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REVIEW ARTICLE
ROLE OF A THERAPIST

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Role of a Therapist

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INTRODUCTION

The differences between a psychologist, a counselor and a therapist might seem minuscule to some people, but there are actually some major differences between these professional titles. While all mental health professionals talk to people and help them through various problems in their lives, the education they get and the way they are trained can differ greatly. There are different academic and licensure standards for each profession and different roles they can fulfill.

Psychologists often have doctoral degrees, while counselors and therapists typically have master's degrees. All of these mental health professionals can help their clients, but psychologists may also be involved with research projects. Counselors range from children counselors in school settings, to drug and alcohol abuse counselors, to marriage and family counselors. Therapists may perform a variety of therapeutic services, some more alternative and some more traditional for clients who come to them voluntarily. None of the above mentioned can prescribe drugs, only psychiatrists with their medical training are able to do this.

The terms "counseling" and "therapy" might seem interchangeable, but the two types of professionals who provide these services both have master's level training differing from each other as much as they differ from psychologists. Counseling often tends to be more short term. Counselors help people through specific issues during specific times in their lives. Someone might see a therapist for a very long time, though, and a much more in-depth approach is typically taken here. A therapist may act as more of a psychotherapist, which is where the term is actually derived from. They can analyze your problems and help you cope with and heal from traumas or just provide a safe space to talk about whatever is on your mind.

There are many differences between a psychologist, counselor and a therapist. While they are all mental health professionals who help people to deal with their problems, they have different educations, different

styles of training and different roles they can fill. They are all equally important to the mental health community, though.

The life of any urban citizen is busy. Lots of people undergo some or the other mental health problem that requires them to find therapist. There are some who opt for cheap option and hire therapists from other locations but then it is difficult to cope up. For better healing, one must find therapist who has his/her hands on mental therapies. We should try to find therapist who should have a positive attitude so that one is able to help himself or herself. Therapist should make the client feel all time happy so that you get full benefits of emotional support. Therapist should be genuine and also explain to the client the healing process.

Those who are living in urban area should also be aware of consultants for mental problems in case while therapy, you may require proper guidance. If you are having problems in making desired changed in your life, or are not able to keep up constructive relationships or are feeling hopeless about your future then it's high time that you seek some mental consolation. The urban life in any city is busy and hence, lot many people suffer from anxious, rundown, disorganized or unhappy and are unable to cope with such conditions. It is better to consult a therapist before things get worse. Undergoing a therapy would give you the reason of your behavior, to have deeper thinking of one's feelings, thoughts and behaviors. The underlying issues are identified by the therapist that may be the reason for conflicts or interfering with the quality of life.

It has been found out that effective therapy has the capability to change individual lives in present and also for the future. A good therapist would always listen and hence, proper communication between the therapist and client ends in a successful relationship between them and better understanding of the patient. The therapist would find out the obstacles that stand in the way of achieving personal goals. It would remove all the negativity from life and would help the patient to work together to assess what it will

take to get the patient where he/she needs to be in the future.

Clinical therapists use a variety of tools and techniques to assist clients in identifying presenting problems and their causes, developing understanding of those problems, and affecting solutions to these problems that will provide for significant enhancement of the quality of a patient's life. Role-playing, interviewing, and nonverbal communication elements as this essay will demonstrate, are all of significance in the therapeutic relationship. Stein (2007) suggests that nonverbal methods in personal construct psychotherapy are the key to the successful outcome of therapy itself.

Interviewing in therapy generally refers to the process by means of which the therapist elicits pertinent information from the client regarding his or her perception of problems, issues, and other relevant matters (Santa Ana, Wulfert, & Nietert, 2007). Interviewing is more than a simple set of questions followed by answers. It incorporates role-playing in which the therapist establishes himself or herself in a particular role to encourage a response from the patient. Interviewing also incorporates nonverbal communication, which Stein (2007) states includes the posture, facial expressions, gestures, movements, eye contact patterns, and other physical aspects of the presentation of self by the therapist. Interviewing further incorporates the receipt of feedback from patients which includes expressions regarding their feelings, their goals, their needs, their frustrations, and their desires

One of the primary concern of the field of psychology is the treatment of the psychological distress and problems of the society. As the field of psychology pertains to the study and exploration of the field relating to the human psyche and behavior, among their primary objectives is the determination and development of an effective approach for treating psychological problems and distress. Among their common cases are depression, psychological abnormalities, anger management and others wherein each psychologist employs a specific approach or model of treatment based on the nature of the problem and the subject involved.

Each psychological therapy has their own unique approach or technique in dealing with the problem or distress wherein these specific characteristics becomes their advantage over a certain condition .Because of this , the determination of the specific therapy approach depends primarily on the condition of the situation and the perspective of psychologist applying the therapy. Two of the commonly applied psychological therapies are the gestalt approach and the client-centered approach.

THERAPY:

It is easy to define what therapy is not. It is not lecturing, nor moralizing, patronizing nor befriending. It is not the use of counseling skills by non-mental health professionals in interviewing or management. Some clinical psychologists describe their work as making "clinical psychology interventions", rather than counseling or psychotherapy. The work of a therapist requires a commitment to making a high quality relationship with frequently intelligent, sensitive, awkward and critical clients.

Therapy, or personal counseling with a therapist, is an intentional interpersonal relationship used by trained therapists to aid a client or patient in problems of living. It aims to increase the individual's sense of their own well-being. Therapists employ a range of techniques based on experiential relationship building, dialogue, communication and behavior change that are designed to improve the mental health of a client or patient, or to improve group relationships, such as in a family.

For ease of presentation the core skills and ground rules of psychotherapy, including the interpersonal qualities of the work are numbered. In practice these skills are not separate, but joined together in a seamless fabric.

1. The role itself

The role is perhaps best defined not by a rigid set of rules, but rather by principles which possibly apply in certain situations, but may be changed given certain conditions. These principles could be called "how" principles. They are the general characteristics of the work and any prerequisites for it. They are how to attend to clients. Perhaps the first principle is one of being self-denying: by which I mean that the purpose of the meetings are to give clients the space in which to unfold their problems in a professionals' presence. Therapists must put aside their cares and needs and be "introverted", that is, to let clients speak and use the time as they wish. Within certain bounds of course.

Next, therapists provide caring in a liberal manner. Using the phrases "liberal parent" or "liberal friend" for professionals are neither friends nor parents of clients. But the relationship may be more intimate than these relationships, as information is given that clients would not to give their closest friends. Also, the relationship may be something like being a parent in so much that therapists can witness a rebirth and "childhood", in which clients break new ground. Therapist should not be punitive, attacking or invasive with the people they see. The nature of the work brings the therapist into intimate contact with many unusual people who do not fit into mainstream society. Another prerequisite for us is an ability to tolerate difference in others.

Neither is it part of the role to be without personal boundaries and to encourage clients to show up when

they want, or do entirely as they please. If someone has waited a year on a waiting list and shows up for the first appointment, they are well committed to therapy. In keeping with this concept of being liberal it is not proper to make demands on clients, to bully or berate them, or attempt to convert them to one's own way of thinking. It is acceptable to put forward one's own views, or to make suggestions which the therapist thinks may be of help to them.

It also seems that part of the role is to offer stability and permanence to clients, so that in a way, the sessions are potentially "always the same", but in fact, they are never the same. Therapists have put on the mantle of mystique and power, and lose their usual self. They become restrained in their reactions and personality, as they are outside of sessions, do not disappear entirely. The balancing act is to maintain the need to allow clients to enter into the therapeutic process and make good use of sessions, and for therapists to be themselves whilst offering a human face to the professional task.

2. Creative silence

Curtis has researched the use of self-disclosure and found that it can be ineffective as a technique (Curtis 1981). But creative silence can also be either destructive or helpful in different situations with the same client. Creative silence is used to make an ambience of a safe welcoming space where clients can be themselves and take full advantage of the 50 minutes. This is the acceptance and valuing of clients by "neutrality". In a silence clients are in touch with their own thoughts and feelings in an intense manner as they may fear rejection and are frightened of speaking their secrets aloud. It is often the case that silence is felt in all manner of different ways as it is also an ambiguous and minimalistic way of accepting someone.

Inappropriate comments and unnecessary self-disclosure are ruinous to enabling clients to enter the therapeutic process and creating an appropriate distance. The psychological distance can be lessened by warm, concerned and intimate self-disclosing responses by practitioners. The distance may need to be kept for the purposes of making clients structure the relationship, and so be assertive and take risks in being true about them in the session. This may be one aspect which helps them make changes in their relationships with others.

In person-centre approach the three principles of warmth, congruence and empathy are just not enough, they may also become a hindrance: If a client is expressing and feeling a large amount of self-loathing, anxiety or guilt, then surely these are times when warmth will be misread by clients as being laughed at, or not understood. To be warm at times such as these

is a mismatch, as it is an attempt to put a sticking plaster on a broken leg.

As a concomitant of silence, listening and understanding are major parts of therapy. Therapists bear witness to never expressed emotions and memories, and hear of injustices that may have been perpetrated many decades ago. The problem with listening and understanding is to hear what clients say, as they intend to say it. Where understanding goes wrong is that therapists hear what a theory has told them to hear, or their own version of clients' phrases. Understanding someone as they are trying to be understood, without the addition of any other meanings, is a difficult task.

3. Relating

The degree of sophistication in interpersonal skills surely marks out therapists and mental health workers from all the other caring and helping professions. A major principle "helping, not harming". If therapists have destructive, spiteful and exploitative tendencies with colleagues and friends, then that is one thing. The same destructiveness cannot be enacted in the sessions.

The relationship that therapists offer is not an ordinary social one. There are various rules which both parties should obey for each other's safe passage. For instance, Therapist have to choose whether they answer direct questions. Sometimes these questions are about sexual orientation and whether currently living with a partner. Is it best to announce at the first session that clients have not entered into a reciprocal relationship, and that personal questions will not be answered? Or is your policy such that intimacy and honesty become two ways, instead of just one? Again, both therapists and clients are there for the clients' benefit. Sessions are conducted on therapists' turf and rules, but these exist to encourage the self-healing forces of clients.

The transference-counter transference relationship is a way of disowning the real and conscious aspects of any relationship. In Freud's original conception both transference and counter transference are based on unconscious wishes which can only be deduced by a psychoanalytically trained other.

In transference something is said to be displaced, projected or transferred on to another from one's past "prototypes" (Laplanche & Pontalis, 1985, p 455). It includes treating another, particularly the therapist, as one's mother or father, brother or sister. People live on old habits of perception, interpretation, cognitions and relating. But the conscious feelings, thoughts and modes of relating must be the starting point for any discussion of motivations, and ultimately be for clients themselves to correct. Old habits die hard, but they

do die away, and change does occur, sometimes very slowly, sometimes very rapidly. The task is to find out how change may be promoted. But no one can be forced to change. Clients make changes in their own time.

Therapists deal with clients' misperceptions of themselves by not playing a complementary role to them. An asocial silent response can be given but this has the possible effect of demeaning or ignoring them. The aim is to help inappropriate modes of relating become extinguished. But this assumes that one can distinguish appropriate from inappropriate ways of relating. The concept of transference falls down because it assumes it is possible to tell inappropriate emotion or action from appropriate ones, as the psychoanalyst Chertok points out (Chertok, 1968, p 575). Chertok's conclusion says that transference is a relevant principle, but that there is currently no way of distinguishing it. Anything which takes its place must be able to achieve this. Any method of dealing with misperceptions requires this distinction to be made. For instance, when clients express anger at the therapist, is that a true anger at real misdeeds? Or, a displaced anger because something has happened to them outside of the session? If therapist feels misconstrued this could be the point at which an intervention can be made which points out the difference between what therapist actually said and intended - and what clients heard or interpreted as therapist intention to be.

Therefore it follows that negative transference is a real feeling of dislike that the therapist may or may not have earned. Some people do take out their anger on innocent bystanders. Positive transference is, likewise, real positive feelings which may be due to therapist personal qualities, interventions, or the effect of non-judgmental approach.

Counter transference is any disruption of the therapist's constant attentive attitude. The emotions that are usually referred to as counter transference are not unconscious wishes, as Freud's definition maintained: "The whole of the analysis, unconscious reactions to the individual analyzed especially to the analyzer's own transference", (Laplanche & Pontalis, 1985, p 92). What is usually termed counter transference are conscious reactions to clients which are often strong anxiety, guilt, anger, and other emotions.

Perhaps in the place of counter transference is another major interpersonal skill is that of recognizing the quality of the relationship as it takes place. It is easy to have excellent hindsight as to what has happened, but difficult to have good quality insight as something happens. Part of this may involve sensing how therapist are being seen by clients, and sending therapeutic messages which let them know how therapist are seeing them.

Finally, a word about the nature of the confidentiality being offered which might be another item to be explained at a first session. If therapist is permanently in supervision, do they tell client this or omit it? In all honesty therapist will be talking about them to others, but he will be claiming that you will not be telling others. A paper by Bromley discusses several models of confidentiality for psychologists which may be used in different circumstances (Bromley 1981).

4. Learning from experience

It brings together a number of items which take place in supervision and resolving counter transference reactions. Psychotherapy is one of the most difficult and stressful occupations. One of the reasons for this may be the inevitability of sometimes feeling "naked" and exposed, "in front of" clients, when there is a popular myth that therapists are always unruffled, in a perpetual state of unshockable enlightenment, and have no weaknesses of their own. The aspiration to be an invincible therapist is wish for perfection which can never be granted. The more usual state is due to working in the highly charged emotional setting of therapy can induce considerable anxiety in therapists. Also, when certain taboo subjects are raised, therapists may respond non-verbally and emotionally to the subject at hand. However, within the confines of the role, this reaction may or may not be expressed. Therapists have a need for safety and self-preservation. Any long-term emotional reactions to high stress work need to be dealt with in some positive coping manner. The refusal to acknowledge this leads inevitably to negative coping mechanisms, hurting clients, personal depletion, ill health, exhaustion, general anxiety, burnout, cynicism, depression, leaving the profession, and worse.

The ephemerally and uncertainty of seeing clients come and go, cancel sessions and promise to come again, come an hour late, or on the wrong day, are all stressors. Because the work is so personal with much personal prestige being tied up in the role and the quality of relationship one makes with clients, it is difficult to blame it all on what has previously been termed "transference" in order to stay and blameless for one's actions. The transitory nature of the work must take its toll because we see a steady stream of people who have suffered for many years and may have inflicted suffering on others. In some cases our exposure to bad news, hearing at first-hand how others have "gone wrong" may not help us "go right". There are therapists who end up very ambivalent and disillusioned. For them, the safe area of the world gets smaller and smaller.

The way into positive coping mechanisms is to monitor one's own mental state by use of some means of reality testing or calibration. This could be regular or occasional personal therapy in addition to supervision. It is the deployment of one's own stress management programme in which the therapist look after themselves, friends and families.

5. Speaking

When two people make sense of each other, only an aspect of this process is due to the actual words which are exchanged. It is the way that you say something that provides the context in which the explicit semantic content of what you say is understood. While clients are with the therapist, they will be reading non-verbal reactions to them, either correctly or incorrectly. They will be working out how good a therapist is it. If they question therapist competence. Then how does the therapist respond? Does he tell them they are categorically wrong? Or perhaps they have a wrong interpretation? Or perhaps they have a point - that they feel badly done by for some other reason. Or are you silent?

Without having to say a word, clients are making sense of you by your looks, clothes and manners. But, when do you choose to speak? And how frequently is this in a session? Speaking provides a more distinct message than listening, but therapist words may be misconstrued.

Psychoanalytic interpretation is the voicing of a specific hypothesis about the probable cause of a current emotion of clients, or about the current perception of therapists by clients. Interpretations are only sparingly given in analytical therapy, and in some sessions the therapist may not speak at all and only listen. This abstinence in interpreting provides them with much emphasis when they are delivered. The remarks made are not open to a two way discussion. Classical Freudian technique is probably most succinctly presented by Ralph Greenson (Greenson 1967).

Reflecting back is the creation of Carl Rogers who sought to avoid the implications that are connoted by the implied authority and all-knowing quality of analytical interpretations. Reflecting back comes in differing forms but its main intention is to select some current aspect of clients' thoughts, feelings or behaviour, and to bring them to the attention of clients as a method of letting clients know how they are being seen and so validating them. This is a subtle of provision of new material to change the figure-ground relation, and so, the meanings that clients' create. The meaning that therapists select, and how they are spoken, emphasize some aspect of clients' experiences, as they can never be precisely as clients first said them.

6. Frame Management

The psychoanalyst Robert Langs has coined the term frame to mean the setting of boundaries, the contextual and contractual aspects of therapy (Langs 1988). For instance, agreeing payment, if any; the times and frequency of meeting; the rules contacting

each other outside of the sessions in the case of emergency or for cancellation; a definition of the therapeutic process. It also includes such aspects of therapy as the decoration of the office and the seating arrangements, and the rules for the behaviour of each party. A secure frame holds both clients and therapists in safety so each knows how he or she stands with respect to the other. The ground rules are in place to make a secure on-going ritual of the meetings. Saving the frame is the term for any spoken action which reminds clients of the basic rules of the sessions you provide.

Langs' research has shown that these most basic aspects of therapy are important to clients. For therapy to be effective a sense of safety has to be generated by providing regular sessions at regular times, with therapists working in a regular manner. Langs has many points to make about this. But basically he contends that his research has shown that clients find any deviation from the original agreement to be disruptive, unsettling and possibly abusive. For instance, if therapists suddenly cancel, double book, run late, go over time or finish early, or change appointment times, these actions are seen as being obstructive. The communicative approach of Langs also believes that clients remarks are disguised running commentaries on the personality, competence and implications of their therapist's behaviour (Langs 1982).

7. Introducing Techniques

The use of techniques can also have positive and negative effects. Positively, they can help clients create new thoughts and feelings or become aware of current ones and so produce new material in the session. Drawing one's family shield, two chair work, free association, relaxation exercises, guided imagery, psychological testing, drawing graphs of improvement, rating anxiety, doing homework, so on and so forth all have a place. The BPS Code of Ethics states that therapists have the responsibility to explain the procedure beforehand and obtain clients' consent for interventions while respecting their right to refuse (BPS, 1991, p 2). But if techniques are used, they may distract from the difficulty and anxiety of relating to another.

For therapists they may be a nice time filler as the moves for clients are planned in advance and provide an opportunity for clients who cannot handle 50 minutes of relating to someone to be distracted for a while. Or therapist could prepare them by stating that they might suggest they could take part in an exercise, if he think it would help them. If so, then explain the exercise in advance and let client decide if they wanted to take part. The alternative at a first session is to sit in silence for the first 20 minutes and let them structure the meeting. Then you could say if

you feel you could work with them, and describe the nature of the relationship into which they are entering.

Challenging or confronting clients may be a part of therapy and may need to be done when the circumstances dictate. It must always be done with care so that clients know they are being cared for, even though they are being asked to explain some lie or self-deceit. Advice and information giving are sometimes appropriate interventions, and should not be entirely ruled out. Asking the question why also provides information on a person's reasoning and motivations, and is not just an intrusive or judgmental move.

Also, on-going assessment for therapy occurs, and the applicability of the relationship therapists are providing requires constant evaluation. It should be born in mind whether the meetings should continue or stop. Appropriate referrals to another specialist therapist, for psychiatric assessment, legal help, or social work input may also be required from time to time.

Finally, there are matters that therapists are involved with out of the sessions. These include on-going management, monitoring of one's performance and stress, and learning by supervision. These also are a major part of the job of therapy.

Qualities of a Therapist:-

To be an effective Therapist it is vital that you acquire the correct skills and techniques but without the human personal qualities needed you will not develop as a rounded professional. The following are some of the qualities that are vital if one is to succeed in this profession.

1. Good Therapist are Compassionate and Caring

Effective therapists are compassionate and can empathize with a client's pain, psychological issues, and other difficulties without judging or making the client feel worse about the problem.

2. Good Therapists are Emotionally Stable

Effective therapists have resolved ,or at least are aware of, their own emotional issues. They're able to handle the stress of helping others deal with psychological disorders, without letting their own issues cause problems.

3. Good Therapist are Introspective and Self-Aware

Effective therapists are aware of how their own culture, education, socioeconomic status, values, and religious beliefs affect their practice and interaction with patients.

4. Good Therapist Need Strong Interpersonal Skills

Effective therapists are comfortable working with different types of people from all walks of life. A psychologist can have introverted personality traits and still have a successful career in psychology. Good written and verbal communication skills are part of strong interpersonal skills.

5. Good Therapists are Tolerant and Open-Minded

Effective therapists are open to new research ,that may challenge previously held beliefs in psychology, and new ways of thinking. A good psychologist must also accept clients who can't or won't work on their psychological disorders or issues.

Good psychologists also ensure their clients feel comfortable and safe as they're confiding their deepest secrets and most embarrassing problems. A psychologist also has to inspire trust in the process of therapy.

6. Good Therapist are Patient

Effective therapists understand that significant periods of time can pass before clients are able to make changes in life. To have a successful career in psychology, a psychologist must be able to communicate this patience to their clients and their clients' families!

7. Good Therapist are Ethical, Moral, and Law-Abiding

Effective therapists understand the ethics in working with patients, and know the importance of keeping client sessions confidential. Psychologists must understand the difference between ethics and morals

A psychologist must also understand and work within the state or provincial laws and regulations that control the industry. To have a successful career in psychology, a psychologist has to work within the boundaries of the law.

8. Good Therapists Believe in Continuing Education

Effective therapists are always learning about new findings in psychological research and new ways to communicate with and help clients. The best psychologists are always brushing up on their own therapeutic skills and people skills; they're also constantly expanding their knowledge base.

Some of these personality and other traits of good psychologists are innate, but most can be learned and developed over time. Individuals who go into a psychology career with many of these personality traits will often find they excel in the field.

Difference between Therapies:-

One of the primary differences between the two psychological therapies is their style of approach. The client-centered therapy employs a non-directive approach wherein the therapist does not ask questions, offer treatments, and make interpretations and diagnosis. The role of the therapist in this therapy is to primarily listen and understand the issue and the situation through the client's point-of-view.

In this approach, the therapist must presently understand the situation particularly on issues where the client is unsure and become congruent and transparent to manifests as the empathic reflection of the personality of the client during the session. In this approach, the primary objective of the therapy is to reflect back the understanding and reasoning of the client through becoming the overlooked image of him or herself thus, offering a complete awareness of the client's perspective. Through the revelation and the manifestation of the point-of-view and opinion of the client, that he or she will come to understand other issues and aspect regarding the problem being discussed in the session.

On the other hand, Gestalt therapy is a more directive approach wherein the therapist presence modulates the session and directs the client towards the stages of the session. Gestalt therapy is an existential and experimentation psychotherapy emphasizing on the personal responsibility of the client to reorganize his or her cognitive thoughts. This approach focuses on the experiences of the client in the present moment through the therapist-client relationship and environment. In a gestalt therapy session, the client must alert him or herself towards the relationship of awareness and energy as related to his or her own individual personality through the directive intervention of the therapist.

CONCLUSION:-

Therapists are deeply touched and changed by their work. To be well intentioned, genuine, warm and caring is not enough. Therapists have to resolve the contradiction of taking on a variable professional mask while being true to them. An ability to learn from both positive and negative experiences is required. The ability to acknowledge one's own limitations is a must, as is the ability to deal with one's own disappointment with poor outcomes, despite having done your best. To help another transcend their problems while they must have gain a new perspective on their own.

The therapist-client relationship is key to the success of this type of therapy. The client and the therapist must be compatible for therapy to be effective. Therapists vary in their formal credentials, experience, and model of practice. Selecting a therapist is

extremely important in terms of successful outcomes for the client. The client must select a therapist whose theoretical beliefs and style of therapy are congruent with the client's needs and expectations of therapy. The client also may have to try different therapists to find a good match. A therapist's theoretical beliefs strongly influence his or her style of therapy. For example, a therapist grounded in interpersonal theory emphasizes relationships, whereas an existential therapist focuses on the client's self-responsibility

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