

COUNSELLING WOMEN ON HELPING BEHAVIOUR

by

CYNTHIA GAYLE WITWICKI

B.A., University of Victoria, 1978

A THESIS SUBMITTED IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in the Department

of

Psychological Foundations

ACCEPTED  
FACULTY OF GRADUATE STUDIES

DATE 12<sup>th</sup> Oct 84 DEAN

We accept this thesis as conforming  
to the required standard

Brian Harvey, PhD.

Rey Carr, PhD.

Penny Parry, PhD.

© CYNTHIA GAYLE WITWICKI, 1984

UNIVERSITY OF VICTORIA

April 1984

All rights reserved. This thesis may not be reproduced  
in whole or in part, by mimeograph or other means,  
without the permission of the author.

Supervisor: Dr. Brian Harvey.

#### ABSTRACT

The care and concern that women express towards others (women's helping behaviour) was conceptualized as a strength of women. It was suggested that, when women's experience is examined within the context of their relationships with others, women's helping behaviour contributes to the development of both the self and others. Cognitive-behavioural therapy is one counselling approach that addresses the interaction between the self and others. Donald Meichenbaum's version of cognitive-behavioural therapy was therefore examined for its utility in representing the nature and intent of women's helping experience. It was found that Meichenbaum's theory, in general, is compatible with developing women's helping behaviour into a strength. A counselling manual was developed based on Meichenbaum's theory. The manual details a cognitive-behavioural approach to counselling women's helping behaviour as a strength, emphasizing the interaction between the self and others using feminist therapy principles.

Examiners:

  
Brian Harvey, PhD.

  
Ray Carr, PhD.

  
Penny Parry, PhD.

TABLE OF CONTENTS

Abstract.....	ii
Table of Contents.....	iii
List of Figures.....	vi
List of Tables.....	vii
Acknowledgement.....	viii
Dedication.....	ix
<u>CHAPTER ONE: INTRODUCTION.....</u>	<u>1</u>
1.1 FOCUS OF THESIS.....	1
1.1.1 Purpose and rationale.....	1
1.1.2 Procedure.....	2
1.2 VALUES.....	4
1.2.1 Values in therapy.....	4
1.2.2 Values in research.....	7
1.2.3 Professional endorsement.....	10
1.3 WOMEN'S EXPERIENCE.....	13
1.3.1 Psychology of women literature.....	13
1.3.2 Trends in psychology of women literature.....	17
1.3.3 Feminist therapy.....	21
<u>CHAPTER TWO: INTERDEPENDANCE AND WOMEN'S HELPING BEHAVIOUR... 27</u>	
2.1 DEFINITIONS.....	27
2.1.1 Interdependance.....	27
2.1.2 Helping behaviour.....	27
2.1.3 Women's helping behaviour and interdependance.....	28
2.2 THEORETICAL SUPPORT FOR WOMEN'S HELPING BEHAVIOUR.....	29
2.2.1 Rationale.....	29
2.2.2 Supporting work.....	30
2.2.2.1 Jean Baker Miller.....	30
2.2.2.2 Carole Gilligan.....	31
2.2.2.3 Jeri Wine.....	33
2.2.3 Summary of supporting work.....	34
2.2.4 Individualistic framework.....	36

<u>CHAPTER THREE: COGNITIVE-BEHAVIOURAL THERAPY</u> .....	45
3.1 GROWTH OF COGNITIVE-BEHAVIOURAL THERAPY.....	45
3.1.1 Influences.....	46
3.1.2 Forms of cognitive-behavioural therapy.....	49
3.2 COGNITIVE-BEHAVIOURAL THERAPY AND WOMEN.....	52
3.2.1 Theoretical framework.....	52
3.2.2 Power relations.....	54
3.2.3 Feminist therapy.....	56
3.3 MEICHENBAUM.....	59
3.3.1 Introduction.....	59
3.3.2 Evidential model.....	59
3.3.3 Development of problems.....	63
3.3.4 Three stage theory of treatment.....	66
3.3.5 Meichenbaum's cognitive-behavioural theory and women's helping behaviour.....	68
3.3.5.1 Interdependence.....	69
3.3.5.2 Helping behaviour.....	72
<u>CHAPTER FOUR: APPLICATION OF MEICHENBAUM'S THREE STAGE THEORY OF TREATMENT TO WOMEN'S HELPING BEHAVIOUR</u> .....	76
4.1 INTRODUCTION.....	76
4.2 STAGE ONE: CONCEPTUALIZING.....	77
4.2.1 Part One: Assessment.....	77
4.2.1.1 Initial phase.....	77
Toward a therapeutic alliance.....	77
Information gathering.....	78
4.2.1.2 A situational and cognitive-affective analysis.....	78
Image based reconstruction.....	79
Using imagery data.....	81
Assisting cognitive-affective productions.....	81
Need for additional data sources.....	82
Self-efficacy ratings.....	84
4.2.2 Part Two: Significant others in assessment and reconceptualizing.....	87
4.2.2.1 Role of significant others.....	88
Joint definition of goals.....	89
Monitoring by significant others.....	91
Significant other diary.....	92
4.2.2.2 Reconceptualizing.....	94
Groundwork.....	95
Collaboration in a conceptualization.....	96
A conceptual model.....	96
Manageable phases.....	97
4.2.3 Summary.....	98

4.3 STAGE TWO: SKILLS ACQUISITION AND CONSOLIDATION.....	100
4.3.1 Reinforcing clients for current skills.....	100
4.3.2 Introducing skills acquisition.....	102
4.3.3 Goal setting.....	103
4.3.4 Homework assignments.....	107
4.3.5 Specific skills training.....	109
4.3.6 Support systems.....	109
4.3.7 Exercises.....	112
4.3.7.1 Reinforcing the reconceptualization.....	114
4.3.7.2 Expression of feelings and thoughts.....	116
4.3.7.3 Impact on relationships and lifestyle.....	118
4.3.7.4 Alternative responses.....	121
4.3.8 Summary.....	124
4.4 STAGE THREE: APPLICATION AND FOLLOW THROUGH.....	125
4.4.1 Physical exercise and activities.....	126
4.4.2 Social action.....	128
4.4.3 Role playing.....	132
4.4.4 Imagery.....	134
4.4.5 Cognitive restructuring.....	135
4.4.6 Problem solving.....	136
4.4.7 Preparing for posttreatment.....	138
4.4.8 Summary.....	140
4.5 MEICHENBAUM'S THREE STAGE THERAPY AND WOMEN'S HELPING BEHAVIOUR--SUMMARY.....	142
References.....	143
Appendix.....	153

List of Figures

1. Interpretation of Meichenbaum's evidential model of human behaviour..... 61
2. Interpretation of Meichenbaum's model of interaction between the "self" and "others"..... 70

List of Tables

I Client's diary of helping behaviour.....83

II Significant other's diary of client's helping behaviour...93

## Acknowledgements

I would like to thank my committee members, especially my supervisor, for providing prompt and useful feedback throughout the preparation of this thesis.

A heartfelt thanks goes to my husband, Bruce Faddegon, for his tremendous stamina and perseverance in typing numerous drafts of this thesis. Your willingness to help me supported me in innumerable ways.

I would also like to thank the women of the UVIC Women's Center for their friendship and encouragement throughout graduate school.

To three generations of women who have made helping others an  
intrinsic part of their lives--

my grandmother, Emily May Lahmer

my mother, Mary Elizabeth Witwicki

my sister, Shirley Louise Peach

## CHAPTER ONE

### INTRODUCTION

#### 1.1 FOCUS OF THESIS

##### 1.1.1 Purpose and rationale.

It is suggested that, in order to deliver effective counselling to women, the orientation of therapy begin by understanding the nature of women's own experience. The purpose of this thesis is to address one aspect of women's experience, women's helping behaviour, as a strength of women. Examining women's helping behaviour as a strength has received little attention in counselling theories. Women who help others from an orientation of mutuality and co-operation have often been judged on an individualistic male-oriented model of mental health (Gilligan, 1982; Miller, 1976; Wine, 1982). Consequently, women's experience of showing care and concern towards others has frequently been interpreted in counselling theories as signs of "dependancy", "passivity" and "weakness" (for example, Bowman, 1982). A framework is, therefore, needed which explains and understands women's helping behaviour in terms of women's experience of helping. One potentially useful approach to the conceptualization of women's helping behaviour as a strength is in terms of women's

/

interdependence with others. Counselling theories based on an ethos of interdependence view the development of the self as interwoven with the development of relations with others (Gendlin, 1979; Mosak, 1979). Counsellors who incorporate an interdependent orientation into their counselling could, therefore, view women's helping behaviour both as a valuable way of developing the woman and as a necessary part of human growth and development. Women's experience of helping others could be affirmed and validated using an interdependent framework.

#### 1.1.2 Procedure.

Women's helping behaviour will be examined from an interdependent perspective using one particular counselling approach, specifically, Donald Meichenbaum's cognitive-behavioural therapy. The reasons for choosing both cognitive-behavioural (CB) therapy and Meichenbaum's version of CB shall be outlined briefly here and in detail in Chapter Three. First, CB therapy focuses on the interaction between the self and the environment. Second, CB therapy is problem-solving oriented. Third, the counsellor and client work together on mutual goal setting. Fourth, CB therapy stresses skill development. Fifth, CB therapy has been widely used in a variety of settings for treatment of a number of problems. Meichenbaum in particular was chosen to represent CB therapy

for the following reasons: a) He is a major proponent of CB therapy in North America today, b) his material was accessible, c) he has developed a theory of change that is directly applicable to therapy.

The thrust of this thesis is to apply Meichenbaum's cognitive-behavioural therapy to assist women clients in developing their helping behaviour into a strength. Chapter Four of this thesis is a detailed manual that counsellors can use with women clients who may devalue or value their helping behaviour. Counsellors working with women who devalue their helping behaviour can use the manual in several ways. First, women clients can learn to view their helping behaviour as a legitimate and valid means of showing care and responsibility towards others. Second, they can learn to recognize the interdependence between helping the self and helping others. Third, clients can be taught how to create support systems that foster maintenance of their helping behaviour. The manual can also help women clients who value their helping behaviour in a number of ways, such as affirming and/or enhancing existing helping relationships; developing maintenance and generalization of their helping behaviour to other settings and other relationships; or reinforcing the notion of interdependence between themselves and significant others. Hence, the manual part of this thesis can be a valuable tool for counsellors working with women clients.

## 1.2 VALUES

### 1.2.1 Values in therapy.

In this thesis, Meichenbaum's cognitive-behavioural theory and therapy will be examined largely in terms of its credibility and accuracy in portraying women's helping behaviour. Any attempt to evaluate therapy must start from an understanding of values. Sturdivant (1980) coined the phrase "philosophy of treatment" to reflect the relationship between philosophy and therapy. She claims that the two are closely connected, as both philosophy and therapy address existential issues such as existence, responsibility, and individual freedom. Belief systems influence the way in which therapy is both defined and conducted. For example, the definition of mental health, the need for intervention, the interpretation of symptoms, and types of goals that are established all relate both to the belief system of the individual therapist and to the therapeutic orientation itself. The importance of belief systems lies in their area of focus. A particular belief system determines what is seen as possible, probable and desirable (Sturdivant, 1980). Belief systems, therefore, define the range of possibilities. The client, of course, also brings belief systems to the sessions, and the two combined belief systems affect the entire process. The client's belief system may support or may conflict with the therapist's belief system. The issue of power relations is

then relevant to the therapeutic process (Mander and Rush, 1974). This shall be discussed in more detail later.

The value orientation that a particular counsellor holds is strongly influenced by the values of the larger culture (Williams, 1977). Theory development and subsequent treatment programs tend either to reflect the dominant cultural values or to be a reaction to them. Millon (1973) states that most theories are not explicit in their orientation. He describes "orientation" as including defining what kinds of empirical laws should be sought, what phenomena should be observed and what procedure should be used to study these phenomena. He states that, once a particular theory has been adopted, based on the kinds of empirical laws sought, the groundwork has been laid for defining concepts and developing procedures for collecting data. Similarly, within psychotherapy frameworks, certain assumptions and beliefs are held about human behaviour, giving rise to hypothesis testing and the development of therapeutic techniques that are congruent with these beliefs.

Millon suggests, therefore, that particular theories reflect particular orientations. He illustrates how ideology has influenced the development of psychology as a field. Millon (1973) cites five distinct levels of observation and conceptualization of phenomena. These five levels, of course, are based on Millon's perceptions, values, and knowledge of

psychology, and, therefore, they represent his way of categorizing psychological data. The five levels include a) biophysical, b) intrapsychic, c) phenomenological, d) behavioural, and e) sociocultural.

Millon asserts that these five "contemporary" orientations not only reflect relatively distinct historical traditions but also, perhaps, differ in the kinds of data they conceptualize. For example, therapists in psychiatric medicine focus on biophysical processes, psychodynamicists concentrate on intrapsychic processes, personalogists and clinical practitioners are interested in phenomenological events, experimentalists within academia give attention to overt behavioural data, and sociocultural data are examined closely by those in the sociological-anthropological tradition (Millon, 1973).

By restricting their fields of research to these areas, theorists and therapists largely ignore the influence that other areas could have on human behaviour. On the other hand, they may simply be choosing to look at one aspect of behaviour. Millon argues though that the latter can lead to a gradual narrowing of focus. Historically, for example, the biophysical and intrapsychic orientations focused on personal inadequacies or deficiencies to explain behaviour. The phenomenological and behavioural orientations eventually grew out of a reaction to these orientations, expanding the

framework to include environmental and social situations as a determinant in human behaviour. Millon does not go one step beyond though to address how or why each of the five orientations he describes came to be adopted by a particular field or theorist. Issues such as the prevailing social values of the time, the power relationships between the client and practitioner, and conflicting interests between investigation groups are areas that could be addressed. The result would be a more comprehensive explanation of theory development, adoption, and adaptation. Chapter Three of this thesis will address these issues in cognitive-behavioural theory.

### 1.2.2 Values in research.

Pyke (1982) discusses the influence the ideology of experimenters has on their "empirical" investigations in psychology. She argues that the numerous studies on sex roles and gender, for example, reflect the personal values of the researchers and the practitioners involved in designing and testing studies on sex roles and gender. Pyke (1982) cites numerous studies on sex roles that have described characteristics of "femininity" as passive, dependant, emotional and subservient. Such terms have been interpreted negatively, specifically in comparison to characteristics of "masculinity" which are described as active, independant,

rational and assertive. Pyke observes that the studies on androgyny favour a high loading on masculinity scores as reflecting psychological health. The underlying assumption of much of this work is that the "masculine-labelled" characteristics are better than what was erroneously defined as their opposites, the "feminine-labelled" characteristics. Hence, women are contrasted to men and found wanting.

In an overview of developing counselling methods for women, Pendergast (1975) also questions psychological theories and studies of psychology that use masculinity as the criterion for measurement. She claims that women can only then be considered in contrast to men. For example, in regards to achievement, McClelland (cited in McClelland, Atkinson, Clarke, and Lovell, 1953) developed a model of achievement based on his observations of males. Horner's (1972) work on women's motive to avoid success was in response to McClelland's finding that women did not fit into his model. Hence, the work of McClelland and Horner is an example where "masculinity" is used as the criterion for measurement. The major criticisms of such work are: a) the use of male biased definitions of terms, e.g., success or achievement equated with motivation to compete with others at a paid labour job; b) the use of pejorative labels for women's behaviour; e.g., the term dependence used for behaviour that shows sharing, compassion, and caring; c) the simplistic dichotomizing of

behaviour, e.g., passive viewed as the opposite of active. Each of these criticisms can be addressed in regards to women's helping behaviour. Regarding the first criticism, women's helping behaviour could be defined as a means of fostering co-operation and harmony amongst others. Interpersonal success could then also be addressed as a form of achievement. In response to the second criticism, alternative terms could be used to describe women's characteristics that would convey the positive nature of their helping behaviour. For example, substituting caring for passive, attentive for dependent, expressive for emotional, and compromising or creating harmony for subservient, may more accurately reflect women's social interaction with others. Third, interpreting women's behaviour from a framework based on interdependence or dialectics, rather than one based on dualities, would broaden the base for both observing and theorizing of women's behaviour. The impact of "others" upon the development of the "self" could then be analyzed.

Hence, the ideology that women's characteristics are inferior to men's is reflected not only in the design of the studies that Pyke and others cite, but also in the very terminology used to describe women's behaviour. The result is a misrepresentation of both women's experience and their behaviour. Negatively biased values have contributed to negatively biased theory formulations which has also biased

research design. Such work may support or complement biased psychotherapeutic practices with women. Examining the underlying belief systems of the research frameworks used in counselling is, therefore, an important factor in evaluating therapeutic practices with women.

### 1.2.3 Professional endorsement.

Researchers, theorists, and therapists working in the areas of the psychology of women and sex differences are calling for an accurate representation of women's development in women's own terms. Recognizing the need and the existing bias, the American Psychological Association (APA) announced that a major objective for psychologists was to define and implement a feminist perspective within the psychological literature. The goals of feminist research according to the American Psychological Association Task Force on Issues in Research (1977) cited in Lott (1981) include the following:

- 1) to clarify the psychological, biological, and social-cultural determinants of behaviour,
- 2) to promote the integration of this information ... into current psychological knowledge and theories, and
- 3) to promote the development of a benevolent society in which individual self-actualization is possible.

Feminist research requires an explication of the researcher's basic assumptions and premises upon which research questions are formulated, methodologies are chosen, and data are interpreted. Feminist scholarship begins with personal experience to redefine reality. It recognizes that truth is not separate from the person who "speaks it" (p8).

Furthermore, the APA's Task Force on Sex-bias and Sex-role Stereotyping in Psychotherapeutic Practice has criticized traditional therapy for assuming that self-actualization for women comes from marriage or from perfecting the role of wife (APA, 1975). The APA has recognized that much of the journal literature reflects the sex bias of the authors. Publication manuals issued by the APA (APA 1977; APA 1983) advise authors to "avoid writing in a manner that reinforces questionable attitudes and assumptions about people and sex roles" (change sheet 2, p1, 1977). Both the APA and the Canadian Psychological Association (CPA) have developed specific guidelines for therapy and counselling with women (APA Task Force on Sex-Bias and Sex-Role Stereotyping in Therapeutic Practice in 1978; APA Division 17 (Counselling) Committee on Women, 1979; CPA, 1980). Both the APA and the CPA view these guidelines as an essential part of effective psychotherapy with women. Overall, the guidelines are seen as an elaboration of the respective association's general code of ethics to the specific client subgroup of women.

The significance of professional support for counselling women is threefold. First, it has been officially recognized that problems arise in the counsellor-client relationship, simply because the client is a woman. Counsellors are encouraged to be aware of and confront their own biases

towards women and the effect these have on their women clients. Second, the establishment of various task forces and committees on women within professional psychological associations have lent legitimacy and validity to exploring women's issues within psychology. Third, psychological associations have actively attempted to both rectify current discriminatory practices against women, and to prevent future discriminatory practices from occurring. The growth of an officially sanctioned feminist perspective within the APA, as well as the development of specific guidelines for both non-sexist language and for counselling women have all contributed to an understanding and respect of women clients who receive counselling services.

### 1.3 WOMEN'S EXPERIENCE

#### 1.3.1 Psychology of women literature.

A psychology of women is developing. Texts such as "Psychology of Women" (Bardwick, 1971), "Women: Psychology's Puzzle" (Rohrbaugh, 1979), and "Becoming a Woman" (Lott, 1981), have helped contribute to a more realistic appraisal in the psychology field towards women. Such texts focus on female development, including growing up female, adolescence, menstruation, sexuality, love, marriage, rape, pregnancy, abortion, work, lifestyles, menopause, middle age and aging, feminism, nurturance, mental health, women and their bodies, and women and sports.

This burgeoning new field has been described along several lines. Henley (1974) states that a psychology "of" women and a psychology "for" women have developed largely in response to a psychology "against" women. Henley uses the phrase "psychology and women" to describe them all. Psychology "of" women refers to that area of research that describes the behaviour of women. Psychology "for" women refers to research that reflects women's interests. Psychology "against" women describes the presence of a male bias within certain psychological theories, research and practice. The charge is that psychology has often misrepresented, distorted or omitted factors of women's experience which has perpetuated support for everyday

stereotyped beliefs and attitudes about men and women (Doherty, 1973; Sherif, 1977; Weisstein, 1971).

Others have defined the psychology of women differently. Vaughter (1976), for example, describes it as concerning itself with men and women, and with a goal of developing a nonsexist approach to studying behaviour. Denmark (1977), however, states that a psychology of women should focus specifically on issues of female development, and on female experience. Mednick (1978) claims that both Vaughter's and Denmark's definitions are useful guides. She suggests, however, that a feminist perspective, that is, one which values and attempts to understand women's experience, will yield the most promising research and theory in constructing a psychology of women. She also adds that the focus on sex differences within psychology is an important aspect of developing a psychology of women. Mednick cautions researchers though to recognize that the topic of sex differences is only one aspect of women's behaviour and that, though research in this area may further psychologist's knowledge, it must be examined properly within the framework of women's experience. Elaborating on Mednick's points, Caplan (1979) argues that "all too often, an attribution of a behavioural difference to the 'sex difference' is interpreted as indicating an innate difference" (p80). Caplan emphasizes that experimenters need to explore the ways in which the

gender difference may have led females and males to attend to different aspects of an experiment and to ignore some details and focus on others within the experimental setting. In order to provide a more accurate account of human behaviour, sex differences can begin to be understood within the framework of the subject's experience, rather than the researcher's frame of reference.

Echoing Caplan's and Mednick's points, Parlee (1975) observes that psychology of women is used to refer to a wide variety of literature much beyond the literature of sex differences. Parlee (1975) criticizes the term "psychology of women" as it "implies the need for a special set of laws and theories to account for the behaviour and experience of females" (p120). She argues that distinguishing between "psychology" and "psychology of women" only perpetuates the existence of a psychology that has in the past been largely the psychological study of (by and for) men.

In an analysis of feminist enquiry, Richards (1980) implies that creating a separate and unique area of study of women may lead to a rejection of everything that is associated with men. Richards argues that "there is nothing wrong with women's retreating from men to find an atmosphere where they can better understand their own problems: provided that women continue to use logic and science in developing their own area of study" (p47). Richards' comments apply aptly to the

psychology "of" women. In developing a separate and unique body of knowledge pertaining solely to women's experiences, psychologists must still take into account the effect male thoughts, attitudes, behaviours, and expectations have on women's experience. Hence, it may well be impossible to strictly construct a "psychology of men" or a "psychology of women", as individuals develop within the context of both sexes.

Expanding on this viewpoint, Alpert (1978) suggests that the controversy regarding what the field should be called "reflects the disagreement about what the field should concern and what perspective it should have" (p966). Alpert (1978) claims that the birth name of the field, "Psychology of Women", will stick. She points out that the developmental nicknames as opposed to the birth name of the field will more accurately reveal the focus and perspective of the discipline. She cites examples of nicknames that have been used over the last decade as "The Psychology of Sex differences", and "The Psychology of Sex Roles,". Alpert claims that viewing the field in this manner both encourages rich diversity within the field and helps psychologists to recognize the complexity of the issues involved in studying the psychology of women.

### 1.3.2 Trends in psychology of women literature.

As the development of a psychology of women is only a little over a decade old, little has been written on the direction this new field is taking. Parlee (1979) and Wine (1982), two feminist psychologists, discuss the trends they observe within the psychology of women literature. Parlee (1979) describes four trends she observes in the journals in developing a psychology of women. One method is to focus on critiquing traditional psychological research and theory. She cites this work as important as it points out both the past and potential misuse of psychological data against women. Parlee, however, cautions psychologists that focusing on this area does not advance research on and for women. Parlee observes that feminist psychologists are increasingly focusing on a second approach. The second approach is to conduct experimental research from a feminist perspective, examining problems that are relevant to women that have historically been ignored by psychologists (for example, women's conversation behaviour in a mixed-sex group). A third way is to make theoretical contributions that are not necessarily incompatible with existing conceptual frameworks on the whole, but that arise from a feminist perspectives (for example, work on androgyny, feminist therapy, and gender). A fourth trend Parlee notes is theoretical contributions to problem centered research (such as rape, domestic violence, pregnancy) that do

not fit within the framework of traditional psychology. The focus of this thesis is similar to the third approach; that is, a feminist perspective of women's helping behaviour will be examined within the theoretical framework of cognitive-behavioural therapy.

Wine (1982) discusses the growth of feminist psychology using Showalter's (cited in Wine, 1982) three stages of developing feminist scholarship. Showalter defines the first stage as imitation. A central concern of researchers in this stage is the under representation of women as targets for research. Wine describes this stage as male centered research focused on women. Underlying male biases or values that exist within the theoretical or research paradigms are not questioned within this stage. One example of imitation research according to Wine (1982) is Horner's (1972) work on women's motive to avoid success. Wine argues that the underlying male based definition of achievement is not examined carefully within Horner's work. Researchers in stage two of the growth of feminist psychology focus on protesting against existing bodies of knowledge. Again, the underlying dimensions of the works studied remain unquestioned. Wine cites Maccoby and Jacklin's (1974) monumental work on sex differences as an example of protest literature. Wine claims that Maccoby and Jacklin did not fully consider the meaning of the dimensions used in the studies they compiled.

Consequently, the results used in their work reflect female behaviour based on male defined characteristics. Caplan (1979) supports Wine's claims, specifically in reference to the definitions of aggression and achievement used in the studies Maccoby and Jacklin cite. In general, Wine claims that most work on the psychology of women focuses on imitation or protest.

The third stage Showalter describes reflects exploration of the female experience guided by women's concerns and values. Wine terms this stage gynocentric. Wine observes that much of this work in the psychology of women literature deals with the relationship between the self and others. The nature of this thesis, for example, examines these very issues. According to Wine "work that is particularly rich in its implications is that which deals with humans as social beings... on the values, behaviour and development of individuals in interpersonal contexts" (p78). She adds that "feminist psychologists are slowly beginning to recognize women's interpersonal orientation as a reservoir of positive social skills and sensitivities with profound implications for the conduct of society" (p78). Wine points out though that Showalter's three stages do not easily accommodate new areas of research on women (such as social power, pornography, and rape).

The present thesis could be described as working from a gynocentric perspective for two reasons. First, the focus of this thesis is to explore women's helping behaviour from women's perspective in an attempt to validate women's experience. Second, the underlying values and beliefs of a theoretical model will be examined in relation to women's experience. Overall, both Parlee (1979) and Wine (1982) have attempted to trace the development of the psychology of women literature. The difference in their approaches reflects their different area of focus. Parlee assumes that conceptual questioning of theories is a large part of the process in each of the trends she observes. Wine's analysis, however, focuses on the very development of conceptual questioning within the psychology of women literature. Both of these conceptualizations are similar in striving to validate women's experiences and explore women's concerns. The value in Parlee (1979) and Wine's (1982) contributions is that they have provided psychologists not only with insight but also with frameworks in which to understand the focus on women within contemporary theory, research and practice. The future of the "psychology of women" literature is speculated upon by Kahn and Jean (1983). They argue that, if this literature is integrated into mainstream psychology, the field of psychology of women will gradually disappear. They suggest that separating and redefining the psychology of women from mainstream psychology will promote an understanding of women's

experience based on women's definitions. Kahn and Jean (1983) offer an analysis of the issues involved in determining the direction the "psychology of women" may follow.

### 1.3.3 Feminist therapy.

Many psychologists urge that therapists working with women need to be familiar with the growing body of knowledge of psychology of women in order to be effective counsellors (Rawlings and Carter, 1977). A unique development within the field of psychotherapy closely tied to the growth of a psychology "for" women is the growth of feminist therapy. Much disagreement exists as to whether feminist therapy is a value system, a political doctrine or a particular theoretical orientation (Mander and Rush, 1974; Maracek and Kravetz, 1977). The important point to consider is that feminist therapy incorporates a feminist perspective within psychotherapy. The relevance of feminist therapy to this thesis is that the author will attempt to incorporate feminist therapy principles within her examination of cognitive-behavioural therapy. Feminist therapy states that personal change is inextricably related to political change and it also advocates an equal power relationship between the client and counsellor (Rawlings and Carter, 1977).

Gilbert (1980) reviewed the literature on feminist therapy and concluded that these two basic principles are incorporated into therapy in a number of ways. Regarding the first premise, that "the personal is the political", feminist therapists assume that society's sex-role stereotypes influence client's beliefs about what is and is not appropriate behaviour. In terms of counselling, clients are helped to examine the interplay between social and psychological factors and to explore their own definitions of behaviour, thoughts, and feelings. Second, the feminist therapist believes that society has helped and hindered in shaping all individuals. Clients are supported in terms of validating their own experience and are helped to put this experience into perspective. Feminist therapists help women to view their problems in terms of both individual and social responsibility. Thus, female clients are encouraged to assume responsibility in some areas and relinquish it in others. The former helps women to own their feelings and attitudes, and the latter helps them view these feelings and attitudes within a social context. Third, in order to enhance the development of women, it is considered essential, both in and out of therapy, to promote social change towards the establishment of an egalitarian society. Therapists, therefore, question their own values and attitudes, and they confront the tendencies within themselves that serve to maintain the status quo.

Regarding the second principle, that the client-therapist relationship works toward equality, Gilbert suggests that several points are relevant. First, clients are encouraged to make themselves familiar with the different therapeutic approaches and to examine their underlying values, beliefs and theoretical orientations. This activity helps the client become informed and "demystifies" the therapist as a person of unique power and knowledge (Gilbert, 1980). Second, feminist therapists strive to enhance the client's sense of personal power. The client is encouraged to be self-directed and to gain increased confidence from accomplishing specific goals. Third, women have traditionally spent much time and effort on the nurturing of others (Miller, 1976). Clients are taught that they too need support and nurturance both from others and from themselves. Valuing themselves and other women as women can help enhance the client's self-esteem. Fourth, the therapist can act as a role model in terms of representing a woman who knows herself and accepts the apparent contradictions that she can express (for example, both gentleness and anger) in her relations with others. Furthermore, the feminist therapist can offer support and validation for the client's own experiences through the therapist's self-disclosure of her own experiences. Interacting with the therapist also gives clients the opportunity to expand their own awareness, goals and options.

Other methods feminist therapists use to minimize the power differential between clients and therapists include the following: using first names, seeing clients in an informal setting, using sliding scale fees or bartering. Many feminist therapists believe that equality between client and counsellor is impossible in a capitalistic society (Toronto Feminist Therapy Support Group, 1982). The point to recognize is that feminist therapists attempt to reduce the power that traditionally therapists have had over their clients, as part of the process of female liberation.

The final point relates to the expression of anger. Several therapists (Miller 1976; Sturdivant 1980) claim that anger is the most repressed emotion in women. Often when women recognize society's historical oppression of women, they experience anger in many facets of their lives. Part of feminist therapy involves the acceptance and expression of woman's anger. Anger is viewed as a stimulus for social change.

Feminist therapy, therefore, applies two basic principles: "the personal is the political"; and the therapeutic relationship strives for equal power. Feminist therapists believe that if women are helped to explore the social, political, and economic influences that have affected their development and continue to effect the decisions they make in life, they may be able to begin to take some control

and direction over their own lives. They can begin to bring about environmental change, both within their own and other lives. Furthermore, given that women's surroundings may be oppressive or adverse in some way, women must also learn basic ways in which they can cope with these conditions. According to Gilbert (1980) feminist therapy, therefore, provides an orientation that views women within their social context such that new attitudes are advocated which will help to increase the number of options for women in life. Therapeutic change is supported and paralleled by social change.

The APA and CPA guidelines all offer strong support to the principle "the personal is the political". The one reference made to the second principle (that is, the power differential between the counsellor-client is minimized), is from the 1979 APA Committee on Women. Comparing the CPA (1980) guidelines and the APA (1978) guidelines, it appears that the set of guidelines endorsed by the counselling Division of the APA (1979) lend more support to the principles advocated by feminist therapists.

It must be recognized however that even if all three sets of guidelines offered absolutely no formal support to any feminist therapy principles, this does not mean that such principles are neither needed nor used. The reader is reminded that these guidelines did not even exist until 1978. As the psychology of women and feminist therapy develops

guidelines for counselling women will also be revised and refined. Incorporating feminist principles into these guidelines will no doubt stimulate theorizing, research and critical feedback from counsellors working with women clients.

## CHAPTER TWO

### INTERDEPENDANCE AND WOMEN'S HELPING BEHAVIOUR

#### 2.1 DEFINITIONS

##### 2.1.1 Interdependance.

The notion of interdependance proposed is that the development of self is interdependant with developing relations with others (Mead, 1934). The very process of interaction between the self and others is viewed as contributing to the development of both the self and others. The self and others are not seen as totally unique and separate from each other, rather, they are defined in relation to one another. Thus, any definition of the self includes an examination of the relationship between the self and others.

##### 2.1.2 Helping behaviour.

Helping behaviour is defined here as behaviour that is expressed and intended by an individual to benefit another person or party. Hence, the definition of helping will vary from person to person depending on his or her intentions. Examples of helping behaviour include the following: a) providing emotional support; b) offering information or advice; c) advocating social change; d) providing direct assistance to another; e) participating in social activities. Such behaviours are also characteristic of the services offered in mutual aid groups (Richardson and Goodman, 1983).

Several definitions of helping exist in the literature (see Appendix). The definition used in this thesis focuses on the relationship between the helper and the helpee, rather than on an analysis of the relative costs and benefits of helping to either the helper or the helpee.

### 2.1.3 Women's helping behaviour and interdependence.

In this thesis, women's helping behaviour will be viewed from an interdependent framework. The definition of women's helping behaviour suggested here therefore focuses on the notions of mutuality and reciprocity between the self and others. This type of helping behaviour is also advocated by mutual aid groups within the self-help movement, in which self-help is viewed as a process "generated by common concern and belief in the possibility that [one's] plight can be improved through people assisting each other" (Weber, 1982, p15). For example, women who are helpmates to their partners or women who help to develop an atmosphere of co-operation among family and friends are contributing to developing a network of relationships based on responsibility and caring (Gilligan, 1982). As this network of affiliation develops, both the women and others in the network come to rely on this network for support. One facet of maturity is then seen as the ability to show responsibility and care for both the self and others. In this way, caring for others is seen as caring for oneself.

## 2.2 THEORETICAL SUPPORT FOR WOMEN'S HELPING BEHAVIOUR

### 2.2.1 Rationale.

A number of psychologists have advocated examining women's helping behaviour from an interdependent perspective. The work of three authors will be discussed here. The rationale for choosing theorists/therapists for this section was based on whether they met three basic premises of this thesis. The first premise is that women's helping behaviour is a strength of women. As this thesis attempts to affirm and validate women's helping experience, it was necessary to search for theorists who viewed women's helping behaviour as a valuable personal resource of women. The second premise is that the development of the self is interdependent with developing relations with others. Examining women's helping behaviour from an interdependent perspective suggests that women contribute to both their own and other's development when they express helping behaviour. Thus, authors who specifically mentioned the importance to women of either interdependence or relationships with others were selected for this section. An extension of the notion of interdependence as defined in this thesis is that helping behaviour is a process that reflects the interaction between the self and others. The third premise therefore is recognizing and acknowledging the numerous types of helping interactions (including social, economic, sexual, political, religious,

hierarachial, emotional, for example) that can take place between the self and others. Hence, authors who examined the interplay between women and their environment (including others, institutions, societal expectations) were included.

### 2.2.2 Supporting work.

2.2.2.1 Jean Baker Miller: Miller, a psychiatrist, discusses her notions of interdependence and women in "Toward a New Psychology of Women" (1976). She analyzes the theoretical conceptions of women's behaviour in terms of power relationships, citing numerous case histories to illustrate her points. She notes that some psychological characteristics of women (including co-operating and listening to others) have been termed weaknesses by male psychologists and psychiatrists. Miller suggests that women who accept these definitions will not recognize that their own interests and needs may not be addressed within those definitions. She argues that women's strength lies in their ability to be able to express their feelings. Miller also notes that a primary activity of women is to participate in the development of others. Such activity is often a major source of satisfaction. "Women are better geared than men to first recognize other's needs and then to believe strongly that others' needs can be served-- that they can respond to others' needs without feeling this as a detraction from their sense of

identity" (Miller, 1976, p61). Miller stresses that "women can evolve forms of affiliation which will advance women's development and help women to build on this strength to effect real change in the real world" (p89). Capacity to help in the growth of others along with the right and opportunity to growth for the self will enlarge the experience of both the "self" and "others". Miller concludes that a language is needed in psychology to describe women's sense of self as organizing around developing relationships.

2.2.2.2 Carole Gilligan: Gilligan, a psychologist, discusses psychological theory and the development of women. Gilligan was a colleague of Kohlberg's, but she broke away from his work as Kohlberg did not consider the female experience within his research on moral stages. In her book, "In a Different Voice", (1982) Gilligan describes the disparity between women's experience and the representation of that experience throughout psychological literature as a general "problem" within women's development. She suggests that women's failure to fit existing conceptual models of human growth may point to a problem in the model itself; "a limitation in the conception of human condition, an omission of certain truths about life" (p2). She traces the theme of conceptions of self and morality through a series of three studies with women, including a college student study, an

abortion decision study, and a rights and responsibilities study. Gilligan found that "women define themselves in a context of human relationships [and] also judge themselves in terms of their ability to care" (p17). She suggests that "moral problems arise from conflicting responsibilities rather than from competing rights, and requires for its resolution a mode of thinking that is contextual and narrative, rather than formal and abstract" (p19). She found that women recognize responsibility for the effects of their actions on others. Furthermore, non-violence towards others was an important concern in shaping women's moral decisions. Gilligan points out that Kohlberg's classic question "Should Heinz steal the drug? (to save his dying wife)" is from a perspective of individual human rights. She suggests that emphasizing the question as "Should Heinz steal the drug?" more accurately reflects women's point of view and their concern with responsibility towards others. Throughout her work, Gilligan discusses the interdependent relationship between attachment and separation. She states that the paradoxical truths of human experience are that "we know ourselves as separate only insofar as we live in connection with others, and that we experience relationships only insofar as we differentiate other from self" (p63).

2.2.2.3 Jeri Wine: Wine's major interests are in a feminist analysis of social interaction and human relationships (Wine, 1982). In a recent chapter entitled "Gynocentric Values and Feminist Psychology", Wine provides both theoretical and empirical support for exploring women's experience. Wine contrasts androcentric points of view, or the traditional psychological "models of man" with a gynocentric or woman-centered perspective that is developing within the psychology field. She states that women's behaviour has largely been devalued and misrepresented within the psychological literature as it has been interpreted from an androcentric and individualistic framework rather than a gynocentric framework. The former tends to preclude the possibilities of "mutuality, harmonious relationships and recognition of the interdependence of human beings" (Wine, 1982, p73) by the very nature of the framework. Wine points out that "women do need encouragement to develop an autonomous sense of self and to have a healthy respect for ourselves and our own rights" (p76). However, she argues that feminist work must direct itself towards embedding these goals within a "broader gynocentric model of human functioning that emphasizes women's positive qualities and capacities" (Wine, 1982, p76). Wine claims that the interpersonal realm has traditionally been considered women's realm by societal standards, and, yet, it has been devalued within the psychology field.

In 1980, Wine and others undertook a literature search to find evidence of women's abilities at social competence and interpersonal skill. Under the rubrics of "social competence" and "interpersonal skills" they found no supportive evidence of these areas in the experimental research on sex-differences. However, using rubrics such as "non-verbal communication", "personal space", "influence and power tactics", "eye contact" and differences in specific social behaviours, supportive evidence was found for women's pro-social behaviour and their interpersonal sensitivity. Wine concludes that "[it] is clear that the development of a fully feminist psychology constructed on gynocentric values and woman-centered questions will transform not only our knowledge of women, but the nature of psychology in every respect" (p86).

### 2.2.3 Summary of supporting work.

Each of these three authors has pointed out two related issues: the need to reflect accurately women's experience and the need for a framework in psychology that is able to recognize women's behaviour as it is intended. Wine's proposal in particular that women develop individually and interdependantly, may offer a promising framework in which to explore female development. Essentially, Wine is suggesting that individuality be located within an interdependant

framework. Thus, she alludes to a potential working model which psychologists could use, without pitting individualism against interdependence. One criticism I have of these authors is the ability to see interdependence between the self and others, and yet not extend the notion of interdependence to the conceptual terms the authors use. For example, Wine discusses androcentric and gynocentric, Gilligan discusses separation and attachment, and Miller addresses women and men in terms of subordinates and dominants respectively.

The present author restricted her search to psychologists who could meet all three premises. Often work was found that viewed women's helping as a strength and acknowledged the importance of interdependence to women. However, women's helping behaviour was then often explained in terms of women's innate role as helper or in the expectation that women's identity be defined largely in their roles as helpers (McClelland, 1975; Ulanov, 1981). Such work ignored the many types of social and political and economic influences on women's development. Turning to another area, the helping literature, research was found that supported pro-social behaviour, but it was largely based on an individualistic ethos, and rarely mentioned women's experience (Derlega and Grzelak, 1982; Staub, 1978).

#### 2.2.4 Individualistic framework.

Other psychologists have also advocated that the "self" be considered in relation to "others" in order to develop accurate explanations of behaviour, although not from a feminist perspective. They largely argue against the individualistic perspective that they see as prevalent in the psychological literature (Corsini, 1979). Sherif (1977), for example, claims that theories that focus on an individualist perspective not only distort human experience but also provide a narrow framework for viewing human development. Pepitone (1976) argues that psychological theories that conceptually isolate individuals from their definable groups or organizations (such as gender, family, friends, co-workers) and the associated values and beliefs of those groups cannot provide an adequate account of those people's social behaviour. Furthermore, Sampson (1979) suggests that the underlying assumption of theories that view individualism as a central tenet is that separation and isolation of the self from others is positively valued.

Many of these individualistic theories are based on dualities. That is, behaviours or personality characteristics are defined as conceptually opposite to each other. Oppositional pairings such as self-others, independence-dependence, active-passive, have been created and used within theory and research to examine behaviour. Bem (1974) points

out that the meanings of these pairs have frequently been associated with a male-female duality, where the male characteristics were more highly valued than the female characteristics. Women's behaviour has, therefore, often been judged from an individualistic perspective where the female characteristics were devalued. Examining the concepts of "self" and "others" for example, the development of the self is viewed as the opposite of developing relations with others. Consequently, individuals who focus on developing themselves are seen as doing it at the expense of developing their relations with others. For example, developing qualities of autonomy and separateness would discourage developing relations with others, and developing qualities of compassion and attachment would discourage the development of the self. Yet, developing both autonomy and attachment together is contradictory within this framework. Conflicts and contradictions are then viewed as unhealthy and the goal may then be to achieve a balance between the two conceptual opposites, so that a state of equilibrium is found.

An example of the effects of an individualistic dualistic model on women's helping behaviour shall be illustrated. A recent article by Bowman (1982) appeared in a major counselling journal, Psychotherapy: Theory, Research and Practice. Bowman begins with the premise that, in traditional psychoanalytic theory, passivity is a central attribute of

normal femininity. She then defines one research problem as "questioning whether the inhibition of activity in women is due more to cultural conditioning or biological determinism" (p318). Bowman defines an active client as "assertive, independent, and ambitious; characteristics which are also subsumed in the masculine sex-role stereotype" (p319). A passive person was not described but was related to being weak and female.

The study involved analyzing psychotherapists' responses to a case history of an "active client". "The presenting problem was defined as concern about a deteriorating relationship with his/her spouse since taking a new job. The job necessitated some travel and the client was thinking about giving it up, although liking it very much, to make things better at home" (p319). The results were interpreted as the following: "bias against activity in the women patient was also clear from the expectation on part of the therapist that she make the concessions in the relationship- the woman patient was expected to compromise her career ambitions to achieve a more satisfactory balance of the roles of career woman and wife" (p322). Furthermore, "had therapists in this study been operating from a non-sexist perspective, they would have accepted her ambitious strivings as legitimate and not encouraged her to compromise her career in order to achieve marital harmony" (p322).

Numerous criticisms of this study can be addressed. The discussion will be limited, though, to the biased use of language in this study. The inference is that "activity" is rated more positively than "passivity"; that maleness is associated with "activity", and femaleness with "passivity"; and that ambitions focused on a career are more important than ambitions focused on a relationship.

It is ironic that Bowman concludes that "the results suggest the importance of therapists' re-examining their conceptualization of activity in men and women" (p323). She does not mean, however, re-examine the original use and meaning of the word "activity". Rather, she suggests that therapists should encourage and support not only their male clients, but also their female clients for being "active". Showing care for others and investing time and energy nurturing a "deteriorating" relationship is not considered "active" behaviour. The entire article is from an individualistic framework, whereby the concepts of independence, assertiveness and ambition are defined as important. Furthermore, these qualities are viewed as unique and separate from the qualities involved in working at maintaining a relationship. A duality of "activity" versus "passivity" is set up, where "activity" is viewed as the standard, and women are judged against this standard. In addition, women who do not exhibit activity, are not only

described as failures, the pejorative term 'passive' is used to describe their behaviour. From this individualistic ethos, the qualities that women show to maintain relationships are neither considered central to the development of the self nor are they valued. In the present case, Bowman even mentions that the APA Task Force on Sex Bias and Psychotherapy (1975) cites one instance of bias as being the sexist use of psychoanalytic concepts. It is truly unfortunate that, in a study claiming to test for the sexist use of the concept of "activity", the author does not see that her very use of the term "activity" is biased. The point is that women's helping behaviour is not viewed within the context that it is given, nor examined in the light of an interdependent ethos. The result is a distortion in the psychological literature of women's helping behaviour.

Viewing behaviour using dualities is, of course, one way to aid theorists and researchers in explaining how and why people act the way they do. However, it has been criticized for being far too simplistic and unrealistic in reflecting human experience (Sherif, 1977). An additional problem with using the framework of dualities is that it can often lead to judgement. For example, developing the self is seen as either better or worse than developing relations with others. Comparing polarities can be a futile task in terms of developing a humane framework of development. Another way of

understanding behaviour is from a dialectical analysis. In dialectics, the relationship between two apparent contradictory notions is explored (Riegel, 1979). The move is away from dualities and a coming together, or a synthesis of attitudinal opposites. Dialectics, in contrast to dualities, assumes that contradictions and conflicts are healthy. The major goal is not to find a balance, but to co-ordinate and synchronize the conceptually opposite behaviours (Riegel, 1979). Essentially, behaviours are viewed as complementary rather than exclusive. Qualities of autonomy and sociality, for example, are examined in terms of how they mediate one another. The interaction between developing autonomy and sociality are seen as important in terms of continual personal and societal growth. Behaviours are redefined as personal experience undergoes constant reevaluation, as individuals engage in new thoughts, behaviours, feelings, and situations on their own, and in connection with others. The process of development is emphasized within a dialectical framework.

However, even though a dialectic process recognizes the relationship between the "self" and "others", the concept of developmental interdependence between the "self" and "others" is largely absent. The "self" and "others" are regarded as separate and unique beings, and it is only through certain points of interaction that they are interdependent. The stress is still placed on individual responsibility in

developing an integration of these polarities. Carlson (1972), for example, states that polarities of psychological understanding (masculinity-femininity, independence-dependence) "are not merely ends of a scale, but qualities co-existing within the individual" (p24).

Mature individuals are defined as those who can successfully synthesize these opposing tendencies. A popular notion in psychology will serve to illustrate this explanation. Bem (1974) has proposed "androgyny" as a new model for mental health. She views masculinity and femininity as rigid sex-typed polarities that restrict an individual's behaviour. Androgynous individuals are considered to reflect the synthesis of masculinity and femininity, enabling them to be more flexible in their behaviour than either "masculine" or "feminine" types. However, because the concept of androgyny is based on conceptual opposites that are sex-typed, the criticisms befalling sex-typed behaviour will subsequently apply to androgynous individuals. Essentially, two extremes of behaviour are merely being "scotch-taped" together. Furthermore, Bem stresses individual responsibility in synthesizing "masculinity" and "femininity".

Sampson (1977) an advocate of the interdependent approach, contrasted historical, dialectical and interdependent orientations with what he termed the self-contained individualistic ethos of contemporary psychology.

Sampson points out that dialectics could be located within an interdependent perspective. He suggests that opposing functions and their synthesis could be found among different members of a group, rather than residing within each individual. Individuals could also exhibit the synthesis at different points in their life cycle instead of consistently over many situations. Sampson warns though that this type of synthesis is only likely in a society where a collective rather than an individualistic ethos prevails--- that is, where individual goals, rewards, and interests are related to collective goals, rewards, and interests of mutual benefit.

Another kind of interdependence that Sampson describes more closely reflects the definition of interdependence as proposed in this thesis. Individuals can be regarded as part of their larger cultural system. Individual's behaviour is then viewed as representing the relationship between the 'self' and 'others' such that the responsibility for achieving mental health, or social change rests with the community at large, and not just the individual. The group is regarded as a collective, interdependent body that recognizes, encourages and maintains all members as part of the group process. A society that recognizes this kind of interdependence provides a supportive, nurturing environment for the development of all of its members.

The present author is suggesting that a framework of interdependence be used in examining women's helping behaviour, as it may more accurately reflect women's experience in a number of ways. First, it respects woman's intent of showing caring in order to enhance relationships. Second, it recognizes women's helping as an important aspect of human development, in terms of fostering co-operation. Third, it affirms women who define themselves in a context of human relationships and in their ability to care.

## CHAPTER THREE

### COGNITIVE-BEHAVIOURAL THERAPY

#### 3.1 GROWTH OF COGNITIVE-BEHAVIOURAL THERAPY

Theories that are to be useful in counselling women must address the influence of the social environment on women's position in society. One contemporary counselling approach that is widely used and recognizes the interaction between individuals and their environment is cognitive-behavioural therapy.

The historical development of cognitive-behavioural theory reflects an integration between two important philosophies: internalism or mentalism and behaviourism. Internalism assumes that the main determinants of people's behaviour reside within themselves. In behaviourism, the emphasis is placed on external events and learning history.

Cognitive behavioural therapy is an attempt to develop a flexible working framework that utilizes the cognitive aspects of client's behaviour with the empirically-based methods of behaviour modification. The assumption is that by incorporating both client's cognitions and behavioural techniques in therapy, client change is possible. Many of the basic assumptions and ideas underlying cognitive behaviourism are not so new or radical. Meichenbaum (1978) cites various

forerunners of the cognitive approach as:

Epicurus- a Greek philosopher. "Man is not disturbed by things, but the view he takes of them."

Kant- "The only feature common to all mental disorders is the loss of common sense and the compensatory development of a unique, private sense of reasoning."

Adler- "It is very obvious, that we are influenced not by facts, but our interpretation of facts."

Cognitive behaviourism as a therapeutic approach, however, is relatively new, and only in the mid to late 70's was it formally considered a distinct theory.

### 3.1.1 Influences.

The publication of the journal, "Cognitive Therapy and Research", initiated in 1977 has helped define and develop the field. Cognitive-behavioural therapy has grown rapidly within the last decade. Hollon and Kendall (1979) describe four "streams of influence" that have affected the development and direction of cognitive behaviourism. The following discussion does not represent a comprehensive history of cognitive-behaviourism. Rather, it describes the development of a cognitive-behavioural perspective, broadly defined, within the framework of the counselling process (Stone, 1980).

First, Cautela, Homme and Ullman provided research in the '60's and early '70's that cognitions or thoughts were subject to the same laws of learning as overt behaviours. Experimentation focused on developing the "functional analysis" procedure, used in behavioural therapy; that is, where antecedent and consequent thoughts surrounding a behaviour were recorded and analyzed. Many therapists felt this approach was too simplistic and questioned its validity. However, research in this area served as an "entry" point for behaviourists into the cognitive realm.

Second, Bandura's work on vicarious learning is recognized as a milestone in cognitive-behavioural theory, affirming the notion that attitudes, beliefs, expectancies, perceptions and other cognitive activities of clients are important and necessary in producing, predicting and understanding behaviour (Bandura, 1969). Bandura's ideas, as well as others researching in the area of self-control processes, helped to shift the thinking of behaviour therapists towards viewing individuals as active participants in their development. Ellis' rational emotive therapy (1973) and Beck's (1967) cognitive theory were instrumental in gaining acceptance of these ideas. Ellis suggested that emotions were sustained by thinking. Hence, helping clients to identify the irrationality in their thoughts enabled them to function more effectively in life. Beck also focused on

clients maladaptive thought patterns. He assumed that the ways in which clients thought affected their view of the world. Clients interpretation of events affected how clients saw themselves and therefore their future.

The third area of influence originates from the experimental laboratory. The research from this area focused on the interaction between covert and overt processes. It differs from the first stream of influence mentioned though, in that it is not necessarily assumed that there is a direct relationship between overt and covert events. Kanfer and Phillip's (1970) theory of self-regulation and Bandura's (1977) theory of self-efficacy encouraged behaviourists to rethink the role of internal processes and unconscious thought in determining a client's performance. The former stressed self-observation, self-evaluation and self-reinforcement. Kanfer (1970) described self-regulation as an approach used when a person directs his/her own behaviour, and is responsible for initiating and maintaining behaviour change. Bandura (1977) explained that skills, incentives and expectations of personal efficacy all determine whether coping behaviour will be initiated, but expectations were the most important.

The final and fourth stream of influence Hollon and Kendall (1979) cite was the combining of cognitive therapy strategies with specific behavioural management techniques. To produce change, clients were systematically reinforced to engage in behaviours specified by cognitive theorists. Clients practising social skills learned to talk to themselves differently. Instead of saying, for example, "Nobody will like me; I'll have a rotten time at this party", clients were taught to say to themselves "What am I telling myself that may be irrational?" Self-statements were rehearsed, or beliefs were evaluated.

Cognitive behaviourism attempts to incorporate both the methodology employed by behaviourists and the emphasis on cognitions in cognitive theory. The growing dissatisfaction of behaviourists in the late 1960's with strict environmental determinism influenced the trend toward studying the importance of cognition in behaviour change.

### 3.1.2 Forms of Cognitive Behavioural Therapy.

Mahoney and Arnkoff (1978) describe three major forms of CB therapy: a) rational psychotherapy, b) coping skills therapy, and c) problem-solving therapy. The similarities between these approaches include an interest in both the nature and modification of client cognitions and the use of behavioural techniques to promote change. The actual

behavioural strategies employed by therapists in CB reflect how they view their client's cognitions. Each of the three major forms of CB represents differences in theory, cognitive experience, intervention points, intervention strategies, style of treatment, and use of behaviour therapy.

Rational psychotherapists, for example, may view their client's internal dialogue as reflecting underlying irrational beliefs, so treatment focuses on challenging these irrational beliefs as in Ellis' Rational Emotive Therapy. However, if a therapist views the client's internal dialogue as faulty or erroneous thinking patterns, the treatment focuses on corrective experiences, as in Beck's style. On the other hand, if therapists view the clients internal dialogue as representing a deficit in problem solving or coping skills, the treatment focuses on teaching those skills, using anxiety management training for example, by Meichenbaum. It is not clear which procedure is most effective with which clients.

Hence, CB assessment of a client's problem could be viewed as primarily focusing on a deficit of the client--whether it be behavioural or cognitive. An accurate assessment would also include environmental contingencies surrounding the client's behaviour. Mahoney and Arnknoff (1978), however, do not include environmental restructuring as a major form of therapy within CB. Only personal restructuring is addressed in terms of developing new skills

and new cognitions. However, client's self statements could reflect a) a realistic perception of their environment or b) a negatively biased self-evaluation (Meichenbaum and Butler, 1980). It is important, therefore, to determine the influence environmental structures have on clients--- whether they be institutions such as school or church, or people such as family and friends. The effect of the environment on an individual's behaviour is recognized within cognitive-behavioural theory, but the same emphasis is not addressed within therapy. Theoretically, and from research studies, the environment (responses from others) is one of the most significant influences in determining people's behaviour. Therapeutically, however, cognitive, behavioural and affective change is sought almost solely within the individual, and not within the social context in which people behave. Consequently, there is a gap between theory and practice in regards to the importance environmental factors have on shaping human behaviour. The present thesis will attempt to address these issues in a cognitive-behavioural application of women's helping behaviour.

### 3.2 COGNITIVE-BEHAVIOURAL THERAPY AND WOMEN

Evaluating the utility of CB therapy for women necessitates an evaluation of CB's underlying theoretical orientation towards women. The following discussion will examine three issues within CB theory, including theoretical framework, power relations, and feminist therapy. Each of these topics will be discussed in regards to both Meichenbaum's version of CB theory and counselling women's helping behaviour as a strength.

#### 3.2.1 Theoretical framework.

The theoretical orientation of CB is relevant to counselling women on several points. First, CB addresses the influence of the environment on an individual's thoughts, feelings and behaviours. Cognitive, behavioural and affective processes, as well as environmental consequences, are all used to explain behaviour. Some CB theorists emphasize cognitive processes as central in determining behaviour (Beck, 1976; Ellis 1979) whereas Meichenbaum considers all of these aspects in examining behaviour (Meichenbaum and Cameron, 1980). The importance of this perspective to women is that women's behaviour can be viewed within the context of women's experience. Thus, the socio-political-economic influences on women's lives can be addressed within this framework. Second, CB theory assumes that individual's act on their environment.

Combining this point with the first point, CB theory suggests that an individual's actions may be restricted by the larger confines of societal values and practices. However, this view is seldom explicit within CB theory (Blechman, 1980). Several CB theorists, including Meichenbaum, stress self-regulation and self-control in choosing cognitions, behaviours and environments, with little reference to societal rules and beliefs that may limit client's choices in these areas. The danger in focusing on the individual, of course, is that it might lead to viewing the "client as the problem". It is ironic that historically, behavioural theory grew out of a response to this type of internalistic thinking. In counselling women it is important to consider individual factors as well as factors in the women's environment that may impede or interfere with women's development. Social and political issues could be addressed within the CB framework, including sex-role stereotypes, discrimination, and power relations. Furthermore, viewing personal problems within a social context can bring pressure not only for individual change but also for social change. CB theory, therefore, has the potential to bring about changes within individual women, and also within the settings that women operate in, such as the workplace, the home and school.

Third, the self is viewed in connection to others within CB theory. Mahoney and Kazdin (1979) imply that there is no room for dualities and dichotomies within CB theory. It is suggested, therefore, that the development of the "self" is not seen in opposition to the development of "others", nor is the "self" unique and separate from "others". Thus, the possibility exists for viewing the self and others as interdependent, as defined in this thesis. The concept of interdependence then allows for the recognition of women's helping behaviour as a strength in developing both the self and others. The overall theoretical framework of CB theory then is potentially compatible with examining women's helping behaviour from an interdependent framework.

### 3.2.2 Power Relations.

The nature of power relationships within CB therapy will largely depend upon the attitudes and beliefs of the particular client and counsellor. The amount of agreement and/or conflict between the client and counsellor on the conceptualization of the client's problems will also affect the nature of the power in the relationship. The important point for this thesis is that CB theory recognizes that interactions take place between the self and others. CB theory therefore permits the possibility of understanding the social-political contexts of interactions between women and

their environment. Interactions between the self and others may be between people of equal or unequal power. The importance of relationships based on unequal power is that they can radically change the nature of the relationship between the "self" and "other". According to Ferguson (1980) people have power when they can define the situation in which others act and they can enforce this definition because they have control over the relevant social objects at hand (such as praise, money, social recognition). Miller (1976) refers to this type of power as controlling and restricting others, and limiting their development. One example of this kind of power within counselling is the considerable influence the therapist has over the client, as mentioned in Chapter One. Blechman (1980) notes that most behavioural therapists (including CB therapists) working with women clients focus on skills training as interventions. She criticizes this approach as it reflects an individualistic ethos, whereby individual accomplishment is valued. Thus, the power the counsellor has "over" the client in advising her to adopt a skills training approach may detract both the client and counsellor from exploring environmental restructuring. Despite Blechman's arguments, the present author suggests that skills training can incorporate an interdependent perspective and focus on environmental change. (This will be demonstrated in Chapter Four of this thesis).

A second type of power that Miller (1976) describes is power for oneself. She defines this as "the capacity to implement". Women can use their power to advance their own development as well as to influence others. Miller suggests that women can use power when they need to, but they do not need to diminish others to do so. CB therapy that focuses on skills training can "empower" women clients to make changes in their lives. Miller goes one step beyond to create a vision of women's own power, one that is defined by women's strengths and their values in fostering co-operation among others. Hence, Miller values the power that can be found within the interdependence between the self and others. One example of this type of power is that one of the first goals in Meichenbaum's version of CB therapy is for the client and counsellor to come to a mutual understanding of the client's problem (Meichenbaum, 1980a, Meichenbaum and Cameron, 1980). Hence, the notion of shared responsibility between the client and counsellor is emphasized in order to develop the capacity to implement changes within the client's life.

### 3.2.3 Feminist therapy.

Examining the two principles of feminist therapy within CB theory can help show the extent to which CB represents women's experience. The first principle, the "personal is the political", is potentially offered strong support within CB

theory. CB theory recognizes the environmental influences on an individual's behaviour. Thus, there is room in this theory for women to examine societal beliefs and political structures that contribute to her own particular situation in relation to the experiences of other women and perhaps to a general position of women in society. Furthermore, individuals within CB theory are regarded as active contributors to their situation. Consequently, women clients can be encouraged to change their situation "within the limits of their personal circumstances and the patterns of society in general" (Lerman, 1976, p383).

The "personal is the political" can also apply to the CB therapist. CB therapists can question the impact their own thoughts, feelings and behaviours have on their clients. Within CB theory, there is also room for CB therapists to act as social change agents, by creating resources for their clients, by locating services their clients can use or by intervening on the client's behalf to help client's use these resources (Turner, 1978). In addition, the emphasis in CB on social learning may encourage counsellors to be sensitive to sex-role bias within theory, research and practice.

In regards to the second principle, the power differential between the client and counsellor is minimized, the attitudes and beliefs of the particular therapist will determine the degree to which this principle is advocated.

Meichenbaum's therapeutic approach emphasizes a client-counsellor collaboration of problem conceptualization and problem solving. Thus, his therapy style may be conducive to viewing women's helping behaviour as a strength as it may validate and acknowledge women's experience.

In summary, the present author believes that CB theory has room for development and expansion to incorporate an interdependent perspective as well as the principles of feminist therapy. Currently, these orientations are not a central focus within CB theory. The application of some of these issues may conflict with particular CB approaches. The author suggests that Meichenbaum's theory of cognitive-behavioural therapy is one potentially useful approach for examining women's helping behaviour from both an interdependent and feminist therapy perspective.

### 3.3 MEICHENBAUM

#### 3.3.1 Introduction.

The following discussion will focus on one particular therapist and theorist--- Donald Meichenbaum of the University of Waterloo. Meichenbaum has published numerous research articles on CB dealing with problem behaviours of both children and adults. Regarding adults, he has developed CB programs to work with adults who are test anxious, speech anxious, pain sufferers, and under stress. He has also attempted to develop a theoretical framework for CB.

Meichenbaum's theoretical work on CB therapy from 1976-1983 was surveyed and will be summarized briefly. The major theoretical concepts in Meichenbaum's work include: a) evidential model of human behaviour; b) development of problems; and c) a three stage theory of treatment. Meichenbaum has continually expanded his theory, such that several new concepts have been incorporated into his theory over the years.

#### 3.3.2 Evidential model

Meichenbaum conceptualizes "psychological functioning as involving interactions between cognitive structures, cognitive processes, overt behaviours and their environmental consequences." (Meichenbaum and Cameron, 1980, p13). All of

these four areas interact (see Figure 1). Meichenbaum also uses the terms "behavioural acts" interchangeably with overt behaviours, and "behavioural outcomes" interchangeably with environmental consequences. (Meichenbaum and Butler, 1980b).

Cognitive structures refers to the individuals meaning system.

We see this meaning as part of a broader network of concerns or goals (that is the individual's meaning system) that determines what are important issues in an individual's life and the position he or she takes in relation to them. These concerns may vary in intensity (how important or central they are) and in valence (positive or negative). An individual will normally have a multiplicity of concerns, some of which support and others which compete with one another, in situations the individual encounters. In any give situation with which the individual is confronted, (for example, a test) the overall meaning he or she attaches to the situation will determine whether he or she will participate, what aspects of the situation he or she will attend and respond to, how intense the involvement will be, and the general positive or negative orientation of behaviour in that situation (Meichenbaum and Butler, 1980b, p197).

The second factor, cognitive processes, "refers to the conscious thoughts (self-statements and images) which he or she can report to someone else" (Meichenbaum and Butler, 1980b, p189). Thus, the concept of internal dialogue is part of cognitive processes. The significance of self-

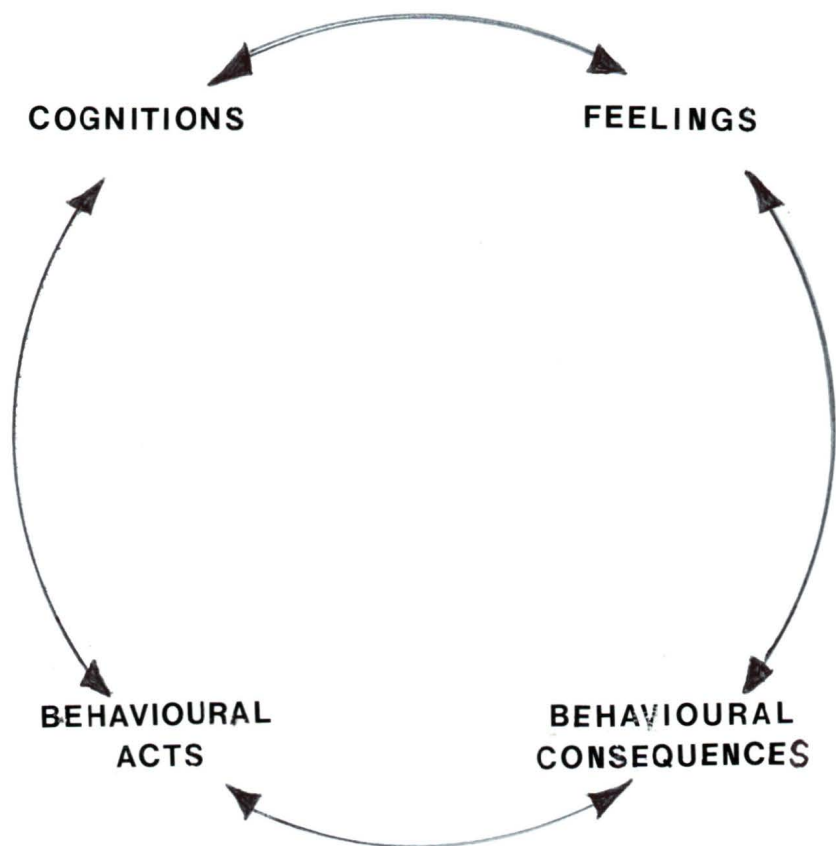


Figure 1. Interpretation of Meichenbaum's evidential model of behaviour.

reported statements can be understood in relation to "an individual's particular behaviour or emotional state (e.g. mood) or her/his physiological reaction/or attentional processes, etc." (Meichenbaum, 1977, p202).

The third area, overt behaviours or behavioural acts, refers to "directly observable behaviours". (Meichenbaum and Butler, 1980b, p192). The cognitive-behaviourist attempts to examine whether "individuals [either] lack the knowledge of or simply do not employ, interpersonal and task skills that might assist them". (Meichenbaum and Butler, 1980b, p194). One way of assessing this is to observe individual's behaviour. Meichenbaum states that behaviours are often interrelated and may interact in a variety of ways to contribute to a problem. For example, studying behaviour and test-taking behaviour may contribute to the amount of test anxiety.

The fourth and final area Meichenbaum addresses is behavioural outcomes or environmental consequences. Such outcomes refer to a

wide range of events to which the individual has some cognitive or behavioural reaction. These may include tangible results, like a score on an exam, as well as either positive or negative social reinforcement (praise, respect, criticism, derision, etc.). Behavioural outcomes may also refer to internal events, such as physiological reactions, mood states, and so on. The individual plays a central role in defining what constitutes a behavioural outcome and how he or she evaluates this. Individual differences in interpretation of behavioural outcomes can in turn have an important motivating impact on concurrent and future performance. Changes in what he or she views

as evidence can in turn contribute to changes in underlying belief systems or cognitive structures, and to improvements in performance (Meichenbaum and Butler, 1980, b, p194-195).

Meichenbaum refers to this overall theory as "an evidential model of human behaviour". He makes the analogy of a client to a scientist:

we can consider that the scientist holds a set of explicit or implicit beliefs, a type of meaning system. These beliefs (cognitive structures) about the phenomena under investigation give rise to conscious thought (internal dialogue) in the scientist. The scientist's internal dialogue represents the hypotheses and hunches that guide and influence behavioural acts (that is, what phenomena will be attended to, the appraisal and evaluation of these phenomena, and most important, what kind of experiments will be undertaken). The scientist's observations and experiments yield data (or behaviour outcomes) that may be viewed as being either consistent or anomalous with the scientist's cognitive structures; this will lead to the acceptance or rejection of the data. What the scientist says to himself or herself about the behavioural outcomes of experiments will determine whether he or she considers the results as evidence, and this will in turn alter or confirm the initial beliefs (Meichenbaum and Butler, 1980b, p188-189).

Meichenbaum and Cameron (1980) claim that "although these domains are seen as interacting, the rationale underlying most or all CB procedures is that an individual's affect and behaviour are largely determined by the way the client construes the world" (p30). Hence, a person's cognitive structures are the most important aspect of this "evidential model". However, in his more recent work, Meichenbaum claims that "cognitive behavioural theory does not assign primacy

either to affect or to cognition. Instead it adopts a "transactional perspective that sees both cognition and affect as interdeterministic and interdependent" (Meichenbaum and Gilmore, in press).

### 3.3.3 Development of problems.

Meichenbaum attributes the development of problems to "self-defeating ways of thinking and behaving" (Meichenbaum and Cameron, 1980, p30). He therefore listens for "the absence of specific adaptive cognitive skills and responses. I attempt to have clients increase their awareness of the negative self-statements and images they emit but without formally doing a rational analysis of the so-called irrational belief system (Ellis)" (Meichenbaum, 1977, p198). The therapist attempts to assess:

which cognitions (or the failure to produce which key cognitions) under what circumstances, are contributing to or interfering with adequate performance. The clinicians concern is with the 'process' variables, the 'why' and 'how' rather than merely the performance outcome... a failure in the internal dialogue of the client, what he says or fails to say to himself, prior to accompanying, and following his performance on a task becomes the concern of analysis. An analysis of such cognitive strategies will help elucidate the nature of the psychological deficit (Meichenbaum, 1977, p236-237).

Meichenbaum claims that there is an interdependence between client's cognitions and overt behaviour. Consequently, two major questions need to be addressed in understanding the

development of problems. "First, what is the client failing to say to himself, which, if present, would help lead to adequate performance and adaptive behaviour? Second, what is the content of the cognitions that interfere with adaptive behaviour?" (Meichenbaum, 1977, p249). Meichenbaum states that clients can control their thoughts, that they are not victims of such thoughts and feelings, and that they are not helpless in controlling what they say to themselves. Clients are, therefore, viewed as active contributors to their problems.

More recently, Meichenbaum has addressed the concept of metacognitive processes in terms of problem development. Meichenbaum (1980b) states that "metacognition refers to cognitions about cognitions, or the subjects awareness of his or her own cognitive machinery and the way the machinery works" (p273). Meichenbaum and Cameron (1980) state that by understanding metacognitive strategies, therapists will be in a position to train metacognitive strategies. Clients could be trained to be 'self-correcting' by teaching them "a) to analyze the problem at hand; b) to reflect upon what one knows or does not know that may be necessary for a solution; c) to devise a plan for attacking the problem and d) to check and monitor one's own progress, metacognitive skills can be enhanced" (Meichenbaum and Cameron, 1980, p29).

In summary, Meichenbaum views both the absence of a problem solving set, and the executive functions of metacognitive processes, as characterizing the development of problems.

#### 3.3.4 Three stage theory of treatment.

Meichenbaum has focused his theoretical development largely in the area of the dynamics of behaviour change. Meichenbaum proposes that behaviour change in therapy progresses through three phases. This parallels most therapeutic process descriptions (for example, Egan, 1982; Shulman, 1979). As these three phases will be described in detail in their application to women's helping behaviour in Chapter Four, they will be briefly mentioned here. The first phase is termed "conceptualizing" and involves two distinct processes. "First, the client becomes aware of pertinent data that have been previously disregarded and develops a more differentiated understanding of the problem. As the client 'reviews the data' he or she may redefine the presenting problem" (Meichenbaum and Cameron, 1980, p34). The second process is termed 'translation'. Meichenbaum, as well as many other counsellors (for example, Halmos, 1978), claim that this phase is inherent in all therapies. The therapist implicitly or explicitly encourages the client to reconstrue the problems discussed. "...the therapist begins to impart to the client

his or her own theoretical constructs, so that the client gradually comes to interpret events and experiences in terms of the theoretical constructs used by the therapist" (p35). Thus, translation is the process where clients develop new cognitive structures which permit them to view their symptoms differently. The first phase of behaviour change, therefore, includes (re)defining the problem examining all pertinent information and translation.

The second phase of behaviour change is the process of altering thoughts, feelings and behaviours. The objectives of this stage are to:

- a) continue the client's reconceptualization of his or her problems
- b) ensure that the client can execute the behaviours requisite for dealing effectively with his or her problems
- c) ensure that the client learns to monitor his or her thoughts and behaviours during daily activities and
- d) establish that the client gradually implements with more consistency his or her new ways of thinking and behaving.

In short, the essential goal of this phase of therapy is to induce the client to change both cognitions and behaviours as he or she engages in daily affairs (Meichenbaum and Cameron, 1980, p38).

The third phase of Meichenbaum's theory of behaviour change involves consolidation, generalization, and maintenance of change. "The tasks of the third phase, are to consolidate the changes, promote generalization, and lay a foundation for

maintenance of the changes..the way a client interprets the changes he or she has made will influence the degree to which changes are generalized and maintained" (Meichenbaum and Cameron, 1980, p41-42).

Meichenbaum and Cameron (1980) state that "we would like to have the client regard oneself as having changed as a person as a result of therapy. This implies that a) the client recognizes that a meaningful change has occurred b) the client attributes this change to an alteration in oneself within Meichenbaum's work rather than attributing it to external circumstances" (p42).

### 3.3.5 Meichenbaum's cognitive-behavioural theory and women's helping behaviour.

It will be recalled that, for the purposes of this thesis, interdependence refers to the notion that development of the self is interdependent with developing relations with others. Related to this idea is the matter of women's helping behaviour. Using the notion of interdependence, helping behaviour can be viewed as a source of personal strength for women in developing both the self and relations with others. Meichenbaum's theoretical work was surveyed (1976-1983) and it was found that he addresses issues related to the concepts of interdependence and helping behaviour to some extent.

3.3.5.1 Interdependance: Meichenbaum addresses several issues that relate to the notion of interdependance--- namely in the social learning perspective of his theory and in his evidential model of human behaviour. Regarding the former, Meichenbaum points out that:

any attempt to explain personality change is short-sighted if it is only focused on the individual. We must recognize that the likelihood that a particular characteristic will appear constant over time is influenced by the environment, which also undergoes change. The changes and stabilities of personality are a reflection of both the inherent characteristics of the individual (for example, temperament, intelligence) and the particular environment, and of the interaction of these individual characteristics with a changing environment (Meichenbaum, 1980a, p298).

The environment of an individual includes other people. Meichenbaum's notion of interaction between the "self" and the environment is therefore considered compatible with the notion of interdependance as defined in this thesis (see Figure 2). In terms of Meichenbaum's evidential model, he states that "functioning and change involves a continuous interdependance among behaviour, mediational processes and external events" (Meichenbaum, 1980a, p328). Cognitive structures, however, largely determine "the particular relationship between specific cognitions, emotional reactions, and behaviours in a given situation" (Meichenbaum and Butler, 1980a, p143). Cognitive structures are formed in part by the following:

- a) reactions to changes in environmental circumstances,

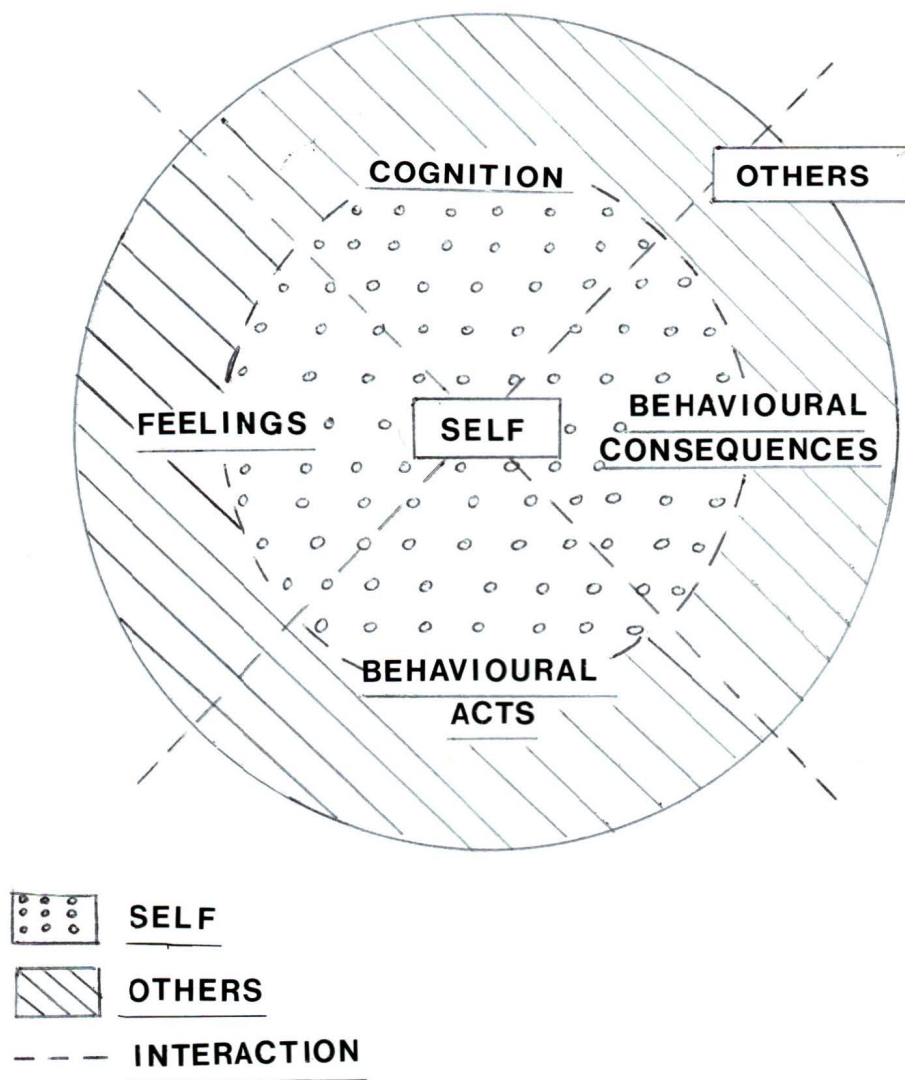


Figure 2. Interpretation of Meichenbaum's model of interaction between the "self" and "others".

b) being induced by others to adopt different beliefs or restructure old beliefs, or c) providing person with skills such that the person behaves in a way that is incompatible with his or her prior beliefs and anomalous data.

Cognitive processes and structures used in prior situations, and behavioural acts and environment consequences associated with these past situations, influence one's current cognitive processes and structures and current behavioural acts and environmental consequences. The notion of interdependence, therefore, is relevant to Meichenbaum's evidential model. Meichenbaum has focused on particular social situations, such as interpersonal problem-solving, social competence, and client resistance in therapy, in describing interactions between the self and others.

However, people's influence in creating their own environment is emphasized rather than the interdependence between the self and others. For example, it is suggested that "individuals actively create their environments by their choice of social situations and partners, by their processing of social information in these situations, and by their interpersonal behaviour" (Meichenbaum, Butler and Gruson, 1981, p44).

3.3.5.2 Helping behaviour: The concept of helping behaviour is addressed to some extent by Meichenbaum. First, the recognition of the notion of affect is central to a description of woman's helping behaviour, and it is considered to be of prime importance in Meichenbaum's theory. Meichenbaum and Butler (1980a) state that "one should consider cognition and emotion as two closely related, ongoing changing streams of experience that interact with one another and affect overt behaviour in subtle and complex ways" (p141). Furthermore, "the intensity of one's emotions... may influence which concerns... will prevail. Thus, emotions may impact on cognitions in terms of the specific automatic thoughts that are experienced and the particular meaning systems that are activated in the situation; ...thus, emotions can serve to organize experience" (Meichenbaum and Butler, 1980a, p157).

Second, personal meaning systems or cognitive structures are important in relation to helping behaviour.

In any given situation with which the individual is confronted, the overall meaning which he or she attaches to the situation will determine whether he or she will participate, what aspects of the situation he or she will attend and respond to, how intense the involvement will be, and the general positive or negative orientation of behaviour in that situation (Meichenbaum and Butler, 1980b, p197).

Thus, women's intent of helping others from an orientation of care and responsibility toward others can be understood within

Meichenbaum's framework.

Third, the notion of effective social interaction is related to helping others. In a discussion on social competence, Meichenbaum et al (1981) cite several cognitive characteristics as important in effective social interaction. Included were several skills that specifically related to helping behaviour: a) assessing social outcomes in the form of rewarding tangible results is experiencing a positive mood state; b) choosing situations and partners to create a positive supportive environment; c) being able to infer accurately what others are like, seeing, feeling, thinking; d) social problem solving skills such as sensitivity to interpersonal problems and ability to perceive cause and effect relations; e) ability to take roles; f) ability to display pro-social behaviour—empathy, altruism, generosity, helpfulness.

Hence, Meichenbaum considers helping behaviour a major indicator of social competence. Meichenbaum and Butler (1981) also describe "several specific though interrelated cognitive abilities that are required for interpersonal problem solving, and these component skills include the following (Spivack and Shure, cited in Meichenbaum and Butler, 1981): a) the ability to recognize the presence of social problems; b) the ability to think of general alternative solutions to social problems; c) the ability to consider specific alternative means for

solving problems (that is, means-end thinking) and to evaluate these means in terms of their probable effectiveness and social acceptability; d) the ability to consider alternative consequences; e) the ability to perceive cause-and-effect relations in interpersonal events.

Meichenbaum et al (1981) further suggests that the ability to take the perspective of another person "underlies a variety of social cognitive skills such as person perception, (the characterization of what an individual is like), empathy (the ability to perceive and feel another's affective state) and referential communication (the ability to affectively communicate with another person)" (p46). Hence, Meichenbaum addresses issues that are related to a discussion of women's helping behaviour including affect, personal meaning system, and social competence.

In conclusion then, Meichenbaum's framework allows women's helping behaviour to be conceptualized as a strength. First, a woman's meaning system is considered when trying to understand behaviour. Thus, women who regard their helping behaviour as an important and worthwhile activity are valued and respected for this view. Second, the environment of women, including their relations with others, is examined in order to understand the context of behaviour. Women's social-political-economic situation could, therefore, be analyzed in relation to helping behaviour. Furthermore, the importance of

relationships on women's lives could also be examined. Third, helping behaviour is considered a valuable activity as it facilitates social interaction.

## CHAPTER FOUR

### APPLICATION OF MEICHENBAUM'S THREE STAGE THEORY

#### OF TREATMENT TO WOMEN'S HELPING BEHAVIOUR

##### 4.1 INTRODUCTION

Turk, Meichenbaum and Genest (1983) have developed a detailed framework for cognitive-behavioural interventions based on Meichenbaum's three stage theory. They suggest that their approach is "widely applicable to a broad variety of medical and psychological problems" (Turk, Meichenbaum and Genest, 1983, p194). The outline for this chapter closely follows their approach. Meichenbaum's three stage theory of treatment therefore will be used as a model to assist women clients in developing their helping behaviour into a personal strength.

The application shall be discussed within the context of a counsellor-client relationship elaborating on therapeutic strategies that can be used within each of the three stages. In order to facilitate understanding of this section, it will aid the reader to think of the client as a woman who typically may have several concerns, perhaps undefined, that she wishes to examine with a counsellor. One area of prime concern is her relations with others. She may feel that showing care towards others is valued sometimes by herself and others, and sometimes just by herself. For the purposes of discussion, the counsellor is assumed to be a woman.

## 4.2 STAGE I: CONCEPTUALIZING

### 4.2.1 Part One: Assessment.

#### 4.2.1.1 Initial phase: TOWARD A THERAPEUTIC ALLIANCE:

The counsellor engages in forming a working relationship with the client in order to establish a mutual understanding of the client's helping behaviour. It is important to be able to understand the woman's perspective if therapy is to succeed. As the counsellor asks questions about the client's problems, she not only receives information about the client's concerns, but she also provides the client with an alternative focus, which helps facilitate a translation or reconceptualization of the client's helping behaviour. It is important to be sensitive to a client's skepticism in this stage, as it can result in reluctance to participate in various plans for change later on in counselling. The counsellor must, therefore, address any reservations she notices on the part of the client. For example, the counsellor could stress that examining all the things that may be related to the client's helping behaviour are important to discuss and examine. In that way, both the client and counsellor together can work on ways in which the client's helping behaviour can be recognized and respected, and developed into a personal strength.

INFORMATION GATHERING: The initial interview includes collecting information about the history of the client's helping behaviour, and the role it plays in her life. The counsellor is interested in the woman's current situation as well as her helping behaviour in past situations where it did not present a problem. Furthermore, the counsellor collects information on the client's problem-solving and decision making styles, social support networks, family dynamics, work and leisure activities. Such information provides useful material in assessing the behavioural, cognitive and affective responses of the woman in helping situations. It also helps both in the planning of homework assignments and exercises that will be used throughout counselling, and in developing realistic goals and personally meaningful helping behaviour.

Information collecting can help the woman to view her helping behaviour within the context of her particular social situation. The counsellor's questions encourage her to view her helping behaviour as a process of development, to which she responds differently in different situations. Hence, the client may begin to understand her helping behaviour in terms of her relations with others.

#### 4.2.1.2 A situational and cognitive-affective analysis:

The client's subjective experience of showing care and concern towards others provides the data base for assessing her helping behaviour. The counsellor asks specific questions in

order to form a functional analysis of the client's helping behaviour. Questions such as the following could be asked by the counsellor: (adapted from Murphy, cited in Turk, et al, 1982).

What does it feel like when you help others?  
yourself?

How would you describe your helping behaviour?

How consistent are these feelings?

What makes them better? worse?

What does your helping behaviour keep you from doing?  
Enable you to do?

What do you do more frequently than you used to  
because of your helping?

What do you do less frequently?

What have you done to help you view your behaviour as  
an asset?

What gets in the way of you viewing your helping  
behaviour as a strength?

What/who do you think could help you view your helping  
behaviour as a strength?

IMAGE BASED RECONSTRUCTION: The counsellor can help the women reconstruct the thoughts and feelings that accompany her helping behaviour. The client may be instructed to recreate a particular helping situation, describing her thoughts and feeling before, during and after the time when she provides help. For example, the counsellor may say:

"You have been answering a number of questions concerning your helping behaviour. I am going to ask you to sit back in your chair and become as relaxed as you can. Think about one of the times when your

feelings about helping behaviour were especially intense, when you felt really understood and appreciated by others for your helping. Just sit back now, close your eyes, and think about one such time. Let me know when you have one in mind. O.K. Describe any thoughts, feelings, images, fantasies, you had as you replay this incident in your mind. Describe how it was for you before, during, or after this particular helping situation. No matter how insignificant you think these thoughts and feelings may have been, describe them as best you can. We both want to understand your helping behaviour better. Is it clear what I am asking you to do?"

This same procedure can also be used to elicit information regarding situations when the client felt really misunderstood and unappreciated for her helping behaviour.

Image based reconstructions help both the client and the counsellor to understand the impact the client's thoughts and feelings and images have on the client's helping behaviour. A cognitive-affective analysis provides useful material which can be later used to help the client make changes in her life. For example, a client may express the following in an image-based reconstruction:

"Here I go again! I said I'd help her when I'd rather be doing something else. How did this happen?! Others tell me what to do - what do I do for me? Where is the me part of me?"

Change plans for this client could focus on developing assertion skills, defining and pursuing her own interests, examining her perceptions of helping others, of friendship, and of how the two interrelate.

USING IMAGERY DATA: The images that were stimulated in the client's reconstruction can be used by the counsellor to help the client consider other situations in which the client had similar thoughts and feelings. For example, the client may find that, whenever she is asked to do something by someone she likes, she says yes. The reconstruction enables the client to see the relevance her thoughts and feelings have on her helping behaviour. Furthermore, alternative ways of handling situations may begin to be generated by the use of this imagery. Using the imagery example cited above, the counsellor may perceive a connection between the client's powerlessness and her eagerness to be accepted and liked by others. She may present this to the client as an observation, placing the client's thoughts and feelings together in ways that the client may not have considered. Consequently, the use of the imagery material contributes to the client's understanding of her own helping behaviour.

ASSISTING COGNITIVE-AFFECTIVE PRODUCTIONS: Some clients may have trouble identifying and expressing their thoughts and feelings in the imagery exercise. The counsellor may point out that using imagery to reconstruct a helping situation and the accompanying thoughts and feelings takes practice. The client can be assisted by prompts, such as:

"Describe where you are; Who was with you?; What are you doing?; What were you thinking about then?; What were you feeling at that time?"

Meichenbaum and Butler (1980a) suggest using a variety of techniques, such as interviews, questionnaires, think aloud protocols and videotape reconstruction to describe the context, frequency and patterning of a client's self statements, images, and expectancies. If the client is still having problems conveying her thoughts and feelings, the counsellor can try using "additional data sources".

NEED FOR ADDITIONAL DATA SOURCES: Other behavioural assessment procedures that can be used to elicit the client's experience of helping include participant and non-participant observation, topical histories, case study designs, and critical incident observation (Neimeyer and Resnikoff, 1982). Examining the role of significant others in helping behaviour can also be fruitful ways for the counsellor and client to assess the client's helping behaviour. The client could keep a written record or diary of her helping behaviour over a period of two weeks, for example, noting the thoughts, feelings and behaviours before, during and after the helping situation (Table I). She could also discuss with the significant others in her life the contribution and value of her helping behaviour to their lives, noting their responses



and hers in her diary. Written homework assignments, on topics such as "My family's expectations of me"; or "The importance of helping to me" or "Societal expectations of women" could also help elicit the client's thoughts and feelings regarding her helping behaviour.

The information obtained from using these methods provides feedback for the client on the variability, context, and meaning of her helping behaviour. She may have judged her helping behaviour as not really helping others, when in fact, her behaviour helped accomplish a number of meaningful activities for both herself and others. Furthermore, certain situations may elicit the same helping behaviour from the client. Once the client is aware of this trend, she can learn to develop ways of reinforcing others to recognize and respect her helping behaviour as a means of showing care and responsibility towards herself and others. The specific strategies used to accomplish this are described in Stage Two and Stage Three.

**SELF-EFFICACY RATINGS:** A client's sense of her own efficacy in dealing with her problems is another important dimension in assessing her helping behaviour. Bandura (1977) defines "self-efficacy" as the confidence that one can successfully cope with a situation such that it will produce the desired outcome. For example, a client may think that assertiveness skills would help her in her relations with her

partner, but she may not learn about "becoming assertive", because she feels she would not be able to use these skills effectively. She may avoid situations where she could potentially learn assertion techniques. Client's own perceptions of their effectiveness will influence their behaviour, thoughts and feelings. The kind of activities that the client engages in and the effort she puts into overcoming difficulties she faces reflect the client's beliefs about her efficacy in situations. The more confident she feels in coping with certain situations, the more likely she will try to overcome her problems, and subsequently, the more likely she will have positively reinforcing consequences for her efforts. On the other hand, if she has doubts about her capabilities or the consequences of her actions, she may tend to give up easily or not exert much effort in dealing with her problems. She, thus, lessens the chance of having successful experiences, which can reinforce her belief that she is not an effective problem solver. Self-efficacy ratings can be developed to help clients assess their helping behaviour. Turk, et al (1983) offer a model of how self-ratings can be used to help clients achieve specific goals. They suggest that clients can identify goals in different domains of their life that have been affected by the concern at hand. Regarding helping behaviour, clients can establish goals that affect their lives socially, vocationally, recreationally, physically, as well as in their relationships with significant

others. The clients then rank order the goals, in terms of the easiest to the hardest ones they feel they will be able to achieve. The client's next rate themselves on how confident they feel about meeting each goal. Turk et al (1983) find that this procedure is helpful "both in predicting treatment outcome and, more particularly, in examining [clients'] motivations for treatment." (p229). The counsellor and client together can examine the goals and self-efficacy ratings for any indications of contributing factors to both low and high self-efficacy ratings.

Turk et al (1983) also mention four areas that relate to a client's self-efficacy in dealing with problem situations: prevention, reducing, coping, changing. Applying these four areas to women's helping behaviour, a woman's helping behaviour can be examined to show the following: a) how she feels it can prevent problems developing in relationships, b) how she feels it can be used to reduce friction/conflict in relationships, c) how she feels it can be used to cope with particular stressful situations, d) how she feels it can be used to change herself, and her relationships with others. In addition, the client could discuss how she feels her helping behaviour enhances and/or facilitates her relationships with others. The counsellor could examine each of these five areas with the client in a number of ways, including: a) exploring connections between the client's helping behaviour and

outcomes in certain situations b) distinguishing between expectations of the client and expectations of others, c) focusing on ways in which personal and societal change comes about, d) recognizing the interdependence between the self and others.

In summary, Turk et al (1983) have offered a number of assessment techniques that can be used to obtain both a detailed history and the subjective experience of a client's problems. The procedures appear to be useful in assessing a woman's helping behaviour, within the framework of her personal experience. The initial phase of treatment is concerned with obtaining the client's perception of her helping behaviour. The assessment procedures outlined above are therefore a significant part of the therapy process.

#### 4.2.2 Part Two: Significant others in assessment and reconceptualizing.

Turk et al (1983) describe this part of therapy as concentrating on the role of significant others in the client's problems, and on the reconceptualization of the problem, using the assessment information obtained from both the client and significant others.

4.2.2.1 Role of significant others: Helping behaviour by definition involves relationships with others. Often the helping behaviour women show to others is to significant others. In order for therapy to aid a woman in developing her helping behaviour into a personal strength, the role of significant others in her life must, therefore, be taken into account. The woman's helping behaviour may be valued, ignored, praised, criticized, or encouraged by the significant others in her life.

Using the cognitive-behavioural intervention model proposed by Turk, et al (1983), successful therapy would involve significant others throughout assessment and treatment of the client's problems. They suggest that the first session be with the client, and that the next session include partners, or significant others such as co-workers, family, or friends. In assessing a woman's helping behaviour, these others can clarify any discrepancies, such as how the client's behaviour was received in a particular situation, and determine the potential role these "others" could play in the treatment program. A joint session can also aid the counsellor in understanding how the client and significant other interact. The significant other may be interviewed separately, after first discussing it with the client and explaining the utility of an independent session. A separate account helps the counsellor determine how much co-operation

can be expected from the significant others in the client's therapy. It would be difficult to reconceptualize women's helping behaviour for the client without the participation of significant others. If women's helping behaviour is regarded as a personal strength only by the client and not by others, the client will likely experience numerous problems. For example, developing a supportive network of significant others will be difficult, expressions of frustration, anger, and resentment may be common, and fulfillment of her own goals may be thwarted. The counsellor must recognize that success in therapy will in part depend on the ability of significant others to understand the client's subjective experience, and visa versa. However, a woman client can still be helped by exploring her experiences of helping others, without the involvement of significant others. Therapy would likely be more effective though if significant others participated in the sessions as well, either on a regular or intermittent basis.

**JOINT DEFINITION OF GOALS:** A major part of CB therapy is helping the client achieve goals she has set for herself. Successful therapy would be guided by setting realistic goals. Hence, involving others who play a significant role in the life of the client is an important consideration in goal planning. The client and others could be asked "How would your life be different if your helping behaviour was

recognized and valued?" "What would you be doing that you are not doing now?" Such questions can be asked in the first session with the client, and in the next session with significant others present. The counsellor could point out the similarities and differences in the responses to the client and her significant others. Such observations help them recognize their interdependence, and how the presence of the other may influence their choice of goals.

In helping clients specify goals, it is useful to show them how they can measure their progress. By identifying short- medium- and long-term goals, clients can see for themselves their movement in therapy. Developing women's helping behaviour into a personal strength may include setting goals such as talking about intimate subjects with her partner; showing affection openly to significant others; expressing herself honestly to those she disagrees with; arbitrating in arguments; spending equal amounts of time talking and listening in discussions. Clients could record in a diary how much time they now spend on these activities, and set goals of gradually increasing the amount of time spent in each activity per day or per week for example. In this way, clients can begin to work towards their goals, as well as be aware of their improvement. As helping behaviour may mean different things to different people, it is important to define it here for both the client and the significant others.

The client may consider a certain behaviour as helping, whereas the significant other may interpret it as interference, annoyance, and do-gooding. A definition of helping based on the notion of interdependence could be offered by the counsellor at this point. Behaviour that is offered as intending to help, apart from the outcome, is considered helping behaviour in this manual. Such ideas further aid the reconceptualization process.

**MONITORING BY SIGNIFICANT OTHER(S):** The significant others(s) can list a number of helping behaviours, five to ten for example, they have previously observed the client exhibiting. In this way, the significant others learn to refocus their attention onto the meaningful helping behaviour of the client. The counsellor could ask, for example, "How do you know when she is helping others?" The behaviours generated could be examined for personal meaning both to the client and to the significant others.

The significant others then monitor not only the client's behaviours, but also their responses to the client's behaviour. The information collected can be discussed by the counsellor and the client regarding the impact her behaviour has on others. The recording of helping behaviour by significant others provides both the client and the significant others with a means of examining the interdependence between their thoughts, feelings, and

behaviours. They can, perhaps, see cycles or patterns which have emerged in their relationship, such as eliciting the client's helping; encouraging the client's helping; or discouraging the client's helping.

**SIGNIFICANT-OTHER DIARY:** The above procedure can be facilitated by the use of a diary, similar to the client's own diary (Table II). The diary can be used prior to the actual change program, and near termination, as an indicator of the client's progress.

The counsellor can use the information in both the client's diary and the diary of the significant others, to facilitate discussion of the client's helping behaviour. For example, the counsellor may be able to point out unnoticed patterns, reassure the client for her helping intentions, emphasize the interdependence between the behaviour of the client, and the significant others.

In summary, an assessment of the client's situation involves examining the context within which she lives. One of the main environmental factors that affects one's thoughts, feelings and behaviour is one's relationships with others. Hence, collecting information about the impact significant others has on one's helping behaviour is a key step in the initial phase of CB therapy. Understanding one's relationships with others helps women to understand their



helping behaviour towards these others. Using the client's and significant others' recordings of the client's helping behaviour, assists the client in understanding how, where, when, and why she helps others in her everyday life.

4.2.2.2 Reconceptualizing: Throughout this process, the reconceptualizing of women's helping behaviour may be taking place. The point of reconceptualizing the client's helping behaviour is to encourage her to view her helping behaviour differently. She may reconceptualize her helping behaviour from thinking of it as useless and powerless, to a legitimate and meaningful way of showing care and support to others. Specifically, the counsellor helps the client to view her problems with a sense of hope and control over changing them. In order to develop the client's confidence in gaining control over changing her thoughts, feelings and behaviour, the counsellor will use the client's own experience. The information collected through diaries, questionnaires, self-monitoring, and previous sessions will be used by the counsellor to illustrate how the client has shown some choice in her behaviour, thoughts and feelings. The counsellor can reinforce the client's ability both to recognize those in need of help, and to suggest that the client has some control over how she responds depending upon her situations. The counsellor examines the client's responsibility for her helping behaviour within the confines of the client's

particular setting. For example, the client's helping behaviour in her work setting may be largely a reflection of inequitable power relations that exist there. The reconceptualization process encourages the client to take a problem solving approach in assessing the impact her helping behaviour has on herself and her relations with others.

**GROUNDWORK:** The counsellor contributes to this reconceptualization process by offering alternative explanations of the client's helping behaviour. The important message to convey to the client is to accept and affirm helping experiences, as well as to suggest an alternative way of looking at helping behaviour. The counsellor offers the client a rationale of how CB therapy can work with the women's helping behaviour. The rationale is made explicit: "Helping behaviour is showing that you care for someone and that is a valuable ability."

The counsellor can present her own views on why women's helping behaviour is valuable in a number of ways, such as contrasting various definitions of helping or prosocial behaviour; discussing different theoretical orientations of women's helping behaviour; citing common interpretations of women's helping behaviour. The notion of interdependence between developing the self and developing relations with others would be stressed.

COLLABORATION IN A CONCEPTUALIZATION: Self-disclosures by the counsellor may prompt the client to reconceptualize her helping behaviour in such a way that it supports the counsellors rationale of viewing helping behaviour as a strength. The counsellor can help the client by using examples from the counsellor's own life that illustrate helping behaviour as a personal strength, and as showing interdependence between herself and others. The counsellor and client can also review the material the client has collected, including the image exercises, significant other's information, diaries, questionnaires, and previous interviews for relevant examples of helping behaviour.

A CONCEPTUAL MODEL: The counsellor then offers her own conceptual model of helping behaviour. She explains her understanding of how she thinks helping behaviour works. It is important for the counsellor to say that these ideas are based on the particular ideologies, philosophies and values of the counsellor, and that other counsellors have different views. The counsellor may use one of several models of helping behaviour. Examples of helping behaviour theories that address the notion of interdependence include: Deutsch's (1982) sixteen types of social relations based on the relationship between types of interdependence and psychological orientations; Lerner's (1982) model of the justice motive in human relations; Schwartz and Howard's

(1982) self-based motivational model; and Bar-Tal, Sharabarry and Raviu's (1982) six stage model of altruistic behaviour. Other authors, such as Gilligan (1982) and Miller (1976) specifically discuss women's helping behaviour from a feminist therapy perspective. Incorporating feminist therapy principles may reinforce the client's understanding of interdependence between the "self" and "others" as well as provide a socio-political analysis of the client's helping behaviour.

Turk et al stress that:

from the viewpoint of therapy, the key feature is not the scientific validity of a given conceptualization, but the aura of its plausability to the [client] and its heuristic value in providing a basis for specific interventions that follow from that specific model. The aim of this reconceptualization phase of treatment is not to impart precise, scientific information, but rather to provide a conceptualization that will facilitate therapy and make its rationale comprehensible (p253).

MANAGEABLE PHASES: The client may feel that reconceptualizing and subsequently treating her helping behaviour as a personal strength seems too far fetched or impossible. The counsellor can facilitate the reconceptualization process by looking at the client's concerns in terms of several manageable phases. Depending on the client's skill level, the client may first need to practice observing her behaviour closely. Referring to the client's diary on how she handles helping situations, the

counsellor can explore with the client her responses when she felt her helping behaviour was both unappreciated and appreciated.

The client can examine her helping interactions to find at what points in these situations she felt things were going well, and then at which point they seemed to worsen or improve greatly. The client may then learn to recognize times when she felt successful about her helping behaviour. The ways in which she thought, felt and behaved at those times could be practised or rehearsed in and out of therapy sessions as a way of providing the client with ways of using her helping behaviour as a strength. In this way, the client may gain a feeling of control and hope over changing her own and others responses. She may be bolstered by her successes, and may learn to reconsider her "old responses" in light of the helping model offered by the counsellor.

#### 4.2.3 Summary.

The initial stage of CB therapy involves encouraging the client to reconceptualize her helping behaviour. The client's subjective experiences are of paramount importance in this phase. Effective therapy depends on the counsellor understanding the client's ideas, expectations, thoughts, feelings and situations regarding her helping behaviour. The client is taught to monitor and record her behaviour, in order

to collect "evidence" that supports the rationale offered by the counsellor. The counsellor's reasoning is that women's helping behaviour is a valuable way of both developing the self and of developing relations with others. Helping behaviour is considered a way of expressing care to others. Women who use their helping behaviour as a personal resource can use it in a number of ways: to prevent problems developing in relationships; to reduce conflict in relationships; to cope with stressful situations; to change themselves and their relations with others; and to enhance the growth of relationships. The counsellor, therefore, helps the client to reconceptualize her helping behaviour to view it as a personal strength.

#### 4.3 STAGE TWO--SKILLS ACQUISITION AND CONSOLIDATION

The focus of this stage of therapy is to encourage women to use the skills they already have, as well as to develop new skills that could benefit them. The client is encouraged to continue reconceptualizing her helping behaviour, incorporating new ways of thinking and behaving. The counsellor and client together work on ways in which the client can use coping strategies to develop her helping behaviour into a strength. The client practices her skills within the therapy sessions, and then tries them out in her daily life. The consequences of her new responses, both to herself and to others, are then discussed in therapy.

##### 4.3.1 Reinforcing clients for current skills.

Historically, counselling interventions focus on the problems the client brings to therapy. The notion of "standing still and taking stock" when one's life is going well, is largely absent from the counselling field. In part, this is because of the influence the medical model has had on the field of counselling. Specifically, therapy has aimed at treating the client's problems. Successful therapy though, from a CB perspective, involves not only helping clients with their present problems, but also providing them with skills to deal with possible future problems. A central aspect of CB therapy, therefore, is prevention. CB therapy could use

"well-being interviews" as a tool for encouraging women to use the skills they have already learned. Mechanicus, (1980) describes a well-being interview as "helping people reclaim control and responsibility for their own health" (p15). Health is viewed in the holistic sense, in that the body and mind interact and influence each other. The effects of the environment are considered to be a major contributing factor to one's state of health. Hence, the effects of home, work, and community are examined in assessing women's behaviour. Women are encouraged to discuss with a counsellor the aspects of their lives that are successful in a "well-being" interview. A women who views her helping behaviour as a resource and a personal strength, for example, could assess with a counsellor the factors that contribute to her sense of well-being. Examining her lifestyle with a counsellor can help such women in several ways. First, the counsellor can emphasize how relating to others helps in developing the self. This reinforces the notion of interdependance, such that the client may realize that she can define and develop her own interests, recognizing that she lives in connection with others as a necessary part of her survival. Second, the client is respected and supported for showing helping behaviour. This can lead to maintenance and generalizing of her helping behaviour. Third, the client is encouraged to be aware specifically of how she influences her environment, and visa versa. The counsellor as well may benefit from a "well-

being" interview. She is provided with valuable information on how to develop women's helping behaviour into an area of personal strength. The counsellor can use this information when she works with clients who are having difficulty with their helping behaviour. The "well-being" interview also emphasizes the interdependence between the self and others through the process of building support systems. A support system that offers help and caring takes time to develop, and relying on one that is built on nurturance will more likely provide necessary and lasting help, than a support system that is hastily constructed. Hence, reinforcing women for showing care and concern toward others through a "well-being" interview affirms women's helping behaviour and views helping behaviour as a necessary part of human growth and development.

#### 4.3.2 Introducing skills acquisition.

Other than the well-being interview, the counsellor can solicit from the client the ways which were successful in the past in regarding her helping behaviour as a strength. The counsellor helps the client to consider her personal resources. The client may be prompted by questions such as "What advice would you give to another woman who is trying to change her helping behaviour, or to change the ways that others view it?" "What kinds of things have specifically helped/hindered you in developing your helping behaviour?" The

client begins to see that she may have a variety of coping skills in her repertoire. The client may still need assistance in developing some of these skills, but the important point is that she regards herself as already having some potentially useful skills that can be applied to helping situations. The information provided by the client also gives the counsellor a good idea of the client's expectations and attitudes towards specific treatment techniques and procedures.

The client's self-statements, opinions, attitudes, and knowledge towards helping behaviour will influence her desire to learn certain therapeutic techniques. Essentially, the counsellor must pay attention to the client's metacognitive processes, that is, the way in which the client regards her own thoughts, feelings and behaviours about her helping behaviour. Planning treatment programs, therefore, requires a sensitivity to both the client's concerns, and the client's understanding of therapeutic interventions.

#### 4.3.3 Goal Setting.

It is important that goals be in line with the needs of the client. Blechman (1980), in an article on behaviour therapy with women, states that "target repertoires for skills training cannot be chosen by social consensus of peers or mental health experts as some have suggested (Bellack, Hersen, and Turner, 1978; Wolf, 1978) because even experts'

judgements are influenced by client's sex" (p225). She further states that looking at statistically normal behaviour is not necessarily an effective guide for developing goals. For example, women who report that they are happily married may be "happy" for a number of reasons, varying from, their marriage is not their primary source of satisfaction in their life, to the desire to describe themselves in socially desirable terms of wife, mother and homemaker. Both women may be effective marital partners. Hence, counsellors who encourage their clients to set goals according to either of these methods do their clients a disservice by encouraging a "standard model" for women to follow. This prevents the client from searching and defining her own needs and values, according to her own situation. Other authors have advocated androgyny as a model for mental health, but this model has been severely criticized as further perpetuating limited sex-role stereotypes (Pyke, 1982). The counsellor can help the client define her own goals by exploring with the client the reasons for setting particular goals. Klein (1976) suggests that "a successful feminist outcome would be more likely to involve redefinition of the ideal [rather] than redefinition of a woman's self-image" (p91). Klein is addressing the issue that women who strive to fit into a preconceived, stereotyped mould of "womanhood" may need to refocus their efforts to instead questioning and challenging such notions, in order to develop their own frame of reference. In this way, women can

move away from a position of external validation for their thoughts, feeling and behaviour, toward a position of internal validation. Since women are not social isolates, however, others will have an effect on how women view themselves. Klein's idea of internal validation being "better" than external validation is, therefore, too simplistic.

The point is that women can potentially increase their options in life by examining the relevance the expectations of others has on their lives. Recognizing the influence of others, the client can begin to develop and pursue her own interests. A key concept in CB therapy, therefore, is to encourage the development of the client in the direction she wishes to move. The counsellor, however, does not accept the client's goals uncritically. She explores with the client the ideologies, values, and societal practices that may have influenced the client's decision. The reconceptualization of the problem helps facilitate this process. Hence, the setting of goals is a mutual effort between the client and the counsellor. Examples of some goals that a client may want to work towards in the area of helping behaviour are: developing alternative responses to someone who criticizes her helping behaviour; joining a women's group which will provide support for her showing care to others'; verbally recognizing others for showing helping behaviour; recording the number of times per day or per week she showed helping behaviour; recording

the number of times per day or per week when she felt helped by others. Each week the counsellor could aid the client in setting goals for the following week. The client could keep charts or notes to record the target behaviour of that week. The counsellor must realize that clients do not want to be bogged down in recording, monitoring and charting their behaviour on graphs and diagrams. The purpose of such tools is to help the client in therapy, and not to develop a resistance to paperwork!

The client is encouraged to take increased responsibility for both observing and changing her behaviour as therapy progresses. CB therapy expects clients to learn to rely more on their own problem-solving strategies rather than the suggestions offered by the counsellor. When the client experiences difficulty in meeting a goal, the counsellor can help her examine factors that are affecting the situation. For example, the counsellor could ask the following questions: "What do you think is preventing you from reaching that goal?" "How realistic is this goal for you right now?" "What other goals may be more suited for where you are now?" "What can others/you do to help you reach your goal?"

Concentrating on working towards achievement and management of one's goals is an important aspect of CB therapy. Changing or modifying goals can reflect the changes the client is experiencing, such as reconceptualizing her

helping behaviour and recognizing the influence her behaviour has on others, and visa versa. Blechman (1980) suggests that the effectiveness of particular therapeutic techniques in reaching one's goals may be the "best criterion for construction of skill-training repertoires" (p227) in therapy. On-going assessment of the effectiveness of the skills the client is using is therefore a crucial part of therapy. The counsellor works with a sense of optimism, continually stressing that the client has abilities and skills, which can be used to promote both personal and societal change.

Blechman (1981), however, states that "changes in home, work, and school settings which might enhance the functioning of adult women are rarely discussed in the behavioural literature", except with respect to severely incapacitated women" (p255). Skills training that facilitates societal restructuring shall therefore be emphasized within this chapter.

#### 4.3.4 Homework assignments.

A key part of CB therapy involves homework assignments. Clients and significant others are expected to work on tasks outside therapy sessions. Turk, et al (1983) list a number of advantages for incorporating homework assignments throughout therapy. The advantages of using homework assignments to develop women's helping behaviour include the following:

1. To evaluate the impact of the client's helping behaviour on areas of the client's and others lives;
2. To collect and examine the responses of others to her helping behaviour;
3. To point out to the clients and others the factors that help/hinder development of helping behaviour;
4. To assist the client and others in recognizing inconsiderate or nonproductive comments/behaviours about helping behaviour;
5. To encourage and reinforce the use of coping skills examined in therapy sessions;
6. To show the client and significant others that they can change themselves and their environment;
7. Achievement of homework goals enhances the client's self-esteem, and affirms the client's effectiveness in using helping behaviour;
8. To provide feedback for the client and counsellor in assessing progress, and in modifying goals and treatment strategies.
9. To create opportunities that enlist support from others in the client's environment to affirm her helping behaviour.
10. To examine societal values and practices that influence the acceptance/rejection of women's helping behaviour.

Turk et al (1983), suggest that each homework assignment be geared toward achieving observable and manageable goals. The client first sets goals that are easily attainable, and then gradually increases the level of difficulty in achieving goals. In this way, the client gains a sense of her own competency, which encourages her to continue her efforts.

#### 4.3.5 Specific skills training.

In order to effectively work on developing her helping behaviour as a strength the client may need to gain confidence in certain skills such as assertiveness training; relaxation training; stress management; basic communication skills and problem solving. Each of these skills has been developed extensively using CB techniques (Emery, Hollon and Bedrosian, 1981; Foa and Goldstein, 1980). Often the client may incorporate or learn a number of these skills concurrently. Once the client can effectively use these skills, she can work on developing strategies to secure sources of reinforcement for her helping behaviour.

#### 4.3.6 Support systems.

One way of securing reinforcement from others is to develop support systems. In order to develop support systems for affirming and rewarding women's helping behaviour, women clients can do a number of things. First, they can identify the people in their life who matter to them. Second, they can practice telling these people what they need and would like, in regards to encouraging and rewarding helping behaviour in themselves and others. Third, it helps if clients are able to see the way in which their helping behaviour contributes to the growth of themselves and their relations with others. It is important that clients recognize the impact they can have

on others; that they are not powerless. For example, clients may see how their helping behaviour facilitates understanding between themselves and others, how it prevents major conflicts, and how it fosters co-operation amongst others. Clients can actively learn to notice these things and learn to point them out to themselves and to significant others. In this way, clients are developing a repertoire of activities where they are both likely to use their helping behaviour and likely to be reinforced by others for their helping behaviour.

Another valuable way of developing support systems for women's helping behaviour is for clients to join local women's groups. Meeting other women who share similar experiences can help women both acknowledge their interdependence and develop their helping behaviour into a strength and resource. Consciousness-raising groups, peer counselling groups, personal growth groups, or political advocacy groups may all contribute to a women's experience of affirming and validating her helping behaviour.

It must be pointed out that, when women do not actively engage in creating support systems, this is not to say that they don't know how. For instance, Goldstein-Fodor and Epstein's (1983) criticisms of assertiveness training programs for women include viewing women as having a skills deficit rather than the more likely explanation of having performance anxiety. They suggest that women's failure to maintain and

generalize assertive behaviour after training programs have ended may be due to women's accuracy in predicting the negative consequences of their newly acquired assertive behaviour. For example, a woman's partner and employer and family may have liked her better when she was non-assertive. Likewise, women who want their helping behaviour respected may reinforce its acknowledgement by others, but may not actively seek recognition if relationship difficulties could develop. A woman may continue to help even though her behaviour is not acknowledged as such. By attempting to promote harmony amongst herself and others, women may well "let sleeping dogs lie" even if that means keeping quiet about securing reinforcement for her own helping behaviour! The possible negative consequences to relationships of trying to change another's responses may well contribute to women's reluctance to pressure and pursue affirmation of their own behaviour, by themselves and by others. Hence, placing the responsibility to change on individual women is not sufficient. Joining an outside support system may increase a women's self-respect, but it may also create havoc in her relations with others. Consequently, even though a woman may realize the restrictions both her living situation and her relations with others may place on her, she may still feel that given what she wants, and given her alternatives, the best place for her at the moment is her current position. Thus, broader social change is also required to develop support systems for affirming

women's helping behaviour. Sources of nonreward and nonsupport need to be identified, within the media, institutions, academic disciplines, and community, so methods of attitude change can be initiated. Likewise, sources of reward and support in the community also need to be identified to encourage development and recognition of women's helping behaviour.

#### 4.3.7 Exercises.

The following exercises are suggestions that can be incorporated into counselling sessions or that can be assigned as homework. The importance of these exercises is for the client and significant others to reevaluate their attitudes towards helping behaviour, such that they can recognize and acknowledge the powerful influence helping behaviour can have on facilitating the growth of themselves and their relations with others. When women's helping behaviour is recognized as a way of expressing care and concern, women's experience is affirmed and validated by both the self and others. Women in counselling need to utilize and develop choices in responding to helping situations, such that they can pursue their own interests in life, and at the same time recognize their interdependence with others. Participating in these exercises encourages women to develop, utilize, and rehearse skills that enables them to view their helping behaviour as a personal

source of strength. The counsellor can offer both rationale and examples for using particular exercises. The exercises must be personally meaningful to the client if the client is to regard them with any credibility. The counsellor can use either her own or the client's experience to illustrate the potential usefulness of each exercise, thus increasing the likelihood the client will view these procedures as useful. CB therapy assumes that the counsellor will individually tailor techniques or exercises to fit the needs of the client, and not visa versa. Hence, the counsellor must be flexible and creative in her approach, so that the maximum benefit possible is gained by the client. Most of the exercises can be adapted to either writing, artwork, movement, talking or imagining, depending on the orientation of the client and counsellor. As well, different parts of the exercise could be focused on to meet the needs of the client. It is important to realize that the exercises encourage the client to look at developing her helping behaviour into a strength, as a problem to be solved, rather than as a time for focusing on negative thoughts, feelings, and behaviour, which can contribute to further devaluing of her helping behaviour.

The following exercises (adapted from Ernst and Goodison, 1981) offer a combination of addressing both individual and social responsibility in examining helping behaviour. They will be grouped into one of four areas that reflect the nature

of this second stage of CB therapy as follows:

- 1) exercises that reinforce the reconceptualization of helping behaviour as a strength in developing the self and in developing relations with others;
- 2) exercises that facilitate expression of thoughts and feelings about helping behaviour;
- 3) exercises that examine the effects of helping behaviour on relationships and lifestyle;
- 4) exercises that generate alternative responses to helping behaviour.

4.3.7.1 Reinforcing the reconceptualization: In order for the client to affirm her helping behaviour as a strength, the reconceptualization of her helping which was initiated in the first stage of therapy, must be maintained throughout this second stage. The reconceptualization provides a basis for the client to develop her helping behaviour into a strength. The exercises that follow reinforce and affirm the client's means of expressing her helping behaviour.

**HAPPY/SAD/ANGRY:** The client spends five minutes telling her partner how her helping behaviour in the previous day or week has made her happy. At the end, partners share feedback. At another time, or immediately following, the client spends five minutes telling her partner how her helping behaviour in the previous day or week made her sad. Partners again share feedback. Using the same format, the client then discusses how her helping behaviour made her feel angry. This exercise helps the client to identify her helping behaviour, and how it

affects her sense of self.

**THINGS I LIKE ABOUT MY HELPING:** The client spends five minutes time talking about what she likes about her helping behaviour. The nature of the helping experience, her values, her emotions, her abilities to promote understanding and kindness, for example, are possible areas to explore in this exercise. It may be difficult for client's to express themselves in this exercise, if they have often experienced criticism from others for their helping, and subsequently internalized this devaluation to some degree.

**SAYING/DOING THE OPPOSITE:** The client writes down a couple of incidents where she felt her behaviour really helped herself and others. She then replays those situations, role playing an unhelpful response. For example, instead of offering to listen to a friend, the client chats briefly to her friend and walks away. Partners then share feedback. In this way, the client is able to affirm the value of her helping behaviour, both to herself and to others. She is encouraged to visualize the impact her helping behaviour has on developing herself and her relations with others.

**FREE DRAWING:** Clients draw quickly and freely on particular themes, depending on the client's needs. For example, draw "myself and my children"; "my relationship with my partner/significant others"; "my helping behaviour as a

strength". An alternative exercise could focus on the following theme, drawing three pictures, one after the other: a) my roots of helping--- past influences from family, teachers, friends, b) my intent in helping, c) future directions in helping.

The client can then examine her pictures and discuss their meaning with her partner. The counsellor can also encourage her by commenting on what she notices in the drawings. The counsellor can help the woman to explore what was most important for her in this exercise.

4.3.7.2 Expression of feelings and thoughts: The client may need to be encouraged to express how she feels about her helping behaviour. She may have spent little time in her life making "I" statements, such as "I feel", "I want", "I need". The counsellor must also be sensitive to the client's experience in expressing herself. For example, the client may often express herself honestly and directly to her co-workers, and not to her employer. The client may well be protecting her job security by not expressing herself to her employer, and this needs to be respected and understood, by herself and by others. The following exercises can assist clients in identifying and examining their feelings at non verbal and verbal levels, contributing to self understanding of their helping behaviour.

CONVERSATION WITHOUT WORDS: The client sits facing a partner, and takes three minutes to have a conversation without words. She can use signs, noises, expressions, or gestures; anything except words. The conversation theme could focus on helping behaviour in the following ways: I felt appreciated when .....; I felt resentful when .....; and I felt joy when ..... This exercise enables clients to see how their body communicates unspoken messages.

AS A WOMAN I AM EXPECTED TO .....: This is a good way for women to examine the influence that stereotyped images have on their lives. With a partner, the client discusses expectations of others regarding her helping behaviour. She begins her sentences with "As a woman I am expected to ...." For example, "As a woman I am expected to be available at all times of the day or night to my children and partner." After three minutes, the sentences can be switched to "As a woman, I feel....". Partners share feedback.

INTRODUCING A HIDDEN PERSONALITY: The client thinks about an aspect of her helping behaviour that is not recognized by others, or an aspect that she does not express. She thinks of a name which seems suitable for this part of herself and expresses herself. For example, "I'm Joy, I'm happy and excited and feel wonderful with people" or "I'm Ann, I'm quiet and unassuming and taken for granted". It is a way of helping the client express herself in ways she has not

shared with others before, both within the act of role-playing itself perhaps, and in the "hidden personality". The counsellor can explore with the client what makes it easier/harder for her to express these aspects of her helping behaviour to herself and to others.

**HOW I PUT MYSELF OVER:** This exercise helps the client compare how she sees herself with how others see her. The client quickly writes down words which describes the image she thinks she puts over to the world. She can discuss her list with significant others and share feedback about how for example she intends to come across and how she does come across. Personal meanings and interpretations of behaviour can be examined within contexts. The client is encouraged to affirm her own experiences.

4.3.7.3 Impact on relationships and lifestyle: The following exercises provide the client with an opportunity to observe the impact her helping behaviour has on herself and on her relationships with others. Interdependence between the clients and others is highlighted. The client can see how her thoughts, feelings and behaviour influence her own growth and the growth of others, and visa versa. She can see how she is unique and similar to others, in that she has her own interests in life, and she is at the same time interdependent with others.

**EXERCISE IN NOT HELPING:** The client takes ten minutes to tell her partner all the situations in the last week when she felt upset, and anxious. The partner does not, however, make any verbal helping responses or gestures. At the end of ten minutes, without discussion, switch roles. The partners then share feedback about what it was like to be in both roles, paying particular attention to the listener's role. How often did the listener feel like making helping remarks or gestures? How hard/easy was it to just sit there while listening? How accepted did the speaker feel? This exercise may be difficult to do for a helping person, as she has much experience in showing care and concern toward others. It is valuable in highlighting the impact helping behaviour can have on others, especially those in need of understanding and comfort.

**POSTER GAME:** This exercise is done best in a group of family, friends, co-workers. It's lively! Each person draws their name in the middle of a large sheet of paper. Each poster is then taped to the owner's back. Other members then write on each person's poster the things they like about him/her. The posters are great ways to validate the self, and can bring a real sense of appreciation for interdependence with others.

PICTURING RELATIONSHIPS: The client takes two large sheets of paper. On one sheet she draws her relationships with people she cares about; and on the other sheet she draws how others show caring toward her. Alternatively she could draw how she shows caring to others, and how she shows caring to herself. Allow only three minutes for each drawing. The client can then discuss herself and her relationships more personally than she may have done previously within counselling sessions. The picture also offers another medium of expression, perhaps facilitating communication between the client and significant others. The client is reinforced for understanding that showing nurturance and responsibility to others must also be extended to the self to promote growth.

COUPLES-ROLE PLAYING: The client does this exercise with her partner. The client thinks of a recent situation in which she offered help and it was accepted and acknowledged. Both partners then role-play the scene, the client being the helper. They then switch roles. They enact a helping scene again where help is offered, and it is then recognized and rewarded. The partners then share feedback about giving and receiving help and the interdependence between the two of them. Next, the client thinks of a situation where she offers help, and it is ignored and perhaps devalued. They role play this scene, and then switch roles. The partners then discuss their responses to receiving, giving, or rejection for

helping. This exercise helps the client and her partner to appreciate each other's experience, and it allows them to examine their attitudes towards helping behaviour and how helping behaviour affects their relationship and their lives.

4.3.7.4 Alternative responses: In order to help the client develop a range of responses to situations or comments by others, she needs to be able to do the following: a) know a number of responses; b) be able to use them; and c) be in situations where she feels she can use them effectively. Merely training a client how to feel, think or behave differently is not enough--- "knowledge is not action". Hence, the following exercises can help generate new responses.

**HOW YOU'D LIKE TO CHANGE:** The client can mime a part of her behaviour which she doesn't like. After a few minutes of acting, she switches into miming the way she would like to behave. This exercise can be done with a video set-up enabling the client to compare the two scenes. The counsellor can help her point out the similarities and differences between each part, encouraging the client to identify specifically what she wants to change. The acting also gives the client the opportunity to see how thoughts, feeling and behaviour interact.

ACTION REPLAY: This can be an imagining exercise. The counsellor can guide the client in the following manner:

Sit comfortably and do some deep breathing. Go back in your memory to a recent or distant incident in your life where your helping behaviour was criticized by another. Replay it in your mind as it happened, recalling every detail of what took place and how you felt...

Now replay the incident again and imagine a new ending in which you change your response to the incident. If in the actual situation you were silent, imagine yourself speaking. If you left, imagine yourself staying. Picture yourself behaving differently, imagine what the response of others in the situation would have been, and how you would have felt...

Now let yourself explore what other possible alternatives there were in this situation... (Ernst and Goodman, 1981, p83).

The client can then discuss her experience with the counsellor.

This exercise helps the client to generate alternatives, and it gives her a sense of power in her situation when she might have felt helpless. The counsellor can point out patterns between how the client responded in the exercise and how the client responds in her day to day life when she is criticized for her helping.

Also, the counsellor can reinforce any changes she has noticed in the client's behaviour. For example, she may notice that the client speaks out when she's criticized by others or that she asserts herself, looks stronger, and talks

louder.

SCANNING MEMORIES: This exercise can help the client become aware of situations in her life where helping behaviour was affirmed and encouraged. The client talks about all the situations she can remember where either she or others had their helping behaviour valued by others. The client is encouraged to remember the responses that facilitated positive acknowledgement of helping behaviour.

#### 4.3.8 Summary.

The second stage of therapy reinforces the reconceptualization of helping behaviour that the client learned in the first phase of therapy. As well, the client is encouraged to use the skills she has already acquired, in addition to developing new skills that may assist herself and others in affirming her helping behaviour. The client and counsellor together work on goal setting and strategies for acquiring new skills. The counsellor is advised to be flexible and creative in adapting assignments and exercises to the lifestyle and meaning system of the client. The client is assigned homework assignments in order to practice and utilize her skills in her everyday life.

#### 4.4 STAGE THREE--APPLICATION AND FOLLOW THROUGH.

In Stage One and Stage Two of therapy the client is encouraged to use existing skills and to develop new skills which will benefit her in developing her helping behaviour into a strength. Thus, she has to some extent already tried these skills out in her everyday environment. The third stage of therapy specifically addresses the following: a) the application of these skills to the client's environment; b) the generalization and maintenance of these skills; and c) the prevention of relapse and guidelines for follow-up sessions.

The client has already examined different aspects of her life that affect her helping behaviour. She has considered, for example, how her family life, her work setting, her relationships with others, and her level of stress may all contribute to her experience of helping behaviour. In this third stage of therapy, the client applies the skills she has learned to her specific situation. The counsellor can prepare her client for this stage by explaining the demands this third stage of therapy will place on her life. As the client actively strives to change both her own and the responses of others, she will likely experience stress in her relations with others. The client's new ways of thinking, feeling and behaving will have an impact on her work, home and social life. The counsellor can support and guide the client through

this stage of therapy.

#### 4.4.1 Physical exercise and activities.

Both the client and counsellor act as social change agents at this point of therapy. The client may find it useful, therefore, to develop her strength, both emotionally and physically in this final stage of therapy. Attempting to change institutionalized practices requires persistence and advocacy. One way of developing strength is to participate in sports. Sports can be a training ground for female assertiveness and defiance of sex-role restrictions (Rohrbaugh, 1979). Several feminists have stated that sports can play an important role in developing self-confidence, leadership abilities and the strength to fight for what one believes in (Rohrbaugh, 1979). In addition, engaging in sports can enhance a woman's sense of her own power through the physical experience of using her body. Ultimately, learning to assert oneself physically may help women to assert themselves verbally and emotionally with others. Furthermore, team sports, as opposed to isolation sports, can highlight the importance of helping behaviour. Team members working together with a specific "goal" in mind exemplify the nature of interdependent helping behaviour. Clients could clearly see how their behaviour affects others and visa versa.

Finally, participating in sports could help clients work through the stress, anger and depression they may experience in this third stage of therapy. Clients attempting to bring about change, both in their own lifestyle and in societal institutions, may often feel frustrated. Sports can be a valuable outlet for this kind of stress in a number of ways. First, it can provide a support system for the client. Participating in sports physically acknowledges and recognizes the client's presence and contribution to the team. Second, the client is provided with a model of helping behaviour. Both she and others are able to develop themselves in this sport because the client and others are there as partners or as team members; without their presence, the team may not be able to play, and the game could not be played. Third, pent up energy that may be blocking the client's expression of feelings can be released through physical activity.

The counsellor must be sensitive to the client's previous failure experiences, however, which may discourage her from developing herself physically. Joining a group of other women and/or men who are just learning a new sports skill may help the client feel motivated to maintain involvement in a sport. As well, beginning at a recreational level, rather than a competitive level, may provide the client with a sense of accomplishment. She can then develop her strength building on her successes.

Participating in sports can help the client see how taking action at a physical level can have an impact on her own life and in her relationships with others. Ultimately, this experience could reinforce the importance of taking social action in order to change societal practices that devalue or misrepresent women's helping behaviour. Likewise, women could learn to recognize and support societal practices that reward women's helping behaviour.

#### 4.4.2 Social action.

The changes that individual clients make in therapy will have environmental consequences. The client's new ways of thinking, behaving and feeling will have an effect on others in her environment. In turn, the responses the client receives from her environment will have an effect on her behaviour, cognitions and affective state. Thus, the process is interactive. The client develops in relation to others and visa versa. The counsellor can help clients carry over the individual changes made within therapy to larger societal change. The importance of promoting change from a CB perspective is that positive change in one area may promote positive change in another area. CB therapy is based on the premise that changes in affect and cognitions are most effectively modified by changes in behaviour. The client and counsellor together can work out a list of the possible areas

of influence the client may have in getting others to do the following: a) reconceptualize helping behaviour; b) affirm helping behaviour; and c) acknowledge and reinforce helping behaviour. It is important for both the client and counsellor to be aware of relationships of power inequalities that exist within the client's environment which could limit the client's area of influence in changing responses to helping behaviour. Developing support systems can be a valuable way of initiating change. Adams and Durham (1977) advocate client's joining a group for political action. They state that social change begins with personal change, but that the personal change that occurs within therapy must be paralleled by social activism. They insist that political education is a valid and necessary part of psychotherapy. Helping clients make connections between their own problems and oppressive societal practices can facilitate social change, and it can take the total responsibility for the client's problems off the client. Even though clients may have learned new skills, changed their attitudes or improved their self-concept through counselling, returning clients to an environment which continues to distort or devalue their helping behaviour will not help the client in any lasting way. She may have to either adjust to the environment or end up just as unhappy and dissatisfied as when she started counselling (Adams and Durham, 1977). Instead, the counsellor can help her clients locate and join groups to engage in political action.

The client could identify, for example, the places, people, and events she is in contact with, and she could develop a strategy of how to make use of these situations to advocate changing responses to helping behaviour. Initially, the client may only want to work on changing her home life or work setting. Eventually, as her confidence increases, she may address her community.

A format for community social action based on behaviour therapy has been outlined by Hake (1981). Hake describes a number of steps that address "behavioural ecology" issues:

- 1) check on existing data of health agencies, city planners, and universities;
- 2) perform a survey;
- 3) have a community forum;
- 4) obtain impressions of key individuals in the community;
- 5) emphasize the generation of individual ideas of by group members.

In regards to women's helping behaviour, data on tasks accomplished within the home, work and school settings could be gathered. Second, a survey could be performed on topics such as definitions of helping, attitudes toward helping, tasks that are considered to be helpful, who helps who and when, where and why. Third, the results could be presented at a community forum, with input from members of the community, including individual's, women's groups, local social service

agencies and employers. Recommendations could then be made to implement programs or services which respond to women's helping behaviour. Hake (1981) also emphasizes prevention of problems, consultation, education and funding. Hence, the prevention of developing attitudes that devalue women's helping behaviour could involve the following: a) Consulting with women and examining their experiences and intents in helping; b) educating people as to the variety of reasons for helping, and the interdependent relationships they share with each other; c) applying and receiving funding to effectively carry out a preventative program.

Loomis and Horsley (1974) offer another approach to facilitate interpersonal change. They suggest that all those involved in the problem should engage in the following process: a) state their goals; b) make a decision preferably a consensus; and c) implement social action. Clients, therefore, working on developing women's helping behaviour into a strength could try the following: a) identify both persons and societal institutions or practices in their environment which affect their helping behaviour, b) solicit goals from the client, persons in her environment, or people that represent societal institutions. Loomis and Horsley suggest that, if there is disagreement between the goals of the respective groups, the "one element that differs will either have to change, compromise or leave" (p163). This

suggestion has its limitations if the client, for example, views her helping behaviour as a strength, and both persons in her environment and people in societal institutions view her helping behaviour as a weakness. Essentially, this model advocates adapting to the opinion of the majority. Challenging the status quo is outside of this model. However, changes could be made to radicalize this model. For example, after the goals have been identified, the third step would involve the groups working together on changing responses to women's helping behaviour. If consensus decision making fails, the client may want to try developing support from other groups, where she is more likely to have success.

#### 4.4.3 Role playing.

The client has already used role playing to develop skills to some extent, in Stage Two of therapy. In this third stage of therapy, role playing can be used to check out the degree to which the client has internalized and consolidated the use of these skills. In this way, the counsellor and client can affirm the client's progress in developing her helping behaviour into a strength, assess potential problem areas that may emerge after therapy sessions are over, and provide the client with opportunities to practise her skills.

Role playing can be accomplished in a number of ways. First, the client can play herself, showing how she would act in past/present/future situations, with the counsellor both playing the role of "others" and providing feedback. Second, the counsellor can play the client, providing the client with a model, using a variety of skills and responses in specific situations, and the client could play the counsellor. Using these two methods, the client and counsellor can enact a variety of situations. Four examples are offered. First, the client plays the counsellor and the counsellor plays a new client, with the former explaining to the latter the process of reconceptualizing, exercises, skills training, and social action. Second, the client role plays some potential conflicting situations, in which her helping behaviour is ignored or devalued. She practices alternative responses with the counsellor. The counsellor can then switch roles with her providing a model to the client, and using a variety of responses and coping self-statements to assist her. Third, the client can role play situations where her helping behaviour was acknowledged and/or rewarded, and she can practice alternative responses to reinforce the recognition of her helping behaviour. Fourth, the client can explore future issues. The client is encouraged to project herself into her concept of the future. Issues such as quality of relationships, types of helping behaviour, and showing care for oneself could be addressed.

#### 4.4.4 Imagery.

The client practices seeing herself changing/challenging a situation. (Refer back to 4.1 for imaging techniques.) The client is encouraged both to feel the tension and stress that this situation might entail and to act on the situation. She may voice her own opinion, challenge another's ideas, point out events that had gone unnoticed or make recommendations to implement change. If the client has problems with imaging, the counsellor can review and rehearse the skills that aided the client in handling other situations. Stress management, relaxation skills, or assertion skills may need to be practised for example. Depending on the extent of the client's problems, Turk, et al (1983) suggest using a hierarchy of least stressful to most stressful situations in the imagery exercise. Thus, a client could identify the lowest item on the hierarchy as being verbally recognized for her helping behaviour. The highest item is an example of the client's outrage or severe depression at the misinterpretation, for example, of her helping behaviour. The client then creates intermediate scenes to develop the hierarchy. As the client describes each scene, the counsellor can identify the behaviours that enhance and/or interfere in the client's helping relationship with others. This provides the client with feedback about ways to develop her helping behaviour into a strength.

#### 4.4.5 Cognitive restructuring.

Cognitive restructuring describes a number of techniques that help the client to identify faulty, self-defeating, negative thoughts and to replace these thoughts with coping thoughts feelings and behaviour (Turk, et al, 1983). Ellis' rational emotive-therapy, (1973), Beck's cognitive therapy (1967), Meichenbaum's (1977) stress-innocation training and the problem-solving training program of Goldfried and Davison (1976) all represent the cognitive restructuring approach.

Cognitive restructuring can be used to aid clients who feel they are powerless in changing their situation. The client's belief system can be examined in relation to her attitudes and expectations regarding change. For example, the client may predict that the consequences of her attempts at change will make her home situation much worse than it is now. The client's own sense of powerlessness may contribute to a self-fulfilling prophecy. The client may feel she can't do anything to change her situation, so she does little or nothing, not expecting anything to change, and the consequence is that there is no change. The counsellor can point out the interaction between the client's responses and the consequences of her responses. In this way, the client may gradually realize that she does have certain response options, although they may be limited by her own particular circumstances, such as financial problems, unemployment, lack

of education, and limited community services. The counsellor can be used as a resource agent at this point, assisting the client in contacting other resources in the community that could help the client regain some power over her situation. The counsellor actively involves herself as an agent of social change in the following ways: a) providing and creating resources for her client; b) locating services for her client; c) intervening to help the client use resources (including resources that she may be excluded from) (Turner, 1978).

Rawlings and Carter (1977) suggest that acknowledging that women may be in a powerless position due to societal practices and values is "a way of returning their personal power to them. With this knowledge they are free to become self-defining and self-directing by taking action on their own behalf and on behalf of their minority groups to increase their political, social and economic power" (p449).

#### 4.4.6 Problem solving.

CB therapy emphasizes prevention of future problems. One way to encourage clients to solve their problems without the counsellor is to teach them a series of problem solving steps. Turk, et al (1983) describe these as following:

- 1) define the problem,
- 2) set realistic goals,

- 3) examine alternatives,
- 4) consider other's perspectives and motives,
- 5) select an appropriate strategy,
- 6) delineate necessary steps to reach a goal,
- 7) rehearse by means of imagery, role playing, and in vivo practice,
- 8) reward self for having tried to solve problem.

In addition, providing the client with easily remembered skills to help them in certain situations will give clients a number of options in responding. For example, the DESC (describe, explain, specify, consequence) script could be used by clients to handle confrontative situations in the following manner:

- 1) say something positive to the person you are confronting,
- 2) then say: "when you do ....." (describe);
- 3) "I feel ....." (explain);
- 4) "what I would like is ....." (be specific);
- 5) "and then we/I you ....." (consequence).

Relaxation skills training could also be described in simple steps, such as a) breathe in through your nose, b) out through your mouth, c) slowly and deeply, d) in/out/in/out.

Simple reminders such as these can give the client a sense of control in handling stressful situations. As well, training clients to be sensitive to their emotions can

increase the client's awareness of how their thoughts, feelings and behaviour interact. Anger for example, is often cited as the most frequently repressed emotion in women (Miller, 1976; Sturdivant, 1980). Women's groups and consciousness raising groups encourage women both to recognize any anger they feel and to express it clearly to others. From this perspective, anger is not seen as destructive, but as a tool to promote change. Leppaluoto et al (1973) state that, when anger is in the form of unspoken hostility, teasing, put-downs, distancing or coldness for example, then anger is destructive, both to the self and other. Communicating anger clearly, however, takes strength and the ability to take risks. Expressing anger can be especially facilitated in this final stage of therapy, as personal strength develops. Clients who learn to recognize their anger at devaluation of their helping behaviour, for example, can use their anger as a cue to let them know something needs to be changed in the situation. Anger can indicate that action is needed.

#### 4.4.7 Preparing for posttreatment.

Turk et al (1983) suggest that, during the final treatment session, all aspects of the training be reviewed. The client can be given a number of handouts or guidelines that may help her in the future, or to remind her of the skills and approaches she can use with herself and in her

relations with others. Two weeks after termination of therapy, the client and significant other can return to check out progress, maintenance, and the generalization of the skills learned in therapy sessions. Clients can be encouraged to meet with the counsellor every other week, gradually phasing out to once a month for several months, and then a one year follow-up session. These sessions may involve conducting a well-being interview, or assessing particular problem areas the client is experiencing. The client is encouraged to join a women's support group and/or political group if she has not already done so. The build-up of external support systems that has been stressed throughout therapy is especially beneficial to the client at this point in therapy. First, it minimizes the impact on the client of separating from her counsellor. Second, external support systems provide the client with help and direction as needed.

CB therapy also addresses the possibility of 'relapse'. The client may find it difficult to use the skills she has learned. She may then find herself responding in her former, ineffective manner. The circumstances that surround the client may contribute to a client's feeling of inadequacy in effectively acquiring and acknowledging support for women's helping behaviour. Situations may be difficult to deal with because of the kind of people present, the type of remarks they make, or the nature of the event itself. The client and

counsellor can discuss ways in which the client can handle these particularly difficult situations. The counsellor may find it helpful to provide the client with a rationale for discussing relapse. First, it can be pointed out to the client that her new ways of thinking, feeling and behaving are, indeed, new. Second, the client's options in responding may be limited. Perhaps she has little alternative in developing her helping behaviour into a strength in her work setting. In that case, she may well adjust to her work environment, but she may actively try to change her home setting.

It can be helpful to the client to discuss her fears and anxieties regarding "relapses" as well. In this way, the client and counsellor together are addressing the realistic possibility of relapses and how to deal with them, as well as identifying possible ways of avoiding "relapses".

#### 4.4.8 Summary.

The application and follow-through phase of therapy consists of using the skills and ideas the client has learned in the previous two stage of therapy, to develop her helping behaviour into a strength in her everyday life. The present author advocates social action as a means of changing institutionalized practices and attitudes that prevent or interfere with women developing their helping behaviour into a

strength. The notion of women developing strength in order to be able to effect social change is an important point. When women attempt to change societal attitudes and practices, they are often in relationships with unequal power bases. Developing physical strength can promote the development of the assertive skills which are required to overcome feelings and positions of inferiority in dealing with unequal power relationships. Thus, encouraging women to empower themselves may be especially beneficial in this final stage of therapy.

#### 4.5 MEICHENBAUM'S THREE STAGE THERAPY AND WOMEN'S HELPING BEHAVIOUR--SUMMARY

The utility of applying Meichenbaum's three stage theory of treatment to women's helping behaviour will be summarized. Meichenbaum's theory is useful in viewing women's helping behaviour as a strength. The majority of Meichenbaum's concepts appeared to be applicable, incorporating both an interdependent perspective and feminist therapy principles. Meichenbaum's interactionist approach allowed for recognition of the interdependence between both the self and others, as well as between thoughts, feelings and behaviour. The comprehensiveness of Meichenbaum's theory, therefore, allowed for a thorough analysis of women's helping behaviour within the context of women's experience. Therapeutically, Meichenbaum's three stage theory was expanded to address social change within the client's life. The preventative orientation of the theory was used to direct women to use their helping behaviour in a number of ways, such as to prevent problems from arising in relationships, to reduce conflicts/friction in relationships' to handle stressful situations, and to change the self and change relationships with others to enhance or facilitate relationships. Furthermore, the emphasis on a collaborative relationship within the counselling setting illustrated how the power differential between clients and counsellors could be minimized.

### REFERENCES

- Adams, H. & Durham, L. (1977). A dialectical base for an activist approach to counselling. In E. Rawlings and D. Carter (Eds.), Psychotherapy for women: Treatment towards equality. Illinois: Charles C. Thomas.
- Alpert, J. (1978). The psychology of women: What should the field be called? American Psychologist, 33, 965-969.
- American Psychological Association (1975). Report of the taskforce on sex-bias and sex-role stereotyping in psychotherapeutic practice. American Psychologist, 30, 1169-1175.
- American Psychological Association (1977). Publication manual. Washington, D.C.: American Psychological Association.
- American Psychological Association (1978). Guidelines for therapy with women. American Psychologist, 33, 1122-1133.
- American Psychological Association (1979). Principles concerning the counselling and therapy of women. Counselling Psychologist, 8, 21.
- American Psychological Association (1983). Publication manual. Washington, D.C.: American Psychological Association.
- Bandura, A. (1969). Principle's of behaviour modification. New York: Holt, Rinehart and Winston.
- Bandura, A. (1977). Self-efficacy: Towards a unifying theory of behaviour change. Psychological Review, 89, 191-215.
- Bardwick, J. (1971). Psychology of Women. New York: Harper and Row.
- Bar-Tal, D., Sharabany, R. & Raviv, A. (1982). Cognitive basis of the development of altruistic behaviour. In V. Derlega and J. Grzelak (Eds.), Co-operation and helping behaviour (pp. 377-396). U.S.: Academic Press.
- Beck, A. (1967). Depression: Clinical, experimental and theoretical aspects. New York: Hoeber Medical Division, Harper and Row.

- Bem, S. (1974). The measurement of psychological androgyny. Journal of Consulting and Clinical Psychology, 42, 155-162.
- Benjamin, A. (1974). The helping interview (2nd ed.). U.S.: Houghton Mifflin.
- Blechman, E. (1980). Behaviour therapies. In A. Brodsky and R. Hare-Mustin (Eds.), Women and psychotherapy: An assessment of research and practice (pp.217-244). New York: Guilford Press.
- Blechman, E. (1981). Competence, depression, and behavior modification with women. In M. Hersen, R. Eisler, and P. Miller, (Eds.), Progress in behaviour modification, volume 12 (pp.227-263). U.S.: Academic Press.
- Bowman, P. (1982). An analog study with beginning therapists suggesting bias against "activity" in women. Psychotherapy, 19, 318-325.
- Brodsky, A. & Hare-Mustin, R. (1980). Women and psychotherapy: An assessment of research and practice. New York: Guilford Press.
- Canadian Psychological Association (1980). Guidelines for therapy and counselling with women, Canadian Psychology, 21, 185-186.
- Caplan, P. (1979). Beyond the box score: A boundary condition for sex differences in aggression and achievement striving. In I. Maher and A. Brendan (Eds.), Progress in experimental personality, volume 9 (pp.41-87). U.S.: Academic Press.
- Carkhuff, R. (1980). Art of helping IV. Massachusetts: Human Resource Development Press.
- Carlson, R. (1975). Understanding women: Implications for personality theory and research. Journal of Social Issues, 28(2), 17-32.
- Chesler, P. (1972). Women and madness. New York: Avon.
- Corsini, R. (Ed.). (1979). Current psychotherapies. U.S.: F.E. Peacock.
- Denmark, F. (1977). Psychology of women--a review of an emerging field. Personality and Social Psychology, 3, 356-367.

- Derlega, V. & Grzelak, J. (Eds.). (1982). Co-operation and helping behaviour. New York: Academic Press.
- Deutsch, M. (1981). Interdependence and psychological orientation. In V. Derlega and J. Grzelak (Eds.), Co-operation and helping behaviour (pp.16-42). New York: Academic Press.
- Doherty, M. (1973). Sexual bias in personality theory. Counselling Psychologist, 4, 67-74.
- Dowd, E. & Kelly, F. (1980). Adlerian psychology and cognitive behavioural therapy: Convergences. Journal of Individual Psychology, 36, 119-135.
- Egan, G. (1982). The skilled helper: Models, skills and methods for effective helping. California: Brooks/Cole.
- Ellis, A. (1973). Humanistic psychotherapy--the rational-emotive approach. New York: Julian Press.
- Emery, G., Hollon, S. & Bedrosian, R. (Eds.). (1981). New directions in cognitive therapy. New York: Guilford Press.
- Ernst, S. & Goodison, L. (1976). In our own hands--a woman's book of self-help therapy. Los Angeles: Tarcher.
- Ferguson, K. (1980). Self, society and womankind. Connecticut: Greenwood Press.
- Foa, E. & Goldstein, A. (Eds.). (1980). Handbook of behavioural interventions. Toronto: John Wiley and Sons.
- Gendlin, E. (1979). Experiential psychotherapy. In R. Corsini (Ed.), Current psychotherapies (pp.340-373). U.S.: F.E. Peacock.
- Gilbert, L. (1980). Feminist therapy. In A. Brodsky and R. Hare-Mustin (Eds.), Women and psychotherapy: an assessment of research and practice (pp.245-265). New York: Guilford Press.
- Gilligan, C. (1982). In a different voice. Massachusetts: Harvard University Press.
- Goldfried, M. & Davison, G. (1976). Clinical behaviour therapy. U.S.: Holt, Rinehart and Winston.

- Goldstein-Fodor, I. & Epstein, R. (1983). Assertiveness training for women: Where are we failing? In E. Foa and P. Emmelkamp (Eds.), Failures in behaviour therapy (pp.137-158). New York: Wiley and Sons.
- Gray, V. (1977). The image of women in psychology textbooks. Canadian Psychological Review, 18, 46-55.
- Gross, A.E. & McMullen, P.A. (1982). The help-seeking process. In V. Derlega and J. Grzelak (Eds.), Co-operation and helping behaviour (pp.305-326). U.S.: Academic Press.
- Gullahorn, J. (1979). Psychology and women: In transition. Washington, D.C.: V.H. Winston and Sons.
- Hake, D. (1981). Behavioural ecology. In L. Michelson, M. Hersen, and S. Turner (Eds.), Future perspectives in behaviour therapy (pp.237-268). New York: Plenum Press.
- Halmus, P. (1978). The faith of the counsellors. London: Constable.
- Heckerman, C. (Ed.) (1980). The evolving female--women in psychosocial context. New York: Human Sciences Press.
- Henley, N. (1974). Resources for the study of psychology and women. Rough Times: Journal of Radical Therapy, 4, 20-21.
- Hollon, S.D. & Kendall, P.C. (Eds.). (1979). Cognitive-behavioural interventions: Theory, research and practice. New York: Academic Press.
- Horner, M. (1972). Toward an understanding of achievement related conflicts in women. Journal of Social Issues, 28, 157-176.
- Kahn, A. & Jean, P. (1983). Integration and elimination or separation and redefinition: The future of the psychology of women. Signs, 8, 659-671.
- Kanfer, F. & Phillips, J. (1970). Learning foundations of behaviour therapy. New York: Wiley and Sons.
- Klein, M. (1976). Feminist concepts of therapy outcome. Psychotherapy, 13, 89-95.

- Leppaluoto, J., Acker, J., Naffziger, C., Brown, K., Porter, C., Mitchell, B. & Hanna, R. (Eds.). (1973). Women on the move--a feminist perspective. Oregon: University of Oregon Press.
- Lerman, H. (1976). What happens in feminist therapy? In S. Cox (Ed.), Female psychology: The emerging self (pp.378-384). Chicago: Science Research Associates.
- Lerner, M. (1982). The justice motive in human relations and the economic model of man: A radical analysis of facts and fictions. In V. Derlega and J. Grzelak (Eds.), Co-operation and helping behaviour--theories and research (pp.250-278). New York: Academic Press.
- Loomis, M. & Horsley, J. (1974). Interpersonal change: a behavioural approach to nursing practice. U.S.: McGraw-Hill.
- Lott, B. (1981). Becoming a woman-- the socialization of gender. Illinois: Charles C. Thomas.
- Maccoby, E.E. & Jacklin, C.N. (1974). The psychology of sex differences. California: Stanford University Press.
- Mahoney, M. & Arnkoff, D. (1978). Cognitive and self-control therapies. In S. Garfield and A. Bergin (Eds.), Handbook of psychotherapy and behaviour change. New York: Wiley.
- Mahoney, M. & Kazdin, A. (1979). Cognitive behaviour-modification: Misconceptions and premature evacuation. Psychological Bulletin, 86, 1044-1049.
- Mander, A. & Rush, A. (1974). Feminism as therapy. New York: Random House.
- Maracek, J. & Kravetz, D. (1977). Women and mental-health: Review of feminist change efforts. Psychiatry, 40, 323-329.
- McClelland, D. (1975). Power: The inner experience. New York: Irvington.
- McClelland, D., Atkinson, J., Clark, R.A. & Lovell, E. (1953). The achievement motive. New York: Appleton-Century-Crofts.
- Mead, G.H. (1934). Mind, self and society. Illinois: University of Chicago Press.

- Mechanicus, R. (1980). Standing still and taking stock: The well-being interview. Healthsharing, 1, 15-17.
- Mednick, M. (1978). Now we are 4--what should we be when we grow up? Psychology of Women Quarterly, 3, 123-138.
- Meichenbaum, D. (1976a). Cognitive-behaviour modification approach to assessment. In M. Hersen and A. S. Bellack (Eds.), Behavioural assessment--a practical handbook (pp.143-171). England: Pergamon Press.
- Meichenbaum, D. (1976b). Toward a cognitive theory of self-control. In G. Schwartz and D. Shapiro (Eds.), Consciousness and self-regulation: Advances in research (pp.223-260). New York: Pergamon Press.
- Meichenbaum, D. (1977). Cognitive-behaviour modification--an integrative approach. New York: Plenum Press.
- Meichenbaum, D. (Ed.). (1978). Cognitive-behavioural therapy: A practitioner's guide. New York: BMA Audio Cassette Publications.
- Meichenbaum, D. (1979). Cognitive-behaviour modification: The need for a fairer assessment. Cognitive therapy and research, 3, 133-140.
- Meichenbaum, D. (1980a). Stability of personality: change and psychotherapy. In E. Staub (Ed.), Personality--Basic aspects and current research (pp.296-331). New York: Prentice-Hall.
- Meichenbaum, D. (1980b). A cognitive-behavioural perspective on intelligence. Intelligence, 4, 271-283.
- Meichenbaum, D. & Asarnow, J. (1979). Cognitive-behaviour modification and metacognitive development: Implications for the classroom. In P. Kendall and S. Hollon (Eds.), Cognitive-behavioural interventions: Theory, research and practice (pp.11-35). New York: Academic Press.

- Meichenbaum, D. & Butler, L. (1980a). Cognitive ethology: Assessing the streams of cognition and emotion. In K. Blankstein, P. Pliner and J. Polivy (Eds.), Advances in the study of communication and affect: Assessment and modification of emotional behaviour, volume 6 (pp.139-163). New York: Plenum Press.
- Meichenbaum, D. & Butler, L. (1980b). Toward a conceptual model for the treatment of test anxiety: Implications for research and treatment. In I. G. Sarason (Ed.), Test anxiety: Theory, research and applications (pp.187-208). New Jersey: Lawrence Erlbaum Associates.
- Meichenbaum, D. & Butler, L. (1981). Assessment of interpersonal problem-solving skills. In P. Kendall and S. Hollon (Eds.), Assessment strategies of cognitive-behavioural interventions (pp.197-225). New York: Academic Press.
- Meichenbaum, D., Butler, L. & Joseph, L. (1981). Toward a conceptual model of social competence. In J. Wine and M. Smye (Eds.), The identification and enhancement of social competence (pp.37-60). New York: Guilford Press.
- Meichenbaum, D. & Cameron, R. (1982). Cognitive-behaviour therapy. In G.T. Wilson and C.M. Franks (Eds.), Contemporary behaviour therapy: Conceptual and empirical foundations. New York: Guilford Press.
- Meichenbaum, D. & Cameron, R. (1981). Issues in cognitive assessment. In T. Merluzzi, C. Glass and M. Genest (Eds.), Cognitive assessment (pp.3-15). New York: Guilford Press.
- Meichenbaum, D. & Cameron, R. (1980). Cognitive-behaviour modification: Current issues. In C.M. Franks and G.T. Wilson (Eds.), Handbook of behaviour therapy. New York: Guilford Press.
- Meichenbaum, D. & Gilmore, J. (in press). The nature of unconscious processes: A cognitive-behavioural perspective. In K. Bowers and D. Meichenbaum (Eds.), The unconscious reconsidered. New York: Wiley.
- Meichenbaum, D. & Gilmore, J. (1982). Resistance: From a cognitive-behavioural perspective. In P. Wachtel (Ed.), Resistance: A behavioural and psychodynamic analysis (pp.133-156). New York: Plenum Press.

- Meichenbaum, D., Henshaw, D. & Himel, N. (1981). Coping with stress as a problem-solving process. In W. Krobe and L. Laux (Eds.), Achievement, stress and anxiety (pp.127-142). Washington, D.C.: Hemisphere.
- Miller, J. (1976). Toward a new psychology of women. Boston: Beacon Press.
- Millon, T. (Ed.). (1973). Theories of psychopathology and personality; essays and critiques. Philadelphia: Saunders.
- Mosak, H. (1979). Adlerian psychotherapy. In R. Corsini (Ed.), Current psychotherapies (pp.44-94). U.S.: F. E. Peacock.
- Neimeyer, G. & Resnikoff, A. (1982). Qualitative strategies in counselling research. Counselling Psychologist, 10, 75-85.
- Parlee, M. (1975). Psychology. Signs, 1, 119-138.
- Parlee, M. (1979). Psychology and women. Signs, 5, 121-133.
- Pendergast, B. (1975). Specialized counselling for women. Unpublished master's thesis. University of Victoria, B.C.
- Pepitone, A. (1976). Toward a normative and comparative biocultural social psychology. Journal of Personality and Social Psychology, 34, 641-653.
- Pyke, S.W. (1982). Confessions of a reluctant ideologist. Presidential address, Canadian Psychological Association Meeting, Montreal.
- Rawlings, E. I. & Carter, D.K. (Eds.) (1977). Psychotherapy for women: Treatment towards equality. Illinois: Charles C. Thomas.
- Richards, J. (1982). The skeptical feminist. England: Penguin.
- Richardson, A. & Goodman, M. (1983). Self-help and social care: Mutual aid organizations in practice. London: Policy Studies Institute.
- Riegel, K. (1979). Foundations of dialectical psychology. London: Academic Press.

- Rohrbaugh, J. (1979). Women: Psychology's puzzle. New York: Basic Books.
- Sampson, E. (1977). Psychology and the American ideal. Journal of Personality and Social Psychology, 35, 767-782.
- Schwartz, S. & Howard, J. (1982). Helping and co-operation: A self-based motivational model. In V. Derlega and Grzelak (Eds.), Co-operation and helping behaviour--theory and research (pp. 327-353). New York: Academic Press.
- Sherif, C. (1977). Bias in psychology. In J. Sherman and E. Beck (Eds.), The prism of sex--essays in the sociology of knowledge. U.S.: University of Wisconsin Press.
- Shulman, L. (1979). The skills of helping individual's and groups. Illinois: F.E. Peacock.
- Staub, E. (Ed.). (1979). Positive social behaviour and morality. New York: Academic Press.
- Stone, G. (1980). A cognitive-behavioural approach to counselling psychology. New York: Praeger.
- Sturdivant, S. (1980). Therapy with women. New York: Springer.
- Thoresen, C. & Mahoney, M. (1974). Behavioural self-control. New York: Holt, Rinehart and Winston.
- Toronto Feminist Therapy Support Group. (1982). Feminist therapy. Healthsharing, Winter, 12-18.
- Turk, D., Meichenbaum, D. & Genest, M. (1983). Pain and behavioural medicine--a cognitive behavioural perspective. New York: Guilford Press.
- Turner, F. (1978). Psychosocial therapy. New York: The Free Press.
- Ulanov, A. (1981). Receiving women--studies in the psychology and theology of the feminine. Philadelphia: Westminster Press.
- Vaughter, L. (1976). Psychology. Signs, 2, 120-146.
- Weber, G.H. (1982). Self-help and beliefs. In G.H. Weber and L.M. Cohen (Eds.), Beliefs and self-help (pp. 13-30). New York: Human Sciences Press.

- Weisstein, N. (1971). Psychology constructs the female, or the fantasy life of the male psychologist. In M. Garskof (Ed.), Roles women play --readings towards women's liberation (pp.68-83). California: Brooks/Cole.
- Williams, J. (1977). Psychology of women: Behaviour in a biosocial context. Toronto: George Mcleod.
- Wine J. (1982). Gynocentric values and feminist psychology. In A. Miles and G. Finn (Eds.), Feminism in Canada: From pressure to politics (pp.67-87). Quebec: Black Rose.

## Appendix

Definitions of helping behaviour

helping, noun. 1. the act of one who or that which helps. ... adjective. 3. giving aid, assistance, support, or the like. (Random House Dictionary, 1983).

--Help is an enabling act. The [helper] enables the [helpee] to recognize, to feel, to know, to decide, to choose whether to change. This enabling act demands giving on the part of the [helper]. He must give of his time, his capacity to listen and understand, his skill, his knowledge, his interest--part of himself. If this giving can be perceived by the [helpee] the enabling act will involve receiving. The [helpee] will receive the help in a way possible for him to receive it, and for it to remain meaningful to him. (Benjamin, 1974, pxii).

--Helping is a process leading to new behaviour for the person being helped. An effective helper is initially nourishing or responsive. This nourishment prepares the person being helped for the more directionful or initiative behaviour of the helper. ...When the persons being helped can be fully nourishing and fully directionful, both in relationship to themselves and others, we can say that they are fully adult. (Carkhuff, 1980, p11).

--Helping behaviour is broadly construed to include any act of giving and receiving aid that is intended to alleviate suffering or to improve the quality of life. ...Helping interactions minimally involve a helper or service provider who controls resources and a potential recipient who can benefit from these resources. (Gross and McMullen, 1982, p306).

--Helping [is] characterized by mutual dependance. ...Mutual dependance means that the costs and benefits for all parties to a relationship are determined by their joint behaviour. ...The helper acts to gain psychological, social and/or material rewards; the helpee gains material rewards. The helper typically incurs material or social costs, while the helpee incurs social or psychological costs. (Schwartz and Howard, 1982, p328).

--Positive (or prosocial) behaviour is simply defined as behaviour that benefits other people. ...Prosocial behaviour may be classified according to the degree of self-sacrifice involved (cost to the actor) and according to the benefit an act produces (utility for the recipient). ...Examples of prosocial behaviour...clearly show that a persons willingness to assume responsibility for the welfare of others to behave prosocially toward them is important both for the individuals who are directly affected and for the social group as a whole. (Staub, 1979, p2-5).

VITA

Surname: Witwicki Given Names: Cynthia Gayle

Place of Birth: Victoria, B.C. Date of Birth: September 18,  
1956.

Educational Institutions Attended, with Dates of Entering and  
Leaving:

University of Victoria, B.C. 1974-1978.

University of Victoria, B.C. 1981-1984.

Degrees, Diplomas, Etc., Awarded, with Dates and Names of  
Institutions:

B.A. (Honours) 1978 University of Victoria, B.C.

PARTIAL COPYRIGHT LICENSE

I hereby grant the right to lend my thesis (the title of which is shown below) to users of the University of Victoria Library, and to make single copies only for such users or in response to a request from the library of any other university, or similar institution, on its behalf or for one of its users. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by me or a member of the University designated by me. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Title of Thesis

COUNSELLING WOMEN ON HELPING BEHAVIOUR

Author

  
Cynthia Gayle Witwicki

May 4, 1984