

## THERAPY AND A SENSE OF SECURITY OF CHILDREN, YOUTH AND ADULT

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### ABSTRACT

*This article presents the problem of the therapy process in the context of the safety of children, youth and an adult. The issue of safety has always had great importance both for individuals and entire societies. Relatively little is devoted to ensuring the mental safety and help of the therapist depending on the environment is either acceptable or stigmatized. Therapy provides a sense of security for many individuals.*

### KEYWORDS

*the therapeutic process, child, youth, an adult, a sense of security*

### Introduction

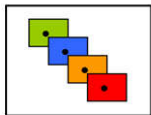
The term "therapy" initially was associated with medicine, today is used in many disciplines: especially psychology, pedagogy or sociology (B. Kaja, 2001, p. 11). Similarly, interest in the use of various types of forms of therapy depends on the country as well as the social group. There are countries where a large proportion of the population uses the help of therapists who help them find the motivation to act, work or even leave the bed in the morning. It gives a sense of security, a sense that we are not alone with our problems. Sometimes it is a kind of fashion statement. There are also places where therapy despite the fact that it gives patient a sense of security, is also a cause for shame. Many people do not admit to visiting therapists out of fear of stigmatization, social ostracism.

Generally, a lot of attention is devoted to the problems of securing the safety. We can talk about the safety of individuals and entire societies. In order to ensure the safety a lot of activities both globally and locally are undertaken. Action on a global scale are primarily focused on international security, on the elimination of terrorism in the world, to support areas affected by famine, floods or other natural disasters. In the local environment action shall be taken in supporting those in need but also on prevention. Preventive actions in the security are lead by individuals and organizations trained for this purpose.

One gets the impression that little is sacrificed, both in scientific discussions and media, to ensure the safety of mental entities that need direct support in the difficult moments of life. It should be noted that modern person lives in constant tension often caused by competition at the stage of pre-school, school or in adult life at work. Parents, demand that their children are "best" in science, sports and social life. In adulthood often the reason for tension is the fear of job loss, fear of inability to repay the loan, fear of disease, fear of aging, fear of death. Living in a technological society also intensified a wave of addiction behavior, such as a *computer, the Internet, computer games, television, telephone, work, shopping*, and more. The inability to self-manage the relationship with parents and children also requires support. Furthermore, there are situations, when a person is in crisis: the death of a loved one, separation from a partner, adultery, when crisis intervention is needed. In turn, these are caused by insecurity and escape into addiction to psychoactive substances such as medicine, drugs or alcohol.

### Definitional aspect of safety

Literature says that "security is supreme and overriding need of individual, social or ethnic groups, there is also the need for countries and international systems, as well as right to declare their goal". (E. Pałka, 2001, p.49) D. Rondalska defines security as "a condition in which there is no risk" (D. Rondalska, 2008, p. 587). A sense of security by D. Serdyńska, "determines the state of absence of risk, a state of calm and confidence" (D. Serdyńska, 2008, p. 415), and as D. Rondalska adds "protection from hazards; a condition in which hazards and conditions leading to physical, psychological and material harm are controlled, in order to preserve the health and well-being of individuals and communities. It is a necessary condition in daily life, it takes individuals and communities to realize their dreams and aspirations "(2008, p. 587). E. Pałka writes that "the subject of security is an individual" (E. Pałka, 2001, p. 49). As E. Wysocka writes - we speak of safety "using two perspectives - individual and social" (E. Wysocka, 2001, p. 223).



### **Forms of therapy**

B. Kaja and A. Kargul define therapy as "a system of actions applied not only to the afflicted, but also individuals with impaired development or seeking solutions to difficult situations, also in relation to persons remaining within the social pathology, and therefore affected by addictions, deprived freedom, subject to deeper derailments manifesting signs of advanced psychopathy" (B. Kaja, 2001, p. 11). Depending on the problem, psychotherapist education, as well as external conditions (outpatient v. stationary), in which therapy takes place uses a particular technique (J. Szeliga-Lewinska, 2010, p. 104).

### **Individual therapy**

The most common form of treatment is individual therapy. It is a form where the patient contact with the therapist is the one on one. Individual therapy is implemented through direct contact of customer with the therapist. Customer contact with the therapist is an important factor in the process of psychotherapy. It is a form of therapy that provides a client with the highest level of trust, privacy, attention, intimacy and giving a sense of security. (E. Dybowska, 2013, p. 21).

### **Family therapy**

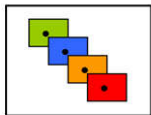
Family therapy is useful in situations where family members are clearly part in customer's problems. This is important especially if when the individual which takes therapy continues to operate in the disturbed family and then, family therapy is usually ineffective. E. Dybowska and K. Wojdanowicz indicate that "family therapy is a therapeutic approach, treating the family as a whole, without isolation of the individual as it is in individual therapy". They emphasize that family therapy has a number of trends and variations, "family therapy is regarded as one of the possible ways to help individuals. However, a separate form is systemic family therapy, where the pathology or abnormality is attributed to the functioning of the whole system to family and not only to individual member of the family." (E. Dybowska, p. 21)

### **Group therapy**

Group therapy is particularly helpful for people with various difficulties in interpersonal relationships: customers who have experienced in the past or still experience rejection by the group and have difficulty in establishing contacts, lasting, close relationship, people who try to suppress their need of any close contact and acceptance by isolating themselves or deprecating group, customers, who are characterized by fear of social assessment, those seeking support in crisis situations in life. In addition, "group therapy is also recommended for people with various mental disorders (neurotic, mood, personality disorders), because often one of the causes of experienced symptoms are not satisfactory relationships with others. Often they feel accompanied by a sense of otherness, of misunderstanding, of loneliness. The conviction of own otherness greatly affects how they see themselves. Self-esteem is the result of their own evaluations and comparisons with assessments of the so-called reference group. Negative beliefs about oneself are easier to change in the group therapy than the individual one" (J. Szeliga-Lewinska, 2010, p. 114).

Group therapy is a treatment process and the changes which occur in the individual under the influence of the group. It is a type of therapy that takes into account the interactions between the participants of the group. The specificity of these interactions are the particular standards created by the group, which is the lifeblood of therapy and are used in order to provoke the desired changes of participants in such group therapy. The essence of group therapy is the possibility of discovery by the client, that other people also experience similar problems. This situation, leads to the fact that individuals in the group therapy are mutually accepted. In group therapy a person can receive help and understanding from other participants in therapy, not only from a therapist, can benefit from the experiences and insights of others. Group therapy can serve as a link between individual therapy and everyday life (E. Dybowska, p. 21).

The organization of a group therapy varies depending on the place where it takes place: closed groups, outpatient therapy. In the case of closed groups during the course of therapy treatment groups meet 1-3 times per week (may be more). For groups in outpatient therapy meet up to 2 times per week. Yalom and Leszcz argue that "it is best when the group meets two times a week, because such groups work harder, their members continue to work through the issues raised at the previous session and the whole process becomes a continuous meeting. According to the authors, it should also be avoided to meet less frequently than once a week, because participants have considerable difficulty with focusing on the interactions. Due to the fact that much happens in their lives between the meetings, they tend to focus on events in life and overcoming crises." Therapy session is planned for 60-90 minutes, during longer sessions, therapists often begin to feel the fatigue, which affects their efficiency. Number of participants the most favorable for the development of therapies is 8-12 people (J. Szeliga-Lewinska, p. 113). Often the therapy groups function as a support group after the end of therapy (ex. Anonymous Alcoholics) (E. Dybowska, K. Wojdanowicz, p. 22).



### **Traditional therapeutic approach and solution focused therapy**

First, let's look at the traditional approach to therapeutic help. The traditional mainstream therapy by T. Kosman assumes that "therapy vocabulary of medical and psychological model naturally places the therapist as an expert in the interpretation of the customer experience. All the "friendly" terms used in traditional therapies, such as therapy plan, case, diagnosis bring with them some context referring to the medical model (the affliction). Therefore, consequences for the therapeutic practice emerge: a hierarchical relationship of therapist with the patient; therapist as an expert in specific knowledge focusing primarily on deficits and past failures of customer and confirmation of diagnosis; the vocabulary used hides and minimizes customer resources, sometimes treats them as a manifestation of the disease (ex. manipulations); normative perspective reduces the successes and achievements of the client; lack of appropriate tools (procedures and vocabulary) to help work on the resources of the client. In addition, experience of therapeutic-intervention current shows that patients (clients) are not too eager to "anchor" in the areas of their problems. Most often they just want to skip to the search for potential solutions. (T. Kosman, 2013, p.11).

### **The new type of therapy - solution focused therapy**

Fast possibility of a problem solving is created by a short-term solution focused therapy. In this type of therapy it is possible to build such a fact, which is most suitable for the client, which is useful and acceptable (T. Kosman, 2013, p.11). Another difference concerns the treatment time. "Solution focused therapy - completely opposite than psychoanalysis - refers to the future and the past. The past is very unimportant, is skipped, and discussion of past events, traumas, customer life situations are extremely limited. Undoubtedly the future is important, especially positive vision of the future, of which the client at the beginning of therapy is usually deprived" and the past is marginalized (L. Miś, 2010 pp.225-241).

The emphasis on respect for the client, the search for all possible occasions to show this respect is one of the guiding principles for short-term therapy focused on solutions. Others, key rule of such therapy is: "the ability to diagnose client resources wherever they exist, regardless of the size of the 'pathology and problems' which we meet in case of each customer; minimizing their own opinions, not imposing their own points of view or values; focusing on so-called "exceptions" or periods in the life of the customer, when life went successfully, smoothly; the search for a positive vision of the future, other - than the current, unfavorable from the viewpoint of the customer." (L. Miś, 2010, pp. 224-241).

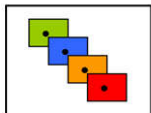
In the presented approaches we are dealing with two different strategies to help in which different emphasis is put a on the nature of the problem, with which the customer comes. In the traditional approach, focused on solving problems, therapist, who is an expert collects customer information about the problem, to assess it, determine its importance and plan to intervene, with the task of its dissolution or even relaxation. In turn, the approach proposed in the new model, essential area of work with a client who is regarded as an expert in his life, is searching for solutions, and the solutions are not necessarily related to the problem (T. Kosman, 2013, p.10).

### **Summary**

In his Pyramid of needs, A. Maslow, a famous American psychologist, points safety to second place in the hierarchy (after the physiological needs). After the "need of security" indicates the need for affiliation, need to respect and recognition, the need for self-realization. Today, individual has a huge need for a sense of security in both the global and the local terms. B. Laskowska writes, "observing the changes in the modern world it is hard not to fall into confusion and a sense of disorientation" (B. Laskowska, 2015, p. 151-156). A breach of security of individual does not always take place in an open and obvious. The danger is both direct threat and obvious risk of injury. The threat is also manifested as an addiction, such as a *computer, the Internet, computer games, television, telephone, work, shopping, etc., or dependence on psychoactive substances such as medicine, alcohol, drugs*. In a situation when we meet with obvious danger, such as the threat in question, we can make use of personal protective equipment, which seeks to ensure our safety (M. Kryłowicz, 2016, p. 7). In the case of addiction or other personal or family problems security is often given by therapy.

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