

# Chapter 10

## Basic Needs, Resilience, and General Principles in Counseling



Marcel Schaer and Imke Knafla

**Abstract** Even though basic needs are independent of cultures and development stages, there are clear inter-individual differences in how they can be fulfilled. Thus, while basic needs are universal, the ways in which people seek to satisfy them are highly personal. In the course of their development, people amass the most diverse experiences as to the strategies for fulfilling these basic needs (approach) and for avoiding harm (avoidance). When adolescents succeed in satisfying their basic needs, these positive experiences result in positive assumptions about themselves, their environment, and their future. However, these strategies are not always successful. The environment can change, for instance, confronting the adolescent with a new situation where the old strategies and patterns are no longer effective. It is important for the psychological health of adolescents how much they persevere in finding new ways to fulfill their basic needs and how they succeed in fulfilling them. Professional psychological support can encourage and support adolescents to achieve this goal in a better way and help them to grow towards greater resilience. In addition, we illustrate which factors are important for providing adolescents with effective support in counseling and psychotherapy.

**Keywords** Psychological needs · Approach patterns · Avoidance patterns · Common factors · Therapeutic relationship

### 10.1 Basic Needs, Psychological Well-Being, and Resilience

What does it take to enable young people to develop well? How can they stay—or become—psychologically healthy, in spite of various obstacles in life?

These are some of the big and crucial questions in psychotherapy and counseling with adolescents. And, as with the big questions in so many areas, Psychology has a wide variety of answers. One answer focuses on the satisfaction of fundamental

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psychological needs, called basic needs: the better the individual succeeds in fulfilling these needs, the more stable and resistant is his or her psyche.

These needs are basic for various reasons (e.g. Ryan & Deci, 2017; Grawe, 2004). First, they are universal, i.e. independent of development stages or cultural settings (Ryan & Deci, 2017). Second, our experiences with fulfillment or frustration of these basic needs during childhood and youth are formative for our later lives. Third, they cannot be compensated for or ignored without a disorder developing, i.e. without damage to psychological and social balance. Thus, fulfillment of these basic needs is essential for our mental health. In the long run, frustrations lead to psychological imbalance and corresponding disorders (Ryan & Deci, 2017; Grawe, 2004; Maslow, 1954).

When it comes to fulfilling such basic needs, adolescents in particular (and their parents) are faced with a great developmental challenge. One prime developmental goal for adolescents is to part from their parents and their household. In parallel, they need to build stable and reliable extrafamilial contacts, but without completely severing contact with their parents. In view of the fact that basic needs are fulfilled with and by the social environment, they are now faced with the task to no longer satisfy their basic needs via their parents, but to broaden and fashion their living environment themselves for that fulfillment. For this, adolescents need courage, personal initiative, and social support (among others, from their parents).

Below, we will introduce the various basic psychological needs and place them in a theoretical model of resilience development.

### ***10.1.1 Basic Needs***

*What a human being needs for healthy development is a question that was already pondered by Epicurus. He held that for a good life, a person needs friendships, freedoms, and reflection (de Botton, 2001). But more recent thinkers, psychologists, and researchers have worked on the subject of basic needs as well, developing a wide range of models (e.g. Brazelton & Greenspan, 2002; Grawe, 2004; Maslow, 1954; Young, Klosko, & Weishaar, 2008). Even though these theories vary strongly in content, they all agree on one basic psychological need—the need for attachment and belonging. Concerning the other basic needs, two theories seem particularly comprehensive and fruitful: Epstein’s “Cognitive-Experimental Self-Theory” (1990) and the “Self-Determination Theory” by Deci and Ryan (2000). Both of these are very well empirically examined and validated. To develop a provisional working model, we suggest combining these two theories, since they complement each other in an ideal way. Against this backdrop, we postulate four different clusters of basic needs (c.f. Schaer & Steinebach, 2015):*

*Attachment and belonging:* The need for attachment, social integration, and love is, certainly, one of the most primal. This insight owes a great deal to the groundbreaking research by Spitz, Bowlby, and Ainsworth. This need is satisfied when other people are felt to be helpful, benevolent, trustworthy, and supportive. Thus, good

attachment persons provide protection, closeness, consolation, and safety, serving as an important and accessible haven in difficult situations. This need is violated when parents' reactions to their children's signals are not empathic, but stalled, inconsistent, inadequate or nonexistent. When trying to make contact with these parents, children experience rejection and/or a lack of reliability. As a consequence, they develop a conviction that other people are not reliable.

In the beginning of a child's development, in particular, the need for attachment is very closely connected to the other basic needs (c.f. Grawe, 2004). A sensitive and responsive attachment person allows the infant to experience, for example, that his or her behavior (e.g. crying) can cause the mother to react in order to fulfill his or her needs (e.g. for nourishment). Fulfillment leads to positive, agreeable, and comforting conditions; frustration leads to aversive, disagreeable, and activating moods. Thus, positive attachment experiences are relevant experiences of control and self-worth as well ("I can make others take care of me"). Since a good attachment is a place of safety, it allows individuals to explore unknown things, too ("In case of danger, I can go to a safe place"), and start venturing towards autonomy. In the course of development, these basic needs become more separate and more independent.

*Control and orientation:* All of their lives, people strive to attain influence, effectuality, and control over their environment. For some authors like Heckhausen (Heckhausen & Heckhausen, 2010) and Epstein (1990), this is one of the most fundamental of all needs. The need for control has been the subject of countless theoretical and empirical studies as well. Connected concepts are, for instance, Rotter's "sense of control" (1966) or Bandura's "self-efficacy" (1977). This need is satisfied if the world is felt to be (sufficiently) influenceable, predictable, and controllable, and therefore just to some extent. And even if some events do not correspond to what we expect or what we would like, there is the conviction that we could influence and change them. Learning and understanding rules and boundaries are essential factors for experiencing events as controllable and predictable. These help children to orient themselves and find their bearings in a complex world.

The need for control, orientation, and effectuality is frustrated when the child or adolescent receives unjust punishments from attachment persons, and/or if boundaries and rules are lacking, intransparent, or diffuse. Neglect and abuse are among the most massive breaches of this need.

*Self-worth and self-acceptance:* Developing an accepting and positive self is seen by many psychologists as one of the most important tasks in life (e.g. Adler, 1920; Rogers, 2004). As already pointed out by Rogers, an appreciative, empathic, and supportive environment is central to developing a healthy self. In a child's development, self-worth forms over several years and becomes stable in mid-childhood. The cognitive basis for this is the ability to become aware of self and the capacity of self-reflective thinking. In cases of negative development, children and adolescents feel incompetent, not loveable, worthless, and weak. For young people, experiences in school as well as the transition to college and working life are extremely important, because in these environments they often receive direct feedback on themselves, their performance, and their capabilities more directly and immediately than before (Berk, 2011).

*Freedom and autonomy*: The need for freedom and autonomy can be understood as the need for one's thoughts and actions to be self-determined and self-chosen (Ryan & Deci, 2017). Although autonomy and social integration/attachment are sometimes in conflict, they also depend on each other: experiences towards autonomy are only possible if there is a safe haven and if orientation in the world is possible. If the basis of a safe attachment is not given, or if the need for autonomy is repeatedly frustrated, a feeling arises of not being allowed to be independent and to think independently. In other words, autonomy is the basis for creativity and experimentation.

A frequent constellation that impedes healthy autonomy development arises in emotionally very strained families. First, the accompanying parentification of children can lead to excessive demands and expectations that prevent them from developing their autonomy. In addition, the atmosphere in such families is often depressed and tense, making it hard for children to live out important aspects of childhood (e.g. spontaneity, liveliness, carelessness). This makes it impossible for them to experience the independence of their own feelings ("I can still laugh and be happy although my Mom is depressive") (c.f. Beardslee, 2009).

### ***10.1.2 Approach and Avoidance Strategies***

Even though these different basic needs are independent of cultures and development stages, there are clear inter-individual differences in *how* these basic needs can be fulfilled. Thus, while basic needs are universal, the ways in which people seek to satisfy them are highly personal. In the course of their development, people amass the most diverse experiences as to the strategies for fulfilling these basic needs (approach) and for avoiding harm (avoidance). These strategies are internalized in the form of patterns or "inner working models". This means we develop approach as well as avoidance patterns.

Thus, basic needs do not influence behavior directly, but via these patterns. The patterns represent the individual possibilities for basic need satisfaction (Grosse, Holtforth, & Grawe, 2004). That said, both approach and avoidance patterns can be functional or dysfunctional. Approach patterns are functional when sensible goals are chosen and sufficient means to attain them are available. The more friction these goals and means cause with other goals or needs (a person's own or other people's), the more dysfunctional they are. Avoidance patterns help to prevent anticipated harm. As long as the danger of harm actually exists, and the child or adolescent has no choice of alternative behaviors, these patterns are highly expedient. However, because harm concerning basic needs is experienced as very grievous, avoidance patterns tend to persist. This means they are applied, too, when they would no longer be necessary, which makes them dysfunctional (see next section). Moreover, it must be observed that avoidance "only" prevents harm, but the underlying basic needs remain unfulfilled.

### 10.1.3 The Pyramid of Basic Needs

These four basic needs can be visualized in the form of an upside-down pyramid. The underlying idea is threefold (Fig. 10.1):

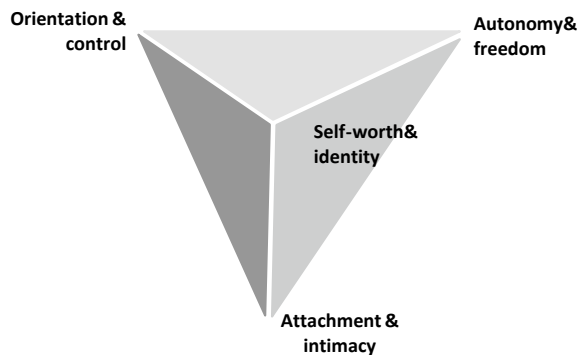
First, in keeping with the attachment theories, we assume that the attachment experiences generated during development are decisive factors for experiences in other areas.

Second, this visualization expresses an unstable balance: consistent and balanced satisfaction of these needs is a complex endeavor. The balance needs constant readjustment because, on the one hand, the world around us changes constantly—and with it, the requirements we face; on the other hand, so do we. Therefore, we need to constantly change our strategies for *how* we fulfill these basic needs as well.

Third, needs and their related patterns can be interdependent and competing at the same time. For instance, positive and fulfilling experiences in attachment can lead to higher self-worth, a sense of autonomy, and orientation. Depending on the way basic needs are acted out, they may conflict more or less strongly with each other. If a person seeks to be close to another person, he or she risks rejection. If someone becomes attached to someone else, he or she always surrenders a certain measure of control and freedom. Or when adolescents venture to do something new, they risk failure. Thus, the attempt to fulfill one need can lead to frustration of another need, and the pyramid loses its balance.

Seen from this angle, it could be said that the art of living consists in keeping this pyramid of basic needs in balance. This entails permanently ensuring that one's basic needs can be fulfilled without excessive internal and external conflict. And the fewer conflicts one has, the better one's psychological health.

**Fig. 10.1** The pyramid of basic needs (Schär, 2016)

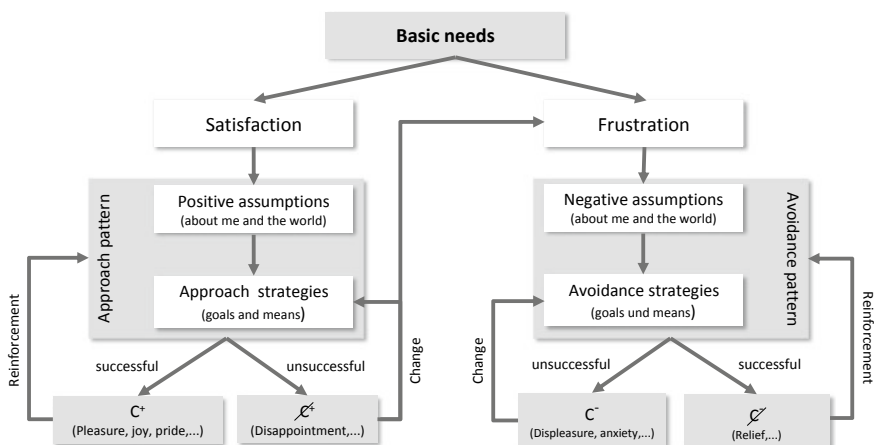


### 10.1.4 Resilience and Basic Needs

The theory of basic needs lends itself well to a connection with the concept of resilience. For instance, several studies show that, for adolescents in highly conflictual environments, the fulfillment of basic needs has a positive effect on their resilience and psychological well-being (Abualkibash & Lera, 2017; Deci & Ryan, 2000; Kaydkhorde, 2014). Below, we show in a theoretical model how the fulfillment of basic needs, moderated by approach and avoidance strategies, can lead to higher resilience (Fig. 10.2).

When adolescents succeed in satisfying their basic needs, these positive experiences result in positive assumptions about themselves, their environment, and their future. This occurs because the fulfillment of basic needs and the way in which this goal is achieved result from a complex interaction between individual and environment. Also, this learning process is a major determinant of a person’s future. If a person has built positive assumptions about himself/herself and the world, this favors, of course, the development of approach patterns. This means that adolescents develop approach goals and look for means and strategies to attain them. When these are successful, a range of positive emotions are experienced (e.g. joy, pride). This reinforces the behaviors practiced, internalizes the patterns, and heightens the probability that these successful behaviors will become more frequent in the future.

However, these strategies are not always successful. The environment can change, for instance, confronting the adolescent with a new situation where the old strategies and patterns are no longer effective: new requirements arise, the pressure to perform is heightened, certain behaviors are no longer tolerated, etc. As a consequence, negative emotions such as disappointment arise. Accordingly, the probability of these



**Fig. 10.2** Theoretical model of the influence of basic needs, approach and avoidance strategies, and resilience (Schär & Steinebach, 2015)

behaviors occurring is reduced, and the person needs to look for alternative approach goals and means in order to fulfill his or her basic needs in a new way.

*Repeated disappointment becomes frustration:* Sooner or later, however, repeated disappointments lead to growing frustration. In its wake, patterns also change step by step. Slowly, but continually, more negative assumptions build up about the individual himself or herself, the environment, or the future. And so, more and more avoidance goals and means take center stage. This is how the vicious circle sets in.

- Unsuccessful avoidance. If the attempted avoidance strategies are unsuccessful, i.e. if the breach of basic needs cannot be averted, this has two consequences: first, it reinforces negative assumptions about self, the environment, and the future. Second, while new strategies are tested, these are avoidance oriented again, because the individual's idea that the world is dangerous and protection is needed has been reinforced.
- Successful avoidance. If these new avoidance strategies are successful, negative emotions cease because the breach of basic needs has been averted. This is felt, for instance, as relief. Due to avoidance, though, there is no experience able to correct the negative assumptions; therefore, these persist. And due to reinforcement, the specific avoidance behavior is likely to be repeated more often in the future.

This means that, when basic needs are frustrated over a longer period, and when avoidance strategies and negative assumptions have become too deeply ingrained, there is (almost) no way out of avoidance any more. Now, avoidance patterns are internalized, and they take control: more and more energy is used for avoiding harm, leaving less and less energy free for practicing approach strategies and thus fulfilling basic needs.

## 10.2 Objectives of Psychotherapy and Counseling

From this perspective, resilience is the ability to not become inherently frustrated in spite of negative experiences and disappointments, instead continuing to seek and find new and more effective approach strategies to fulfill one's basic needs. *The better and the longer an adolescent is able to do this, the more resilient he or she will be.* Based on this, the fundamental objectives of psychotherapy and counseling with adolescents can be deduced:

On the one hand, a fundamental objective is to guide adolescents back from avoidance to approach—to encourage and support them in trying out new behaviors in order to gain new corrective experiences.

On the other hand, it is also necessary to bear with them when not all of the new behaviors work out. Counseling and psychotherapy does not mean to give them approach strategies that work for them, or to avoid disappointments. On the contrary, such resilience-oriented counseling is about learning to deal with disappointments in a good way. The aim is to integrate the resulting disappointments into one's self-concept in such a way that they can be acknowledged and accepted as a normal and

important experiential reality, and do not have to result in deprecation of self and others. Adolescents become more resilient when they try out new approach strategies with more courage and persistence.

### ***10.2.1 Fundamental Principles of Effective Counseling***

As shown above, it is important for the psychological health of adolescents how much they persevere in finding new ways to fulfill their basic needs and how they succeed in fulfilling them. Professional psychological support can encourage and support adolescents to achieve this goal in a better way and help them to grow towards greater resilience.

In the second part of this chapter, we would like to illustrate which factors are important for providing adolescents with effective support. In our definition, counseling, particularly in non-directive client-centered approaches, overlaps with psychotherapy, so both words are used synonymously in this text.

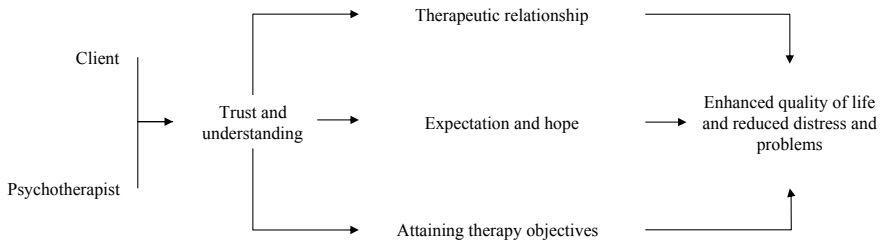
*A short history of common factors:* As early as 1936, Saul Rosenzweig showed in his still-noted publication “Some implicit common factors in diverse methods of psychotherapy” that, in psychotherapy, changes are brought about by implicit processes common to all psychotherapies rather than by the techniques used. He ascribed therapeutic change to clients gaining a different, new, and adaptive understanding of their problems in a sustainable relationship with a safe and consistent psychotherapist. The changes that follow the formation of alternative perspectives, he wrote, have positive effects on other aspects of behavior and experience. Jerome Frank, an American psychotherapy researcher, ascribed the effectiveness of psychotherapy to common factors as well. He saw the transformation of meaning, from demoralization to moralization, as a key process in psychotherapy, postulating four sufficient and necessary conditions (Frank, 1997):

- (1) a trusting and emotional relationship with the psychotherapist;
- (2) a professional context;
- (3) a plausible explanatory model (myth); and
- (4) a therapeutic procedure (ritual) based on that myth.

This view—ascribing the effectiveness of psychotherapy and counseling to common factors, and focusing on the therapeutic relationship as well as on clients’ and therapists’ expectations and beliefs—runs counter to the “medical model”. According to that model, disorders have specific causes calling for specific interventions, a view based on belief in the therapeutic importance of method- and disorder-specific techniques.

In a comprehensive, much-noted research undertaking, Wampold and Imel (2015) examined two paradigms and contrasted the medical model with their own context model based on common factors. The sum of psychotherapy research points towards the context model being preferable. First, proof of specificity has yet to be produced,





**Fig. 10.3** Therapeutic components and processes from the perspective of a contextual understanding of psychotherapy, following Wampold and Budge (2011)

i.e. the differences between various lines of psychotherapy are minor. Second, non-specific factors explain success of psychotherapy to a great extent (for more detail, see Wampold & Imel, 2015).

According to the context model (Wampold & Budge, 2011), effective psychotherapy comprises three therapeutic components. These are (1) a real therapeutic relationship, a feeling of connectedness and belonging, (2) clients' expectation and hope in the therapy (and the consultants' expertise and trustworthiness) as well as the therapists' expectations, and (3) the attainment of therapy objectives by setting goals, pertinent assignments, and therapeutic acts (see Fig. 10.3). A basic requirement mentioned by Wampold and Imel (2015) is the "initial therapeutic bond", because without mutual trust and understanding, without this alliance between the consultants and the adolescents, counseling would not happen and/or could not be effective.

Similar to the model by Wampold and Imel (2015), in "What should we expect from psychotherapy?", Goldfried (2013) summarizes the following general principles of change for therapy effectiveness:

- a. facilitating expectations of positive results;
- b. the therapeutic relationship;
- c. facilitating the client's awareness of conditions that contribute to problems arising and persisting, as well as their influence on his/her feelings, thoughts, and behaviors, i.e. developing an explanatory model;
- d. facilitating corrective experiences; and
- e. encouragement to continually test these corrective experiences in the client's "reality", outside of the therapeutic setting.

Below, these general principles of change will be looked into one by one with a view to counseling adolescents.

*Facilitating expectations of positive results:* One key component of therapeutic effectiveness consists in the client's expectations and beliefs concerning the usefulness of counseling. When adolescents come to counseling, they have probably lived through several disappointments and frustrations already, and their behaviors have not enabled them to satisfy their basic needs. They have implicit or explicit explanations for how the problems started, but usually these explanations do not yield any suggestions on how to change the situation.

In counseling, therefore, one objective is to understand, together with the adolescents, why repeated attempts at coping have been unsuccessful so far. Another objective is working together on an explanatory model that generates alternative perspectives—thereby implying higher degrees of freedom—and that is, therefore, more open to new approaches to solutions. Feasible approaches to solutions include helping adolescents develop hope and modify their expectations about their chances to change things. They should realize that it makes sense for them to try out something new.

Studies show that expectations of positive results and hope have positive effects on the outcome of a therapy (e.g. Constantino, Ametrano, & Greenberg, 2012). An attitude of positive expectation is, therefore, also key to going into approach instead of sitting tight in avoidance. Thus, such an attitude is key to resilience as well.

Expectations of positive results can be supported by explicitly talking about them. In addition, they also develop due to consultants’ faith in the adolescents’ positive development potential. In counseling, this faith may be expressed explicitly or in other ways, e.g. nonverbally, and it is an important aspect of the therapeutic relationship.

*The therapeutic relationship:* It is undisputed that the relationship is a central factor in therapy and counseling (Orlinsky, Grawe, & Parks, 1994; Orlinsky, Roennestadt, & Willutzki, 2004). It is the relationship itself that leads to changes in counseling. It is not only the basis of the counseling process, and it does much more than create a good foundation.

The two-process consistency theory model introduced by Grawe (2004) shows how a positive relationship in counseling and therapy can lead to changes. When the adolescent gains positive relationship experiences in counseling or therapy, his or her need for attachment is nourished. This can happen through positive regard, appreciative feedback, and understanding, all of which reduces incongruence and thus leads to enhanced well-being (see Fig. 10.4).

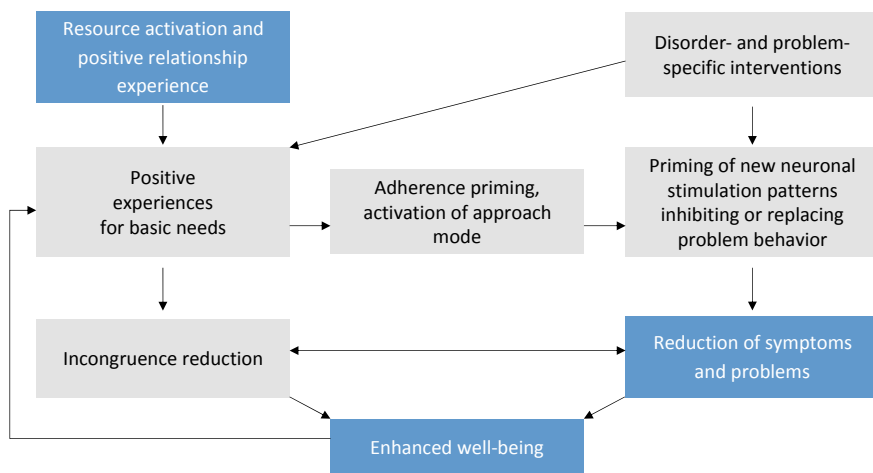


Fig. 10.4 Two-process consistency theory model following Grawe (2004)

At the same time, need-fulfilling experiences lead to mental activity being “rather positive and oriented towards approach instead of towards defense and avoidance” (Grawe, 2004, p. 409). Approach behavior is directed towards motivational objectives, i.e. satisfaction of basic needs. Positive experiences in the relationship with the counselor or therapist can strengthen adolescents and encourage them, for instance, to behave differently in other relationships and thus to gain new experiences, which can strengthen the need for attachment once more. In parallel, need-fulfilling relationships can encourage them or enable them to cooperate in problem- and disorder-specific interventions, which would result in a reduction of symptoms and problems, and thus enhance their well-being as well.

A good relationship in counseling also enables adolescents to change their negative assumptions about themselves, the others, and the future, so that the vicious circle described above can be broken. Thus, directly in and with counseling, they gain corrective experiences about themselves and others.

In his person-centered approach, Rogers (2004) postulates three core conditions: sensitive understanding (empathy), unconditioned acceptance (unconditional positive regard), and the principle of genuineness (congruence). The relationship as well as the entire therapeutic behavior should, therefore, follow from these fundamental attitudes. The counselor’s accepting attitude should enable the adolescents to develop a similar attitude towards themselves. Sensitive understanding (empathy) and unconditioned acceptance (unconditional positive regard) improve their understanding of themselves, thus strengthening their trust in themselves and stabilizing their self-esteem. Grawe calls this factor “resource activation”. The third core condition is the principle of genuineness (congruence). Genuineness lets the adolescents gain corrective relationship experiences within counseling (see 10.2.4). Thus, a good relationship is a fundamental precondition for changes in counseling, but it causes changes directly as well.

Another important aspect is that the adolescents need to understand why it would be worth it for them to go in for the approach process again. They need a plausible explanatory model that shows them how they can overcome their problems.

### ***10.2.2 Developing an Explanatory Model***

Adolescents become more autonomous, i.e. better able to decide and act, thanks to their growing understanding of the conditions that contribute to problems arising and persisting and of how such conditions influence feelings, thoughts, and behaviors, as well as by their greater congruence (Sachse, 1999). Awareness of how problems emerge and persist can be supported by sensitive understanding. A counselor’s empathic understanding aims at getting to know and understanding the adolescent’s represented experiences and feelings. In this way, the counselor should strive to empathize with the adolescent’s perception of the world and thus help him or her to better understand that world. In his description of the factors of psychotherapy, Grawe, Donati, and Bernauer (1994) calls this “motivational clarification”. Its aim is

to clarify the feelings and needs that are problem-relevant, as well as their connection with thoughts, intentions, and behaviors. In order to clarify and better understand the adolescent's problems, however, these have to be activated first, so that the feelings connected with them can be experienced. In conversational psychotherapy, this is called "experience activation" (Finke, 2004), while Grawe et al. (1994) calls this factor "problem actualization".

Based on a better understanding of the persistence conditions, i.e. the reasons for the repeated failures of earlier attempts at coping, a new explanatory model should be developed. Its purpose is to change the adolescent's expectations by providing new and alternative perspectives and approaches to solutions.

According to Wampold and Imel (2015), the criteria for assessing the quality of such explanatory models are subjective. This means they have to be plausible for the adolescents (and their environment), i.e. compatible with their view of the world, and thus acceptable to them. Moreover, they should be open to new solutions and support the adolescents' self-effectiveness. So, the adolescents should understand and recognize that they can influence things. It is up to them to make the change. An important objective of counseling is to help the adolescents develop hope that their problems can be solved or handled. This also changes the adolescents' motivation to address their difficulties.

Interventions—which should be derivable from an explanatory model—must also be plausible and transparent not only for the adolescent and his/her environment, but also, of course, for the counselor. They should show which steps the adolescent could take towards satisfying his/her (basic) needs, thus increasing his/her expectations of positive results and generating hope.

### ***10.2.3 Facilitating Corrective Experiences***

In a good, stable relationship where the adolescent feels regarded and understood, corrective relationship experiences are possible in the course of counseling. With the third core principle according to Rogers—congruence or genuineness—the counselor gets actively involved in the relationship, confronting the adolescent if this is expedient, or clarifying the relationship with him or her. In this involvement, the counselor gives explicit opinions on specific subjects, ideas, or behaviors of the adolescent. In the clarification of the relationship, the counseling relationship is discussed explicitly, for instance by the counselor verbalizing fears or needs of the adolescent. This can help the adolescent to become aware of his or her relational patterns, understand them, and thus make them accessible in order to work on them (for more details and case examples, see Knafla, Schaer, & Steinebach, 2017). Confrontation, e.g. with contradictions between behaviors and statements, enables the adolescent to recognize them. This process of recognition can solve incongruences and change behaviors.

The aim is to synchronize the adolescents' experiences with their self-concept, i.e. congruence, and to enable them to adjust their behavior accordingly without contradictions.

#### ***10.2.4 Encouragement to Test Corrective Experiences in “Reality”***

Support, encouragement, assistance, and positive reinforcement is needed for adolescents to find courage and bring themselves to venture into the approach mode again, and to try out new behaviors after unsuccessful and frustrating experiences. Therefore, it is important to give adolescents courage and confidence. Walter and Peller (1992) call this “cheerleading”—encouraging, reinforcing, and celebrating small steps forward. Testing new behaviors in the real world outside the counseling makes corrective experiences possible. If repeated, these, in turn, influence expectations and behaviors, causing a change of patterns.

In the face of setbacks, adolescents tend to lose courage quickly. Here, too, they need normalization, support, and help in order to learn how to deal with disappointments. Disappointments are part of everyday life for adolescents (and of course for adults). They cannot be avoided, but should be recognized as important experiences, without leading to deprecation of self or others. We, as counselors, also have to learn to endure these disappointments and frustrations with them. In this way, with the relationship and support by the counselor, adolescents become able to come back from avoidance to action (approach). Action means change processes in thoughts, behaviors, or feelings. In the approach mode, they serve to satisfy basic needs, and thus lead to enhanced well-being. Adolescents become more resilient when they find the courage for renewed approach—with the support of counseling.

### **10.3 Conclusion**

Humans have an inherent tendency toward growth and development, but that does not happen automatically. Not only growth, but also well-being and health, arise only if different basic psychological needs are satisfied. One of the biggest challenges for young people is to fashion their living environment themselves for the fulfillment of their basic needs. On the one hand, they have to develop a variety of new strategies; on the other, they have to deal with frustrations with regard to their basic needs.

On the point of view of resilience, the main objective of counseling with adolescents is not to avoid the frustrations or to teach them *better* strategies to fulfill their basic needs. When adolescents are frustrated, demoralized, and hopeless, counseling should help them overcome the avoidance tendency and encourage them to try out and evaluate new and different strategies in order to gain new corrective experi-

ences. And most of all, to help the adolescents integrate disappointments into their self-concept as a normal experiential reality, without deprecating oneself or others.

According to Frank and Frank (1991), clients mainly come to therapy or counseling not because of the suffering associated with their symptoms, but because of the hopelessness their symptoms cause them. Hopelessness develops when adolescents or their environment ascribe a morbid explanation to their experiences, feelings, and behaviors, and fight a losing battle against them. The transformation of meaning from demoralization to moralization is, therefore, a key process in therapy: overcoming hopelessness and then the symptoms themselves.

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