ABSTRACT

        Transpersonal Counseling and Wholistic Counseling are
two relatively new approaches to psychotherapy. Transpersonal
counseling is based on the work of transpersonal psychologists who
believe that there are potential cognitive, moral, and motivational
stages of development beyond those reached by most adults. It
suggests a "fourth force" in psychology in addition to psychodynamic,
cognitive-behavioral, and humanistic forces. Wholistic counseling may
be viewed as the epitome of eclectic counseling, working with the
total person and employing information and methodology from virtually
any source. The wholistic counseling approach strives for prevention
as well as remediation and cure. It is both a proactive and a
reactive approach which works with the whole person in terms of body,
mind, emotions, and spirit, in the context of the person's total
environment. This document describes the transpersonal counseling and
wholistic counseling approaches to psychotherapy. It presents the
background, basic concepts, goals, processes, and counselor roles
associated with each approach and examines the strengths and
weaknesses of each approach. The characteristics of these approaches
are compared to other major counseling approaches (person-centered,
Gestalt, transactional analysis, behavioral, rational emotive
cognitive) on an accompanying chart. (NB)

A COMPARISON OF TRANSPERSONAL, WHOLISTIC, AND OTHER MAJOR COUNSELING THEORIES

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This presentation provides a brief overview of two relatively new approaches to psychotherapy, Transpersonal Counseling and Wholistic Counseling, along with a chart comparing these approaches with other major approaches to psychotherapy.*

Transpersonal Counseling

Transpersonal counseling is a relative newcomer to the world of psychotherapy, with much of the literature describing this approach first appearing in the late 1960s and early 1970s. However, while the present formulation of transpersonal ideas and methods may be new, many of the concepts date back to the work of Carl Jung in the early 1900s, and even furtl 'r with the incorporation of Eastern teachings.

Transpersonal counseling is based upon the work of transpersonal psychologists who believe that there are potential cognitive, moral and motivational stages of development beyond those reached by most adults (Walsh, 1989) and is defined as "(that) aspect of therapy which goes beyond ego goals and bridges psychological and spiritual practice." (Boss, 1980, p. 161) The proponents of transpersonal psychology suggest that it is the "fourth force" in psychology along with the psychodynamic, cognitive-behavioral, and humanistic forces (see Table 1).

Table 1

In Table 1, note that the lines between the various forces are not solid. There is much interaction in terms of ideas and techniques among the several "forces." For example, as noted above, the work of Carl Jung has been very influential in the development of transpersonal counseling.

Transpersonal counseling is "an open-ended endeavor to facilitate human growth and expand awareness beyond limits implied by most traditional Western models of mental health" (Vaughn, 1980, p.182)   The transpersonal approach brings together "the insights of the individualistic psychologies of the West with the spiritual psychologies of the East and the Middle East." (Fadiman. 1980, p.181)   While other therapies focus on emotions,

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*The material in this presentation has been excerpted from Chapters 10, 11, and 15 of Orientation to Counseling, 2nd Ed., by Peterson, J.V. and Nisenholz, B., to be published January, 1991 by Allyn and Bacon, Boston, MA.

TABLE 1

FOUR FORCES IN PSYCHOTHERAPY

PSYCHODYNAMIC	COGNITIVE BEHAVIORAL	HUMANISTIC	TRANSPERSONAL
Psychoanalysis - Freud	**Behavioral** Systematic Desensitization - Wolpe	Person Centered - Rogers	Psychosynthesis - Assagioli
Analytic Psychotherapy - Jung		Existential - May	Zen - Watts
Individual Psychology - Adler	Operant Conditioning - Skinner	Gestalt - Perls	Gurdjeiff Method
Will Therapy - Rank	Modeling - Bandura	Logotherapy - Frankl	Yoga
Also - - Horney - Fromm - Erikson - Sullivan - Reich - Janov	**Cognitive** Cognitive Behavioral - Beck Reality Therapy - Glasser Rational Emotive - Ellis Transactional Analysis - Berne		Sufism Imagery Meditation

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behavior, and/or thoughts, transpersonal counseling adds the spiritual side of mankind as a vital dimension to be considered in fostering wellness through therapy.

Transpersonal counseling is a relatively small movement at this time for a number of reasons. First, there is no charismatic proponent of this approach who might serve as a mentor or model such as Fritz Perls served in the case of Gestalt Therapy. Second, it has not been "institutionalized" and taught in clinical programs as in the case of cognitive-behavioral counseling. Third, there have been no best selling books related to it as in the case of Transactional Analysis (e.g., "Games People Play," "I'm OK, You're OK."). "(I)t is an organic movement that has grown by networking, a movement that has drawn people to it who share a concern, a purpose, and a vision of what is possible for humanity...It is cross-cultural and inter-disciplinary; though it has roots in ancient perennial philosophy, it makes use of modern science because science, like mysticism, is a search for truth." (Vaughn, 1984, p.25)   The burgeoning growth of "New Age" literature which has in great part paralleled the development of transpersonal psychology would appear to indicate that there is a great deal of general interest in transpersonal concepts on behalf of the general public. Some, but definitely not all of the "New Age" literature relates to concepts found in Transpersonal psychology.

While the the transpersonal counseling movement is small, there are indications that interest in the ideas which are part of the movement is growing. A review of program offerings at AACD conventions from the years 1987, 1988, and 1989 indicated that there were 12 content programs related to Transpersonal concepts in 1987, 15 programs in 1988, and 23 programs in 1989. Some of the keynote speakers in 1989 dealt with transpersonal themes (e.g., Dr. Bernard Siegel). AACD now has a major content category for its conventions entitled 'Spiritual, Ethical, and Moral Development."

Background. Transpersonal psychology has developed in large part as an extension of humanistic psychology. Abraham Maslow in his study of self-actualizing individuals discovered a large number of people from different walks of life who were clearly healthy and who were going beyond the process of self-actualization (transcendence), reaching even greater fulfillment of their human potential (Maslow, 1971). In the late 1960s, Maslow, Anthony Sutich, Stanislav Grof, and other psychologists created a new branch of psychology by combining aspects of humanistic psychology with Eastern concepts and traditions. Maslow and Sutich gave the name of "transpersonal" to this branch of psychology, and in 1969, Sutich began the "Journal of Transpersonal Psychology" (Vaughn, 1984, p. 27). The concepts and processes associated with this psychology have gradually developed into a viable counseling approach.

Basic Concepts. The term Transpersonal literally means beyond
the personal, or beyond the personality. The use of this term
signifies that who or what we are is not limited to being
identified with our body, ego, or personality; we can be and are
more than that (Vaughn, 1984, p.26). We can, in fact, transcend
to levels of which we may be unaware. Maslow (1971) has provided
some 35 different meanings of the term transcendence with the
result that most people could recognize some aspects of
transcendence in their lives. He did, however, also offer a
"condensed statement:"

> ...anscendence refers to the very highest and most
> inclusive levels of human consciousness, behaving, and
> relating, as ends rather than as means, to oneself, to
> significant others, to human beings in general, to
> other species, to nature, and to the cosmos." (p. 279)

Personality Development. The transpersonal approach builds upon
the idea that the human personality is formed by way of
developmental stage processes as postulated and researched by
Western psychologists. However, transpersonal psychologists
believe that the stages identified do not go far enough to detail
the full potential of human nature. The levels which have been
formulated by Westerners such as Piaget, Erikson, and Kohlberg
have been termed conventional stages. In the exploration of
Eastern psychologies, transpersonal psychologists have discovered
that in these contemplative and meditative disciplines there are
also stages which occur which are "sufficiently similar to
suggest an underlying common invariant sequence of stages despite
vast cultural and linguistic differences as well as styles of
practice." (Wilbur, Engler, J., and Brown, D., 1986)

Wilbur, Engler, and Brown, (1986) posit a three level model which
combines the conventional and the contemplative approaches. The
first two levels, prepersonal and personal, consist of
conventional development stages such as those delineated by
Piaget and Erikson. The third level, transpersonal, consists of
contemplative developmental stages described primarily in Eastern
literature. It is suggested that there are particular
pathologies that are associated with the different stages, e.g.,
the diagnosis of psychotic would tend to correlate with the
prepersonal level "because this range of development involves the
stages leading up to the emergence of a rational-individuated-
personal selfhood."(ibid, p.12). Since transpersonal
psychologists postulate a level beyond where the conventional
approach leaves off, they would consider a diagnosis of normalcy
to be a case of "developmental arrest."

Goals of Transpersonal Counseling. The ultimate goal in
Transpersonal Counseling would be to assist clients in fulfilling
"higher needs for self-realization for full functioning at
optimal levels of health," with a basic goal being to "enable
each person to meet physical, emotional, mental, and spiritual

needs appropriately, in accordance with individual preferences
and predispositions." Vaughn, 1980, p.182) Additional goals
would include "both traditional (goals) such as symptom relief
and behavior change, and where appropriate, optimal work at the
transpersonal level." (Walsh and Vaughn, 1980, 165)

Nature of Man. With regard to the nature of man, Transpersonal
Counselors believe that human beings not only "have the potential
to reach eventually undreamt of levels of emotional, intellectual
and ethical development" (Grof, 1988, x), but they are seen as
"seeking to enhance and surpass (themselves) in the process of
self-actualization." (Vaughn, 1980, p. 182)

Nature of Anxiety. Anxiety is perceived as dealing with basic
human problems involving values, meaning and purpose (Vaughn,
1980, p.161), and the concerns of individuals who have already
achieved a satisfactory coping level in their lives and are still
unsatisfied because they seem to intuitively know that there must
be more; that potentials are even greater than what has already
been achieved.

Techniques. Transpersonal therapists are eclectic in that they
will employ techniques drawn from Eastern and Western
psychologies to work with the mind, body, emotions and the spirit
of the clients. They would use most of the traditional techniques
noted in therapies described above and include meditation and
other consciousness awareness exercises and activities, e.g.,
dreamwork and imagery.

Counselor Role. In transpersonal counseling the position of the
humanistic model which emphasizes the importance of
"participation by therapists in all their humanity in the
therapeutic relationship (and) opening themselves fully to the
client's experience and to their own reactions" is affirmed. The
transpersonal perspective would add the view that therapists "may
benefit both the client and (themselves) best by using the
relationship to optimize (their) own transpersonal growth through
consciously serving the client." (Vaughn, 1980) Since it is
known that the therapists do change as a result of being with
their clients in the therapeutic relationship, this conscious
personal growth on the part of the counselor is always performed
in the context of "growth through service."

> "The therapist attempts to provide both an optimal
> environment and serve as a model for the client. Where the
> therapist is consciously serving the client there is no
> hierarchical status accorded to being a therapist. Rather
> the situation is held as one in which both therapist and
> client are working on themselves, each in the way that is
> most appropriate to their development. The therapists'
> openness and willingness to use the therapeutic process to
> maximize his or her own growth and commitment to service is

viewed as the optimal modeling that can be provided for the client." (Walsh, Vaughn, 1980, p. 166)

Process. Transpersonal counselors would first establish the therapeutic relationship and be open to work with whatever personality or behavioral issue that emerges, employing given techniques if and when appropriate. If and when client concerns dealt with issues of faith or going beyond what might be considered a "dull, normal existence," the counselor would be ready and able to work with those issues as well. Termination of transpersonal counseling relationship would occur when clients were functioning at levels that would provide them with the fulfillment and meaning for which they had been searching.

Strengths. Transpersonal counseling is concerned with the total person. Practitioners strive to help individuals fulfill their full potential often going beyond levels sought by other therapies. Being free to draw from the broad range of concepts and techniques from both Eastern and Western disciplines provides a greater degree of flexibility and adaptability to client needs than would be found in therapies which are more conceptually limited. Transpersonal counselors often consider and work with experiences and perspectives which generally are ignored or avoided by other approaches to therapy.

Weaknesses. Many of the assumptions which are specific to this approach have not been empirically tested. However, there is a growing body of research on the value of meditation, and there are indications that research related to other concepts is growing. A recent "unsystematic sampling" of doctoral dissertations from just the two years 1987 and 1988 yielded a total of 516 titles (Fulton, 1989) Nevertheless, because of the relatively ambiguous nature of many of the constructs emphasized in this approach (e.g., levels of consciousness), the prospect for rigorous, replicable studies is not good. The transpersonal approach would probably be more effective when working with clients who were already functioning at a relatively high level. Transpersonal counselors themselves, out of necessity, would need to be highly functioning individuals. They would need to be well grounded in developing the therapeutic relationship and in the use of relevant techniques from other theoretical approaches, as well as being skilled in techniques unique to the transpersonal approach. There is a concern that there are transpersonal counselors who follow the teachings of "extreme cults" and would use techniques such as "astrology, sorcery, psychic healing, (and) witchcraft" (Ellis, 1986, p. 149) in their practice. Overall, the approach is still in an early developmental stage, with much more needing to be done in terms of the formulation of theory, process, and research.

Wholistic Counseling

Wholistic counseling might well be considered to be the epitome of eclectic counseling. (The spelling of wholistic with a w is deliberate to indicate the total approach that is involved and to not overly emphasize the spiritual dimension.) Many other approaches are eclectic in that there may be systematic borrowing of concepts or techniques from different therapies. However, because the scope of the initial therapy may be limited (e.g., focusing specifically on the cognitive realm), the amount of borrowing also tends to be limited. Not so in the case of wholistic counseling. Wholistic counseling works with the total person and will employ information and methodology from virtually any source. The wholistic approach is grounded in the movement which is concerned with health and wellness and strives for prevention as much if not more than remediation and cure. The wholistic approach goes beyond most other approaches to look at more than just the total individual, but the total environment in which the individual exists. It is a proactive as much as a reactive approach. wholistic counseling, then, consists of working with the whole person in terms of body, mind, emotions, and spirit, in the context of the person's total environment (see Figure 1).


Figure 1

Background. The counterculture and human potential movements of the late 1960s and early 1970s helped bring about awareness of a variety of problems with the nature and quality of our national health care system as well as the potential value of other approaches, including Eastern practices, in dealing with human problems. The resultant wholistic movement has developed a primary focus on wellness in reaction to medicine's focus on disease. "The wellness emphasis conveys that health is significantly more than the absence of physical symptoms and disease; it is a self-actualizing commitment to increase the quality of one's total self and one's relationship with his or her environment." (O'Donnell, 1988, p366) A great proportion of health related problems in our country are now recognized as being self-inflicted, as a result of such things as poor behavioral choices and self-destructive attitudes, or environmental factors, rather than as a result of germs or viruses. Therefore, the wholistic health movement has involved members of the counseling profession from the beginning along with wholistic medical practitioners; e.g., Don Ardell, (1979), and Bernie Siegel, (1986).

FIGURE 1
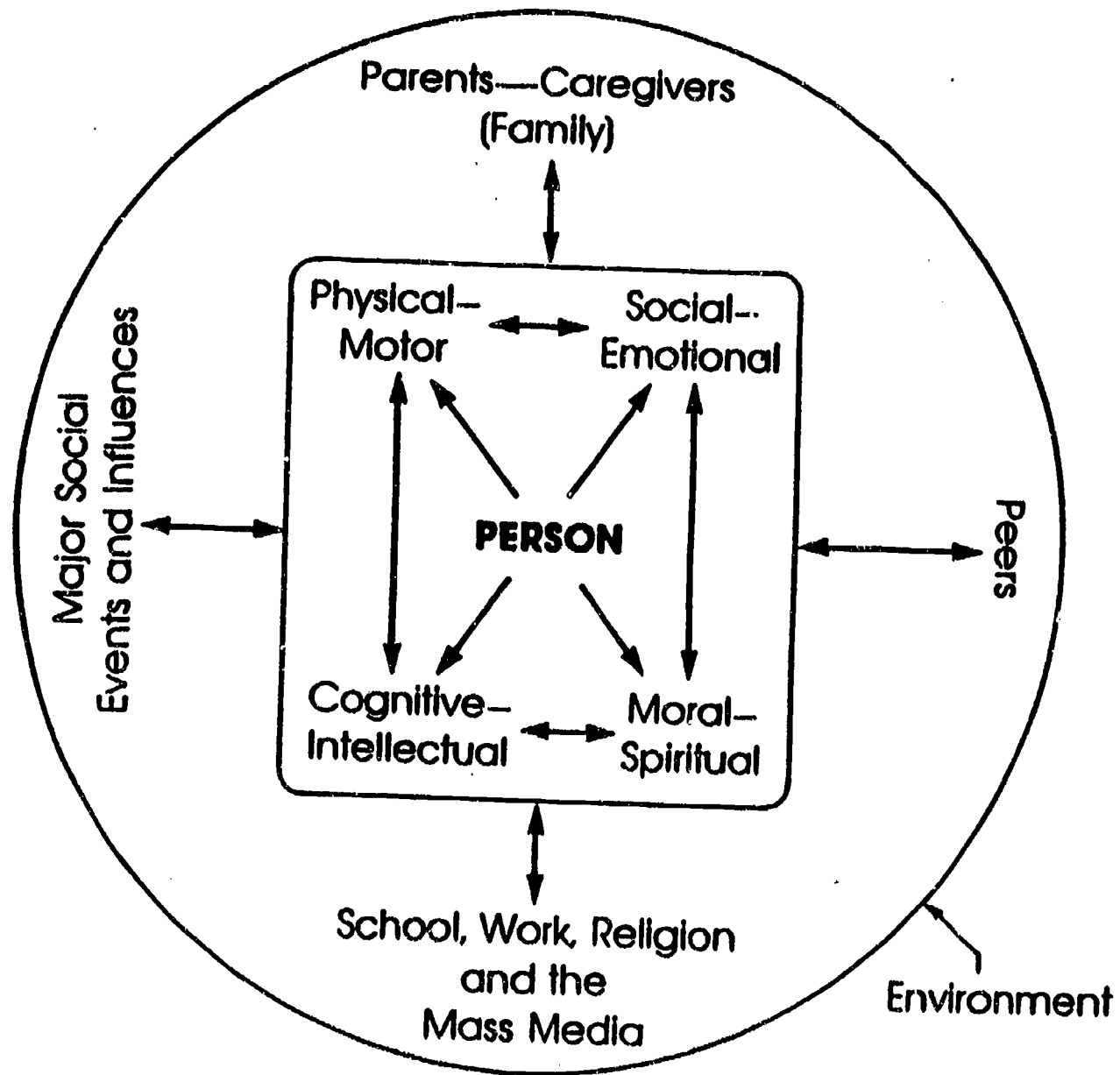
Factors Influencing Human Development.

Goals.   The goals of wholistic counseling emphasize developing
client independence through having clients take charge of their
own well-being and helping clients reach the highest level of
functioning of which they are capable. (O'Donnell, p.379)
Wholistic counselors basically work to help clients attain their
personal goals, and if the clients so choose, to help them move
from "their presenting level of experience to the level of pure
aliveness, and toward providing them with the information and
skills necessary to maintain such a state."   (Stensrud and
Stensrud, 1984, p.422)

Nature of Man.   To the wholistic counselor, "(m)an is seen as
unitary. That is, it is not possible to divide the individual
parts such as the physical, mental, psychological, cultural, and
economic; these parts cannot be separated one from the other in
the active and reactive life of the person. He lives, loves,
works, and feels as a whole person. Arbitrary divisions of parts
or functions represent but a convenient method for collecting and
classifying bodies of knowledge, or organizing professions and
social systems. The simplistic interpretation they reflect,
however, bears little relationship to living, breathing human
beings."   (Goodwin, 1986,, p.30)   Human nature is perceived as
being an open process that changes with the experiences of people
interacting with their environment and with physical,
psychological, and spiritual aspects of wellness being
inextricably interrelated. (Stensrud and Stensrud, p. 422;
Morrison, 1986, p. 240)   The wholistic counselor believes that to
adequately consider any one of these aspects of human nature
would really require a therapist to consider all of them.

Principles.   Nine basic principles or "underpinnings" for the
wholistic health approach have been identified by O'Donnell
(1988):

   1.   We are responsible for our health;

   2.   Illness is a communication from within;

   3.   Most healing comes from within;

   4.   Treatment must involve body, mind, emotions, and
        spirit (and in many cases, environment);

   5.   The (w)holistic practitioner is a consultant,
        facilitator, and advisor--not a miracle worker or
        a dogmatic authority figure;

   6.   Personalized caring and unconditional positive
        regard are essential to change and to healing;

   7.   Our physical and social environments greatly affect
        our health;

8. Nutrition and exercise are the cornerstones of good
    health;

9. Because clients are uniquely individualistic in
    their biochemistry and in their sociopsychological
    make-up, holistic services by necessity shou.d be
    eclectic and individually tailored. (pp. 366-277).

Role of Counselor. As ncted in the list above, a wholistic
counselor would be a facilitator and consultant and would view
tue "person and his/her wellness from every possible perspective,
taking into account every available skill for the person's growth
toward harmony and balance...treating the person, not the
disease...using mild, natural methods whenever possible."
(O'Donnell, 1988, p. 366)

Wholistic counselors would establish the necessary core
conditions for the therapeutic relationship, and then personalize
their approach to the unique characteristics of their clients.
The involvement of wholistic counselors in their own personal
growth is important in establishing themselves as models.
Wholistic counselors need to be particularly well educated. They
"must have the ability to develop a total understanding of the
client--physically, psychologically, spiritually, and
environmentally-- including the ability to intervene in any one
or all of these areas." (O'Donnell, 1988, p379) They also have
to be well grounded in any of the numerous counseling
interventions that are available to them, and be ethically
responsible to acknowledge when they are not qualified to make a
specific intervention. Since wholistic counselors continually
consider the whole person, they would have an extensive network
of referral sources, and may in some instances work directly with
a team of interdisciplinary practitioners; e.g., working as a
counselor in a clinic, along with a dietician, one or more
physicians, and an exercise physiologist.

Techniques. Since wholistic counseling is an eclectic approach,
there are no techniques that are particularly unique to it.
Wholistic practitioners draw upon resources from the entire field
as well as from the disciplines of nutrition, exercise
physiology, medicine, etc. Because of the awareness of the
effects that environment can play in the behavior of clients,
wholistic counselors generally take a systems approach to their
cases.

One major strategy that is generally found with wholistic
counselors is their tendency to work closely with other
professionals such as dieticians, physicians, etc. Wholistic
counselors would be expected to be excellent role-models for
their clients.

Process. The therapeutic relationship is typically developed with the counselor being sensitive to all dimensions of the client. The nature of the client's problem will determine the scope of the counselor's responses and interventions. It may well be that the problem is such that the counselor and client will only need to go through the exploring and understanding stages of the process with the client realizing how to solve his problem; at other times the counselor may involve the client's family and others who are significant in working with the problem. The counselor will generally be concerned with the physical condition of the client, referring to a physician, dietician, and/or exercise physiologist as appropriate. Whatever the extent of involvement on the part of the counselor through the process, the relationship is concluded with the clients having direct responsibility for their continued wellness.

Strengths. Wholistic counseling is a positive approach, focusing on the strengths of individuals and on what they are able to do to help themselves. All aspects of clients' lives are considered, and the broad repertoire of counseling interventions from other approaches are available to best fit the needs of clients. Wholistic counseling can be seen as much as a preventive approach as it is a remedial approach.

Weaknesses. Wholistic counseling is a relatively new approach, with a diffuse theoretical base and virtually no research data specific to this total approach. Highly skilled and knowledgeable practitioners are necessary to implement this approach.

The general characteristics of transpersonal and wholistic counseling may be compared with each other as well as with several other approaches to counseling by referring to the accompanying chart (see Table 2).

Table 2

Summary

A description has been provided of two relatively new approaches to the world of psychotherapy, transpersonal counseling, and wholistic counseling. The background, basic concepts, goals, processes, and counselor roles have been presented along with mention of strengths, and weaknesses of each approach. The characteristics of these approaches have been compared to other major counseling approaches on an accompanying chart.

TABLE 2   COMPARISON OF SELECTED COUNSELING APPROACHES

Characteristics	Person-Centered	Gestalt Therapy	Transactional Analysis	Behavioral Counseling	Rational Emotive Counseling	Transpersonal [1]	Holistic [2]
1. Nature of Man	The individual is rational, good, trust-worthy, moves in self-actualizing directions or toward growth, health, self-realization, inde-pendence, and autonomy.	Human beings not inde-pendent from their envi-ronment but work as a whole. Individual not sum of parts but a coor-dination.	Determined by childhood experiences, but can change.	Depends on theorist but humans viewed as both producer and product of environmental events.	Human subject to pow-erful biological and social forces, have po-tential for being rational. Can rid self of emotional difficulty by maximizing rational thinking.	All humans have the same needs, feelings, and potentials, includ-ing being intuitive, psychic and spiritual.	Seen as spiritual as well as physical, emotional, and mental. Having the potential for harmonius and total (wholistic)
2. Major Personality Constructs	Self-concept a regulator of behavior and percep-tual field is reality for the individual, be-havior a function of perceptions and orga-nized with respect to self-concept.	Individual is considered a system in balance. He or she lives in a public (doing) level and a pri-vate (thinking) level. Imbalance is experienced as a corrective need. Awareness permits self-regulation and self-control.	Conceptualized as three ego states -- Parent, Adult, Child -- and four life positions.	Human behavior is lawful, and a function of ante-cedent and consequent conditions.	Psychological states largely result of think-ing illogically, think-ing and reasoning are not two disparate pro-cesses, humans rewarded or punished by their own thinking or self-talk.	Acceptance and use of altered states of consciousness, mystical insights, paranormal powers, and the human quest for contact and unity with the divine.	The focus is on multiple systems, both internal and external to the individual.
3. Nature of Anxiety	Incongruence between self-concept and ex-perience, conditions of worth violated, and need for self-regard frus-trated.	The gap between the now and the then; unfinished business.	Results from conflicts, concerts, or contamina-tions between ego states	Results from faulty lear-ning. Learned reactions to cues in certain situ-ations operating as sec-ondary or acquired drives, learned reactions to ori-ginally neutral stimuli.	Overgeneralizing that an event will be catastrophic.	Not recognizing that we are all one; not finding that within us which gives us freedom, whole-ness, and connectedness with all.	Difficulty in personal functioning as a result of conflict within internal and/or external system.
4. Counseling Goals	Self-direction and full functioning of client who is congruent, mature and open to experience.	To mature, to grow up, to take responsibility for one's life, to be in touch with one's self and with the world.	Cure presenting problem, enabling people to experience freedom of choice.	Eliminate problem behaviors and learn more effective ways of behaving.	Elimination of anxiety, fears, etc., and the attainment of rational behavior, happiness, self-actualization.	To develop sense of personal unity with self and others; to live as totally free of distortion as possible.	A client who can identify and apply learned stra-tegies as personal inter-ventions when needed.
5. Major Techniques	Limited use of question-ing, reassurance, en-couragement, suggestion, but technique a way of communicating accept-ance, respect, under-standing.	Confrontive, provide situations in which client experiences frus-trations; focus attention on body posture, gestures, enactment of dreams.	Diagnosis and analysis of transactions.	Reinforcement, modeling, desensitization and re-laxation techniques, as-sertion and social skills training, self-manage-ment, cognitive change procedures, behavioral rehearsal and multi-modal techniques.	Use of relationship techniques to establish rapport followed by teaching, suggestion, persuasion, confront-ation, prescription of activities designed to rid the client of irrational ideas.	No special techniques; may use techniques from any source; likely to use imagery, intuition, meditation, dreamwork, and relaxation training.	Uses multiple approaches rather than singular strategies; techniques from any source may be used.
6. Use of Tests and Appraisal Devices	Extremely limited use, tends to be seen as inimical.	Limited use.	Limited use.	Informal assessment rou-tinely used. May be used as needed to formulate treatment plan/evaluate progress in therapy.	Limited use.	Little formal use of such tools; some per-sonality inventories may be used.	Minimal use.
7. History Taking	Inimical to counseling process.	Limited use.	Limited use.	Necessary to identify those factors which continue to influence behavior.	Relatively little use of historical clarification	Taken as needed, generally little emphasis in this dimension.	Note is made of the nature of the external and internal systems and the individual and their interactions.
8. Diagnosis and Prognosis	Inimical to counseling process.	Limited use.	Diagnosis of ego states to determine executive power, adaptability, mentality, etc.	Necessary to conceptu-alize presenting problem and formulate treatment plan. Conducted in col-laboration with client.	Used to uncover illogical ideas.	Diagnosis made in col-laboration with client; the greater involvement on the part of the client the better the prognosis	Client invited to be par-ticipant in assessment, planning, intervention, and evaluation process.
9. Clientele	Currently no restriction placed on clientele.	No limitations stated.	No restriction noted	Clients must be committed to change and actively involved in treatment program.	No limitation but notes that psychotics rarely completely cured	No limitations; trans-personal concepts may work better with higher functioning clients.	No limitations
10. Activity of Counselor	Counselor active in providing facilitative conditions.	Highly active.	Counselor very active	Counselor warm and friendly but highly active.	Highly active	Therapy seen as partner-ship with counselor initiating activity at times and at other times facilitating the client's own work.	Counselor activity level varies from minimal to very active depending on the nature of the client's problem.

Adapted from Shertzer, B., and Stone, S. (1980) Fundamentals of Counseling. Boston: Houghton Mifflin, pp. 236-237.

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