approach. Each, as practiced by competent therapists, could be effective and helpful.

I wanted to integrate the variety of approaches. I discovered that each modality tended to develop its own language to explain the process of human function, dysfunction, and healing. In spite of differences, there were underlying commonalties. All approaches seemed to consider habits, self-care, heightening awareness, and expanding choices; but each method had its own language and its own jargon. For example, the habitual pattern of responses might be called posture by the body-oriented therapist, ego structure by the affectively-oriented therapist, system by the family therapist, and belief by the cognitive therapist.

In the quest to simplify without being simplistic, I worked to define a unifying common theory that might make the learning process less formidable. I also worked to clarify how to integrate a variety of modalities. The model presented in this article represents the most recent effort to achieve this goal. It will guide you through a six step protocol for counseling (creative dialogue, self-care, creating safety and rapport, heightening awareness, expanding choices, and integrating) that can be used to facilitate therapeutic change in six different areas of human functioning (behavioral, inter-personal, physical, emotional, mental, and spiritual) and explored in a variety of contexts with regard to time frame, content focus, and therapeutic environment.

A map is not the territory. Any theory is only a model of reality. It can only approximate the complexity and depth of human experience. As you begin to work with this model, you will find it most helpful if you suspend your critical judgment and work to understand what is right and helpful about the generalizations rather than to focus on what does not fit. After you become familiar with the model, you can then shape it to fit your own unique perspectives.

The task of therapy: Transforming dysfunctional habits

While unconscious creation -- animals, plants, crystals -- functions satisfactorily as far as we know, things are constantly going wrong with man.

C.G. Jung, An Answer to Job

Symptoms demand our attention**.** The difficulty might be physical pain, illness, addiction, dissatisfaction with job, difficulties in relationship, trauma in early life experience, or some other problem. Whatever evokes the crisis is uncomfortable enough to grab our attention and motivate us to make the commitment to resolve the problem. In attempting to resolve the problem, we make use of all the inner and outer resources we have developed through the course of our lives. When confronted with a new difficulty, we consciously and unconsciously mobilize what we have learned in attempting to find a solution.

We experience an impasse if we are unable to cope with the symptom. When our habitual methods of coping fail, we are forced to explore new possibilities. At this stage, counseling and therapy can serve as a resource to facilitate learning and transformation.

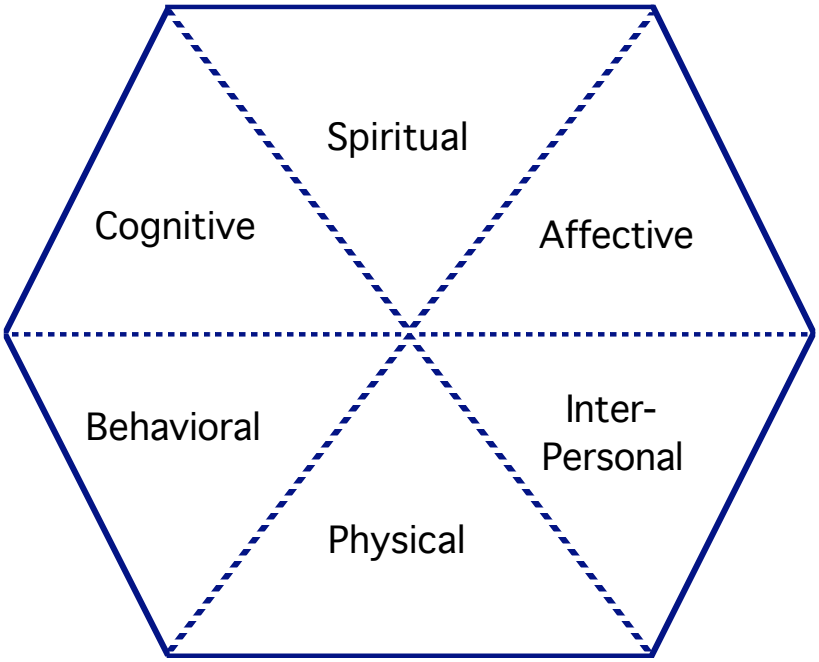
Symptoms are resolved by learning new coping responses. To resolve problems, we must first become aware of how we fail to resolve our problems, to clarify the dysfunctional coping habits. From this foundation, we can the explore news possibilities that may be more effective. The steps in this process can be described as follows:

Unconscious Incompetence - a limited range of learned choices that are ineffective and that exacerbate symptoms.

Conscious Incompetence – self-observation of habitual coping responses and inhibition of efforts to change so as to heighten awareness of behavior, feelings, memories, images, beliefs, and physical sensations, clarifying what and how one responds as a basis for understanding what and how to make changes.

Conscious Competence - conscious effort and attention to develop and sustain new coping responses with regard to behavior, feelings, images, posture, movement, and beliefs.

Unconscious Competence – practice new coping responses; extension of learning into other dimensions; eventual integration into unconscious functioning with minimal conscious effort and attention required.



Dimensions of human experience

When we work to resolve problems, our responses are complex: Our bodies react, we experience feelings, we make sense of the situation for ourselves, we do something, we engage with others, and, we seek spiritual and religious resources. As we reflect on what we need to change so as to be more successful in coping with the situation, we examine six different dimensions of our coping responses:

Behavioral – habits with regard to diet, exercise, cycles of activity and rest, work, time management, and life style as well as problems with addictions.

Inter-Personal – habits of how we interact with family, intimate relationships, family of origin, work relationships, friends, the therapeutic relationship, medical practitioners, and others: how, when, and with whom we establish connectedness and separateness, how we communicate, and how we assert our needs and respond to needs of others. We develop patterns of how we function in a variety of roles in giving and in receiving care, in cooperative relationships as leader or as follower, in collaborative co-creative relationships.

Physical – capacity for kinesthetic awareness of one's body; neurological habits or posture and movement while lying down, sitting, and/or in activity.

Emotional – habitual processes for coping with affect internally and for managing expression of feelings. These include the capacity for awareness of feelings, the use of language to name feelings, the meaning given to feelings, the methods for regulating feelings internally, the capacity for expression of feelings, and the strategies-- internal and in the world -- for responding to underlying needs.

Mental – Habitual modes of perception (auditory, kinesthetic, visual) and judgment (intuitive or analytic), language, images, and beliefs that filter, organize, make sense, and give meaning to perception.

Spiritual – habits of accessing spiritual resources, ways to access an experience of 'being', a fundamentally non-verbal and indescribable connection with the one-ness of life, an experience that integrates all the aspects of human consciousness; accessed both through formal religious practices and more informal, personal religious experience; characterized by compassion and love for self and for others, as well as deep understanding of life purpose and meaning that informs our actions in daily life.

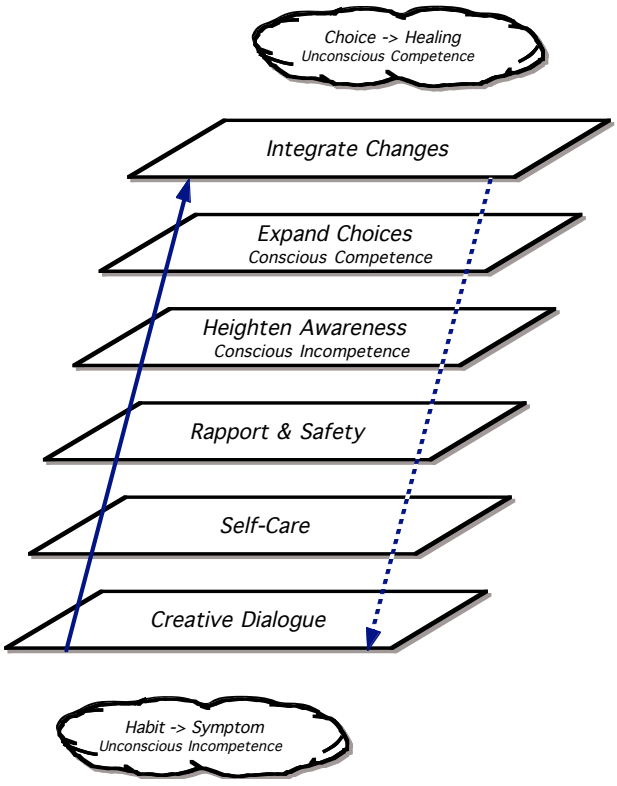
For example, when a person is 'depressed', the depression can be considered as a behavioral habit characterized by reduced activity, poor diet, inadequate exercise, and disturbance of sleep cycles. Alternatively, the practitioner can work with the musculo-skeletal habits - e.g., chronic tension in the shoulders and spine that inhibit breathing and reduce energy. The depression can be defined as an inter-personal habit resulting from lack of contact with others. The depression can be addressed by focusing on the perceptual and cognitive habits such as negative beliefs about oneself, about others, and about the possibility for resolving problems. It might be useful to consider emotional habits, the intra-psychic pattern of coping with feelings. Or, the depression might be experienced as a spiritual habit in which the person lacks connections with practices, communities, and teachings that provide a visceral sense of life's purpose and meaning. (Depression can also be caused by biochemical imbalances that require psycho-pharmacological or complementary medical treatment. Although it is sometimes important to refer clients for medical treatment, the focus of this article is on work with learned habits rather than organic problems.)

Each of the six dimensions of human experience can be useful to resolve problems. Focusing behaviorally, one might develop a contract in which the client agrees to get dressed and leave the house each morning, combating the depression by creating a change in the activity level. Choosing to work with physical process, the therapist might help the person to become more aware of the physical experience of depression and use imagery, movement, or touch to reduce tension, allow for expression of repressed affect, or improve one's capacity to move with greater ease and efficiency. Exploring the inter-personal dimension, the clinician might work with the client conjointly with the family, e.g., helping the family members to be able to set limits, ask for help, or express feelings that impact the depression. Working with mental process, the practitioner might help the client recognize and correct habitual misinterpretations of perceptions such as over-estimating the difficulty of the problem, or under-estimating one's capacity to change. An emotionally focused approach might help the client gain awareness of feelings and of how one manages those feelings, identifying the inner 'child' and inner 'parent', developing a better inner 'parent' that facilitates appropriate expression of feelings, the capacity to contain feelings when necessary, and offers support so the person is able to satisfy underlying needs. Using a spiritually-based

modality, the therapist would help the client to overcome the depression by facilitating an experience of one's life purpose and meaning, drawing on resources from religious teachings and practices.

A multi-modality approach focuses on whichever modality is most effective and efficient for the particular person at a particular time. It is not always necessary to work with all dimensions of human experience. Change in one area of human functioning often translates spontaneously into changes in other dimensions. A change in posture can cause a change in how one feels, in self-esteem, in how one relates to others, and in behavior. For a client who is attuned to physical awareness, a body-centered approach may make sense and be appropriate. For another person, who is cut off from body awareness as a result of trauma, a more cognitive focus may be more effective.

Sometimes, it may be helpful to utilize a variety of interventions through the course of therapy. It may sometimes be helpful to work with approaches that fit the client's preferences and build on strengths while, at other times, choosing to work with areas that have been problematic or undeveloped. Work with one dimension of experience may create the basis for work with another area.



Protocol for counseling: Six steps to dehabituation

The process of change occurs in stages. At each stage, there is a specific focus and task that provides the foundation for the next. The stages include the following:

1. Creative Dialogue

A time of genuine dialogue is beginning. Speech from certainty to certainty, but also from one open-hearted person to another open-hearted person….

Martin Buber

The heart and foundation of good counseling is based upon an I-Thou relational model: a counselor and client who work together to understand the problems, to discover how best to resolve them, and clarify what each person needs to bring to the process. The counselor begins with self-respect, trusting the integrity of one's own impulses, feelings, intuitions, and thoughts about how best to respond at a particular moment. The counselor also respects and trusts the client's integrity, attuned to the client's responses and learning from them.

Awareness of the six dimensions of human experience provides a menu of possibilities that stimulates creative exploration. At each moment, the counselor learns to pay attention to each level of experience – physical, behavioral, inter-personal, affective, cognitive, and spiritual, and to brainstorm options for responding to each of these dimensions. Creative dialogue includes the following steps:

Brainstorm possibilities for interventions. Suspend critical judgments for the moment. Allow yourself time to consider all choices for response without worrying whether or not they are practical or effective. Draw from all that you know. Review what you know about the client. Make connections with your own life experience and speculate how the client may be similar or different. Look to your knowledge of various psychological theories, wondering how they may help in deepening your understanding. Take note of your impulses and intuitions. Consider how to respond in relation to each of the dimensions of human experience: physical, behavioral, emotional, inter-personal, cognitive, or spiritual. Is it more important to focus on the present moment, on current life situations, on early life experiences, on the future, or on fantasy and imagery? Do you respond with nurturance, interpretation, or your own feelings?

Evaluate the choices. Assess what is likely to occur with each possibility. Discard what seems ineffective, or build upon the concept to create something new. Combine several ideas.

Respond based on your assessment of the choices - Take a risk and try something. Trust your mindful intuition.

Observe the client's responses to your intervention. Open your senses**.** How does the client respond? What kind of subtle body changes do you notice? What is the content of the response verbally? What is the tone of the response? How do you feel as the counselor? What do you imagine is the client's experience?

Clarify what you learn from the client's responses. Was the intervention positive or negative? constructive or destructive? Did it result in more energy, more communication, more contact? Did it produce withdrawal, decrease in energy, less communication? What do you learn from what you did and how the client

responded? If the intervention was effective, how might you build upon it? If it was ineffective, how does this inform you for the future?

What might you do next? Once again, the counselor allows space and time internally for creative brainstorming of possibilities. Utilizing what has been learned from the previous intervention, one becomes aware of other possibilities. The process begins again.

2. Self-Care

If I am not for myself, who will be for me? Rabbi Hillel

The more we take care with ourselves, the more we can take care with others. Insofar as we care for ourselves, we can be present with our clients, able to attune to them, having access to our wisdom and compassion, able to respond constructively. At this stage, we utilize the six dimensions of experience to help with the task of self-care, to consider, not the client, but our own experiences and needs:

Behavioral - attending to basic needs such as food and rest, creating a comfortable and safe physical environment.

Physical – awareness of kinesthetic experience moment-to-moment; releasing unnecessary tension; providing proper physical support; sustaining optimum ease and efficiency in movement.

Inter-personal - acknowledging and attending to inter-personal needs unrelated to the counseling process prior to the session; clarifying and establishing the structure for the therapeutic relationship, including the parameters for contact and boundaries.

Mental - heightening sensory awareness; developing capacity both to be present with experience and to stand outside the experience, witnessing oneself and the relationship; acknowledging and assessing pre-existing conceptual frameworks, beliefs, and predispositions with regard to self, client, and the counseling process; cultivating positive attitudes including a sense of compassion, flexibility, responsiveness, creativity, and humor.

Emotional - acknowledging and attending to prior emotional residues; acknowledging and attending to one's emotional responses to client; assessing how best to meet one's needs constructively and appropriately, and clarifying the extent to which they are constructive and appropriate to be expressed in the counseling session and the extent to which they ought to be addressed within oneself or with others.

Spiritual – developing resources for enhancing experience of our own spirituality including ritual, meditation, and other practices that help develop compassion, access to intuition, and clarity of purpose.

Self-care requires commitment to ongoing creative dialogue with oneself, a long-term process of one's own therapy, training, and supervision. It demands that the counselor remain aware of his/her own experience during the course of a

session. Sometimes the process of attunement through self-care takes only moments; other times the process requires sustained effort over time.

3. Facilitating Rapport and Safety

Sometimes the safest thing to do is also the boldest. Ashleigh Brilliant

Although it is hard to describe, we know when we feel rapport with another person. There is a sense of ease and comfort that is communicated without words. We have a good feeling about the other person; we know without asking that the feeling is mutual. We experience an openness to one another, willingness to express what is inside and able to hear what the other says. We understand one another. We have a sense of our goals and direction, our methods for achieving them, our expectations of one another, our responsibilities, and our time structure.

Rapport and safety must be established before attempting to work with issues. It is important to first establish that good sense of connectedness and mutuality, to clarify goals and methods.

The client may initially be reluctant to discuss the issues that have brought him/her into therapy. The client may have a poor sense of self, not trusting his/her own capacity to change and to resolve the problem. There may be a sense of shame, a fear of judgment or criticism, and vulnerability. The client may have a negative sense of the counselor or counseling, reluctant to trust. There may be anxiety resulting from not knowing what to expect. Some clients may ignore the need to build safety, revealing too much, too quickly.

When rapport does not develop, it is important not to ignore the difficulty. One must also resist the temptation to give in to the frustration, blaming oneself or the client. Respect the resistance. Often, the difficulty is itself a significant issue to be explored in the therapy. It may be helpful to acknowledge the difficulty, to heighten awareness of how it is experienced, and to use the awareness to explore the issue of safety and trust in relationship to the person's symptoms. For example, a client with a history of abandonment or betrayal by those in authority may be quite slow to trust. When the difficulty occurs in the counseling, we can validate the underlying reasons and then explore how to create a different experience in the counseling relationship. If there is a difficulty in doing so, we must resolve that problem. If no resolution is possible, it may be better to recommend the client look elsewhere for help.

What is needed to create safety will vary for each person and will change depending upon the particular situation. Through dialogue, counselor and client discover what is needed to create that safety. Some of the possibilities include the following:

Behavioral – provide a safe, comfortable physical space for the client with adequate ventilation, visual and auditory privacy, appropriate temperature, etc.

Physical - respond to physical needs so the client is comfortable – back support while sitting, lying down, moving, etc; similarly modify the activity level to

allow for movement or quiet as needed; clarify and respond to need for help in relaxing, etc.

Inter-Personal – establish agreements regarding time structure, fees and payment policies, goals and methods; renegotiate these agreements as needed over time; clarify and resolve issues that impinge upon the therapeutic process in the context of the client's social environments – family, employer, insurers, or the community

Mental – attune to the client's perceptual style, orienting to the best way in which sensory information is received – auditorily, visually, or kinesthetically; attune to the client's metaphorical language associated with culture, religion, work, hobbies and other embedded imagery.

Emotional - build confidence, motivation, and a sense of hope by validating the client's successes, positive responses, resourcefulness, determination, and courage; depending upon what the client needs, offer an open heart, empathy, support, encouragement, concern, or limits; respond to acknowledge and help work through fear, anxiety, shame, and anger.

Spiritual – explore the extent to which formal or informal ritual, meditation or other similar practices can be helpful to establish centeredness and connectedness.

4. Heightening Awareness

It would be easier to look for the needle, If I could find the haystack.
Ashleigh Brilliant

We need to know how we are before we can discover how we may be. The next step in the process is to clarify how we function in our current life, to make conscious the previously unconscious habits. Ordinarily, we are aware only of a limited amount of what is contained in our consciousness. To avoid being overwhelmed, we learn to filter out much of the sensory input received by the brain: visual, kinesthetic, auditory, olfactory, and taste, as well as the storehouse of memories, associations, images, beliefs, and intuitions.

In addition, the task of heightening awareness must take into account the structure of the brain and the ways in which we access memory. At any moment, parts of the brain are activated while other parts are not. The result is multiple, sometimes disconnected, mind-body patterns, each associated with a particular biochemistry and set of information: memory, learning, behavior, feelings, physical organization, and posture. These patterns are known as state dependent experience. For example, a victim of childhood sexual abuse may live daily life without any signs of distress or anxiety. However, sexual arousal may induce a state dependent experience of the abuse, evoking the memories, feelings, and thoughts.

Change in a habitual pattern of response can occur only if the state of consciousness associated with the habit is accessed. Since these patterns are

often non-verbal and unconscious, change occurs only after activating the pattern, bringing it into the present. Once the pattern is activated, one can develop more awareness of its functioning and make discoveries of previously unknown possibilities. The counselor begins this process by facilitating the client in accessing the state dependent experience.

For example, a counselor might ask a person with a food addiction to bring the tempting food to a session. The visual and olfactory cues evoke the desire to binge with all its associated feelings, beliefs, and memories. The counselor's presence helps the person to inhibit the impulse to act on those feelings, to understand the source of the habitual response, to clarify the underlying needs, and to discover alternatives. The learning is associated with the sensory experience and with the actual feelings of longing. The learning is not dissociated or disconnected from the state dependent experience. The next time the person's addictive impulse is stimulated, the new learning modulates the power of the more primitive habit.

The counselor begins by creating an environment conducive to heightened awareness. This environment is built upon the foundation previously established, an environment characterized by ongoing creative dialogue, by self-care, by safety and rapport. These qualities create the trust, openness, and focus that allow the client to turn inward.

In heightening awareness, we open our senses again to the richness and fullness of primary experience. As we allow this input, we make sense of our experience and understand ourselves in a new way. We can then use this information to help us discover new possibilities. Heightening awareness involves three steps:

Accessing – Sometimes an open-ended, unfocused, permissive environment is most helpful, allowing the focus to emerge from the client spontaneously; at other times, exploratory questioning, guidance, and/or various therapeutic techniques (e.g., hypnosis, role-play, guided imagery, etc.) can be useful to facilitate the process.

Witnessing -- As the theme emerges, the quality of the client's experience changes. The awareness naturally focuses, diversions drop away. The counselor's job is to support the deepening of that awareness, adding to the sensory data, to associations, to the history of similar experiences, etc.

Naming -- The counselor helps to give words to the new awareness, to summarize, and to make sense of the discoveries. Make use of the client's theories as well various psychological concepts. Pick the theory that fits the situation rather than attempt to fit the client into the theory.

The task of heightening awareness can be focused on each of the six dimensions, depending upon what is most helpful at a particular moment in therapy. Sometimes it is helpful to begin with a focus that is easy and comfortable, one in which the client is likely to succeed. At other times, it may be a better choice to concentrate on an issue that is less familiar and more challenging, but directly

addresses the problem or works with underlying sources of an impasse. Following are brief descriptions of each dimension:

Behavioral – select a specific behavior (e.g., diet, exercise, time management, addictive behaviors, etc.); heighten awareness of observable, quantifiable responses to establish a baseline that can be used to clarify goals and to measure one's success.

Inter-Personal – clarify the detailed sequence of moment-to-moment interaction in a particular relationship so as to deepen understanding of the dynamic process of interaction.

Physical – enhance awareness of posture and movement through verbal guidance and feedback, movement, and/or touch to facilitate more detailed understanding of moment-to-moment kinesthetic experience while lying down, sitting, and/or in activity

Emotional – enhance awareness of affective process focusing on moment-to-moment experience of feelings and how ones responds to them (e.g., 'inner child' and 'inner parent')

Mental – enhance awareness of perceptual process; differentiate 'actual' experience from one's interpretations of that experience; clarify how cognitive processes shape one's understanding; assess the effects of these biases on one's responses.

Spiritual – explore of the role of spirituality and religion in one's life in childhood and as an adult, assess the extent to which one is able to access spiritual experience; consider the positive and negative effects of that experience on one's capacity to overcome problems.

5. Expanding Choices

When you reach the end of the road, there's only one thing to do: build more road.
Ashleigh Brilliant

Expanding choices involves discovery of new possibilities for responding to problems. We begin the process of counseling trapped in the compulsive repetition of unconscious, habitual coping. In the environment characterized by creative dialogue, self-care, and safety, we become more aware of these patterns and how they function in our lives. With that awareness, we can then assess how they are helpful and how they exacerbate or inhibit the resolution of difficulties. Based on this assessment, we can clarify some of the possibilities for change. We learn to inhibit old dysfunctional responses. We define new choices. We experiment with those choices and learn from our experiences, gradually clarifying how to respond more effectively. As we experiment, we also develop more confidence and ease. We extend the learning to other areas of functioning.

For example, the person who learned to be a 'good boy' in order to pacify an alcoholic parent may utilize a similar habitual strategy in conflicts as an adult. He becomes depressed when he does not receive tenure as a college professor

despite having done all the 'right' things. He begins therapy, clarifies the habitual response. He experiments, at first, simply imagining what he *really* wants to say and do when someone challenges him. Then he explores what it is like to speak up with the counselor. Gradually he extends the new behavior into other life contexts.

In earlier stages of work with the client, the counselor's focus is on active listening, following the client's lead. During this phase of the work, the counselor still needs to attune to the client; however, the counselor also takes initiative, actively challenging and encouraging the client to make changes. The counselor work with the client to

assess the functional and dysfunctional aspects of habitual patterns,

clarify the goals,

develop the capacity to inhibit the old, unconscious, automatic response,

define a first step that will lead to a here-and-now successful experience, one that is likely to be successful but also has significance,

commit to the task, and

learn from the result, validating success and learning from mistakes so as to clarify the next step.

6. Integrating Changes and Closure

Integration of learning involves the movement from conscious competence to unconscious competence. When learning has been fully integrated, the new patterns are comfortably and unconsciously part of everyday life. However, when we first make changes a high level of conscious awareness and effort is necessary. It is easy to fall back into old habits; repeated efforts are required to practice the new coping response. The initial gains can be lost if one fails to put in the effort needed at this stage. The gains may be less obvious. The counselor needs to provide continued guidance, encouragement, and structure so that the commitment to growth is sustained.

Integrating new response options take time and practice. There is a natural tendency to return to the old habits. The habitual pattern of response has been reinforced for many years. Especially in times of heightened stress, one will tend to revert to old habits. Each regression is an opportunity to reinforce learning about how to make transition to the new response. The goal is not to eliminate the old habit but to gain skill in identifying the old pattern more quickly and shifting to the new response more efficiently.

Allow for successive approximations. Learning occurs in a step-by-step process. Initial simplicity facilitates mastery and a sense of success. As learning occurs, the initial understanding gives way to greater complexity, subtlety and differentiation.

Apply learning to other dimensions of human experience. Learning initially occurs in one aspect of human experience: physical, behavioral, emotional, inter-

personal, mental, and spiritual. That learning provides an anchor that can be utilized to facilitate learning with regard to other habits. Sometimes, work in one area is impeded: a shift in focus to another aspect is needed before change can occur.

The counselor must work to ensure that the ending is constructive. Endings are the source of many different, sometimes conflicting, feelings: satisfaction, excitement, appreciation, relief, fear, anger, sadness, and frustration. Awareness and constructive expression of the feelings is necessary to understand the experience and orient to the future, building on positives and avoiding the negatives.

For many of us, experiences of endings have been difficult, if not traumatic. Sometimes, the feelings of fear, anger, sadness, and anxiety are ignored; in other situations, we experience loss, abandonment, and depression. When it comes time to end the counseling relationship, we sit with all our previous experiences of loss. The counselor needs to be aware of potential stresses and work to make the ending a positive experience, taking time, as needed to deepen awareness of habitual responses to ending. That awareness provides a foundation for assessing functional and dysfunctional aspects of these habitual coping patterns, and defining a goal to explore new ways of ending that may be more constructive.

Context: Therapeutic environment, content focus & time frame

We experience our habitual patterns of response in a variety of contexts. The typical ways in which we function are not only described in terms of the different modes of human experience: behavior, relationship, affect, cognition, body process, and spirituality; these patterns occur in a variety of contexts:

Therapeutic environment –relationship with counselor, couple or family therapy, therapeutic group or community, enactment through role-play or psychodrama, utilization of inner experience working with trance or guided imagery

Content focus – self, intimate relationship, current family, family of origin, peers, work, community

Time frame – past, present, future, mythic/fantasy

For example, consider a person who has difficulty in asking for help. This habit has evolved over time. It may have begun in early childhood, developed further during school years, and expressed itself in a variety of ways through adult life. It may occur in a many different relationships: with intimates, with family, with friends, with colleagues, with subordinates, and with those in authority. It reveals itself in dreams, fantasy, and symbolic form as well as in real life. The counselor can work with that issue in a variety of therapeutic environments – encouraging the client to ask the counselor for help, bringing in a family member, working with active imagination, etc.

Understanding the various contexts in which a pattern occurs facilitates the process of transformation. At different stages in the process of counseling, it may

be helpful to work with different contexts. Sometimes, the context immediately presented by the client is too overwhelming to choose as a focus: it may be helpful to work with a less stressful, but related manifestation of the same pattern. For example, while it may be difficult for someone to ask a spouse for help, it may be possible to ask the counselor. Sometimes, it may be helpful to explore historical antecedents so as to understand the nature of the pattern and how to work with it. Discovering the key moments in childhood that made it difficult to ask for help may inform us as to how to work to change the situation now. Moreover, work in one context can provide the foundation for work in other areas, deepening, solidifying, broadening, and reinforcing the learning. As the person learns to ask for help from the counselor, he can then take the risk to ask his spouse.

The choice of context is determined by what works most effectively at a particular time. Some theoretical perspectives rigidly prescribe a focus: work only with present symptoms, emphasize early life history, or envision the future. All of these rigid perspectives prove inadequate. An integrative approach allows the counselor to choose to work with the range of contexts, guided by what is most helpful at a particular moment.

Choice-points: Integrating the counseling protocol, the dimensions of human experience, and context

	Physical	**Emotional**	**Mental**	**Behavioral**	**Inter-personal**	**Spiritual**
Creative Dialogue	***	***	***	***	***	***
Self-Care	***	***	***	***	***	***
Establishing Safety	***	***	***	***	***	***
Heightening Awareness	***	***	***	***	***	***
Expanding Choices	***	***	***	***	***	***
Integrating	***	***	***	***	***	***

***Contexts: choices of therapeutic environment, content focus & time frame

We can use each of these frameworks to clarify what to do at each moment in the therapeutic encounter. Using the counseling protocol, we can define where we are in the process and understand our task: creative dialogue, self-care, establishing safety, expanding choices, or integrating. We can use the model of six dimensions of human experience to clarify which habits need to be changed:

behavioral, inter-personal, psycho-physical, mental, emotional, or spiritual. We choose the contexts that will be most productive in selecting therapeutic environment, content focus, and time frame. The frameworks continue to inform us as we work, helping us sustain awareness of other possibilities that might otherwise be forgotten or ignored.

Joel Ziff, Ed.D., is a licensed Psychologist in private practice in Newton, Massachusetts since 1978. Joel is also on the faculty at Lesley University and Cambridge College. He works with individuals, couples, families, and groups; he offers training in integrative multi-modality approaches to psychotherapy; and he provides consultation to organizations on developing more effective, collaborative work environments.

His background is in gestalt, family systems, classical and Ericksonian hypnosis, developmental theory, transpersonal psychology, transactional analysis, group process, the Alexander Technique, and the Rubenfeld Synergy Method of body-oriented psychotherapy.

Joel has written several articles on therapy, chapters in books, and a training manual for therapists; he is also the author of *Mirrors in Time: A Psycho-Spiritual Journey through the Jewish Year*. Joel has served as Program Co-Chairperson for three national conferences of the United States Association for Body Psychotherapy.