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ALTERNATIVE THERAPIES: NEW APPROACHES IN COUNSELING

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ABSTRACT

The purpose of this study is to analyze the counselors' perspectives towards alternative therapies (AT) and whether they use alternative therapies in their professional

life or not. The questionnaire was prepared by the researchers based on literature review and experts' opinion. A qualitative research design and structured interview technique as the data collection tool were used in this research. Counselors' perspectives about alternative therapies were examined by content analysis. Results indicated that counselors have limited knowledge about alternative therapies.

KEYWORDS : Alternative therapies; counseling; new approaches.

INTRODUCTION

Counselors are familiar with well-known counseling theories. These theories are considered as major theories in the profession (Corey, 2009). Many of these therapy models focus on "talk therapy" in the healing process (Degges- White & Davis, 2011). On the other hand, alternative therapies (AT) are new trends in counseling profession. There is not a specific definition of AT but types of AT have their own definitions. Art therapy (visual art therapy, music therapy, drama therapy, dance/movement therapy, and expressive writing therapy), adventure therapy, child centered play therapy, sand therapy, dance therapy, and integrative therapies are considered as alternative therapies (Corey, 2009; Degges-White & Davis, 2011; Kerr, 2008; Malchiodi, 2003).

AT are powerful ways to communicate with clients. Some clients may have difficulty in expressing their feelings and thoughts verbally. These clients may think that thoughts and feelings are too painful to put into words.

According to Selekman (1997), children and adolescent who tend to express their feelings with nonverbal verbs, may not benefit from talk therapy. In such cases, using AT may help clients who express emotions and beliefs more easily because it provides another language to clients (Gladding, 2005). These AT activities help clients to reduce stress, resolve problems and conflicts, and enhance their sense of well-beings (Malchiodi, 2003). Research also shows that students who received AT such as play therapy experienced a significant increase in self efficacy (Fall, Balvanz, Johnson & Nelson, 1999). Literature support using AT in the school settings but few research exists about which AT can be implemented in school settings (Wengrower, 2001).

1.1 Art Therapy

Art therapy is psychotherapeutic intervention which uses art with expressive and communicative channels (Shostak, 1985). Art has many forms and various methods such as visual art, music, dance/movement, drama and expressive writings in counseling sessions (Degges-White & Davis, 2011). Art therapy has three stages as entry, exploration and action-taking. Entry stage focuses on clients' goals; exploration stage focuses on clients' problems, and action-taking stage focuses on clients' solutions (Kahn, 1999).

Art therapy is appropriate for preschool, elementary school, middle school, and high school pupils. Art therapy uses visual and verbal tools to help children express themselves more easily (Coleman & Yeh, 2008). Art therapy provides less defensive environment for adolescent so adolescent clients feel accepted by the counselor. Even though using art therapy in school settings is an important and appropriate intervention to cope with challenging situations (Cobia & Henderson, 2003), it is used less in school settings (Coleman & Yeh,

2008) because of lack of knowledge about counselors' role.

Art therapy is used for many physical and psychological problems such as trauma (Appleton, 2001; Chapman, Morabito, Ladakakos, Schreier & Knudson, 2001; Lyshak-Stelzer, Singer, Patricia & Chemtob, 2007; Pizarro, 2004; Spiegel, Malchiodi, Backos & Collie, 2006); cancer (Bar-Sela, Atid, Danos, Gabay & Epelbaum, 2007; Councill, 1993; Luzatto & Gabriel, 2000); sexual abuse (Backos & Pagon, 1999; Kelley, 1984; Pifalo, 2007; 2002); incest (Waller, 1992); depression (Ponteri, 2001); geriatric dementia (Kahn-Denis, 1997); addiction (Feen-Callgan, 1995); autism (Emery, 2004) and loss and grief (Junge, 1985).

1.2 Sandplay Therapy

In sandplay therapy, sand is used for healing purpose. Sandtrays create an area for understand clients' conscious and unconscious problems (Tennessen & Strand, 1998). It also allows clients to articulate their concerns in a symbolic and nonverbal manner (Degges-White & Davis, 2011). This therapy uses sandtrays which has blue bottom. Also some figures which encompass different ethnicities, races, genders, and religious beliefs are used in this therapy. Figures include animals, sea creatures, half human-half animal figures, monsters, foods, fantasy figures, plants, rocks, mountains, volcanoes, buildings, vehicles, and spiritual figures (Degges-White & Davis, 2011).

Sandplay therapy has two approaches. In the traditional therapy sessions, clients choose figures without any directives. With this figures, clients are asked to shape what they want on the sandtray. At the end of the session counselor take a photograph of the shaped tray. In the directed sandplay therapy, some directives are given by the counselor. Counselors also ask some questions whether client want to make changes on the sandtray (Tennessen & Strand, 1998). On both approaches it is believed that the first tray client created allows both counselors and clients understand what clients' problem and its solutions (Amatruda & Simpson, 1997). Thus, counselor observes which figures were used first and which figures were removed. These clues lead counselor to understand clients' problem.

Sandplay therapy is used for several different psychological problems such as career decision (Sangganjanavanich & Magnuson, 2011); substance abuse (Monakes, Garza, Weiesner & Watts, 2011; Stewart & Conrod, 2005); self esteem (Shen & Armstrong, 2008) and parental problems (James & Martin, 2002).

1.3 Adventure Therapy

Adventure or adventure based therapy differs from other psychotherapeutic approaches with its own characteristics. This therapy occurs in natural environment and aims to use groups for treatment purpose. Group members have been chosen who are not open to traditional counseling (Fletcher & Hinkle, 2002). According

to Gass, Gillis and Russell (2012), adventure therapy is a therapy which uses adventure based experiences such as camping, ropes courses in the natural settings for kinesthetically engage clients on cognitive, affective and behavioral levels. Adventure therapy integrates traditional therapy practices with experimental activities for the purpose of developing a new and effective intervention which address clients' therapeutic goals (Tucker, Javorski, Tracy & Beale, 2013). The experimental activities are chosen for therapeutic purpose specifically (Norton & Tucker, 2010).

Adventure therapy can be implemented in a variety of setting with different ages but the most successful group for this therapy is adolescents (Williams, 2000). With this therapy, adolescent engage in risk-taking behaviors which is considered as developmental features (Schell, Cotton & Luxmoore, 2012). Adventure therapy is used for several kinds of physical and psychological problems such as adolescence problems (Jelalian, Mehlenbeck, Lloyd- Richardson, Birmaher & Wing, 2006; Schell, Cotton & Luxmoore, 2012; Tucker, Javorski, Tracy & Beale, 2013); substance abuse (Bettmann, Russell & Parry, 2013); psychosis (Bryson, Feinstein, Spavor & Kidd, 2013) and cancer (Stevens et al, 2004).

1.4 Child Centered Play Therapy

Play therapy is another alternative therapy in counseling profession. For more than six decades, play therapy has been used to treat children's concerns (Bratton & Ray, 2000). Play therapy is a process which systematically uses the power of play to help clients' problems (Schaefer, 1993). The purpose of play therapy is to understand the children from a developmental perspective (Ray, Bratton, Rhine & Jones, 2001) because play is a developmentally appropriate way to communicate (Landreth, 2002). Another purpose of play therapy is to create a way in which children understand what their feelings and thoughts are (Guerney, 1979).

Children use play like their language; toys and play materials become a tool to communicate (Landerth, 2002; Phillips & Mullen, 1999). Play therapy focuses on using play because it helps children to self-actualize (Cochran, 1996). Play therapy is appropriate for preschool and elementary schools students aged under 10 (Coleman & Yeh, 2008). Because of children express themselves with playing, play therapy session should focus on play rather than verbal communication (Clauss, 1998).

Play therapy has positive impact on behavioral problems (Post, Caballos & Penn, 2012; Raman & Kapur, 1999; Ray, Stulmaker & Lee, 2012; Schottelkorb, Swan, Garcia, Gale & Bradley, 2014); self-efficacy (Fall, Balvanz, Johnson & Nelson, 1999); self-concept (Post, 1999); anxiety (Baggerly, 2004; Shen, 2002); relationship stress (Ray, 2007); depression (Baggerly, 2004); speech problems (Danger & Landreth, 2005); and diabetes treatment compliance (Jones & Landreth, 2002).

1.5 Integrative Therapy

Integrative therapy is the most commonly used therapy throughout the world (Jones-Smith, 2011). Integrative therapy is a combination of traditional therapies and alternative therapies (Stricker, 2001). This approach is not a combination of well-known traditional therapies, rather, it is the most effective combination of theories for clients' specific problems (Jones-Smith, 2011). According to Lebow (1997), the best integrative therapies allow counselors to find best treatment strategies.

Integrative approach which are usually rooted with traditional therapies, borrows some techniques from alternative therapies (Corey, 2009). In this approach, traditional therapy allows counselor to set structures and alternative therapy helps counselors to move beyond traditional therapies. Thus, they complement each other.

Integrative therapy was used for different psychological problems such as depression (Constantino et al, 2008; Hayes, Beevers, Feldman, Laurenceau & Perlman, 2005; Castonguay et al, 2004); anxiety disorders (Mennin, Heimberg, Turk & Fresco, 2002; Watts-Jones, 1992); obsessive-compulsive disorder (Sookman & Pinard, 1999); eating disorders (Wonderlich, Mitchell, Peterson, Crow & Striegel-Moore, 2001); adolescence problems (Grehan & Freeman, 2009; Greco & Eifert, 2004) and family therapy practice (Lebow & Newcomb-Rekart, 2007).

The purpose of this study aims to analyze the counselors' perspectives towards alternative therapies and whether they use alternative therapies in their professional life or not.

2. Methodology

This research study addressed the question "What are Turkish counselors' perspectives towards AT?". In this research, qualitative research design was used. As a qualitative research technique, phenomenology has been used for this study because phenomenological study investigates various perceptions of particular phenomena (Fraenkel & Wallen, 2006).

2.1 Sample

Being one of the types of purposeful sampling, criteria sampling strategy has been used. Purposeful sampling is a sampling method of qualitative research. In purposeful sampling, researchers use personal judgment to select a sample (Fraenkel & Wallen, 2006). 14 female and 7 male counselors were participated in the study. Participants were selected from psychological counselors who work actively with adult clients since at least one year.

2.2 Instrument

As data collection tool, structured interview form was used. To increase the internal validity of the research, deeply literature review was made by the researchers before composing the interview questions. The questions of interview were evaluated by three experts of counseling profession. The latest version of the questions was used in the interview process.

2.3 Process

During the analysis process, interview records and notes were decoded and analyzed. Counselors' perspectives of the AT were examined by content analysis. Content analysis is a multi-purpose analyse method (Berelson, 1952; Hsieh and Shannon, 2005) that is a technique that enables researchers to study human behavior indirect way, through of the participants' communications (Fraenkel & Wallen, 2006). The data were analysed in four steps. (1) coding of the data, (2) theming of the data, (3) organizing codes and themes, (4) defining and interpreting of the findings (Yildirim & Simsek, 2013).

3. Results

The result of content analysis for the questions of interview is as listed below.

Which therapy approaches occurs to you when you hear the term of AT? Themes are listed below:

Table 1.

The therapy approaches which occur to participants about AT	
	f
Art Therapy	6
Game Therapy	2

Fairytale Therapy	1
Music Therapy	1
Cinematherapy	1
Bibliotherapy	1
Integrative Therapy	1
Sand Therapy	1

2 participants preferred not to answer this question. 10 of them answered this question specifying the main theories of the counseling.

As second question, which AT they feel close to themselves and its reason were asked. Themes are listed below:

Table 2.

The AT they feel close

	f
Art Therapy	7
Game Therapy	2
Dance Therapy	1
Cinematherapy	1
Fairytale Therapy	1
Sand Therapy	1
None of them	1

As it is seen, most of the participants feel art therapy close to themselves. The reasons why they feel AT close to themselves were categorized into 3 themes: 8 participants indicated *suitability for masses*, 3 participants indicated *personal interest*, and 3 participants indicated *functionality*.

As third question, which AT they apply to their clients and what kind of problems they face when they apply to alternative therapies was asked. From the total 7 participants indicated that they use AT, 4 of them indicated that they use art therapy; 2 of them game therapy; and 1 of them music therapy. Because of misunderstanding, 5 participants answered this question with main counseling theories, and these answers have not been included to the analysis process. The problems they face when they apply to AT were emerged into 3 themes: *Limited effectiveness; physical conditions; counselors or clients related problems; and insufficient education and practice*. Examples of the answers of this question are as following:

"Alternative therapies require effective skills. Being educated is not always enough. I have difficulties when I have to terminate therapy (C.16)."

"I use art therapy in my sessions but I think analyzing the pictures of my clients requires more expertise (C.12)."

"I think clients are unfamiliar to these therapies' techniques (C.5)."

AT's advantages and disadvantages were also asked to the counselors. Themes of advantages and disadvantages are listed below.

Table 3.

Advantages and disadvantages of AT

Being a supportive approach to main counseling theories	11
Having facilitator role for self-expression	

	and self-disclosure 8
Being effective for adolescence	6
Cause effective relationship between counselors and clients	6
Being functional	4
Highlighting clients' strengths	1
Advantages	
Having impractical problems for both clients and counselors	6
Insufficiency of implementation with main counseling theories	4
Being time consuming	3
Physical deficiencies	3
Misunderstanding about its key concepts	3
Not having a theoretical background	3
Difficulties to obtain a certificate of AT	1
No disadvantages	2
Disadvantages	

Examples of the answers of this question are as following:

"I think AT are an alternative way to reach the clients (C.4)"

"My students find AT more entertaining so they feel counseling services are not a place to fear (C.16)". "AT help clients to realize their inner strength (C.8)"

"In AT session clients have more responsibilities. This may cause bias towards AT (C.12)." "Insufficient education about AT may cause more problems instead of healing (C.9)." "The question of "Which age group is appropriate for AT?" is asked to the participants. 11 participants stated that AT are applicable to all age groups but children are the most appropriate group. 1 participant stated that AT are for children and adolescents. 5 participants' answers were not analyzed because they consider main counseling therapies as an alternative therapy.

As seventh question, it was asked that "Should AT be applied with integrating main counseling therapies or applied by itself?". 3 participants indicated that AT can be applied by itself because it has its own techniques. On the other hand, 9 participants stated that AT should be integrated with other well-known main counseling theories.

The question of "Which problems are appropriate for working with AT?" was asked to participants. The themes are listed below on the table.

Table 4.

The problems which are appropriate to work with AT.

	f
Communication problems	10
Phobias and anxiety related problems	8
Conduct problems	5
Trauma	4
Depression	3

The question of "Are AT appropriate for using in Turkish educational system?" was asked. 8 participants stated that AT were appropriate for Turkey school setting. They indicated that AT are a creative therapies and could easily applied to children and adolescents but counselors need education about both therapies'

theoretical background and practices. 6 participants stated that AT were not appropriate therapies for Turkish education system because schools in Turkey are not able to provide materials to counselors. Schools' psychical conditions are also not appropriate for AT.

Examples of the answers of this question are as following:

"It is not applicable to Turkey because the number of students per counselor is too much (C.1)".

"There are not enough colorful markers or drawing papers for art therapy in my counseling room. I have only what I bought by myself, school administrators did not provide anything for AT (C.3)".

"Our country's counseling services are based on paper work instead of making therapy. Counseling always stays in the background (C.16)".

"It is not easy to integrate AT to Turkey's school settings (C.8)".

As the last question, it was asked that what they think about having a course of AT at the counselor education program. 16 participants stated that AT must be a course in the counselor education program because counselors need more knowledge about AT, trending topics and new approaches of counseling. 8 participants stated that there were some deficiencies in counselor education.

4. Discussion

The question counselors mostly hear is that "What is your theoretical orientation?". This question is usually answered with major concepts and practices of the contemporary therapeutic approaches however, AT became one of the trending topics in Turkey at last years. Counselors must be aware of the AT key concepts, the therapeutic process, techniques, application as well as main well-known therapies but the results of this study shows that Turkish counselors have limited knowledge about alternative therapies.

The main result of this study is counselors' lack of knowledge about AT. They have difficulty in deciding which therapeutic approaches were considered as AT. Turkish counselors unified main counseling theories and AT to each other. They also have difficulty in making a framework about AT. Most of the counselors consider only art therapy and game therapy as AT. Few counselors were willing to use these therapies for healing purpose.

Most of the counselors indicate that they did not choose AT as their theoretical orientation because they thought that AT were not effective. However there are a lot of researches which show that AT are effective (Chapman, et al. 2011; Councill, 1993; Danger & Landreth, 2005; & Jones & Landreth, 2002). For example, art therapy increases self-efficacy and self-esteem (Coleman & Yeh, 2008). Participant counselors indicate that integration of AT and main counseling theories would increase efficacy. The reasons why they would not prefer AT are insufficient psychical environment, ineffectiveness for a long term, problems related to counselors and clients. Briefly, these results show that AT are not a preferable approach and the reason of that is related to external factors. Contrary of this research, a research which was conducted with the school counselors who are member of American School Counselor Association indicated that school counselors have positive perspectives about play therapy and these counselors strongly believed in its utility (Ray, Armstong, Warren, & Balkin 2005)

Another result of the study is related to the topics which were appropriate for AT. Turkish counselors indicate that phobias and anxiety problems were the best problems for AT. However, trauma (Appleton, 2011), depression (Baggerly, 2004; Constantiono, et al. 2005), sexual abuse (Backos & Pagon, 1999), and substance abuse (Bettmann, Russell, & Parry, 2013) are other trending problem areas for alternative therapies as to some other researches. Turkish counselors also think that AT are appropriate for all age groups but

children and adolescents were best groups for AT.

CONCLUSION

Most of the counselors think that AT should be a course at counselor education program because their reluctance about using AT was related to lack of training. According to Ray, Armstong, Warren & Balkin (2005), counselors' lack of training is an important barrier for using play therapy. Participant counselors also indicated that Turkey's counselor education programs have lots of deficiency. Thus they stated that counselor education program curriculum must be enhanced by contemporary counseling theories and topics.

Briefly, the result of this study shows that Turkish school counselors lack of training about AT. They indicated that they were willing to learn the concepts and application of AT. To do this, there are some practical implications. First, to get rid of the misconceptions about AT, a course of AT should be given in the counselor education program. Second, school administrators should invest in AT to provide the counselors the chance for apply AT at school. Third, counselor associations should introduce AT to students, parents and colleagues. Last, more researches about AT need to be carried.

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