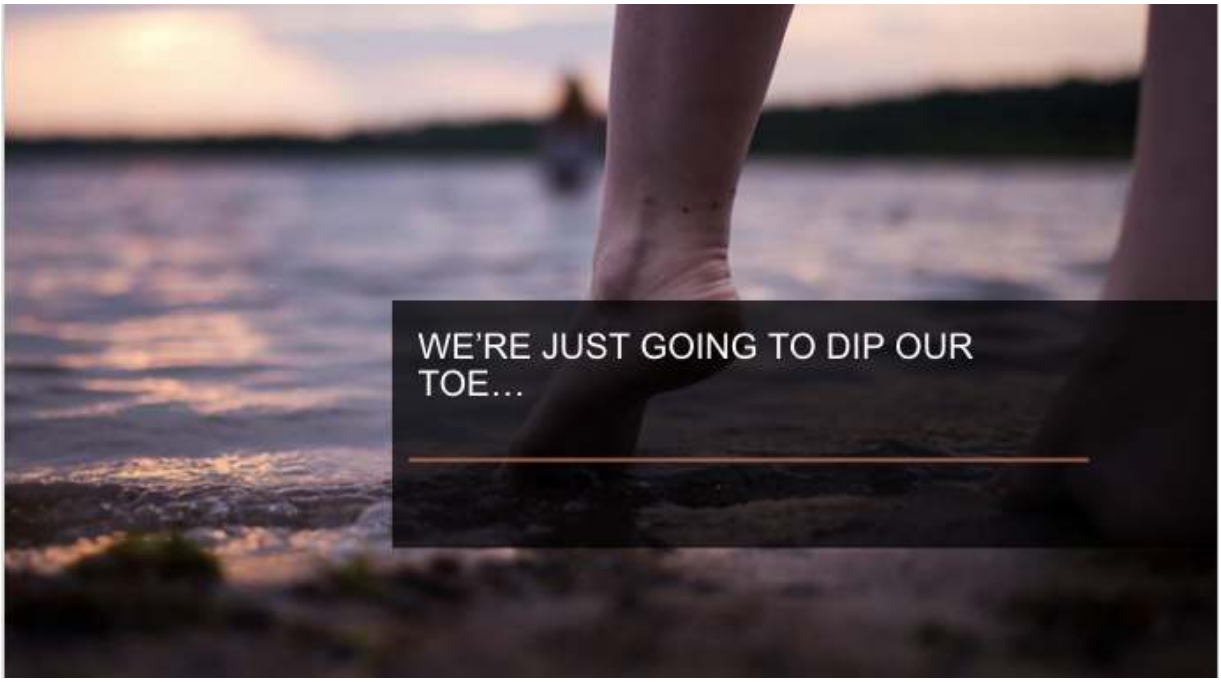
PARENTING THEORIES & THERAPIES

PREPARED BY DR ALVINA GROSU

OBJECTIVES

- To review the theories & therapies related to parenting.
- To inform evidence based reflective practice with a range of theories and techniques.
- To trigger reflection related to theoretical underpinning of personal therapeutic styles.
- To stimulate sharing of experiences in relation to practical applications of knowledge



SESSION 1

OVERVIEW OF FAMILY & KEY CONCEPTS

"BEFORE I GOT MARRIED I HAD SIX THEORIES ABOUT RAISING CHILDREN; NOW, I HAVE SIX CHILDREN AND NO THEORIES."

JOHN WILMOT, 2ND EARL OF ROCHESTER (1647-1680)

VIDEO

SESSION 1

WHAT COMES TO MIND WHEN YOU THINK OF FAMILY?..

OVERVIEW OF FAMILY

(from Latin: familia) is a group of people related either by consanguinity (by recognised birth) or affinity (by marriage or other relationship).

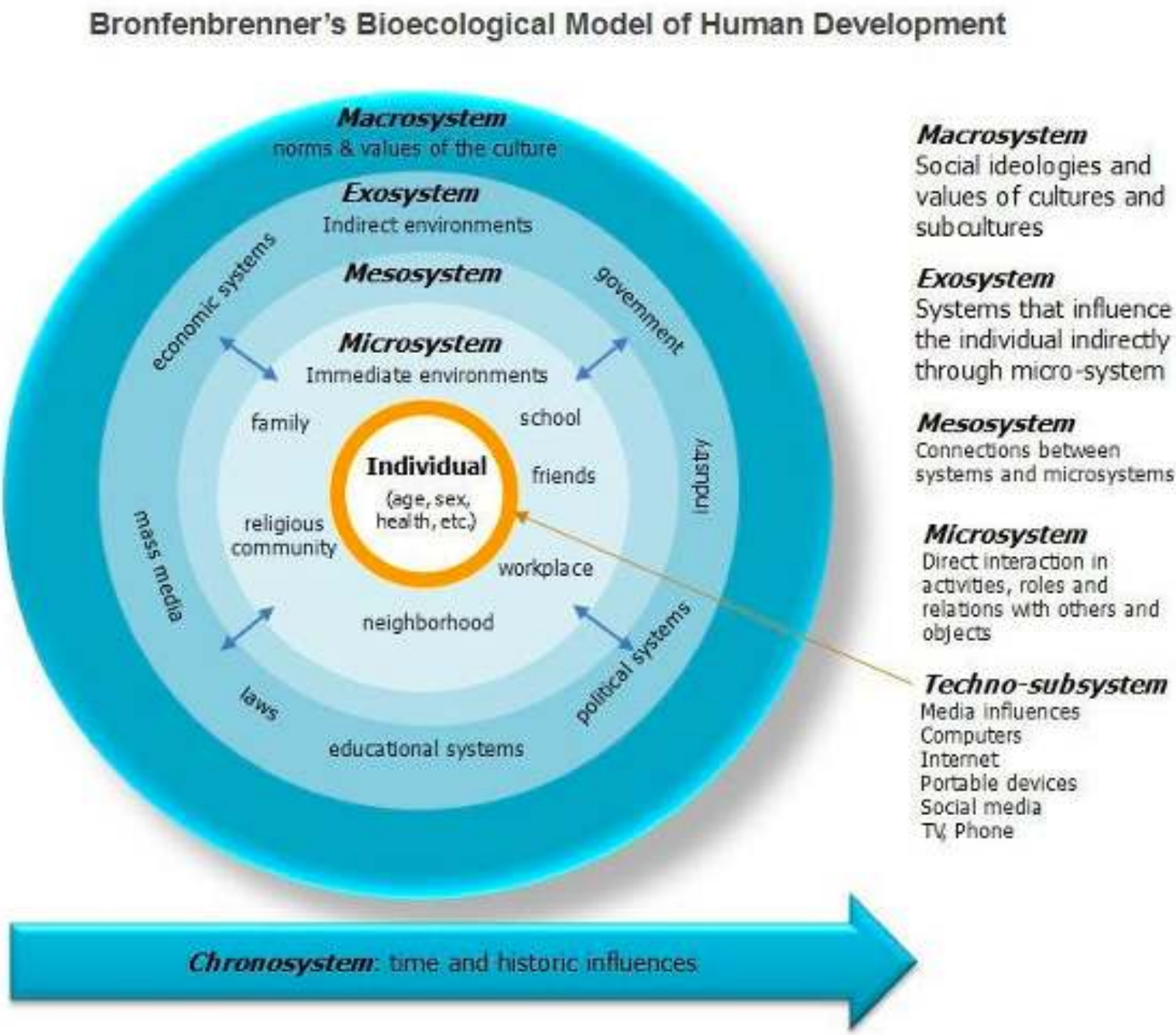
The purpose of families is to maintain the well-being of its members and of society.
Ideally, families would offer predictability, structure, and safety as members mature and participate in the community. Additionally, as the basic unit for meeting the basic needs of its members, it provides a sense of boundaries for performing tasks in a safe environment
In most societies, it is within families that children acquire socialisation for life outside the family and, Ideally, builds a person into a functional adult, transmits culture, and ensures continuity of humankind with precedents of knowledge.

Anthropologists generally classify most family organisations as

- matrifocal (a mother and her children);
- patrifocal (a father and his children);
- conjugal (a wife, her husband, and children, also called the nuclear family);
- avuncular (for example, a grandparent, a brother, his sister, and her children);

extended (parents and children co-reside with other members of one parent's family).

ECOLOGICAL SYSTEMS THEORY



VIDEO: PARENTING & BRAIN

KEY CONCEPTS

FIVE ESSENTIAL ROLES FOR EFFECTIVE FAMILY FUNCTIONING

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

DEVELOPMENTAL FACTORS THAT INFLUENCE A CHILD'S REACTION

- Appraisal of the threat
- Intra-psychic meaning attributed to event
- Emotional and cognitive means of coping
- Capacity to tolerate strong affects
- Ability to adjust to other's life changes
- Ability to deal with loss and grieving

VIDEO

TYPE OF TRAUMA

BY LENORE TERR

TYPE I TRAUMA

- Description: Single event, dangerous, isolated, sudden
- Response: Recalled vividly, quicker recovery time, better prognosis
- Examples: Motor vehicle accident, witnessing homicide or suicide

PTSD DSM-IV (1994): PTSD (Terr's TYPE I)

TYPE II TRAUMA

- Description: Multiple, chronic, repetitive
- Response: Memories are fuzzy, helplessness, dissociation, character changes, more long- standing problems
- Examples: Institutional care, physical & sexual abuse, war, social violence

Complex PTSD Herman (1992): C-PTSD(Terr's TYPE II)

VIDEO

TYPE OF TRAUMA

HOW CHILDHOOD TRAUMA IS DIFFERENT FROM PTSD

- Greater risk for children who have not yet attained optimal potential development
- Knowing developmental status is crucial to understanding the experience of infant and childhood exposure to violence and trauma

Bessel van der Kolk on the Treatment of Trauma:

SESSION 2

PARENTING THEORIES PARENTING STYLES

PARENTING – DIANA BAUMRIND

Highly influential theory, Late 60s/Early 70s, Still widely applied
It remains the most dominant theory on parenting styles and has had considerable validation.
Arising from extensive research she identified four parental strategies.

Originally based her theory on two core dimensions

- Parental Control
- Parental Warmth/Responsiveness

Early researched focused on two dimensions:

- Warmth – Coldness
- Permissiveness – Restrictiveness

PARENTING – DIANA BAUMRIND

Parental control
Consistent enforcement of rules
Provision of structure
Persistence in gaining child compliance

Parental demands
Expectations to perform up to one's potential Expectation of self-reliance and self-control

Parental communication
Soliciting children's opinions and feelings
Use of reasoning to obtain compliance

Parental Nurturance
Expressions of warmth and approval
Conscientious protection of children's physical and emotional well-being

PARENTING – DIANA BAUMRIND

FROM THIS SHE DEVISED A THREE DIMENSIONAL TYPOLOGY:

AUTHORITATIVE PARENTS

AUTHORITARIAN PARENTS

PERMISSIVE PARENTS

A FOURTH WAS ADDED BY MACCOBY AND MARTIN:

UNINVOLVED

For Baumrind's theory see this article:

VIDEO

PARENTING – DIANA BAUMRIND

THE FOUR STYLES HAVE BEEN VARIOUSLY PRESENTED AND DEVELOPED USUALLY TO INCLUDE VARIABLES

	Supportive Parent is accepting and child-centered	**Unsupportive** Parent is rejecting and parent-centered
Demanding Parent expects much of child	**Authoritative Parenting** Relationship is reciprocal, responsive; high in bidirectional communication	**Authoritarian Parenting** Relationship is controlling, power-assertive; high in unidirectional communication
Undemanding Parent expects little of child	**Permissive Parenting** Relationship is indulgent; low in control attempts	**Rejecting-Neglecting Parenting** Relationship is rejecting or neglecting; uninvolved

VIDEO GABOR MATE ON PARENTING

WHAT IS YOUR PARENTING STYLE QUESTIONNAIRE

DISCIPLINE MODELS

STEPHEN GREENSPAN (2006)

three broad discipline models aligned with his three discipline factors
According to Greenspan: the "three discipline models offers caregivers a set of different but overlapping principles for achieving competence in [the] three discipline factors"

Model Title:	Affective model	Behavioural model	Cognitive model
Origin:	Rogerian or neo-Freudian	Skinnerian	Adlerian
Exemplar:	Haim Ginott	Gerald Patterson	Rudolf Dreikurs
Warmth Factor:	"comment on acts rather than the person"	"do more praising than punishing"	"allow democratic forms of participation"
Tolerance Factor:	"allow democratic forms of participation"	"do more ignoring than punishing"	"encourage lifestyle autonomy"
Control Factor:	"let a child know when his/her behaviour is unacceptable"	"be contingent in punishing only behaviors that you want to see less of"	"arrange to have a child experience the natural or logical consequences of misbehavior"

SESSION 3

PARENTING THEORIES PARENTING STYLES

DAVID H. OLSON'S CIRCUMPLEX MODEL

A leading theorist in family structure has developed a model for understanding the context of parenting

supported by over 1,200 studies conducted over the last 30 years

Based on dimensions with four types and a third facilitative.

"balanced levels of cohesion and flexibility are most conductive to healthy family functioning. Conversely, unbalanced levels of cohesion and flexibility are associated with unhealthy family functioning"

PARENTING THEORIES PARENTING STYLES

THREE MAIN DIMENSIONS: FAMILY COHESION, FLEXIBILITY AND COMMUNICATION

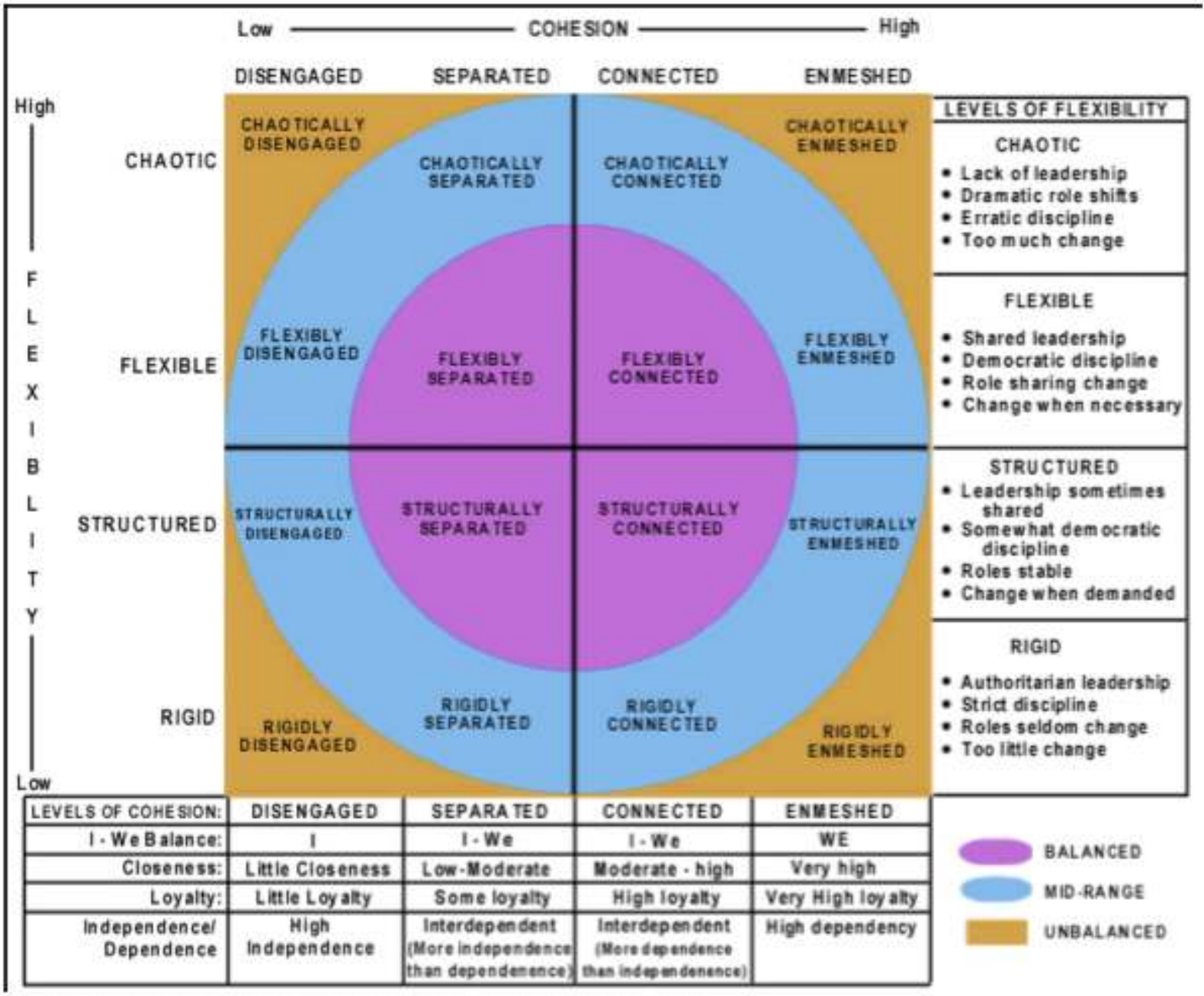
“family cohesion is defined as the emotional bonding that family members have toward one another” (Olson, 1993, p. 105)

“family flexibility is the amount of change in its leadership, role relationships, and relationship rules” (Olson, 1993, p. 107)

“family communication is measured by focusing on the family as a group with regards to their listening skills, speaking skills, self-disclosure, clarity, continuity-tracking, and respect and regard” (Olson, 1993, p. 108).

ELABORATIVE LINK:

PARENTING THEORIES PARENTING STYLES



LEVELS OF COHESION:	DISENGAGED	SEPARATED	CONNECTED	ENMESHED
I - We Balance:	I	I - We	I - We	WE
Closeness:	Little Closeness	Low-Moderate	Moderate - high	Very high
Loyalty:	Little Loyalty	Some loyalty	High loyalty	Very High loyalty
Independence/ Dependence	High Independence	Interdependent (More independence than dependence)	Interdependent (More dependence than independence)	High dependency

Figure 1: Circumplex Model: Couple & Family Map

PARENTING THEORIES PARENTING STYLES

BALANCED

- Relationships - close and warm
- Communication - clear, supportive and empathic; ability to listen
- Power - shared but with parental control and parental coalitions
- Roles - clearly defined but not rigid or stereotyped
- Rules - negotiated and modifiable and related to strong value system
- Conflict - regulated and resolved by discussion and negotiation
- World view - collectively agreed and continually reviewed; connected with other social systems
- Autonomy - encouraged and accepted.

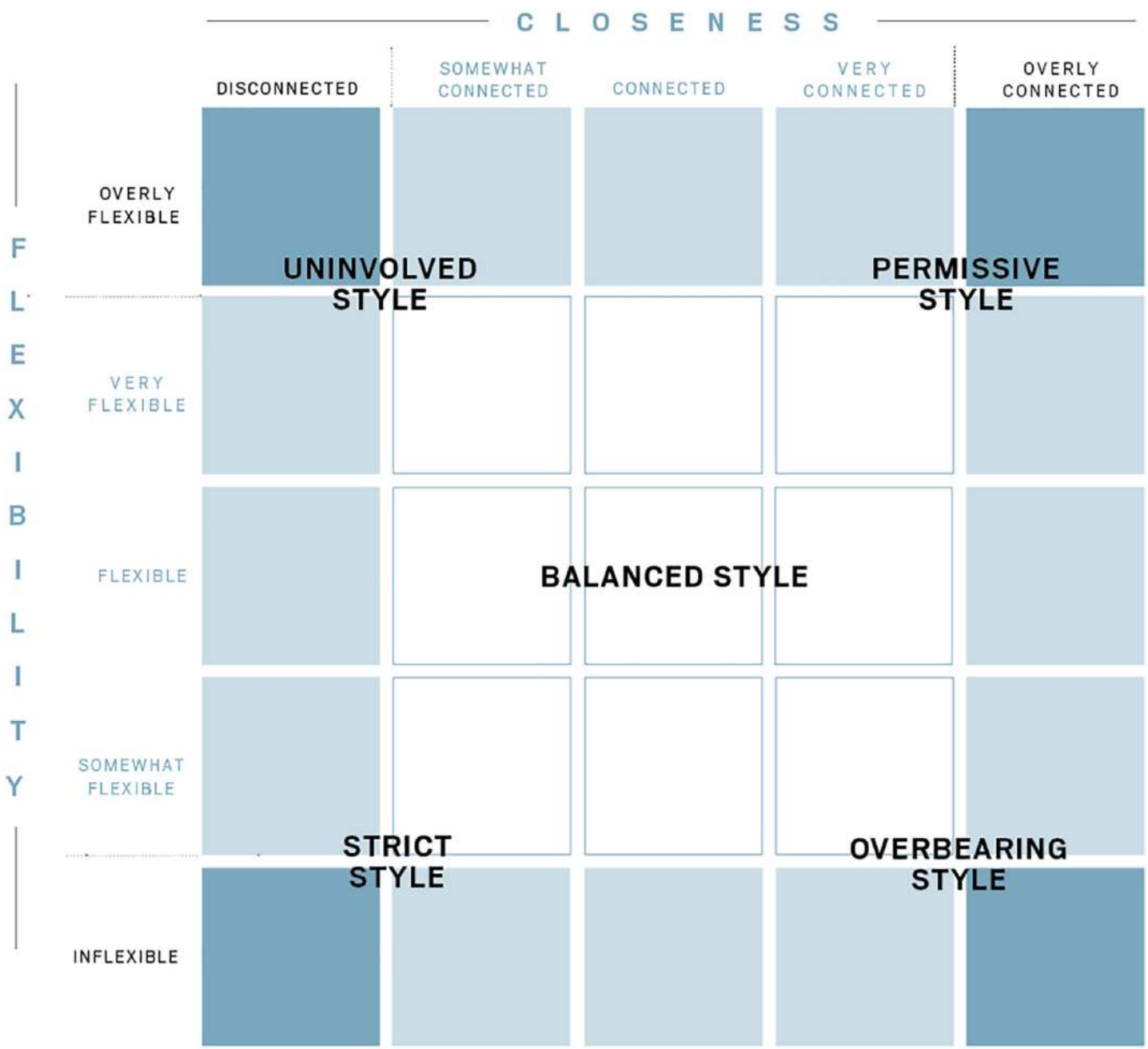
(Olson 2010 in Rutherford 2013)

VS

UNBALANCED

Relationships - either distant and cold or engulfing, may be abusive
Communication - inadequate, unclear, ambiguous, double-binding
Power - rigid hierarchy, cross-generation alliances
Roles - either inflexibly or poorly defined rules - rigidly enforced or very inconsistent
Conflict - frequent destructive clashes without resolution
World view - idiosyncratic and distorted
Autonomy- either strongly inhibited or irrelevant.

OLSON'S 5 PARENTING STYLES



Balanced Style ..... Healthy level of parenting, Closeness and Flexibility
Permissive Style ..... Very Connected and Very Flexible parenting
Overbearing Style ..... Very Connected and Inflexible parenting
Strict Style ..... Disconnected and Inflexible parenting
Uninvolved Style ..... Disconnected and Very Flexible parenting

ELABORATIVE LINK:

OLSON'S 5 PARENTING STYLES

1. The Balanced Parenting Style

- Optimal style
- Balance of separateness versus togetherness on cohesion
- A balance of stability versus change on flexibility.
- Parenting is moderate to high on both closeness and flexibility.

Characterised by:

- Warm and nurturing parents who are supportive emotionally, responsive to their child(ren)'s needs
- Encouraging toward independence (with monitoring)
- Consistent and fair in discipline
- Expect age-appropriate behaviour.

2. The Uninvolved Parenting Style

- Very low in closeness between parents and child(ren)
- Very high in flexibility.

Characterised by:

- Low emotional connection
- Low responsiveness from parent to child
- High independence of child from parent (parents are disconnected from child's life) Highly negotiable rules that are loosely enforced
- Few demands made on the child.

OLSON'S 5 PARENTING STYLES

3. The Permissive Parenting Style

- Very high in closeness between parents and child(ren)
- Very high in flexibility.

Characterised by

- Parents who are overly protective of their child(ren)
- Very responsive to their child(ren)'s every need
- More of a friend to their child(ren)
- Lenient in discipline
- Unlikely to place demands on their child(ren).

4. The Strict Parenting Style

- Very low in closeness between parents and child(ren)
- Very low in flexibility.

Characterised by

- Strictly enforced rules
- Highly restricted child freedom
- Firm discipline
- Low responsiveness to child,
- Low emotional connection between parent and child.

OLSON'S 5 PARENTING STYLES

5. The Overbearing parenting style

- Very high in closeness between parents and child(ren)
- Very high in flexibility.

Characterised by

- Overly protective parents who cater to the child's every need
- Act more like a friend to the child
- At the same time strictly enforcing a proliferation of rules with firm discipline

PARENTING STYLES AND TRAUMA

VIOLENCE

- Affects the way children think about themselves and the world around them
- Affects the extent to which they view relationships as trustworthy and dependable

NEGLECT

- Affects the way children think about themselves and the world around them
- Affects the extent to which they view relationships as trustworthy and dependable

VIDEO:
EXPERIMENT MUMS

VIDEO:
SCIENCE OF NEGLECT

COMMON PARENTING STYLES ACROSS CULTURES (WROBEL, 2013)

These include the 6 Central Dimensions of Child Training,

1. Obedience
2. Responsibility
3. Nurturance
4. Achievement
5. Self-Reliance
6. General Independence Training

Which can be grouped into two common threads,

Pressure Towards Compliance

1. Obedience
2. Responsibility

Pressure Towards Assertion

1. Achievement
2. Self-Reliance

SESSION 4

THEORIES & FAMILY

ATTACHMENT THEORY / THERAPY

"These functions of attachment involve dyadic emotional regulation, but secure base behaviour has additional functions in cognitive development. "Attachment" thus comprises a range of age-related behaviours, emotions, and cognitions." (Mercer 2011)

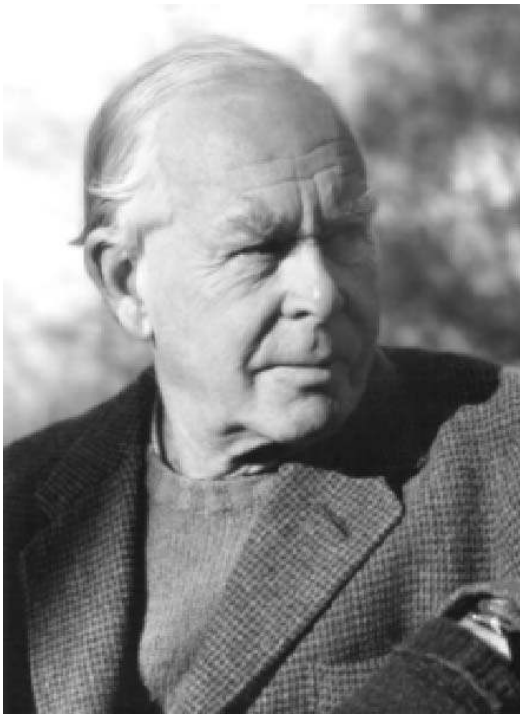
ATTACHEMENT THEORY

Attachment theory is a psychological, evolutionary and ethological theory concerning relationships between humans. The most important tenet is that young children need to develop a relationship with at least one primary caregiver for normal social and emotional development.

The theory was formulated by psychiatrist and psychoanalyst John Bowlby.
Basic tenet of Attachment Theory - the infant or young child needs a consistent relationship with a particular person in order to thrive and develop.

(Kobak & Madsen, 2008)

To formulate a comprehensive theory of the nature of early attachments, Bowlby explored a range of fields, including evolutionary biology, object relations theory (a school of psychoanalysis), control systems theory, and the fields of ethology and cognitive psychology.
After preliminary papers from 1958 onwards, Bowlby published the full theory in the trilogy Attachment and Loss (1969–82).



RATIONAL

Within attachment theory, infant behaviour associated with attachment is primarily the seeking of proximity to an attachment figure in stressful situations. Infants become attached to adults who are sensitive and responsive in social interactions with them, and who remain as consistent caregivers for some months during the period from about six months to two years of age.

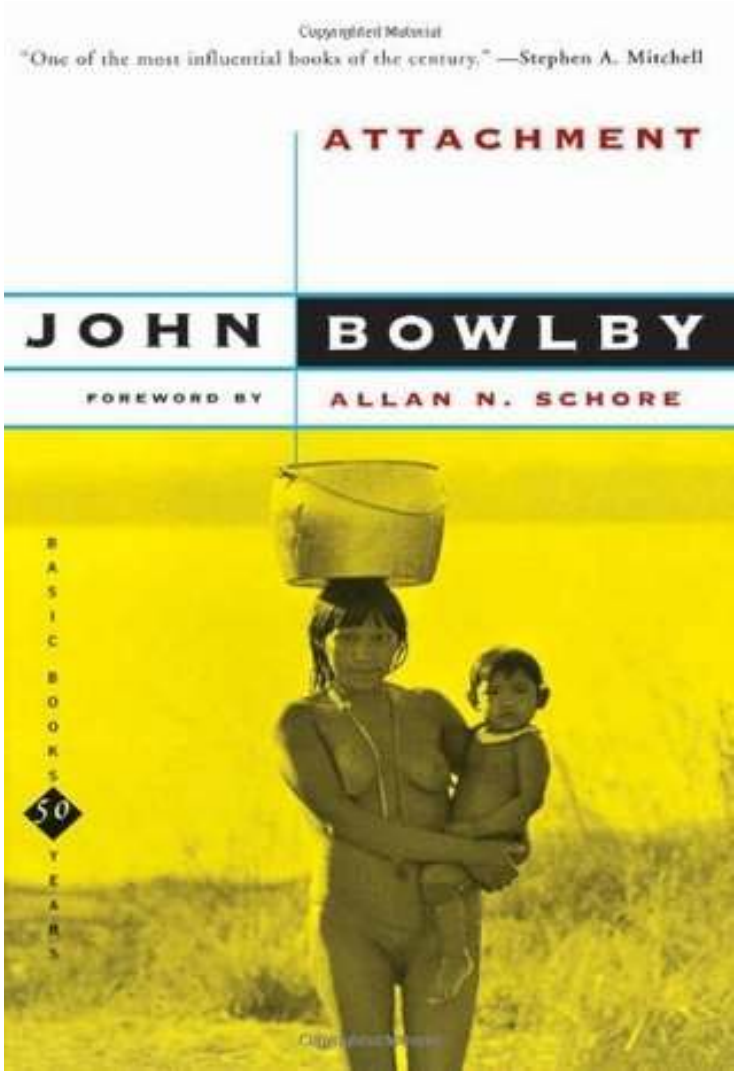
During the latter part of this period, children begin to use attachment figures (familiar people) as a secure base to explore from and return to. Parental responses lead to the development of patterns of attachment; these, in turn, lead to internal working models which will guide the individual's feelings, thoughts and expectations in later relationships.(Bretherton I, Munholland KA (1999).

"Internal Working Models in Attachment Relationships.A Construct Revisited".

In Cassidy J, Shaver PR (eds.). Handbook of Attachment:Theory, Research and Clinical Applications. New York: Guilford Press.

RATIONAL

- Separation anxiety or grief following the loss of an attachment figure is considered to be a normal and adaptive response for an attached infant. These behaviours may have evolved because they increase the probability of survival of the child. (Prior V, Glaser D (2006). Understanding Attachment and Attachment Disorders: Theory, Evidence and Practice. Child and Adolescent Mental Health, RCPRTU. London and Philadelphia: Jessica Kingsley Publishers.)



KEY CONCEPTS

- Within attachment theory, attachment means an affectional bond or tie between an individual and an attachment figure (usually a caregiver). Such bonds may be reciprocal between two adults, but between a child and a caregiver, these bonds are based on the child's need for safety, security, and protection, paramount in infancy and childhood.

- The theory proposes that children attach to carers instinctively, for the purpose of survival and, ultimately, genetic replication. The biological aim is survival and the psychological aim is security.

- Attachment theory is not an exhaustive description of human relationships, nor is it synonymous with love and affection, although these may indicate that bonds exist. In child-to-adult relationships, the child's tie is called the "attachment" and the caregiver's reciprocal equivalent is referred to as the "care-giving bond"

KEY CONCEPTS

- The biological mother is the usual principal attachment figure, but the role can be taken by anyone who consistently behaves in a "mothering" way over a period of time. Within attachment theory, this means a set of behaviours that involves engaging in lively social interaction with the infant and responding readily to signals and approaches.

- Nothing in the theory suggests that fathers are not equally likely to become principal attachment figures if they provide most of the child care and related social interaction.

- "Alarm" is the term used for activation of the attachment behavioural system caused by fear of danger. "Anxiety" is the anticipation or fear of being cut off from the attachment figure. If the figure is unavailable or unresponsive, separation distress occurs.

Video Gabor Mate: Why attachement is everything?

KEY CONCEPTS

"Alarm" is the term used for activation of the attachment behavioural system caused by fear of danger. "Anxiety" is the anticipation or fear of being cut off from the attachment figure. If the figure is unavailable or unresponsive, separation distress occurs.

In infants, physical separation can cause anxiety and anger, followed by sadness and despair. By age three or four, physical separation is no longer such a threat to the child's bond with the attachment figure.

Threats to security in older children and adults arise from prolonged absence, breakdowns in communication, emotional unavailability or signs of rejection or abandonment

Four key characteristics of attachment:

(1) **proximity maintenance** (wanting to be physically near to the persons we are closest to);
(2) **safe haven** (returning to attachment figure when feeling frightened or sense of threat (perceived or real));
(3) **secure base** (the attachment figure represents a secure base from which the child can explore their environment and other relationships;
(4) **separation distress** (anxiety when attachment figure is absent).

FUNCTIONS OF ATTACHMENT

1. Providing a Sense of Security
2. Regulation of Affect and Arousal
3. Promoting the Expression of Feelings and Communication
4. A Base for Exploration

Mismatches - Even where attachment is developing it is difficult to maintain this synchronicity (e.g. mixed signals from parent)– in these situations temporarily interfere with the infant's ability to regulate affects.

"Repair is ... Important in helping to teach the child that life is filled with inevitable moments of misunderstandings and missed connections that can be identified and connection created again“

Siegel in Davies 2009)

Indicator of secure attachment when these mismatches are overcome with relative ease.

BOWLBY THEORY POSTULATES

Stages of Attachment

Pre-attachment: Birth to 6 Weeks
Baby shows no particular attachment to specific caregiver

Indiscriminate: 6 Weeks to 7 Months
Infant begins to show preference for primary and secondary caregivers

Discriminate: 7+ Months
Infant shows strong attachment to one specific caregiver

Multiple: 10+ Months
Growing bonds with other caregivers

well

ATTAHEMENT MILESTONES:

- The attachment behavioural system serves to achieve or maintain proximity to the attachment figure.
- Pre-attachment behaviours occur in the first six months of life. During the first phase (the first eight weeks), infants smile, babble, and cry to attract the attention of potential caregivers. Although infants of this age learn to discriminate between caregivers, these behaviours are directed at anyone in the vicinity.
- During the second phase (two to six months), the infant discriminates between familiar and unfamiliar adults, becoming more responsive toward the caregiver; following and clinging are added to the range of behaviours. The infant's behaviour toward the caregiver becomes organized on a goal-directed basis to achieve the conditions that make it feel secure.

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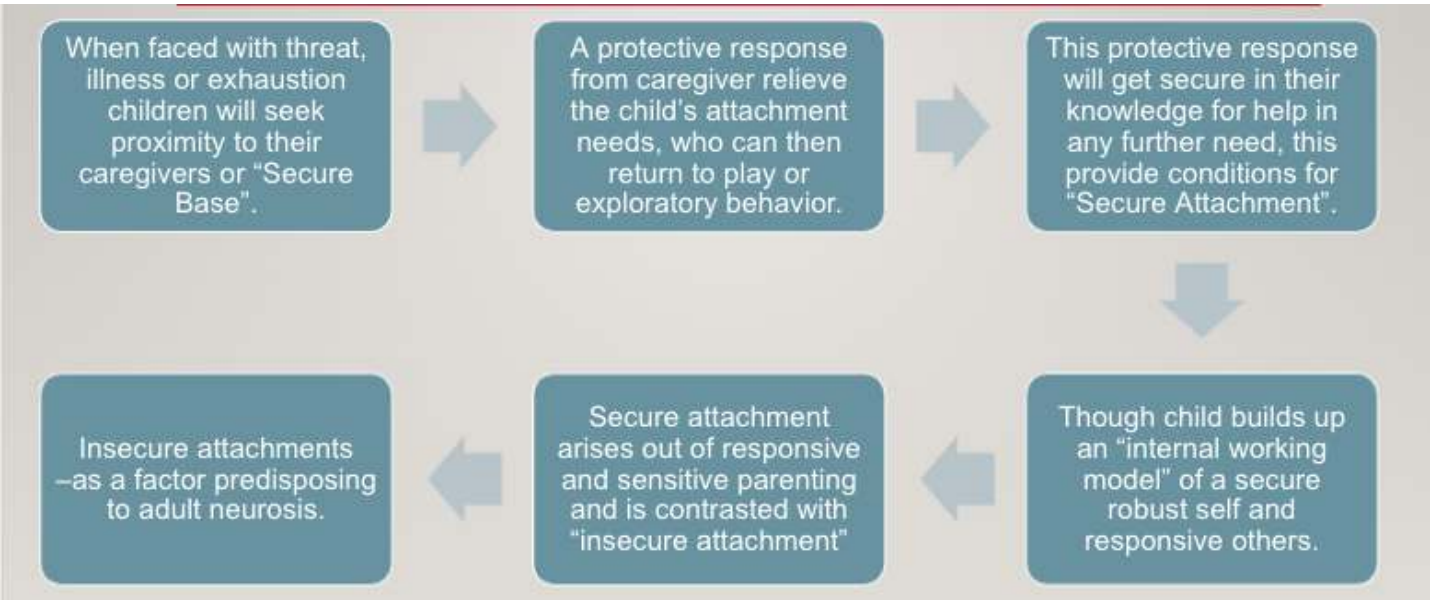


ATTAHEMENT MILESTONES:

- With the development of locomotion, the infant begins to use the caregiver or caregivers as a "safe base" from which to explore. Infant exploration is greater when the caregiver is present because the infant's attachment system is relaxed and it is free to explore. If the caregiver is inaccessible or unresponsive, attachment behaviour is more strongly exhibited. [Anxiety, fear, illness, and fatigue will cause a child to increase attachment behaviours.
- After the second year, as the child begins to see the caregiver as an independent person, a more complex and goal-corrected partnership is formed.[Children begin to notice others' goals and feelings and plan their actions accordingly.

Video:
Baby Human
To Belong Separation

BOWLBY'S THIEVES MATERNAL DEPRIVATION STUDY

Aim:

To investigate the effects of maternal deprivation on children in order to see whether delinquents have suffered deprivation.

According to the Maternal Deprivation Hypothesis, breaking the maternal bond with the child during the early stages of its life is likely to have serious effects on its intellectual, social and emotional development.

Procedure:

Bowlby interviewed 44 adolescents who were referred to a child protection program in London because of stealing-i.e. they were thieves.

Bowlbyselected another group of 44 children to act as 'controls'-individuals referred to clinic because of emotional problems, but not yet committed any crimes.

He interviewed the parents from both groups to state whether their children had experienced separation during the critical period and for how long. (do you see any problems with this?)

BOWLBY'S THIEVES MATERNAL DEPRIVATION STUDY

Findings:

More than half of the juvenile thieves had been separated from their mothers for longer than 6 months during their first five years. In the control group only 2 had had such a separation.

He also found several of the young thieves (32%) showed 'affectionless psychopathy' (they were not able to care about or feel affection for others).

None of the control group were affectionless psychopaths.

	Separations from mother before the age of two		Total
	Frequent	None	
Affectionless thieves	12 (86%)	2 (14%)	14
Other thieves	5 (17%)	25 (83%)	30
All thieves	17 (39%)	27 (61%)	44
Control participants	2 (4%)	42 (96%)	44

Conclusion:

Affectionless psychopaths show little concern for others and are unable to form relationships.

Bowlbyconcluded that the reason for the anti-social behavior and emotional problems in the first group was due to maternal deprivation.

CRITICISM

In the early days of the theory, academic psychologists criticized Bowlby, and the psychoanalytic community ostracised him for his departure from psychoanalytical doctrines; however, attachment theory has since become the dominant approach to understanding early social development, and has given rise to a great surge of empirical research into the formation of children's close relationships.

Later criticisms of attachment theory relate to temperament, the complexity of social relationships, and the limitations of discrete patterns for classifications. Attachment theory has been significantly modified as a result of empirical research, but the concepts have become generally accepted.

Attachment theory has formed the basis of new therapies and informed existing ones, and its concepts have been used in the formulation of social and childcare policies to support the early attachment relationships of children.

CULTURAL DIFFERENCE

In Western culture child-rearing, there is a focus on single attachment to primarily the mother. This dyadic model is not the only strategy of attachment producing a secure and emotionally adept child.

Having a single, dependably responsive and sensitive caregiver (namely the mother) does not guarantee the ultimate success of the child. Results from Israeli, Dutch and east African studies show children with multiple caregivers grow up not only feeling secure, but developed "more enhanced capacities to view the world from multiple perspectives."[Hrdy SB (2009). Mothers and Others-The Evolutionary Origins of Mutual Understanding. United States of America: The Belknap Press of Harvard University Press. pp. 130, 131, 132.

This evidence can be more readily found in hunter-gatherer communities, like those that exist in rural Tanzania. Crittenden, Alyssa N.; Marlowe, Frank W. (2013), "Cooperative Child Care among the Hadza: Situating Multiple Attachment in Evolutionary Context", Attachment Reconsidered, Palgrave Macmillan US, pp. 67–83,

ATTACHMENT THEORY

MARY AINSWORTH

Research by developmental psychologist Mary Ainsworth in the 1960s and 70s underpinned the basic concepts, introduced the concept of the "secure base" and developed a theory of a number of attachment patterns in infants: secure attachment, avoidant attachment and anxious attachment. (Bretherton I (1992). "The Origins of Attachment Theory: John Bowlby and Mary Ainsworth". Developmental Psychology. 28 (5): 759–775

A fourth pattern, disorganised attachment, was identified later by Mary Main. In the 1980s, the theory was extended to attachments in adults. Other interactions may be construed as including components of attachment behaviour; these include peer relationships at all ages, romantic and sexual attraction and responses to the care needs of infants or the sick and elderly.

ATTACHMENT THEORY

- Dr. Mary Ainsworth studied with Bowlby in London 1950-54, then researched his concept of “proximity-seeking behaviour” in infant-mother pairs in Kampala, Uganda, published as “Infancy in Uganda” (1967). Then she found “astonishing similarities” in Baltimore, MD pairs.
- Ainsworth created the Strange Situation in the early 1970s, as a science experiment at Johns Hopkins in Baltimore to document this infant behaviour. “Ainsworth structured the Strange Situation to include three of Bowlby’s ‘natural clues to danger’... to arouse babies to seek proximity” to the parent, Main says. Researchers watch and video-tape through one-way glass, as infant-mother pairs react to apparent danger. First a baby responds to a strange lab room; then to two entrances of a strange person; then to two different separations from its mother

AINSWORTH
ON THE SECURE AND INSECURE CHILD:

“The behaviour pattern to which I have referred as "using the mother as a secure base" highlights the fact that there can be a sound development of close attachment at the same time that there is increasing competence and independence. It is the insecure child who clings to his mother and refuses to leave her. The secure child, equally closely attached, moves away and shows his attachment by the fact that he wants to keep track of his mother's whereabouts, wants to return to her from time to time, and in his occasional glances back to her, or in his bringing things to show her, he displays his desire to share with her his delight in exploring the wonders of the world. So in reply to one question from parents I reply that attachment does not normally or necessarily interfere with the development of competence and self-reliance but rather supports this development”

(Ainsworth, 1967, pp. 447-448).

"STRANGE SITUATION" EXPERIMENTS

- Mary Ainsworth's study based on "Strange Situation Procedure"(SSP).Comprised of structured, unfamiliar situation compromised of increasing level of stress like Strange room, Strange Adult and Separation from caretaker.
- Observation of infants focused primarily on proximity seeking & contact maintaining behavior during reunions with caregiver.Validity:-development of stranger fear & mobility by 9 month and loss its validity by 18 month of age as child cognitive development permits different responses to seperatione.g. symbolic representation & language.
- Mary Ainsworth have researched different patterns of insecure attachment and conditions under which they arise.Procedure:-1.She introduced strange situation test in which an infant is left in care of a stranger for a few minutes.2.The observer then notes how infant copes both with the separation and with the reunion.

VIDEO:
EXPERIMENTS

ATTACHMENT STYLES

Ainsworth identified three attachment classifications:

- Secure
- Insecure-avoidant
- Insecure-ambivalent/resistant

Mary Main in a later study (1990) identified a further classification

- Insecure· disorganised/disoriented

By 1977 Ainsworth had developed an "American standard distribution" for infants of "about" (A) Insecure Avoidant 20%, (B) Secure 70%; and (C) Insecure Ambivalent 10%. By 1988, Strange Situation research using Ainsworth's three categories had been done with 2,000 infant-parent pairs in 32 studies in 8 countries. Some countries varied, but global results averaged the same.

VIDEO

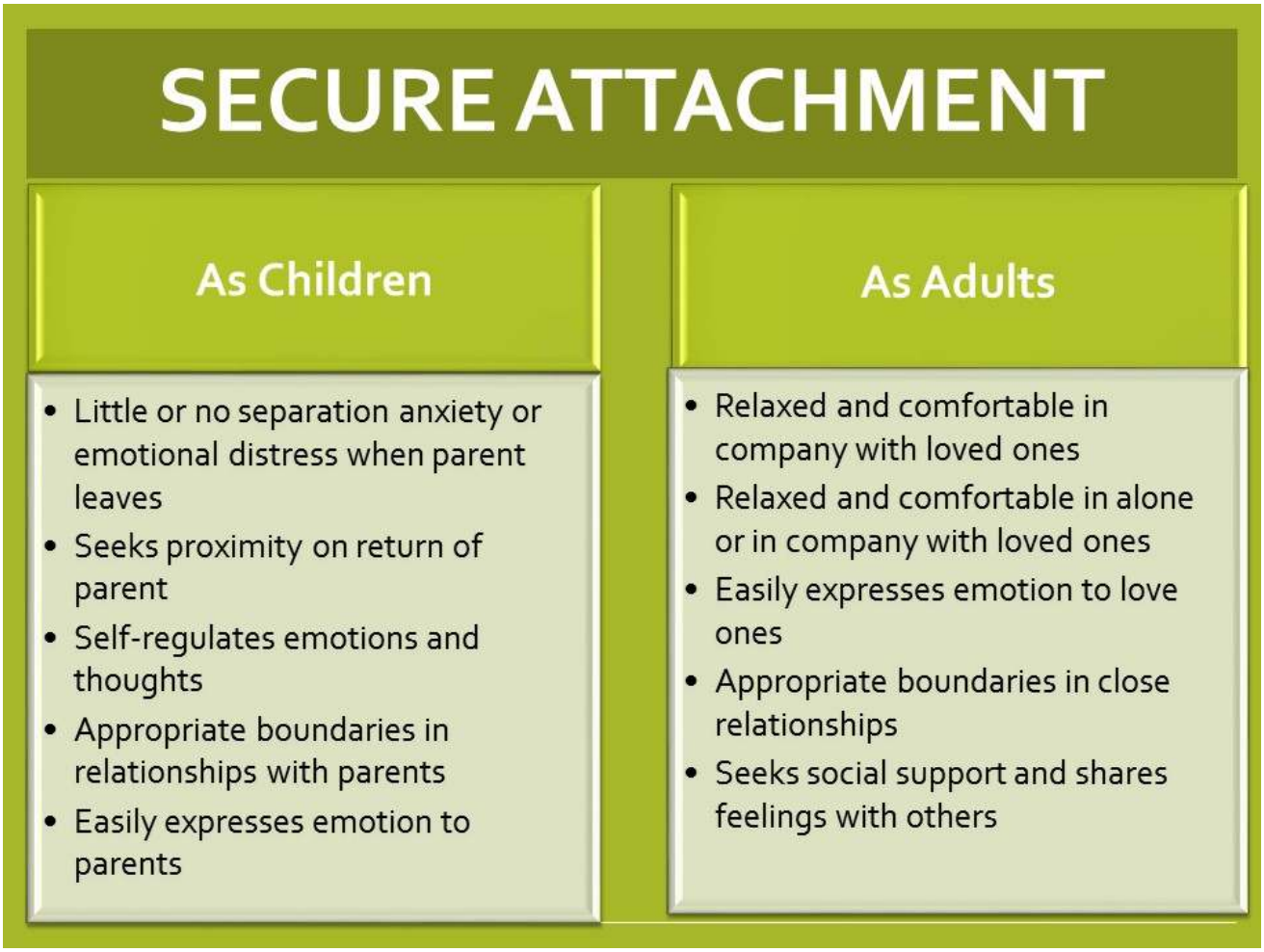
The 4 Relationship Attachment Styles You Need to Know

Cross-Cultural Patterns of Attachment

A psychological study of the strange situation.

SECURE ATTACHMENT

Babies were expected to stay close to parents as Bowlby thought. Babies "that Ainsworth termed 'secure,' play and explore happily prior to separation; show signs of missing the parent during separation, such as crying and calling; seek proximity immediately upon the parent's return; then return to play and exploration, 'secure' once again in the parent's presence," reports Main.



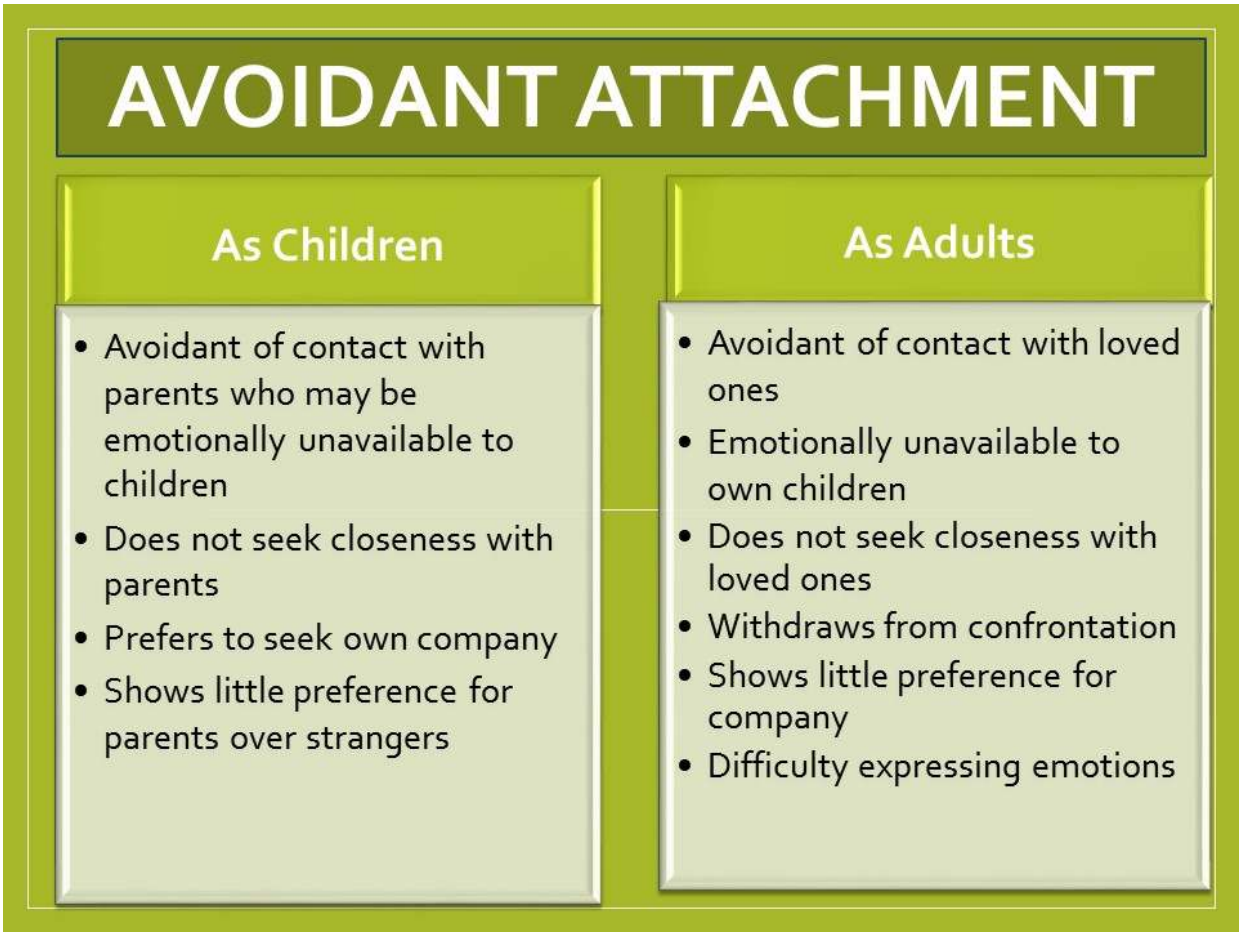
VIDEO

AVOIDANT ATTACHMENT

But 30% of babies did not act secure–they avoided mom. They showed no preference between mom and the stranger. "While a majority of infants behaved as expected and were termed secure, to Ainsworth's amazement six showed little or no distress at being left alone in the unfamiliar environment, then avoided and ignored the mother on her return," Main reports (emphasis added).

Ainsworth decided to categorize these babies separately as "avoidant" of mother. Now she had two types: (A) Insecure Avoidant and (B) Secure. She concluded that moms of avoidant babies didn't respond or have the sensitivity to understand the babies' real need, so infants felt "insecure."

8 signs of avoidant attachement style

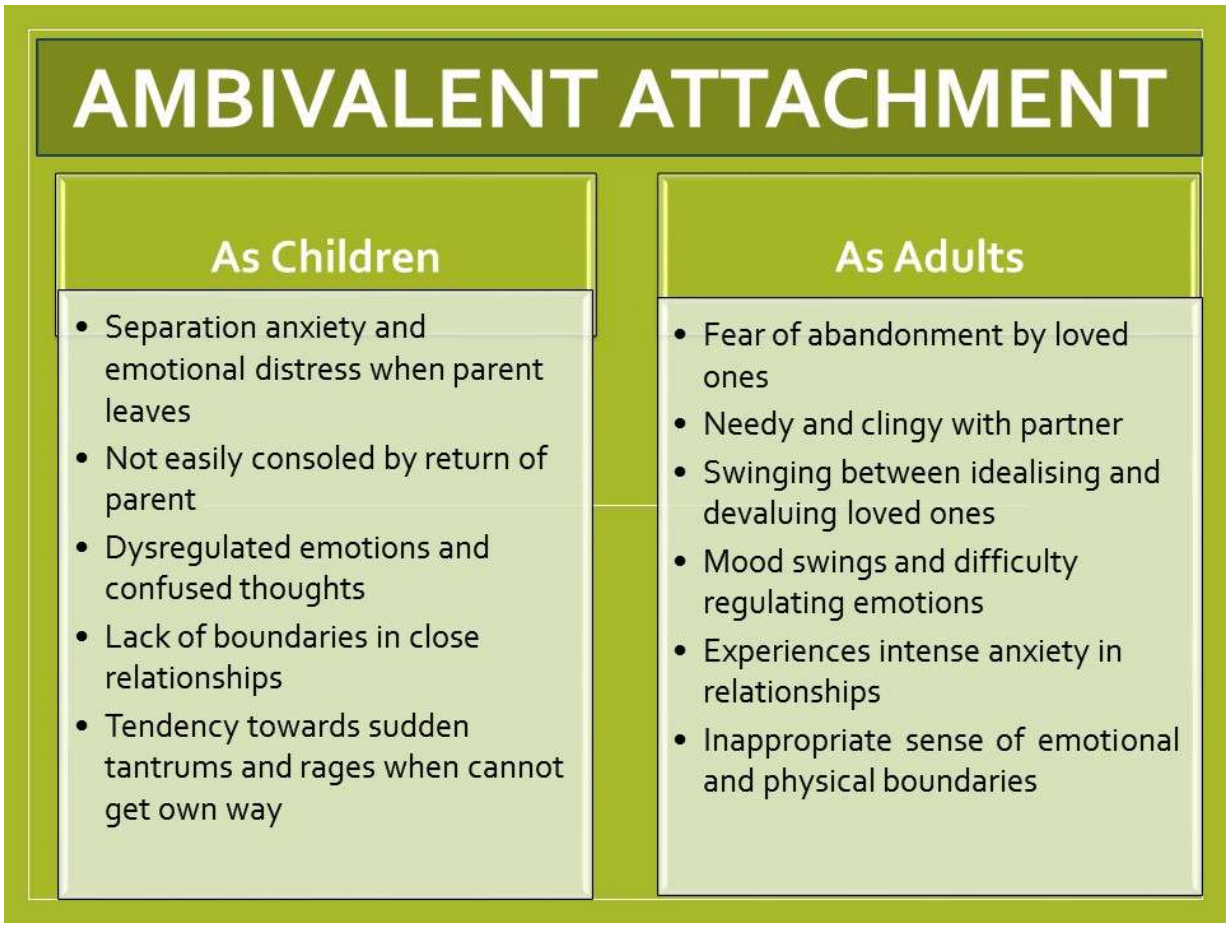


ANXIOUS ATTACHMENT

Still later Ainsworth saw that of the insecure babies, some had yet a third reaction: actually, they were "ambivalent" about mom. They were very distressed when mom left, but on her return, they alternated between avoiding and frantic clinging–plus, they never calmed down. Research showed that ambivalent attachment results from moms who are sometimes available, sometimes not, so babies learn they can't depend on people.

So "surprisingly, Ainsworth found that infant responses to separation and reunion fell into three distinct, coherently organized patterns of attachment," and added a third category: (C) Insecure Ambivalent, Main reports. [8, 9]

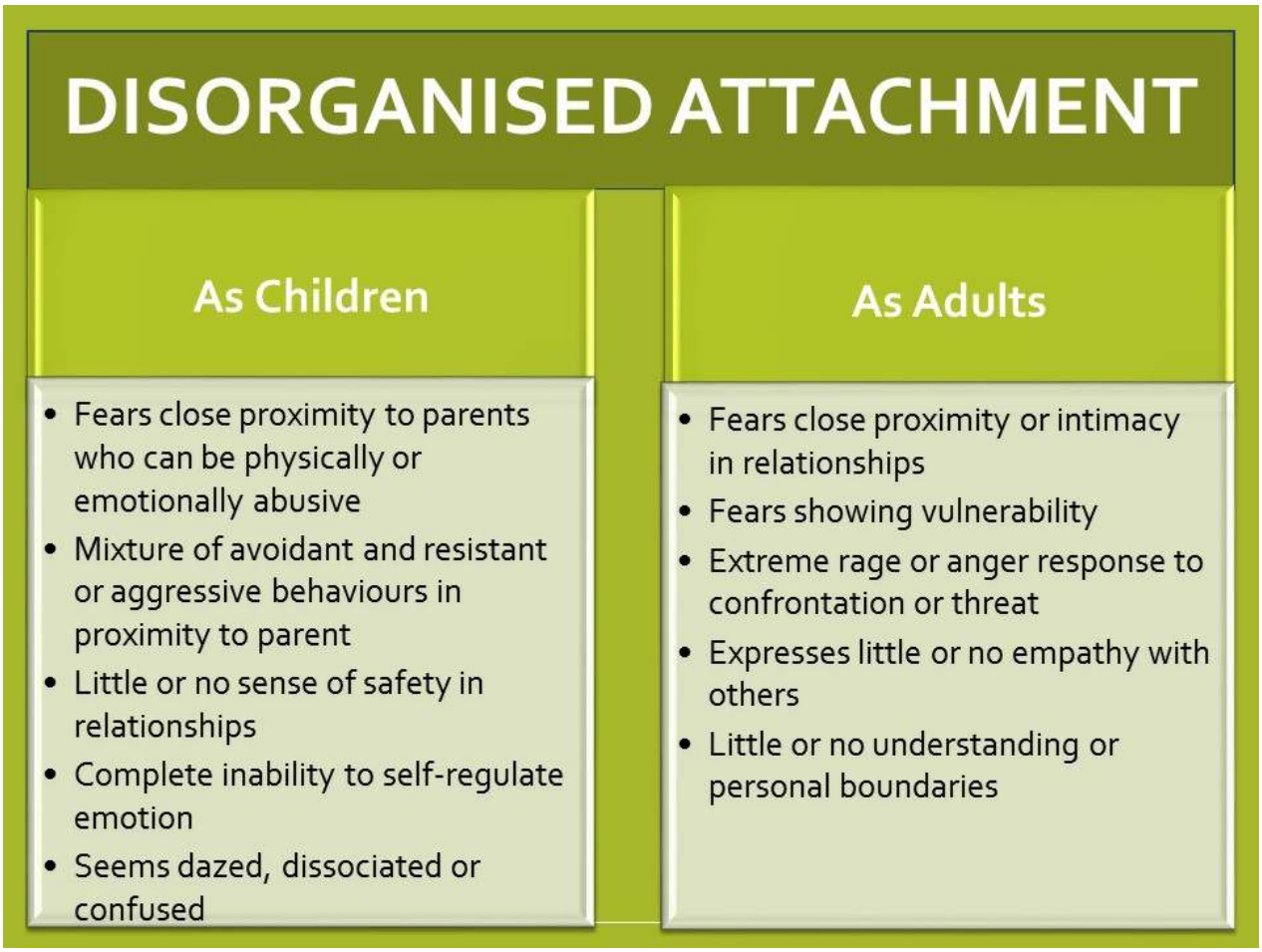
8 signs for anxious attachment style VIDEO



DISORGANIZED/ DISORIENTED ATTACHMENT

Ainsworth validated her colleague Mary Main's modification to the three known attachment styles.
An example of this attachment is when a child is upset by the separation of the primary caregiver. These children tend to avoid their caregiver when they return at times or may seem nervous when approaching the caregiver.
Things to Look for in Disorganized/Disoriented Attachment: Children rocking back and forth, freezing, throwing themselves on the floor and/or hitting themselves repeatedly.

Main, M. & Morgan, H. (1996). Disorganization and Disorientation in Infant Strange Situation Behaviors: Phenotypic Resemblance to Dissociative States. Michelson, L. & Ray W. Handbook of Dissociation: Theoretical, Empirical, and Clinical Perspectives. Plenum Press, NY. 107-108.



MARY MAIN'S CONTRIBUTIONS

In 1973 Mary Main became Ainsworth's grad student at Johns Hopkins in Baltimore, working on the Strange Situation experiments from their start. After her doctorate Main moved to Berkeley, to see if Ainsworth's Kampala and Baltimore findings would replicate. In 1977 Main did a Strange Situation study of 189 Bay Area infant-parent pairs which did replicate Ainsworth's results.

ATTACHMENT STYLES

Attachment type	Caregiver Behaviours	Child Behaviours
Secure	• React quickly and positively to child's needs • Responsive to child's needs	• Distressed when caregiver leaves • Happy when caregiver returns • Seek comfort from caregiver when scared or sad
Insecure – avoidant	• Unresponsive, uncaring • Dismissive	• No distress when caregiver leaves • Does not acknowledge return of caregiver • Does not seek or make contact with caregiver
Insecure – ambivalent	• Responds to child inconsistently	• Distress when caregiver leaves • Not comforted by return of caregiver
Insecure - disorganized	• Abusive or neglectful • Responds in frightening, or frightened ways	• No attaching behaviours • Often appear dazed, confused or apprehensive in presence of caregiver

What is your attachement style?
https://www.youtube.com/watch?v=2s9ACDMcpjA

Online test
https://www.scienceofpeople.com/attachment-styles/

Dr. Diane Poole Heller's Attachment Styles Test
https://dianepooleheller.com/attachment-test/#header

ATTACHMENT STYLES

	DISPLAYED CHARACTERISTICS	
ATTACHMENT TYPE	**AS A CHILD**	**AS AN ADULT**
Secure	Able to separate from parent	Have trusting, lasting relationship
	Seek comfort from parents when frightened	Tend to have good self-esteem
	Return of parents is met with positive emotions	Comfortable sharing feelings with friends and partners
	Prefers parents to strangers	Seek out social support
Avoidant	May avoid parents	May have problems with intimacy
	Does not seek much comfort or contact from parents	Invest little emotion in social and romantic relationships
	Shows little or no preference between parent and stranger	Unable or unwilling to share thoughts and feelings with others
Ambivalent	May be wary of strangers	Reluctant to become close to others
	Become greatly distressed with the parent leaves	Worry that their partner does not love them
	Do not appear to be comforted by the return of the parent	Become very distraught when a relationship ends

VIDEO

THE ADULT ATTACHMENT INTERVIEW (AAI)

It was created in 1982 to discern the level of secure, loving attachment the parents had during their own childhoods with their babies' grandparents. Parents were asked "both to described their attachment-related childhood experiences – especially their early relations with parents – and to evaluate the influence of these experiences on their development and current functioning."
Parents were studied not just on facts they gave, but on how coherent a narrative they could produce quickly.
That's easy for folks who had a secure childhood, but difficult for folks who did not. The AAI questions are designed to "surprise the unconscious" to yield information about the "state of mind with regard to attachment" that might not otherwise show up

Mary Main has developed a psychodynamic interview schedule, the Adult Attachment Interview(AAI).
Adult attachment interview:

1.which is rated for the interviewee's narrative style.
2.in long term follow up in children whose attachment pattern have been classified in infancy.

These insecure speech patterns manifests underlying psychobiological relational dispositions.

AAI measures reflective functioning.

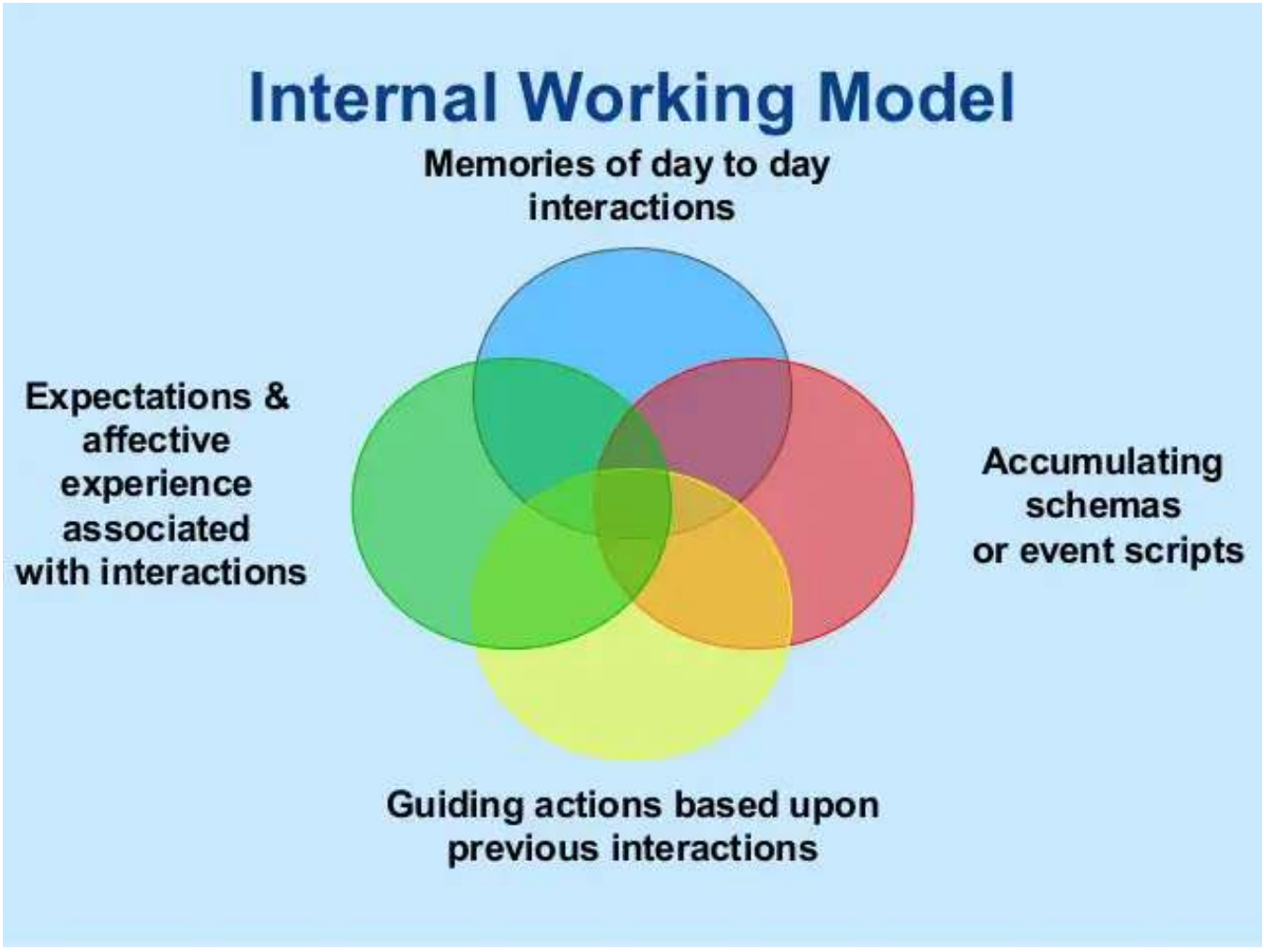
AAI ANALYSIS

AAI ANALYSIS DIMENTIONS

1. Quality - not too long or short
2. Quantity - coherence
3. Relation - relevance
4. Manner – freshness

NARRATIVE STYLES CATEGORIES (FOCUSED ON STRUCTURE AND STYLE RATHER THEN NARRATIVE OF DISCOURSE)

1. secure autonomous
2. dissmising
3. reocupied
4. unresolved



THE ADULT ATTACHMENT INTERVIEW (AAI)

Adult Attachment Interview

TABLE 19.1. Brief Précis of the Adult Attachment Interview Protocol Excerpted from George, Kaplan, and Main (1996)

1. To begin with, could you just help me to get a little bit oriented to your family—for example, who was in your immediate family, and where you lived?
2. Now I'd like you to try to describe your relationship with your parents as a young child, starting as far back as you can remember.

3–4. Could you give me five adjectives or phrases to describe your relationship with your mother/father during childhood? I'll write them down, and when we have all five I'll ask you to tell me what memories or experiences led you to choose each one.

5. To which parent did you feel closer, and why?
6. When you were upset as a child, what did you do, and what would happen? Could you give me some specific incidents when you were upset emotionally? Physically hurt? Ill?
7. Could you describe your first separation from your parents?
8. Did you ever feel rejected as a child? What did you do, and do you think your parents realized they were rejecting you?
9. Were your parents ever threatening toward you—for discipline, or jokingly?
10. How do you think your overall early experiences have affected your adult personality? Are there any aspects you consider a setback to your development?
11. Why do you think your parents behaved as they did during your childhood?
12. Were there other adults who were close to you—like parents—as a child?
13. Did you experience the loss of a parent or other close loved one as a child, or in adulthood?
14. Were there many changes in your relationship with parents between childhood and adulthood?
15. What is your relationship with your parents like for you currently?

Note. The AAI cannot be conducted on the basis of this brief, modified précis of the protocol, which omits several questions as well as the critical follow-up probes. The full protocol, together with extensive directions for administration, can be obtained by writing to Professor Mary Main, Department of Psychology, University of California at Berkeley, Berkeley, CA 94720. Adapted from George, Kaplan, and Main (1996).

REFLECTIVE FUNCTION

Definition:-The way we speak about ourselves reveals the state of our inner world.Peter Fonagydefined it as capacity to represent experience.Describing the capacity to perceive and thinks about intentionality of self and others.
This capacity reflects formation of coherent representation of psychic world of others especially caregiver and of subjects own internal states.
High levels of reflexive functioning in mother were found to contribute significantly to secure attachment of their infants.
It is buffer against psychiatric disturbances.
Enhancement of Reflexive function is psychotherapeutic strategy.

As with response to threat in childhood, adult's way of talking about themselves and their lives vary enormously.
Insecure speech patterns are:-
1.Secure autonomous style:-talks freely about themselves and their past pain in coherent and apposite way.
2.Insecure dismissive style:-unelaborated speech lacking metaphor and vividness.
3.Insecure preoccupied style:-rambling and emotionally laden.
4.Insecure unresolved style:-evident break in continuity and logical flow.

ADULT ATTACHMENT AND RELATIONSHIPS

Childhood attachment patterns are remarkably stable through adulthood.
Adult attachment pattern describe in 2 domains:
1.Seeking or avoiding attachment
2.Fear of intimacy
Adult attachment classification:
1.Secure attachment
2.Insecure attachment
Preoccupied attachment
Fearful avoidant attachment
Dismissive avoidant attachment

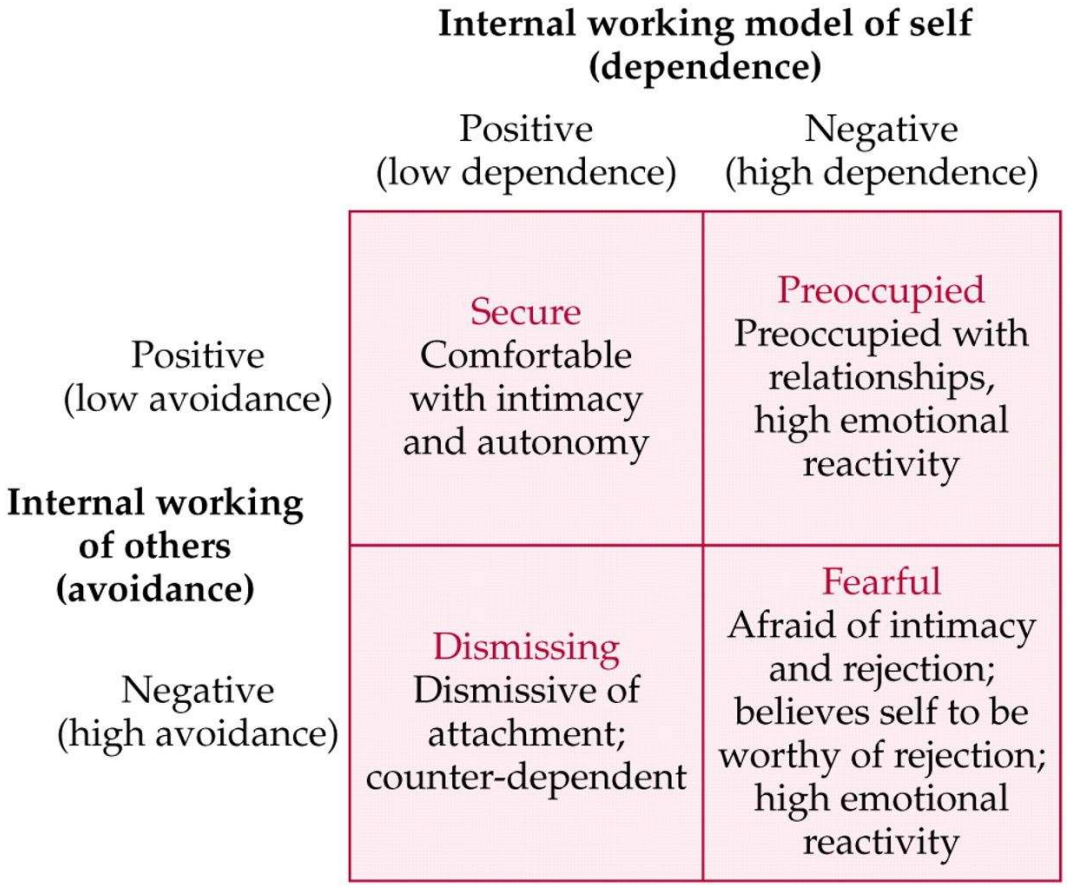
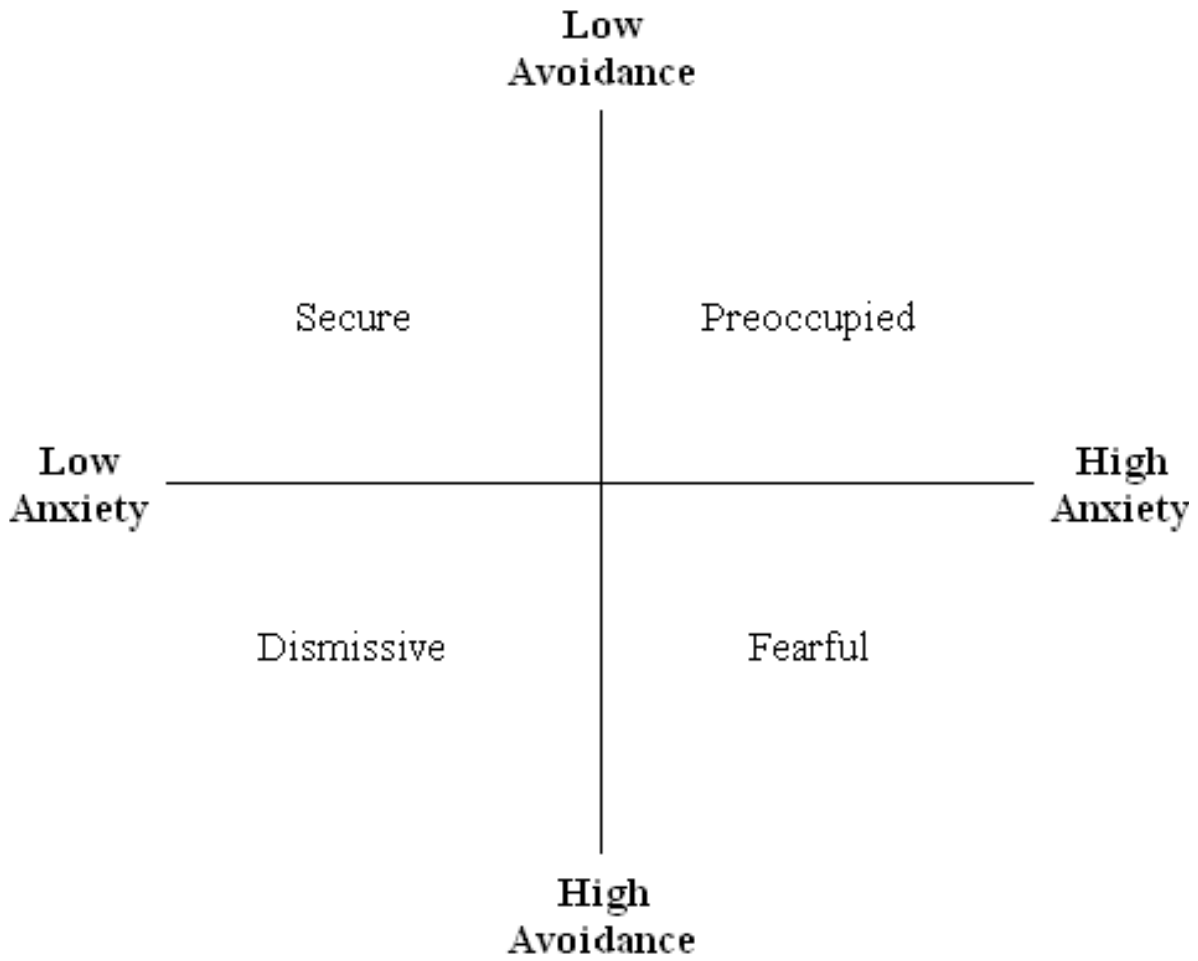


Fig. 1 Bartholomew's four-category model of adult attachment (after Bartholomew & Horowitz, 1991).

ATTACHMENT

DISTURBANCE IN NORMAL ATTACHMENT BEHAVIOUR LEADS TO:



REACTIVE ATTACHMENT DISORDER (RAD)

DSM-5 CRITERIA

A. A consistent pattern of inhibited, emotionally withdrawn behaviour toward adult caregivers, manifested by both of the following:The child rarely or minimally seeks comfort when distressed.The child rarely or minimally responds to comfort when distressed.

B. A persistent social or emotional disturbance characterized by at least two of the following:Minimal social and emotional responsiveness to others Limited positive affect Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

C. The child has experienced a pattern of extremes of insufficient care as evidenced by at least one of the following:Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caring adults Repeated changes of primary caregivers that limit opportunities to form stable attachments (e.g., frequent changes in foster care) Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child to caregiver ratios)

REACTIVE ATTACHMENT DISORDER (RAD)

DSM-5 CRITERIA

D. The care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the lack of adequate care in Criterion C).

E. The criteria are not met for autism spectrum disorder.

F. The disturbance is evident before age 5 years.

G. The child has a developmental age of at least nine months.Specify if Persistent: The disorder has been present for more than 12 months.Specify current severity: Reactive Attachment Disorder is specified as severe when a child exhibits all symptoms of the disorder, with each symptom manifesting at relatively high levels.

What is RAD Diagnosis

Why Typical Therapy Fails for Attachment Disorder

DISINHIBITED SOCIAL ENGAGEMENT DISORDER

DSM-5 CRITERIA

A. A pattern of behaviour in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following:Reduced or absent reticence in approaching and interacting with unfamiliar adults.Overly familiar verbal or physical behaviour (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.Willingness to go off with an unfamiliar adult with little or no hesitation.

B. The behaviours in Criterion A are not limited to impulsivity (as in Attention-Deficit/Hyperactivity Disorder) but include socially disinhibited behaviour.

C. The child has exhibited a pattern of extremes of insufficient care as evidenced by at least one of the following:Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation and affection met by caregiving adults.Repeated changes of primary caregivers that limit ability to form stable attachments (e.g., frequent changes in foster care).Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child to caregiver ratios).

DISINHIBITED SOCIAL ENGAGEMENT DISORDER

DSM-5 CRITERIA

D. The care in Criterion C is presumed to be responsible for the disturbed behaviour in Criterion A (e.g., the disturbances in Criterion A began following the pathogenic care in Criterion C).

E. The child has a developmental age of at least nine months.Specify if Persistent: The disorder has been present for more than 12 months.Specify current severity: DisinhibitedSocial Engagement Disorder is specified as severe when a child exhibits all symptoms of the disorder, with each symptom manifesting at relatively high levels.

Collins and Read - Questionnaire to measure adult attachment

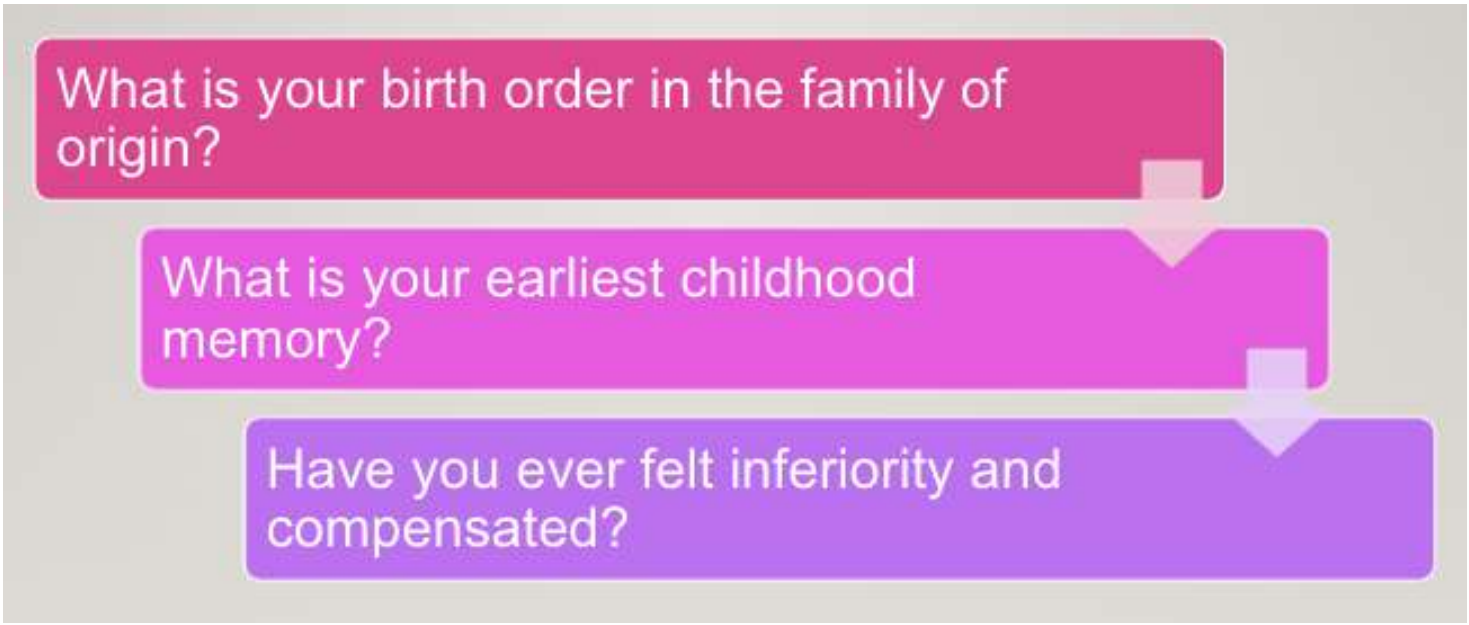
Questions:

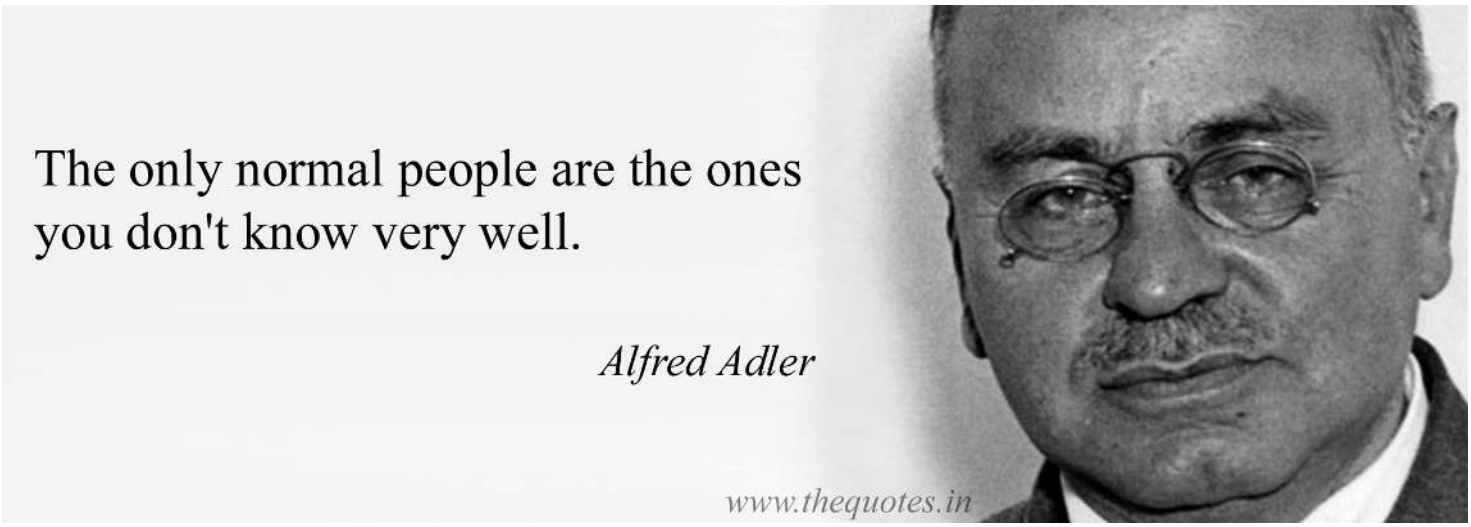
(1) I find it relatively easy to get close to others.
(2) I do not worry about being abandoned.
(3) I find it difficult to allow myself to depend on others.
(4) In relationships, I often worry that my partner does not really love me.
(5) I find that others are reluctant to get as close as I would like.
(6) I am comfortable depending on others.
(7) I do not worry about someone getting too close to me.
(8) I find that people are never there when you need them.
(9) I am somewhat uncomfortable being close to others.
(10) In relationships, I often worry that my partner will not want to stay with me.
(11) I want to merge completely with another person.
(12) My desire to merge sometimes scares people away.
(13) I am comfortable having others depend on me.
(14) I know that people will be there when I need them.
(15) I am nervous when anyone gets too close.
(16) I find it difficult to trust others completely.
(17) Often, partners want me to be closer than I feel comfortable being.
(18) I am not sure that I can always depend on others to be there when I need them.

INDIVIDUAL PSYCHOLOGY

ALFRED ADLER

ITS ALL ABOUT THE INDIVIDUAL





ALFRED ADLER

INDIVIDUAL PSYCHOLOGY THEORY
&
ADLERIAN PSYCHOTHERAPY

Assumes:

- Positive view of human nature
- Social influence is significant (much more so than biological)
- People can create a distinctive lifestyle at an early life
- Consciousness is the centre of personality
- Placed emphasis on contributing to society
- Work is required for human survival and teaches interdependence
- Sexuality must be defined in regard to self & others in a cooperative, rather than a competitive spirit
- Courage – a willingness to take risks w/o knowing what the consequences may be;

VIDEO INTRO ABOUT ADLER

ALFRED ADLER

- Born February 7, 1870
- Obtained medical degree from University of Vienna in 1895
- Began his career as an ophthalmologist
- Moved to a general practice near a circus·Inspired by the strengths and skills of the circus performers·
- Joined Freud, Rudolf Reitler, and Wilhelm Stekelto start the Vienna Psychoanalytic Society
- Served in WWI as a doctor for the Austrian Army
- Professor at Long Island College of Medicine
- Died from a heart attack in 1937
- Unlike Freud, Adler stresses·choice and responsibility, meaning in life·The striving for success, completion and perfection·Freud and Adler created contrasting theories·Their individual and very different childhood experiences in their families were the key factor that shaped their distinctly different views of human nature.

ALFRED ADLER

- With determined effort Adler eventually rose to the top of his class. He went on to study medicine at the University of Vienna. He entered private practice as an ophthalmologist, and later shifted to general medicine. He eventually specialised in neurology and psychiatry, and he had a keen interest in incurable childhood diseases.•
- Adler created 32 child guidance clinics in the Vienna public schools and began training teachers, social workers, physicians, and other professional.
- He pioneered the practice of teaching professional through live demonstrations with parents and children before large audiences.
- The clinics he founded grew in numbers and in popularity, and he was indefatigable in lecturing and demonstrating his work.
- In the mid 1920s he began lecturing in the United States.
- He ignored the warning of his friends to slow down and on May 28, 1937, while taking a walk before a scheduled lecture in Aberdeen, Scotland, Adler collapsed and died of heart failure.

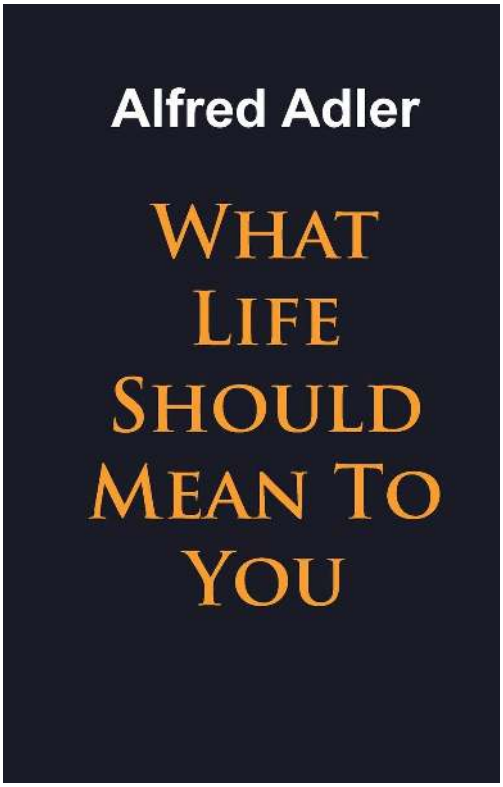
ALFRED ADLER

- Along with Freud and Jung, Alfred Adler was a major contributor to the development of the psychodynamic approach to therapy.
- Freud and Adler parted company after 8 to 10 years when Freud felt that Adler had deserted him.
- Adler resigned as the president of the Vienna Psychoanalytic Society in 1911 and founded the Society for Individual Psychology in 1912. It was at this point that Freud asserted that it was not possible to support Adlerian concepts and still remain in good standing as a psychoanalyst.
- Later a number of other psychoanalysts deviated from Freud's orthodox position. These Freudian revisionist, included Karen Horney, Erich Fromm, and Harry Stack Sullivan, agreed that social and cultural factors were of great significance in shaping personality
- These three were typically called neo-Freudians, it would be more appropriate, as Heinz Anshacher (1979) has suggested, to refer to them as neo-Adlerians because they moved away from Freud's biological and deterministic point of view and toward Adler's social psychological and goal oriented view of human nature

ALFRED ADLER

- Adler stresses that unity of personality contending that people can only be understood as integrated and complete beings.•Adler emphasized that where we are striving to go is more important than where we have come form.
- He saw humans as both the creators and the creations of their own lives; which means that people develop a unique style of living that is both a movement toward and an expression of their selected goals. In this sense we create ourselves rather than merely being shaped by our childhood experiences.

- After Adler's death in 1937, Rudolf Drekurs was the most significant figure in bringing Adlerian psychology to the United States, especially as its principles applied to education, individual and group therapy, and family counseling.•
- Dreikurs is credited with giving impetus to the idea of child guidance centers and to training professionals to work with a wide range of clients.



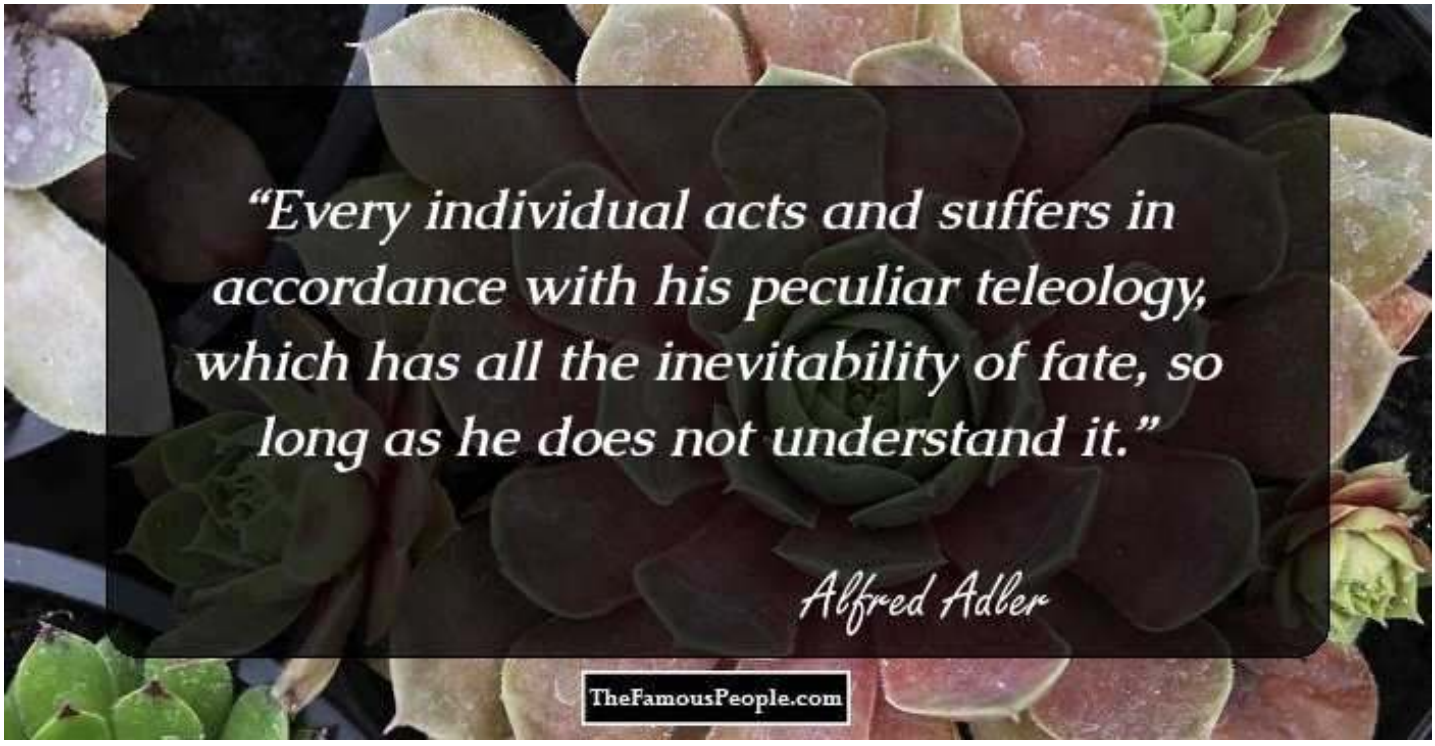
INDIVIDUAL PSYCHOLOGY

- Adler's theory focuses on inferiority feelings, which he sees as a normal condition of all people and as a source of all human striving.•Inferiority can be the wellspring of creativity.
- •They motivate us to strive for mastery, success (superiority), and completion •Around age 6 our fictional vision of ourselves as perfect or complete begins to form into a life goal.
- The life goal unifies the personality and becomes the source of human motivation.
- Every striving and every effort to overcome inferiority is now in line with this goal.
- •From the Adlerian perpective, human behavior is not determined solely by heredity and environment
- .•Instead, we have the capacity to interpret, influence, and create events.
- •Adler asserts that what we were born with is not as important as what we choose to do with the abilities and limitations we possess.

Video Alfred Adler's Individual Psychology: The Inferiority and Superiority Complex

INDIVIDUAL PSYCHOLOGY

- Adler's theory is a psychology of"use" rather than of possession.
- Although Adlerians reject the deterministic stance of Freud, they do not go to the other extreme and maintain that individuals can become whatever they want to be.
- Adlerian recognize that biological and environmental conditions limit our capacity to choose and to create.
- Adlerian put the focus on re-educating individuals and reshaping society.



INDIVIDUAL PSYCHOLOGY

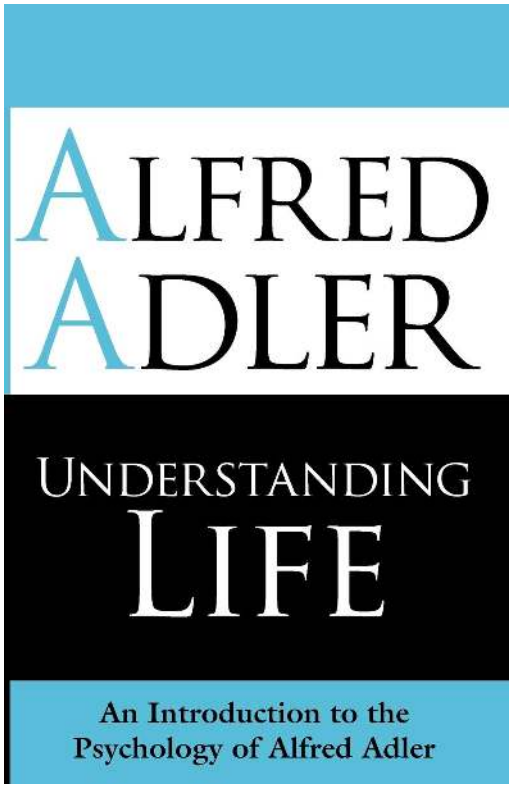
SUBJECTIVE PERCEPTION OF REALITY

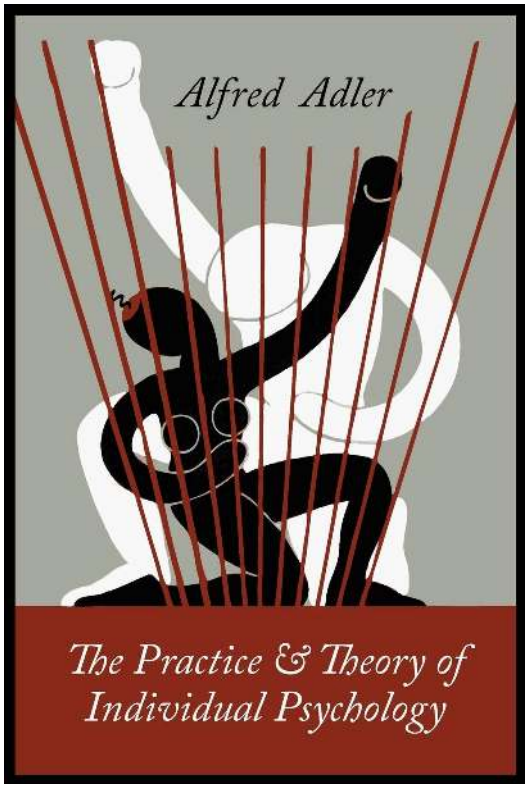
- Adler was the forerunner of a subjective approach to psychology that focuses on internal determinants of behaviour such as values, beliefs, attitudes, goals, interests, and the individual perception of reality.
- Adler was the pioneer of an approach that is holistic, social, goal-oriented, systemic, and humanistic.
- Adler was the first systemic therapist, in that he maintained that it is essential to understand people with the systems of which they are a part.
- Adler attempt to view the world from the client's subjective frame of reference, an orientation described as phenomenological.
- It is call this because it pays attention to the individual way in which people perceive their world.
- This "subjective reality" includes the individual's perceptions, thoughts, feelings, values, beliefs, convictions, and conclusions.•
- Behaviour is understood from the vantage point of this subjective perspective
- From the Adlerian perspective, objective reality is less important than how we interpret reality and the meanings we attach to what we experience.

INDIVIDUAL PSYCHOLOGY

UNITY AND PATTERNS OF HUMAN PERSONALITY

- A basis premise of Adlerian Individual Psychology is that personality can only be understood holistically and systemically.
- The individual is seen as an indivisible whole, born, reared, and living in specific familia, social, and cultural contexts.
- Human personality becomes unified through development of a life goal.
- There is more focus on interpersonal relationships than on the individual's internal psychodynamics.





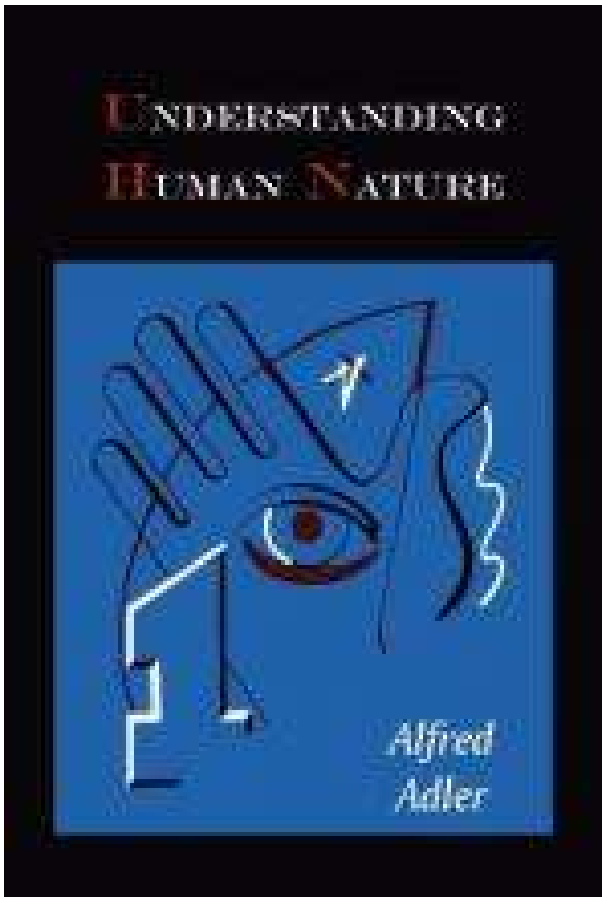
INDIVIDUAL PSYCHOLOGY

BEHAVIOR AS PURPOSEFUL AND GOAL-ORIENTED

- The concept of the purposeful nature of behaviour is perhaps the cornerstone of Adler's theory.
- Adler replaced deterministic explanations with purposive, goal oriented one.
- A basic assumption of Individual Psychology is that we can only think, feel, and act in relation to our perception of our goal.
- Therefore. We can be fully understood only in light of knowing the purposes and goals toward which we are striving.
- Adler was influenced by the philosopher Hans Vaihinger's (1965) view that people live by fictions (or views of how the world should be)
- Fictional Finalism refer to an imagined central goal that guides a person's behaviour.•
- Adler replaced this term with "guiding self-ideal" and "goal of perfection" to account for our striving toward superiority or perfection.

INDIVIDUAL PSYCHOLOGY

- Adler stresses that striving for perfection and coping with inferiority by seeking mastery are innate.
- •An individual core beliefs and assumptions through which the person organizes his or her reality and finds meaning in life events constitutes the individual's lifestyle.
- •In striving for goals that have meaning to us, we develop a unique style of life.
- •In striving for the goal of superiority, Adlerian believe some individuals develop their intellect , other, their artistic, talent; others, athletic skill; and so on.



INDIVIDUAL PSYCHOLOGY

SOCIAL INTEREST AND COMMUNITY FEELING

- Social interest and community feeling are probably Adler's most significant and distinctive concepts.
- These terms refer to individuals' awareness of being part of a human community and to individual's attitudes in dealing with the social world.
- Social interest includes striving for a better future for humanity.
- The socialisation process begins at childhood; which involves finding a place in society and acquiring a sense of belonging and of contributing.
- Social interest is taught, learned and used.
- Adler equated social interest with a sense of identification and empathy with others: to see with the eyes of another, to hear with the ears of another, to feel with the heart of another.•Social interest is the central indicator of mental health.
- From the Adlerian perspective, as social interest develops, feelings of inferiority and alienation diminish.
- People express social interest through shared activity and mutual respect.

Video
Superiority, Inferiority, and Courage

INDIVIDUAL PSYCHOLOGY

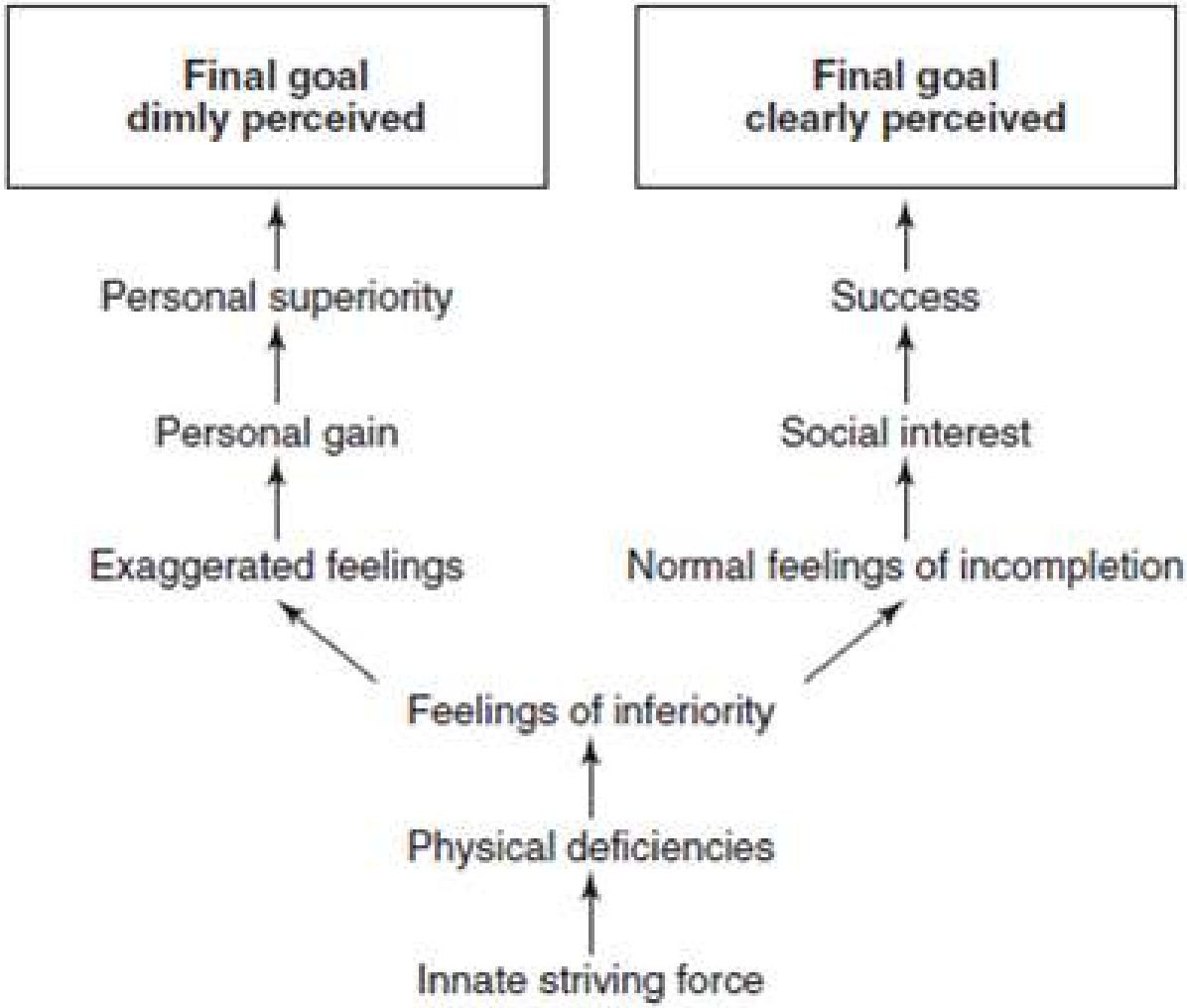


FIGURE 3.1 *Two Basic Methods of Striving toward the Final Goal.*

THE STRIVING FOR SIGNIFICANCE, THIS SENSE OF YEARNING, ALWAYS POINTS OUT TO US THAT ALL PSYCHOLOGICAL PHENOMENA CONTAIN A MOVEMENT THAT STARTS FROM A FEELING OF INFERIORITY AND REACH UPWARD. THE THEORY OF INDIVIDUAL PSYCHOLOGY OF PSYCHOLOGICAL COMPENSATION STATES THAT THE STRONGER THE FEELING OF INFERIORITY, THE HIGHER THE GOAL FOR PERSONAL POWER.

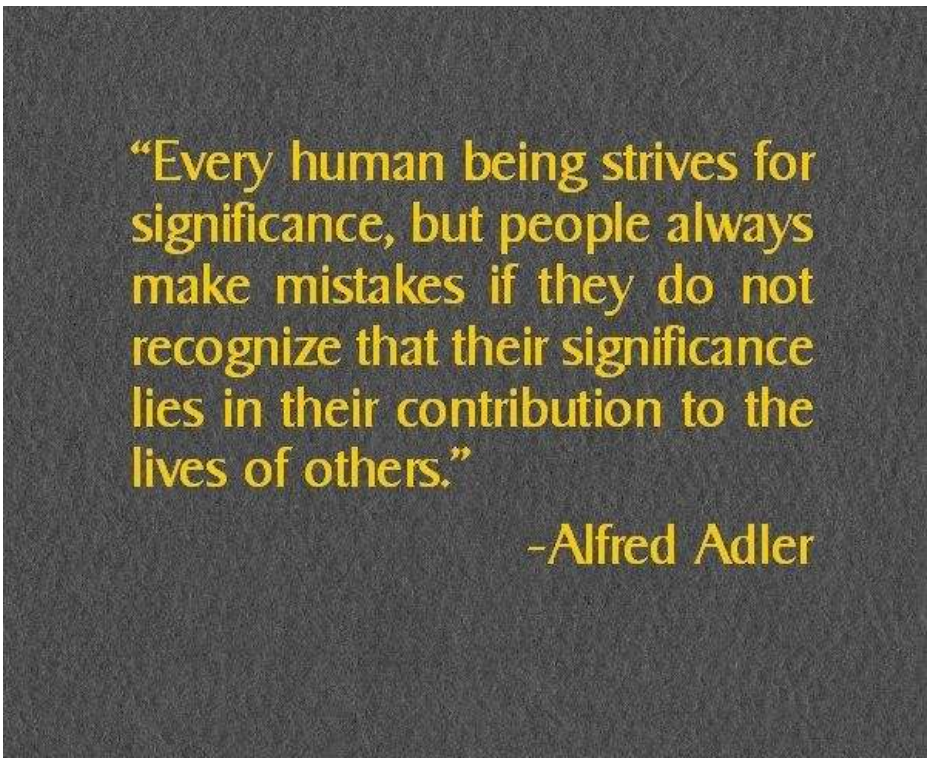
- ALFRED ADLER -

5 MAJOR TENETS OF ADLERIAN THERAPY

1. We desire a sense of belonging
We desire a sense of belonging
Healthy social interest results in well-adjusted individuals
Cooperation and contribution to a group are vital
Mal adjusted individuals put themselves first.
2. We control our own lives
Change is possible
Must be active participants in our own destiny
Reactions can be controlled
Improvement is the goal
3. We act with purpose
Behaviours are purposeful
Goals are not permanent
Changing a goal, changes the choices
People can always change
4. We form our own reality
Reality is self-determined
While past events will remain, the meaning may change
Individuals create their own truth
Approach to a challenge, determines the severity of the challenge
5. We are holistic
Individuals are made of several components
To understand an individual, one must look at the whole person
Themes and patterns can be seen in individuals
Parts of an individual work together.

KEY CONCEPTS

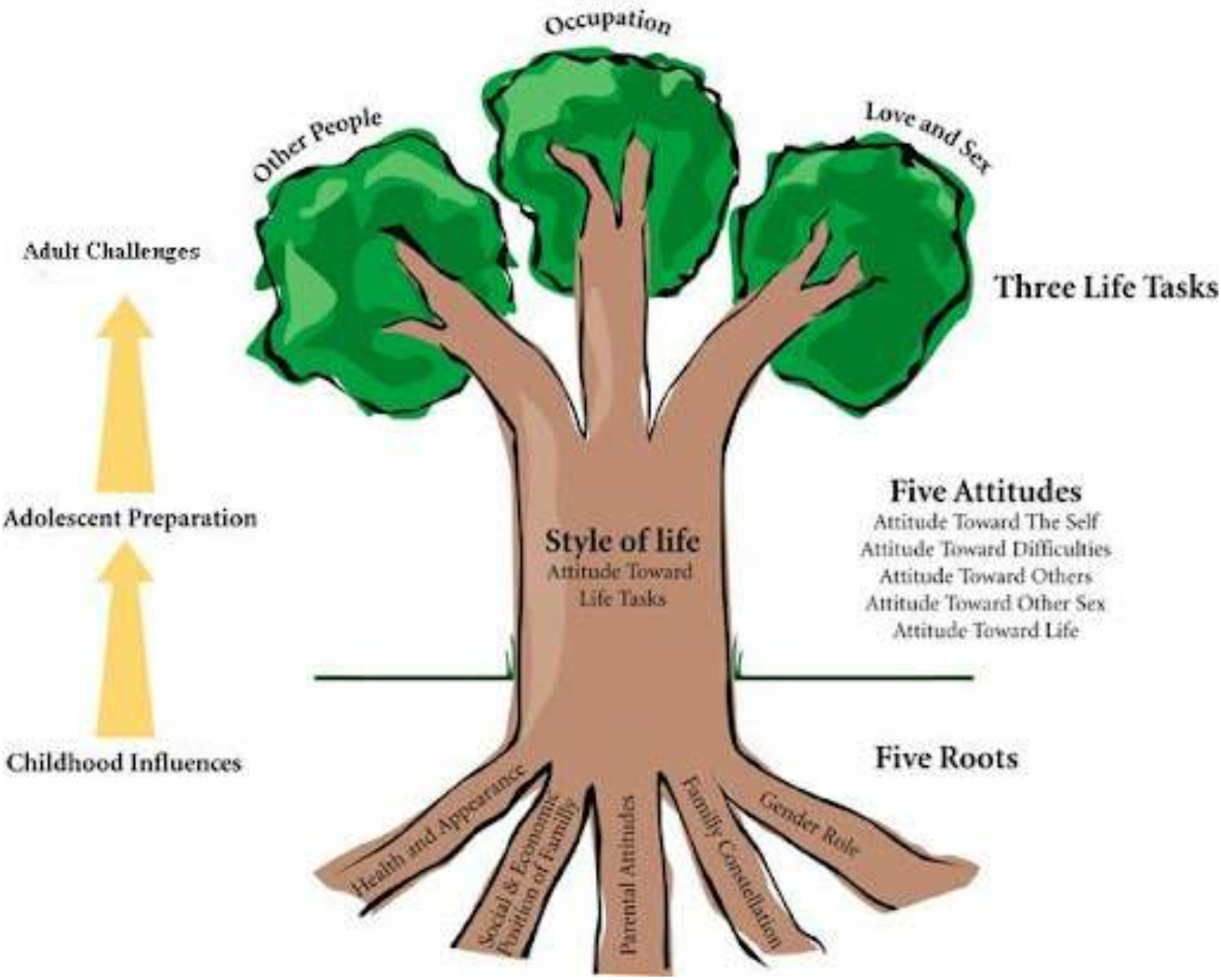
- By the time a person reaches the age of five, s/he develops a lifestyle. This is a way of pursuing long-term goals. This lifestyle develops thru the person's perception of the family atmosphere.
- Subjective evaluations of themselves was called a fiction:
- Overgeneralising – viewing everything as the same
- False or impossible goals of security – trying to please everyone
- Misperception of life & life's demands –believing that one never gets any breaks
- Minimisation or denial of one's worth – thinking that one will never amount to anything
- Faulty values – believing in the necessity of being first no matter what needs to be done to achieve that goal



ADLERS THERAPEUTIC APPROACH

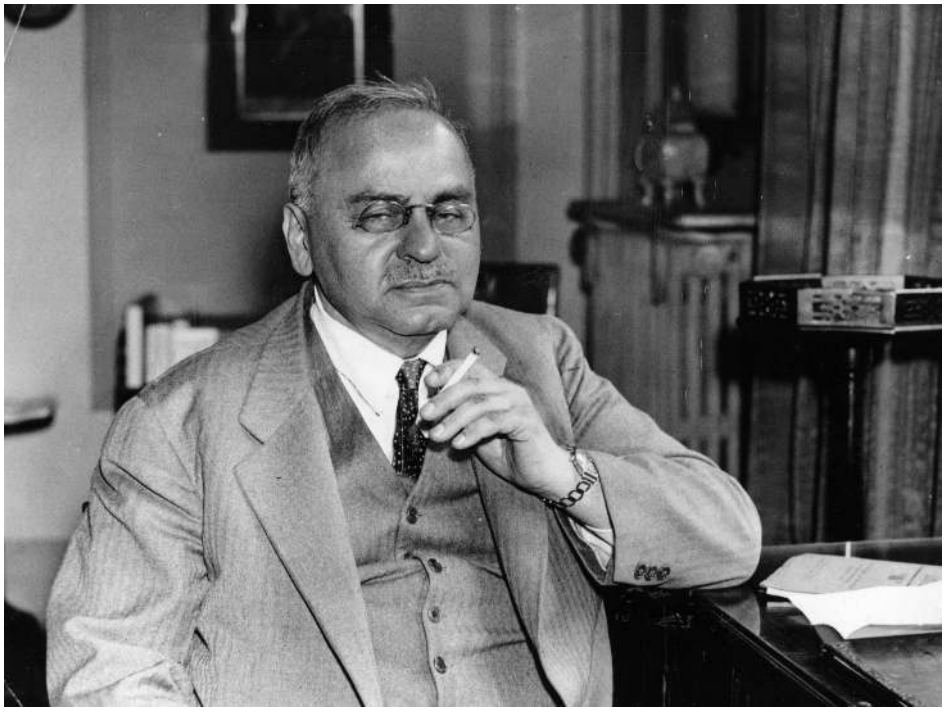
...take the double function of the mother... join with the child and give him the experience of a trustworthy fellow man,and increase and spread the social interest and strenghten independence and courage... "

Alfred Adler



4 STAGES OF ADLERIAN THERAPY

1. Engagement-therapeutic rapport is established between therapist and counselee.
2. Assessment-counselee discusses history, beliefs, feelings and emotions to determine lifestyle patterns.
3. Insight-counselee is encouraged to change ideas about circumstances.
4. Reorientation-client reinforces new beliefs with positive activities.("Adlerian Psychology/psychotherapy," n.d.



ADLERIAN THERAPY

1. Establishing a therapeutic relationship is of utmost importance
2. Analysis of lifestyles, family constellations, early memories, dreams, priorities and ways of responding
3. Promote insight thru open-ended questions, interpretations
4. Use of counsellor empathy is important
5. Confrontation – consider private logic
6. Asking the question – what would be different if you didn't have this situation?
7. Encouragement – faith in the person
8. Acting "as if" – be what you want to be
9. Spitting in the soup – point out behaviours to ruin the payoff for the behaviour
10. Catching oneself – teaching people to become aware of self-destructive behaviour
11. Task setting – initially set short-term goals and work up to long-term goals
12. Push button – you can choose to remember positive as well as negative experiences

TECHNIQUES

FAMILY CONSTELLATION ANALYSIS

- Birth order
- Family atmosphere
- Parental relationship
- Family values
- Extended family and culture

LIFE SCRIPT QUESTIONNAIRE

- Early recollections

BIRTH ORDER

VIDEO

VIDEO

APPLICATION OF ADLERIAN THERAPY

THE IDEAS OF ADLERIAN THERAPY HAVE BEEN IMPLEMENTED IN MANY AREAS:

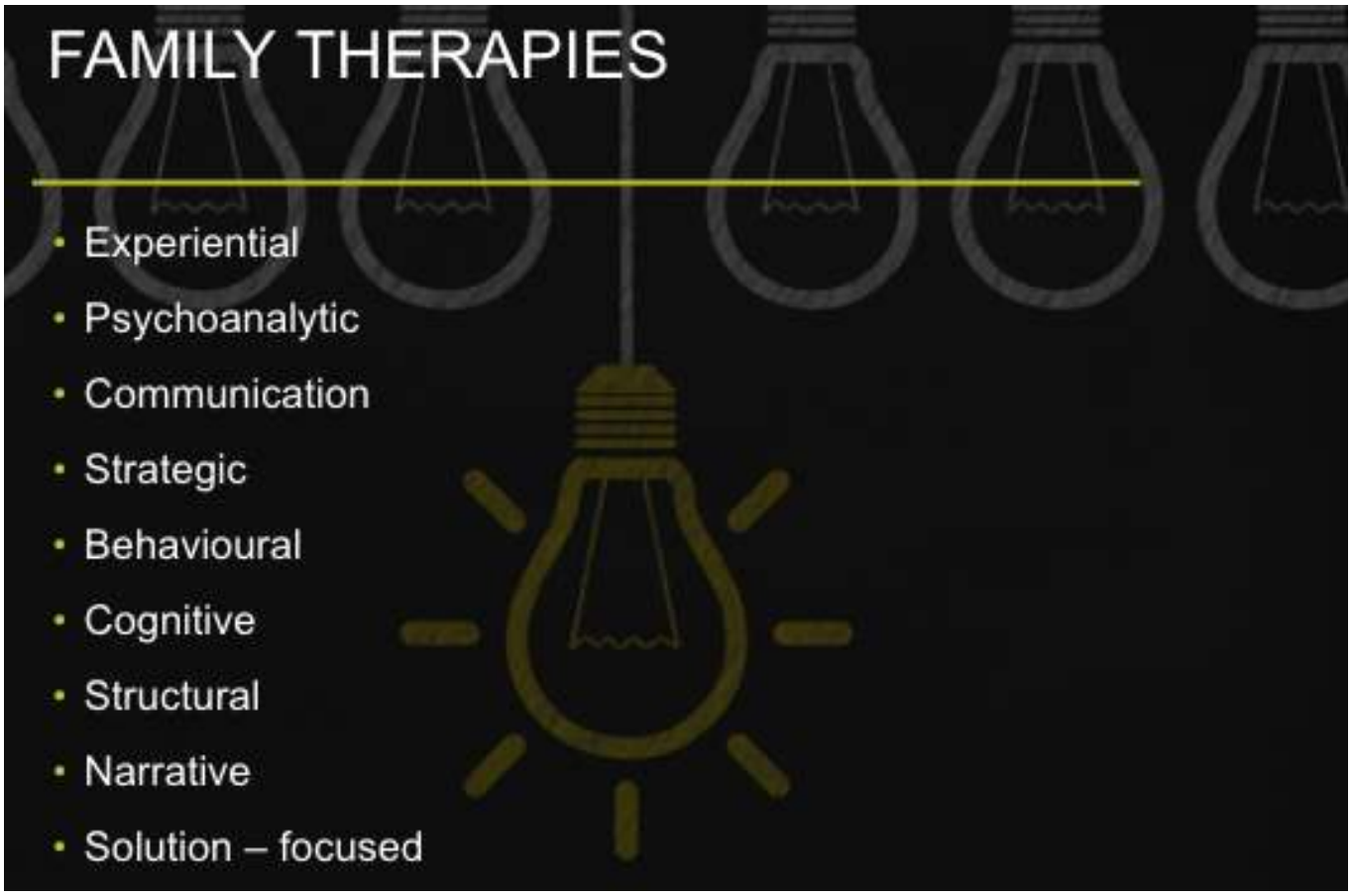
- child guidance
- parent-child counselling
- marital counselling
- family therapy·group counselling
- individual counselling
- cultural conflicts
- correctional and rehabilitation counselling·
- substance abuse programs·
- combating poverty and crime.

FAMILY THERAPY THEORIES

- Family therapy theories, in contrast to family social science theories, are practice theories.
- They have been developed to work with troubled familiesand therefore, are pathology oriented for the most part.
- It tends to view change in terms of the systems of interaction between family members.
- The different schools of family therapy have in common a belief that, regardless of the origin of the problem, and regardless of whether the clients consider it an "individual" or "family" issue, involving families in solutions often benefits clients. This involvement of families is commonly accomplished by their direct participation in the therapy session. The skills of the family therapist thus include the ability to influence conversations in a way that catalyses the strengths, wisdom, and support of the wider system

CONCEPT OF FAMILY

In the field's early years, many clinicians defined the family in a narrow, traditional manner usually including parents and children. As the field has evolved, the concept of the family is more commonly defined in terms of strongly supportive, long-term roles and relationships between people who may or may not be related by blood or marriage.



HISTORY OF FAMILY THERAPIES

- Family therapy as a distinct professional practice within Western cultures can be argued to have had its origins in the social work movements of the 19th century in the United Kingdom and the United States.
- As a branch of psychotherapy, its roots can be traced somewhat later to the early 20th century with the emergence of the child guidance movement and marriage counselling.
- The formal development of family therapy dates from the 1940s and early 1950s with the founding in 1942 of the American Association of Marriage Counsellors (the precursor of the AAMFT), and through the work of various independent clinicians and groups - in the United Kingdom (John Bowlby at the Tavistock Clinic), the United States (Donald deAvila Jackson, John Elderkin Bell, Nathan Ackerman, Christian Midelfort, Theodore Lidz, Lyman Wynne, Murray Bowen, Carl Whitaker, Virginia Satir, Ivan Boszormenyi-Nagy), and in Hungary, D.L.P. Liebermann - who began seeing family members together for observation or therapy sessions. (Broderick, C.B. & Schrader, S.S. (1991). The History of Professional Marriage and Family Therapy. In A. S. Gurman & D. P. Kniskern (Eds.), Handbook of Family Therapy. Vol. 2.

HISTORY OF FAMILY THERAPIES

- There was initially a strong influence from psychoanalysis (most of the early founders of the field had psychoanalytic backgrounds) and social psychiatry, and later from learning theory and behaviour therapy - and significantly, these clinicians began to articulate various theories about the nature and functioning of the family as an entity that was more than a mere aggregation of individuals
- The movement received an important boost starting in the early 1950s through the work of anthropologist Gregory Bateson and colleagues – Jay Haley, Donald D. Jackson, John Weakland, William Fry, and later, Virginia Satir, Ivan Boszormenyi-Nagy, Paul Watzlawick and others
- Palo Alto in the United States, who introduced ideas from cybernetics and general systems theory into social psychology and psychotherapy, focusing in particular on the role of communication (see Bateson Project). This approach eschewed the traditional focus on individual psychology and historical factors – that involve so-called linear causation and content – and emphasized instead feedback and homeostatic mechanisms and “rules” in here-and-now interactions – so-called circular causation and process – that were thought to maintain or exacerbate problems, whatever the original cause(s).

HISTORY OF FAMILY THERAPIES

- This group was also influenced significantly by the work of US psychiatrist, hypnotherapist, and brief therapist, Milton H. Erickson - especially his innovative use of strategies for change, such as paradoxical directives (see also Reverse psychology).

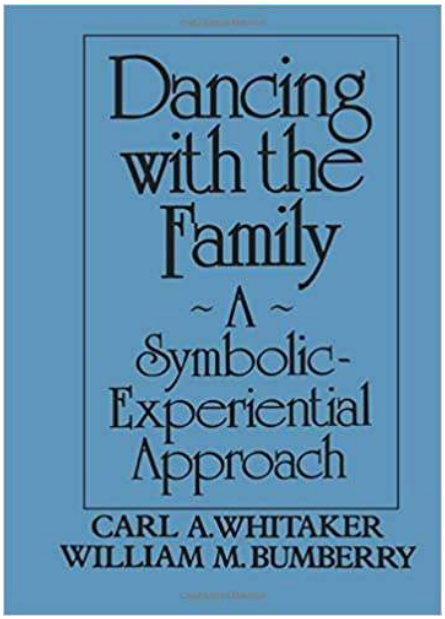
- By the mid-1960s, a number of distinct schools of family therapy had emerged. From those groups that were most strongly influenced by cybernetics and systems theory, there came MRI Brief Therapy, and slightly later, strategic therapy, Salvador Minuchin's Structural Family Therapy and the Milan systems
- model. Partly in reaction to some aspects of these systemic models, came the experiential approaches of Virginia Satir and Carl Whitaker, which downplayed theoretical constructs, and emphasized subjective experience and unexpressed feelings (including the subconscious), authentic communication, spontaneity, creativity, total therapist engagement, and often included the extended family.
- Concurrently and somewhat independently, there emerged the various intergenerational therapies of Murray Bowen, Ivan Boszormenyi-Nagy, James Framo, and Norman Paul, which present different theories about the intergenerational transmission of health and dysfunction, but which all deal usually with at least three generations of a family (in person or conceptually), either directly in therapy sessions, or via "homework", "journeys home"

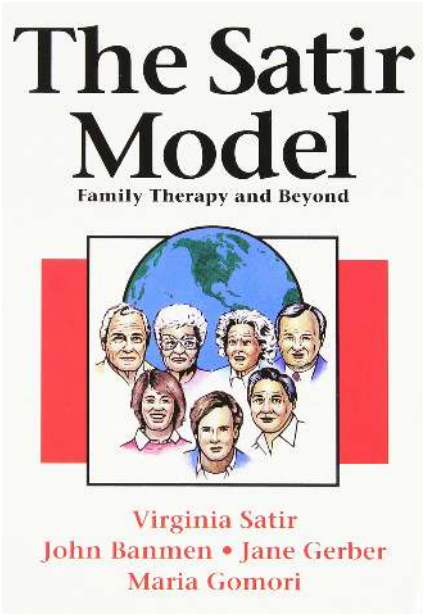
HISTORY AND THERAPIES

- Psychodynamic family therapy - which, more than any other school of family therapy, deals directly with individual psychology and the unconscious in the context of current relationships - continued to develop through a number of groups that were influenced by the ideas and methods of Nathan Ackerman, and also by the British School of Object Relations and John Bowlby's work on attachment.
- Multiple-family group therapy, a precursor of psychoeducational family intervention, emerged, in part, as a pragmatic alternative form of intervention - especially as an adjunct to the treatment of serious mental disorders with a significant biological basis, such as schizophrenia - and represented something of a conceptual challenge to some of the "systemic" (and thus potentially "family-blaming") paradigms of pathogenesis that were implicit in many of the dominant models of family therapy.
- The late-1960s and early-1970s saw the development of network therapy (which bears some resemblance to traditional practices such as Ho'oponopono) by Ross Speck and Carolyn Attneave, and the emergence of behavioral marital therapy (renamed behavioral couples therapy in the 1990 and behavioral family therapy as models in their own right

HISTORY AND THERAPIES

- From the mid-1980s to the present, the field has been marked by a diversity of approaches that partly reflect the original schools, but which also draw on other theories and methods from individual psychotherapy and elsewhere – these approaches and sources include:
- brief therapy,
- structural therapy,
- constructivist approaches (e.g., Milan systems, post-Milan/collaborative/conversational, reflective),
- solution-focused therapy,
- narrative therapy,
- a range of cognitive and behavioural approaches,
- psychodynamic and object relations approaches,
- attachment and emotionally focused therapy,
- intergenerational approaches, network therapy,
- multisystemic therapy (MST)





FAMILY THERAPIES & CULTURE

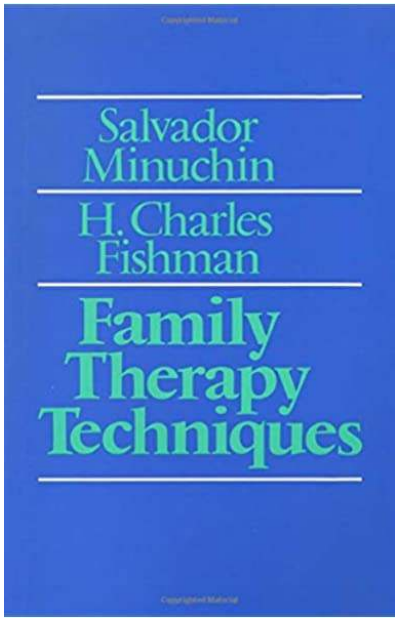
- Multicultural, intercultural, and integrative approaches are being developed, with Vincenzo Di Nicola weaving a synthesis of family therapy and transcultural psychiatry in his model of cultural family therapy, A Stranger in the Family: Culture, Families, and Therapy.
- Many practitioners claim to be "eclectic", using techniques from several areas, depending upon their own inclinations and/or the needs of the client(s), and there is a growing movement toward a single “generic” family therapy that seeks to incorporate the best of the accumulated knowledge in the field and which can be adapted to many different contexts;[
- however, there are still a significant number of therapists who adhere more or less strictly to a particular, or limited number of, approach(es).

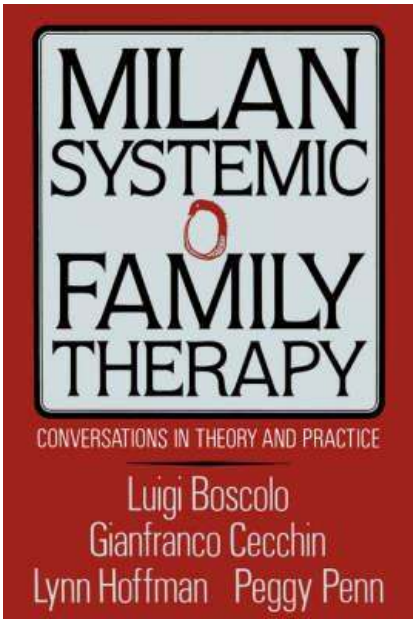
FAMILY THERAPIES & CULTURE

- The Liberation Based Healing framework for family therapy offers a complete paradigm shift for working with families while addressing the intersections of race, class, gender identity, sexual orientation and other socio-political identity markers.
- This theoretical approach and praxis is informed by Critical Pedagogy, Feminism, Critical Race Theory, and Decolonizing Theory. This framework necessitates an understanding of the ways Colonization, Cis-Heteronormativity, Patriarchy, White Supremacy and other systems of domination impact individuals, families and communities and centres the need to disrupt the status quo in how power operates.
- Traditional Western models of family therapy have historically ignored these dimensions and when white, male privilege has been critiqued, largely by feminist theory practitioners, it has often been to the benefit of middle class, white women's experiences.[31]
- While an understanding of intersectionality is of particular significance in working with families with violence, a liberatory framework examines how power, privilege and oppression operate within and across all relationships.

FAMILY THERAPIES & CULTURE

- Liberatory practices are based on the principles of
- Critical-Consciousness,
- Accountability
- and Empowerment.
- These principles guide not only the content of the therapeutic work with clients but also the supervisory and training process of therapists. Hernández, Pilar (February 2008). "The cultural context model in clinical supervision". Training and Education in Professional Psychology. 2 (1): 10–17.
- Dr. Rhea Almeida, developed the Cultural Context Model as a way to operationalize these concepts into practice through the integration of culture circles, sponsors, and a socio-educational process within the therapeutic work.Almeida, Rhea V.; Durkin, Tracy (1999). "The Cultural Context Model: Therapy for Couples with Domestic Violence". Journal of Marital and Family Therapy.



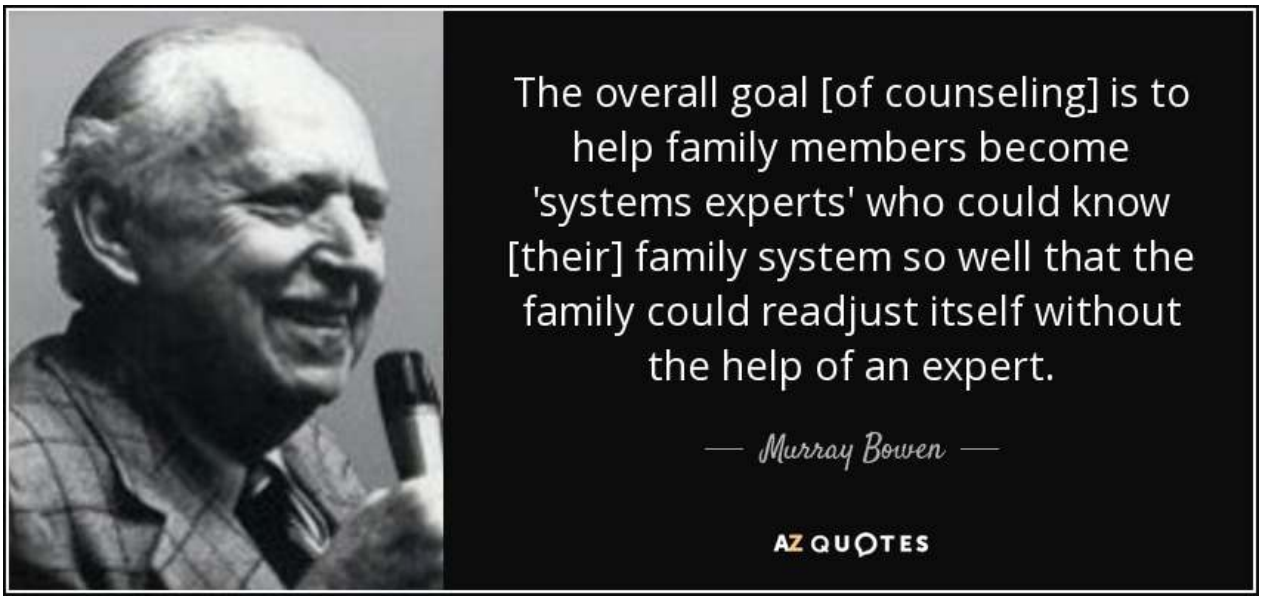


CULTURAL PERSPECTIVE

- In many Polynesian cultures, it is believed that a person's errors (called hara or hala) caused illness. Some believe error angers the gods, others that it attracts malevolent gods, and still others believe the guilt caused by error made one sick.["In most cases, however, specific 'untie-error' rites could be performed to atone for such errors and thereby diminish one's accumulation of them."
- Among the islands of Vanuatu in the South Pacific, people believe that illness usually is caused by sexual misconduct or anger. "If you are angry for two or three days, sickness will come," said one local man. The therapy that counters this sickness is confession. The patient, or a family member, may confess. If no one confesses an error, the patient may die.
- The Vanuatu people believe that secrecy is what gives power to the illness. When the error is confessed, it no longer has power over the person.
- Like many other islanders, including Hawaiians, people of Tikopia in the Solomon Islands, and on Rarotonga in the Cook Islands, believe that the sins of the father will fall upon the children. If a child is sick, the parents are suspected of quarreling or misconduct. In addition to sickness, social disorder could cause sterility of land or other disasters. Harmony could be restored only by confession and apology.
- In Pukapuka, it was customary to hold sort of a confessional over patients to determine an appropriate course of action in order to heal them.

BOWEN FAMILY SYSTEMS THEORY

- Dr. Murray Bowen Georgetown Family Center, 1975
- Multigenerational Transmission of Family Problems
- An Eight-Factor Theory
- Looked at Multigenerational Trends
- By Examining Eight Concepts of Family Functioning
- Created an Objective Theory for taking Intuitiveness out of Therapy

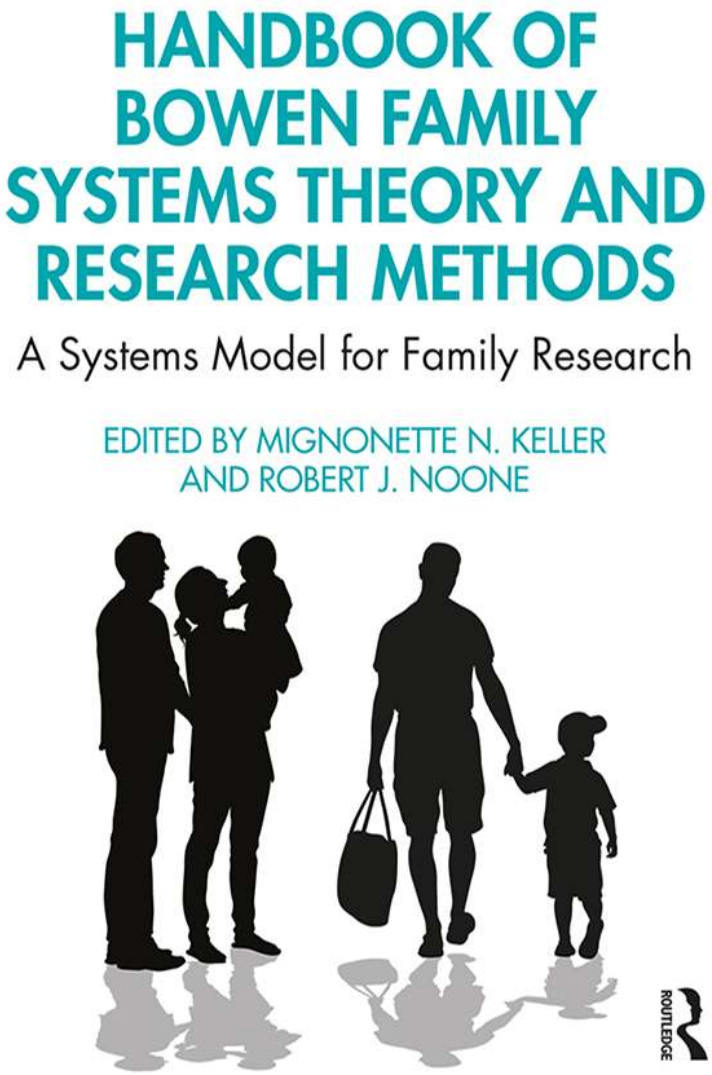


BOWEN ON ANXIETY
BOWEN ON IDEALISTIC RELATIONSHIP

BOWEN'S 8 INTERLOCKING CONCEPTS

1. Differentiation of self
2. Triangles
3. Nuclear family emotional system
4. Family projection process
5. Emotional cut-off
6. Multigenerational transmission process
7. Sibling position
8. Societal regression

VIDEO OVERVIEW



BOWEN'S 8 INTERLOCKING CONCEPTS

1. DIFFERENTIATION OF SELF

Ability to :

- Separate feelings from thinking
- Distinguish between the intellectual process and the feeling process
- Experience the difference between intimacy and autonomy
- Balance objectivity and subjectivity
- Pull self from fused relationships when
- Video: Bowen on Differentiation

BOWEN'S 8 INTERLOCKING CONCEPTS

2. TRIANGLES

- Pull relationship with help from a third person
- Reach out and pull in the other person so that emotions can flow into that person
- Create emotional tensions because of the three-way relationship
- Act as a building block in a family's relational system
- Balance unhealthy relationship between 2 individuals
- Maintain involvement and yet separate emotions when using it well

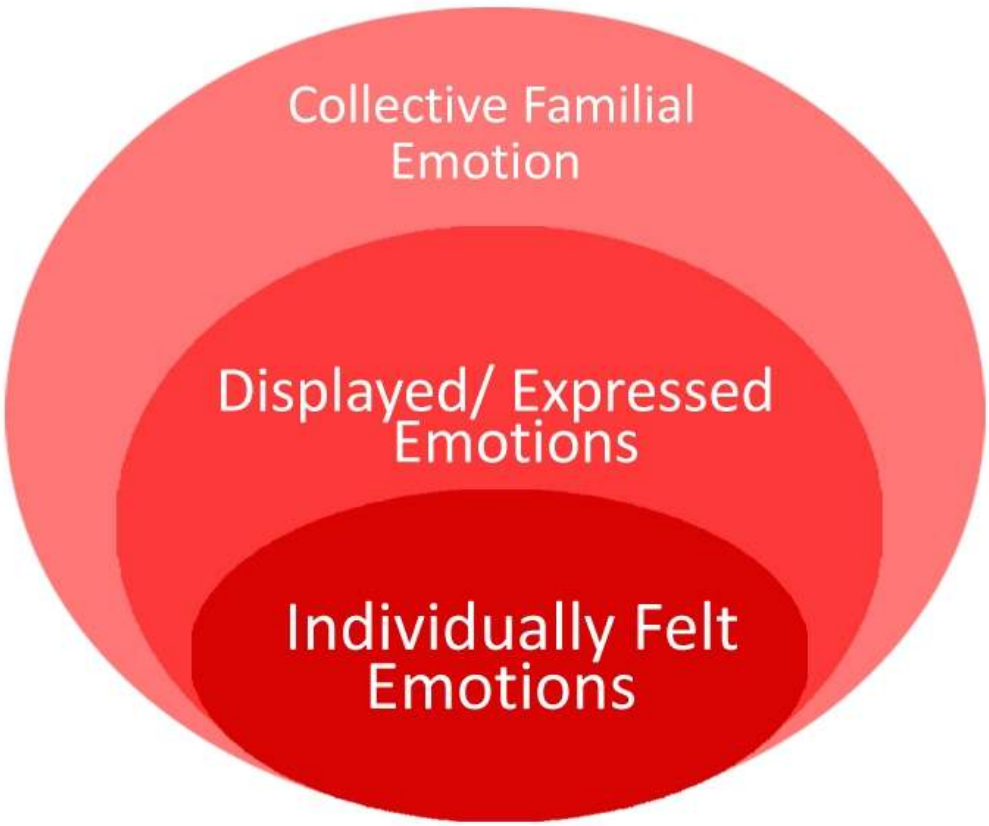
VIDEO

BOWEN'S 8 INTERLOCKING CONCEPTS

3. NUCLEAR FAMILY EMOTIONAL SYSTEM

- People seek partners that likely have the same level of differentiation as theirs
- They repeat the patterns of relationship as established in the FOO
- They will continuously seek ways to reduce tension through relationships
- Intense fusion between partners will cause instability in the nuclear family emotional system :

- Physical or emotional dysfunction in a spouse
- Overt, chronic, or unresolved marital conflict
- Psychological impairment in a child



BOWEN'S 8 INTERLOCKING CONCEPTS

4. FAMILY PROJECTION PROCESS

Levels of indifferentiation can be passed from one generation to the next
Parents transmit their values to the most susceptible child
Intensity of projection is related to:

- Degree of immaturity or undifferentiation of the parents
- Level of stress the family experiences

5. EMOTIONAL CUT-OFF

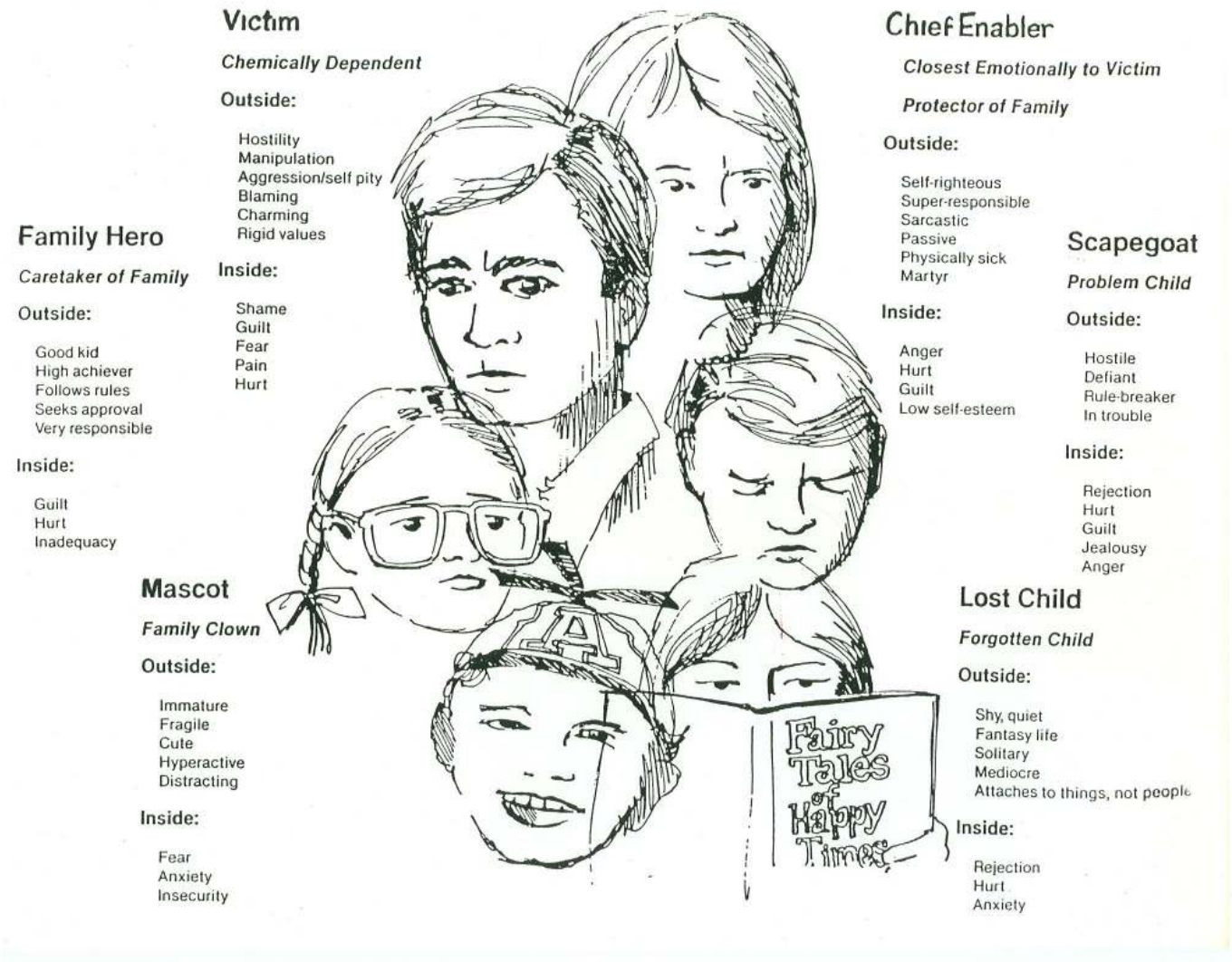
- A flight of extreme emotional distancing from FOO
- A way to break emotional ties
- An effort to deal with unresolved fusion with one or both parents (or siblings)
- A denial defence to a problem or unresolved conflict
- A way to free self from unfinished business that may affect current relationships

6. MULTIGENERATIONAL TRANSMISSION

- Values, conflicts, and unresolved anxiety may be passed from one generation to the next
- Severe dysfunction may be the result of chronic anxiety transmitted over several generations

7. SIBLING POSITION

- Birth order and personality has a connection
- Birth order predicts certain roles and functions an individual plays
- Functional position is more important than the actual birth order
- Sibling position may affect the nuclear family emotional system



8. SOCIETAL REGRESSION

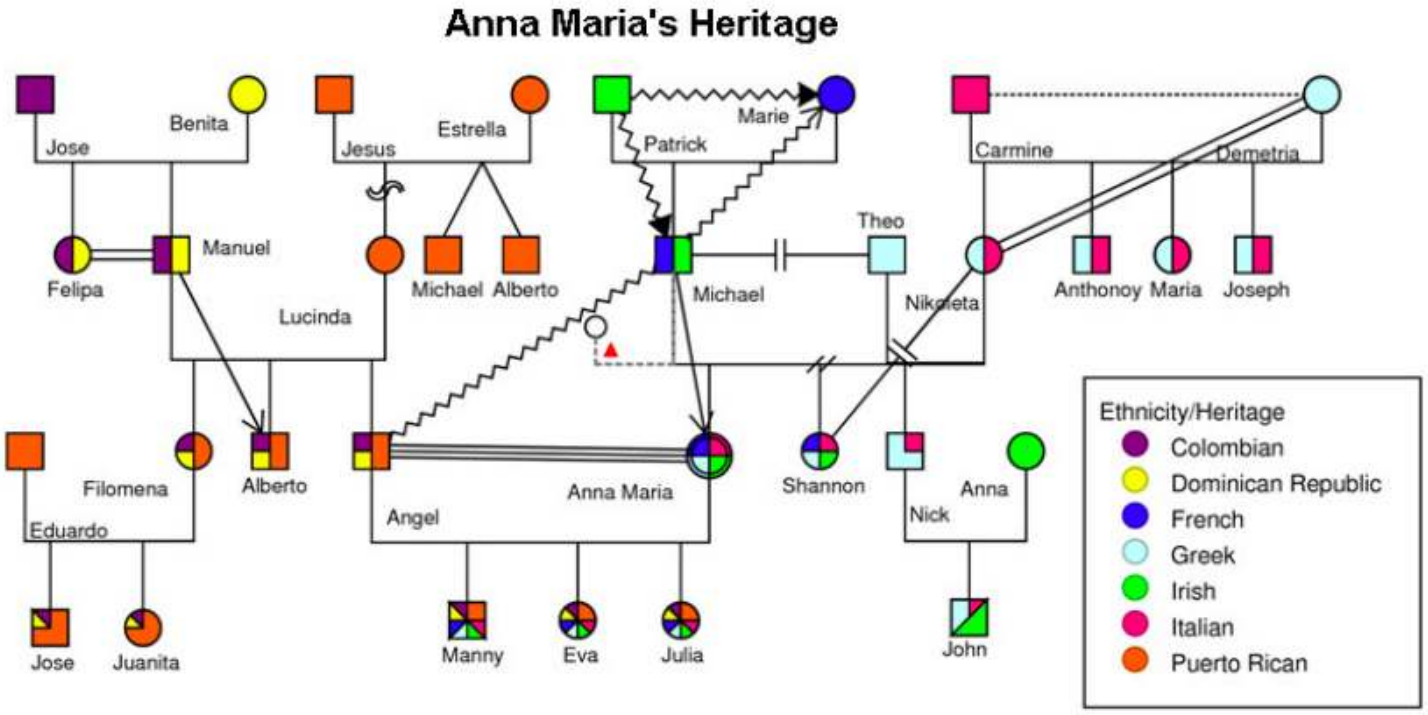
- Society's emotional functioning is similar to the family emotional system in that there are always two opposing forces toward undifferentiation and individuation
- Consider the importance of society's value toward individuation and check its cultural value toward an individual

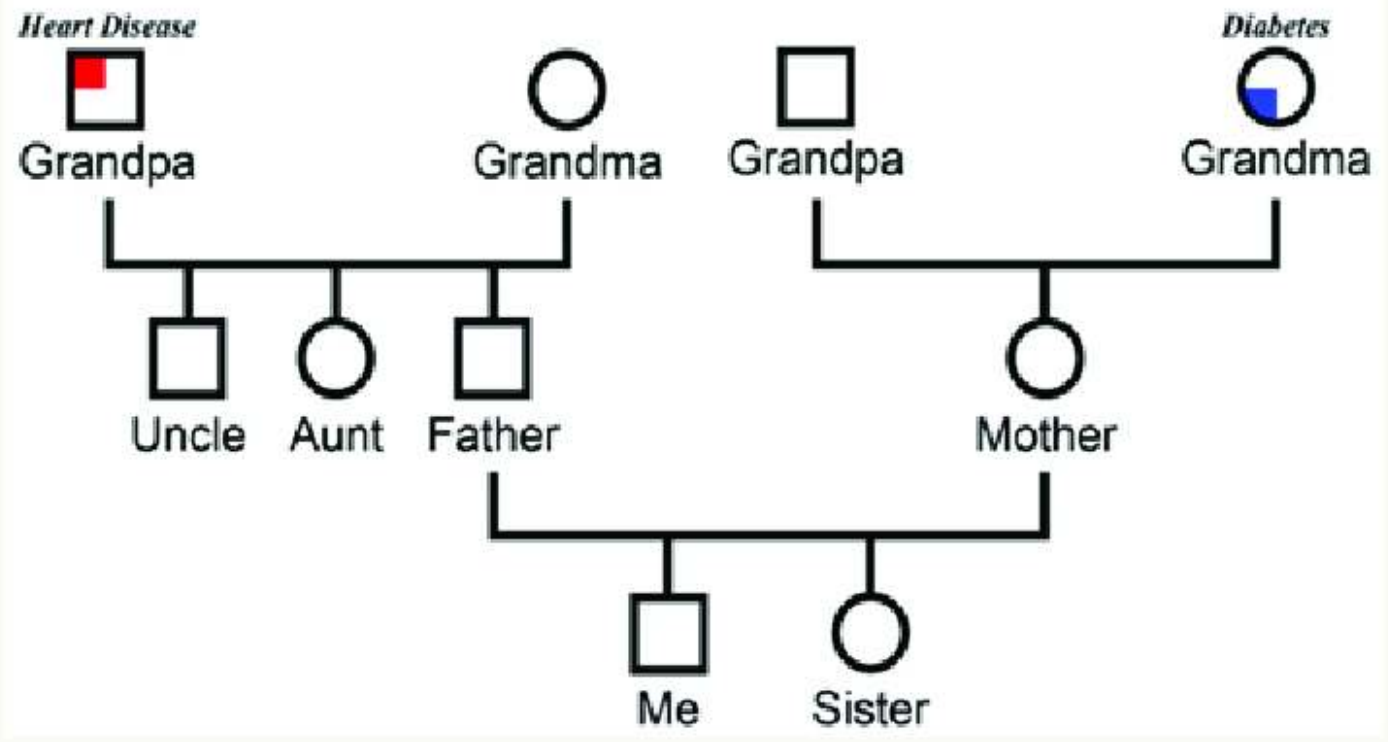
BOWEN'S FAMILY INTERVENTION TECHNIQUES

- Reduction of anxiety and relief from symptoms
- An increase in each participant's level of differentiation in order to improve adaptiveness.
- Meeting with two adults (I.e., parents) is of utmost importance.
- Calm questioning and focusing on one's role in the family problems is critical.
- Counsellor takes on role of "coach."
- She/he asks questions and makes suggestions that the family members discuss and enact with each other.
- Counsellor may ask family members to talk to him/her to minimize interpersonal tensions.
- Genogram is used to gain insight.
- Detriangulation Increase insight

CLINICAL CASE BY BOWEN

GENOGRAM & CULTURAL HERITAGE





RECOGNISING THE THEORIES AND THERAPIES

BRIEF CASE STUDY 1

CASE STUDY 2

REFLECTIVE QUESTIONS:

1. What Family structure is in the case study?
2. What Family values were discussed within the session?
3. What Parenting styles can be observed?
4. What levels of cohesion and flexibility exists between the parents?
5. What attachment styles could be identified?
6. How does Adler's therapy applies within this family?
7. What dimensions of Bowen's family system could be noticed?

CRITICISM OF THEORIES AND THERAPIES

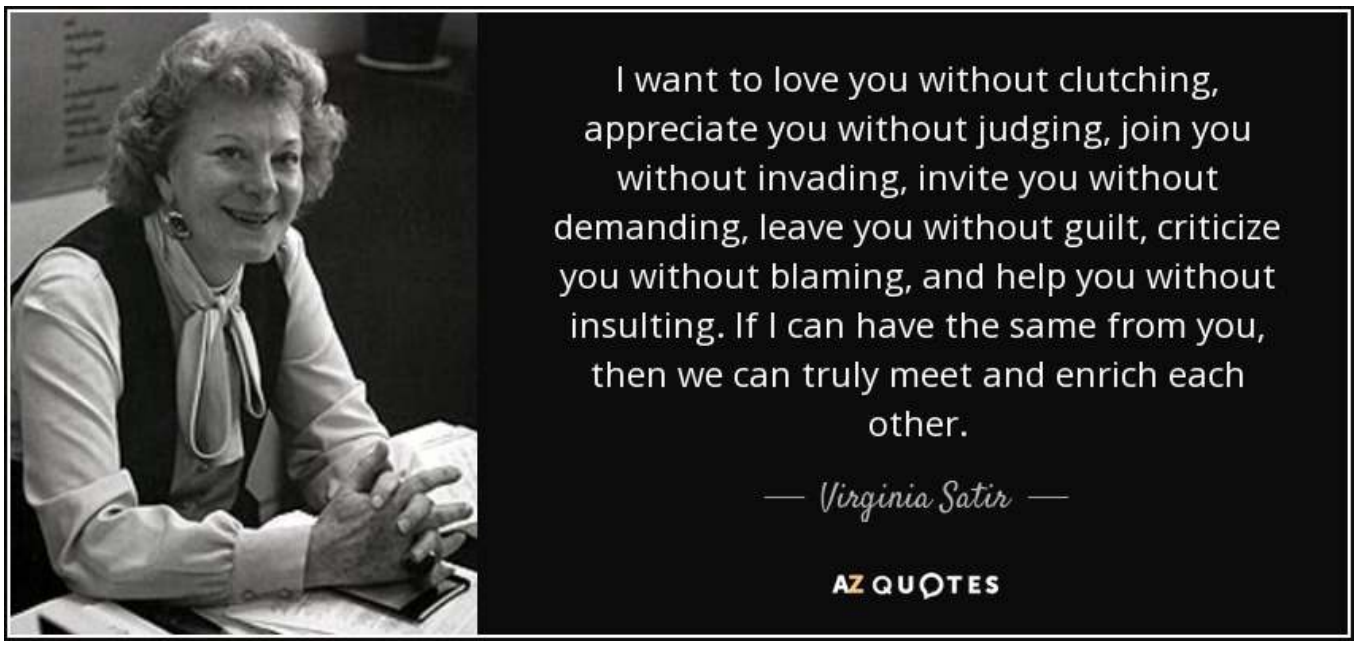
- Individual temperament and personality
- Environmental risk factors
- Empirical testing of the theory
- The qualitative nature of the main research tools

VIDEO

VIRGINIA SATIR

(26 JUNE 1916 – 10 SEPTEMBER 1988)

- was an influential American author and psychotherapist, recognized for her approach to family therapy. Her pioneering work in the field of family reconstruction therapy honored her with the title[. "Mother of Family Therapy". Her most well-known books are Conjoint Family Therapy, 1964, Peoplemaking, 1972, and The New Peoplemaking, 1988.
- She is also known for creating the Virginia Satir Change Process Model, a psychological model developed through clinical studies. Change management and organizational gurus of the 1990s and 2000s embrace this model to define how change impacts organizations.



BACKGROUND

- When she was five years old, Satir suffered from appendicitis. Her mother, a devout Christian Scientist, refused to take her to a doctor. By the time Satir's father decided to overrule his wife, the young girl's appendix had ruptured. Doctors were able to save her life, but Satir was forced to stay in the hospital for several months.
- From a young age, Satir exhibited great promise and curiosity. When Satir was three years old, she taught herself to read and by age nine, she had read all of the books in the library of her small one-room school.
- From early years, Satir demonstrated an interest in family dynamics. When she was five, she decided that she would grow up to be "a children's detective on parents, inclinations that would later become true through her therapeutic practices."[She later explained that "I didn't quite know what I would look for, but I realized a lot went on in families that didn't meet the eye."
- In 1929, her mother insisted that the family move from their farm to Milwaukee so that Satir could attend high school. Satir's high school years coincided with the Great Depression, and to help her family she took a part-time job and also attended as many courses as she could so that she could graduate early. In 1932, she received her high school diploma and promptly enrolled in Milwaukee State Teachers College (now University of Wisconsin–Milwaukee.)

BACKGROUND

- To pay for her education she worked part-time for the Works Projects Administration and for Gimbels Department Store and further supplemented her income by babysitting. She graduated with a bachelor's degree in education, and worked as a teacher for a few years.
- During her time as a schoolteacher, she recognized that involved and supportive parents not only help students in the classroom but could also heal family dynamics. Satir began meeting and cooperating with the parents of her students and saw the family system as a reflection of the world at large, stating “if we can heal the family, we can heal the world” (Who Virginia Was and Why She Mattered," Virginia Satir Global Network, Retrieved July 11, 2018
- Beginning in 1937, for three summers she took courses at Northwestern University in Chicago. Her interest in families led her to enroll full-time at the University of Chicago School of Social Services Administration where she obtained a Master's degree in social work. She finished her coursework for her master's degree in 1943, and completed her thesis for her degree in 1948

VIDEO

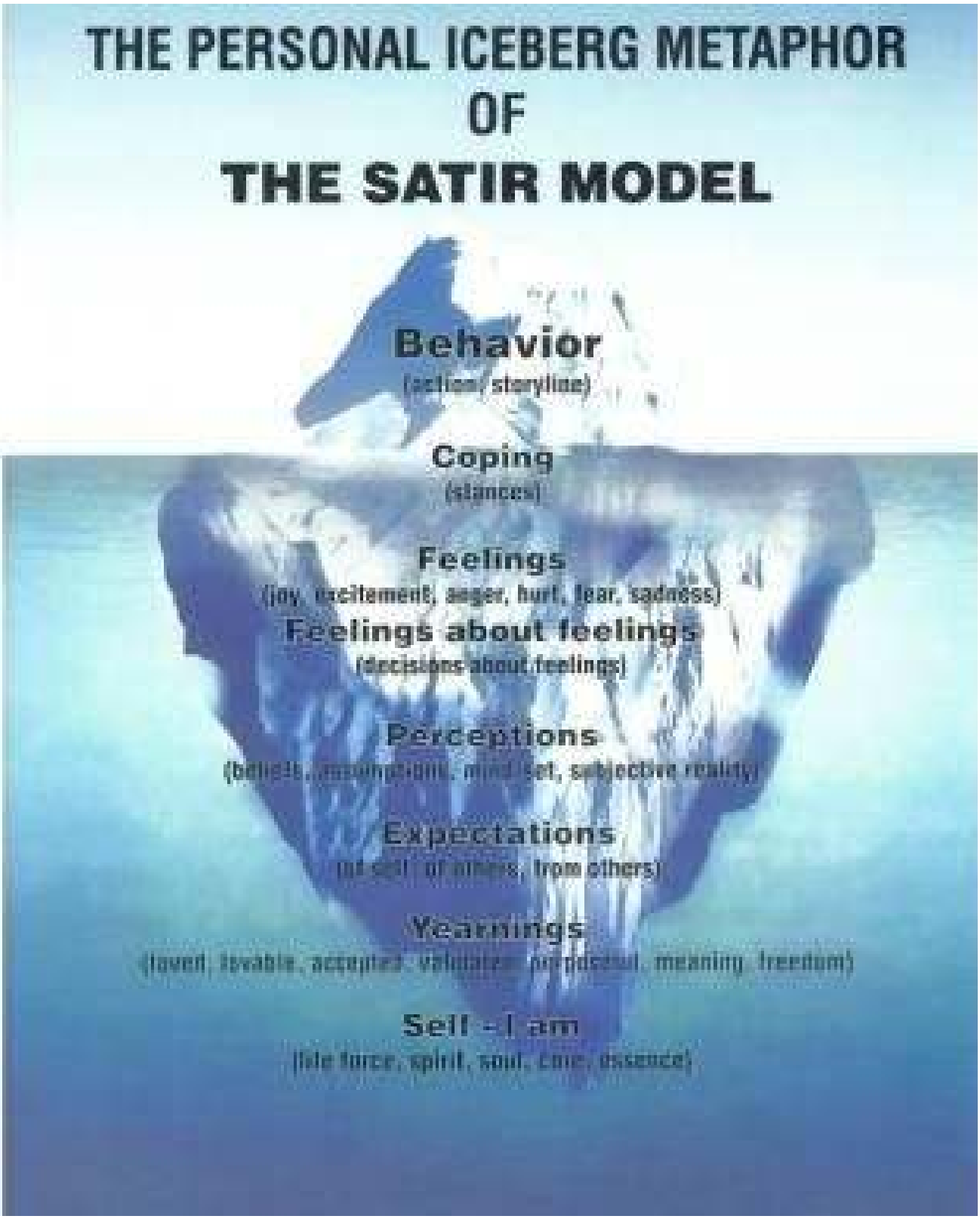
VIDEO

BACKGROUND

- After graduating social work school, Satir began working in private practice. and by 1955 was working with Illinois Psychiatric Institute, encouraging other therapists to focus on families instead of individual patients. By the end of the decade she had moved to California, where she cofounded the Mental Research Institute (MRI) in Palo Alto, California. MRI received a grant from NIMH in 1962, allowing them to begin the first formal family therapy training program ever offered; Satir was hired as its Training Director.
- In 1984, Satir encouraged marriage and family therapists to shift their focus to relationship education:

"We're at a crossroads, an important crossroads of how we view people. That's why it's possible now for all the different kind of therapies to go into education, education for being more fully human, using what we know as a pathology is only something that tells us that something is wrong and then allows us to move towards how we can use this to develop round people. I'm fortunate in being one of the people who pushed my way through to know that people are really round. That's what it means to me to look at people as people who have potential that can be realized, as people who can have dreams and have their dreams work out. What people bring to me in the guise of problems are their ways of living that keep them hampered and pathologically oriented. What we're doing now is seeing how education allows us to move toward more joy, more reality, more connectedness, more accomplishment and more opportunities for people to grow."

VIRGINIA SATIR



INNOVATIONS

- Satir’s skills and views about the important role the family has and its connection to an individual’s problems and/or healing process, led her into becoming a renowned therapist. One of Satir's most novel ideas at the time, was that the "presenting issue" or "surface problem" itself was seldom the real problem; rather, how people coped with the issue created the problem."The Top 10: The Most Influential Therapists of the Past Quarter-Century". Psychotherapy Networker. 2007. Retrieved 2012-07-10
- Satir also offered insights into the particular problems that low self-esteem could cause in relationships. In addition to Satir’s influence in human sciences, she helped establish organizations with the purpose of educating therapist around the world and granting them with resources to help families and clients.
- Long interested in the idea of networking, Satir founded two groups to help individuals find mental health workers or other people who were suffering from similar issues to their own. In 1970, she organized "Beautiful People," which later became known as the "International Human Learning Resources Network." In 1977 she founded the Avanta Network, which was renamed to the Virginia Satir Global Network in 2010

WORK INFLUENCES

- Satir's entire work was done under the umbrella of "Becoming More Fully Human". From the possibility of a nurturing primary triad of father, mother, and child she conceived a process of Human Validation. She viewed the reconciliation of families as a way to reconcile the world. As she said (Align, 1988, p. 20): "The family is a microcosm. By knowing how to heal the family, I know how to heal the world." With this overview she established professional training groups in the Satir Model in the Middle East, the Orient, Western and Eastern Europe, Central and Latin America, and Russia. The Institute for International Connections, Avanta Network, and the International Human Learning Resources Network are concrete examples of teaching people how to connect with one another and then extend the connections. Her world impact could be summed up in her universal mantra: peace within, peace between, peace among.
- In the mid-1970s her work was extensively studied by the co-founders of Neuro-linguistic programming (NLP), Richard Bandler and John Grinder, who used it as one of the three fundamental models of NLP.[Bandler and Grinder also collaborated with Satir to author Changing With Families for Science and Behavior Books, which bore the subtitle 'A Book About Further Education for Being Human'. The Virginia Satir Global Network, originally named "AVANTA" by Satir, is an international organization that carries on her work and promotes her approach to family therapy.

VIRGINIA SATIR

THE FIVE FREEDOMS

BY VIRGINIA SATIR

habits for wellbeing

1. THE FREEDOM TO SEE AND HEAR WHAT IS HERE, INSTEAD OF WHAT "SHOULD" BE, WAS, OR WILL BE.

2. THE FREEDOM TO SAY WHAT YOU FEEL AND THINK, INSTEAD OF WHAT YOU "SHOULD" FEEL AND THINK.

3. THE FREEDOM TO FEEL WHAT YOU FEEL, INSTEAD OF WHAT YOU "OUGHT" TO FEEL.

4. THE FREEDOM TO ASK FOR WHAT YOU WANT, INSTEAD OF ALWAYS WAITING FOR PERMISSION.

5. THE FREEDOM TO TAKE RISKS ON YOU OWN BEHALF, INSTEAD OF CHOOSING TO BE ONLY "SECURE".

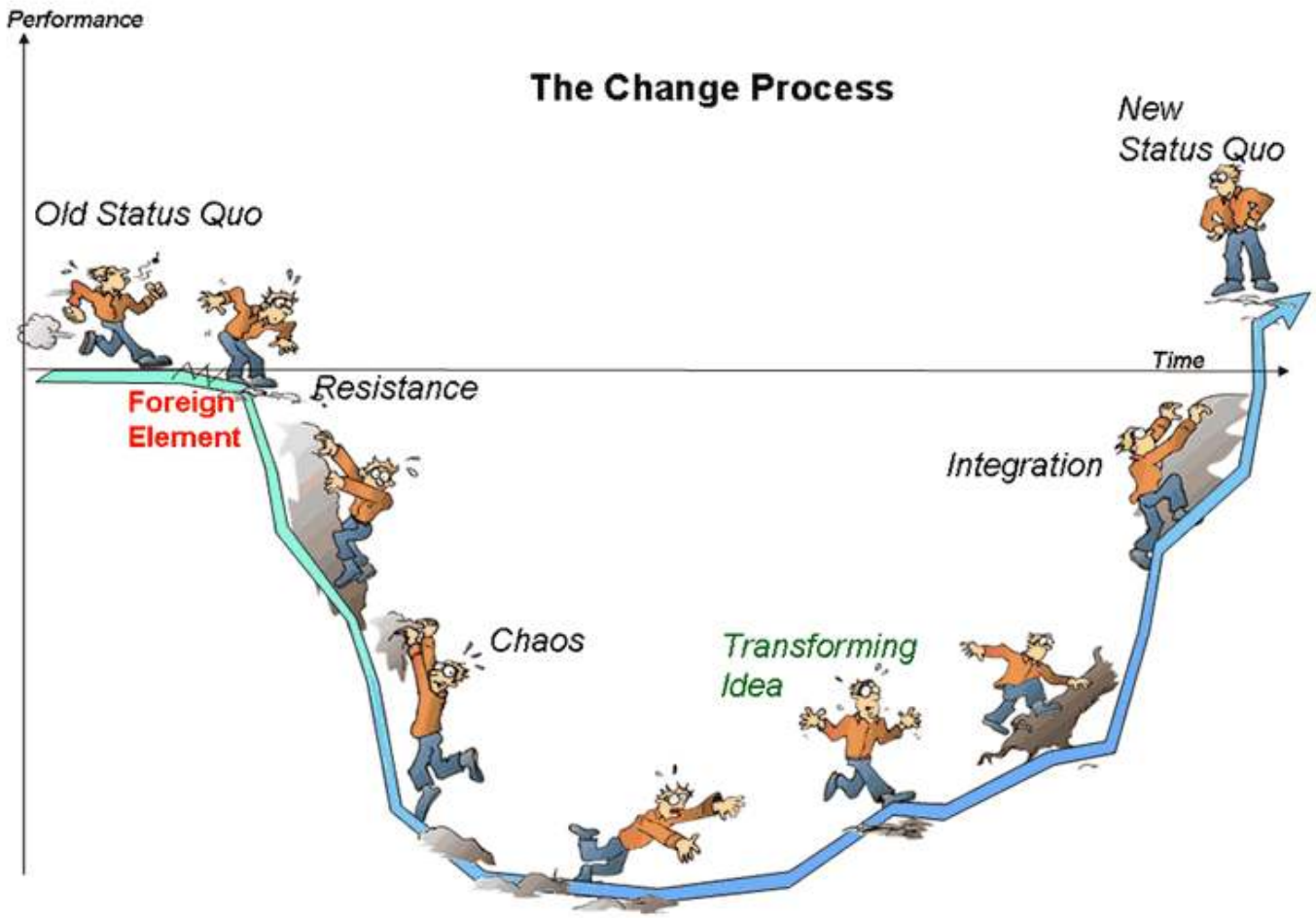
VIDEO

PROCESS OF CHANGE MODEL

Another of Satir's work that would have lasting impacts on many fields is the Process of change model. This model illustrates how individuals go through change and how they can cope with such change to improve their relationship with each other. The Process of Change Model is divided into four stages:

- status quo,
- Introduction of change
- chaos,
- integration
- Practice
- new status quo.

VIDEO: THE ESSENCE OF CHANGE



PROCESS OF CHANGE MODEL

1. the late status quo, Satir argued the individual is in a predictable environment. Status quo involves a set routine, fixed ideas about the world, and an established behavior. This stage is all about predictability and familiarity.

2. Chaos, as described by Satir, occurs when something in the environment or in the individual changes. This change brings a sense of unfamiliarity and the previously stable routine can no longer be held. In the stage of chaos, here are many strong feelings like sadness, fear, confusion, stress, among others. Satir argues that in the change stage of chaos, therapists must help families and individuals navigate these emotions. Additionally, chaos is important because it brings out creativity in individuals to find solutions.

3. practice and integration. In this stage new ideas are being implemented and individuals are figuring out what works best. Like any other skill, it requires patience and practice.

4. new status quo. In this stage, the new ideas, behaviors, and changes are not so new anymore. Individuals tend to acclimate to the change, figure out what works, and become better at their new skill.

PROCESS OF CHANGE MODEL

Satir points out that this change process is not linear. On some occasions, individuals might have found a temporal coping skill or solution but if it doesn't bring the desired results, they might regress to the stage of chaos. For this reason, it is important that therapists are aware of this process to help guide their clients

- The family is the basis of social structure. In this social structure, women, men and developing children find personality. With this structure, the family is also effective in determining the place of the individual in society, as well as being a tool between society and the individual. The child grows up in the family and becomes confused and becomes aware that it is only a social entity through the family (Yıldırım, 2006: 255, see, Family and social violence: 1997). In this development process, children may experience problems such as violence, neglect and abuse and these problems may be reflected to the whole of the family and cause some negative processes.

VIDEO

PROCESS OF CHANGE MODEL

- Here is Virginia Satir's (1916-1988)training and therapy model focused on the change of such problematic family. Change occurs at the will of family members. For this, the diagnosis of the problem, in other words, the events must be updated and then changed. Satir's therapeutic aim is to increase the self-confidence of family members, to encourage them to make better choices; to increase the responsibilities of individuals and thus to develop harmonious behaviour within the family and with people. These are not only necessary for problematic family members, but also for the therapist to develop himself / herself. To start therapy to make better choices and guiding constitutes the process of consciousness and thus it allows you to make better choices

VIDEO

VIDEO

GO RAIBH MAITH AGAIBH!!!