CHAPTER II

THEORETICAL FRAME WORK

2.0. Overview

Family life has undergone dramatic changes in recent years as it has become increasingly more complex. There are crisis from within and from outside that weaken the family, the basic unit of the human society. The fundamental elements and the basic roots of the family are heavily shaken. The traditional view of the gender is changing. But the traditional view of role of gender is not changed. Women have entered the working force in dramatic numbers. Spouses divorce and remarry with increasing frequency. Some decide to remain single after the first marriage has failed. Marriages, today, are not the same as they used to be just one generation back. Equations have changed. Despite the dramatic changes that families undergo over their life span, there are a number of predictable and identifiable tasks. A significant approach that ventures a praiseworthy effort to save and safeguard the family is Family Therapy/Family Counselling.

This chapter, in general deals with the theoretical perspectives of the family, and the family counselling in view of the systemic orientation. Reflections on concepts of functional and dysfunctional families, differentiation of self and spiritual intelligence are also included in this chapter.

2.1. Theoretical Perspectives of the Family

Family is the locus of every individual. Everyone is born and grows as a person in the context of family. Each one’s uniqueness and task is realized and actualized in the context of family. Knowledge on the theoretical perspectives of the family helps to understand what a family is and how a family operates. There are a lot of definitions on family, which reflect the sociological, biological, psychological and religious outlooks. A family is far more than a collection of individuals sharing a specific physical and psychological space. Therefore, when defining the family, one must address the basic or core features that comprise all families, while not losing sight of the diverse structures and dynamics within families. A definition which gives an integral view on the family is given below.
2.1.1. Definition of The Family

Irene Goldenberg and Herbert Goldenberg (2008) defined family as a social system, which has its own characteristic properties, one that has evolved a set of rules, is replete with assigned and ascribed roles for its members, has an organised power structure, has developed intricate overt and covert form of communication, and has elaborated ways of negotiating and problem solving that permit various tasks to be performed effectively. The relationship between members of this micro culture is deep and multi layered, and is based largely on a shared history, shared internalised perceptions and assumptions about the world, and shared sense of purpose. Within such a system individuals are tied to one another by powerful, durable, reciprocal emotional attachments and loyalties that may fluctuate in intensity over time, but nevertheless persist over life time of the family. Families establish patterns of interactions for managing the basic tasks. These patterns give the family its distinctive identity, define the family’s boundaries, determine how house hold is managed, and prescribe the quality of the families environment. Some of the salient features of the family are described in the following sections.

2.1.2. Family Life Cycle – Stages of Family Development

The family life cycle is the fundamental concept in understanding how families change overtime. It opens the way for the study of particular problems and potentials, rewards and hazards, vulnerabilities and strengths of each phase of family experience from beginning to end. The family life cycle can be divided into stages that are conceptually distinct, and which typically occur in a given sequence (Duvall and Miller; 1985). Duvall proposed that the typical development of the family proceeds through eight stages, beginning with marriage and ending with the death of both spouses. The stages are: 1) Married couples without children; 2) Child bearing families (oldest child, birth to 30 months); 3) Families with preschool children (Oldest child 30 months to 6 years); 4) Families with school going children (Oldest child 6-13 years); 5) Families with teenagers (oldest child 13-20years); 6) Families as launching centres (First to last child leaves home); 7) Middle –aged parents (empty nest to retirement); 8) Aging family members (retirement to death of both spouses).
In each stage, one faces challenges in one’s family life, that cause one to develop or gain new skills. The development of these skills helps the individual to work through the changes that nearly most families go through. Mastering the skills and milestones of each stage is important to successfully move to the next stage. Successful transition may help prevent emotional and stress related disorders. The inability to master the skills does not mean that the family will be detained at one stage. The family will still move on to the next phase, but its members are more likely to have difficulty with relationships and future transitions. The missed skills can be learnt and recovered at any stage to improve the quality of family life.

It is important to note that, all families do not move through the family life cycle in the same way. Each family has its own unique and particular aspects. While majority of the families experience the life cycle discussed above, they have different experiences based on various factors such as: rich or poor, large or small, living in the city or village, class, caste, nuclear or joint family. Knowing ‘what, how and where’ a family is in its life cycle, makes it possible to anticipate a number of vital factors.

2.1.3. Family – A Psychosocial System

In a general sense, a system means configuration of parts connected and joined together by a web of relationships. That is, a system can be defined as a group of interconnected or interrelated parts which mutually interact across time. A change in any part of the complex unit is accompanied by predictable changes in other part of the system. The system approach gives emphasis to interrelationships, and not to the elements of the system. It focuses on the process that governs the data rather than on the content. It concentrates on the principles of organisation that give meaning to the data than on cause-effect connections that give bits of information.

A family represents one such system, in which the member components are organised into a group, forming a whole that transcends the sum of its separate parts. Families are living, ongoing entities, organised wholes with members in a
continuous, interactive, patterned relationship with one another extending over time and space. According to Ackerman (1958), understanding the dynamic relationships among family members is far more illuminating than simply summing up those components. The relationship between the family members is complex, and factions, alliances, coalitions, and tensions exist.

The family’s structure and process are embedded in a complex extended family; neighbourhood, institutional, class, ethnic and cultural systems. Therefore beyond the relationships of its constituent members, the family itself is continuously linked to larger systems in a bidirectional manner. Causality within the family system is circular and multi directional rather than linear cause and effect. A change in any one component is inevitably associated with changes in other components with which it is in relation. The family system has following characteristics:

- **Family Rules:** A family is a cybernetically ruled governed system. The family rules, for the most part are not explicitly stated, but internally understood by family members, which help stabilize and regulate the family functioning.

- **Family Homeostasis:** The automatic tendency of the body to maintain its balance or equilibrium is called homeostasis. Homeostasis is achieved in a family by means of a dynamically interacting process that help the stability of the family whenever threatened, often by activating the rules that define the relationships.

- **Feedback, Information and Control:** Feedback refers to the reinsertion of the results of its past performance into a system, as a method of controlling the system, and thereby increasing the systems likelihood of survival. Information (Positive/Negative) about how a system is functioning is looped back from the output to the input in a circular manner, in order to alter, correct, and ultimately govern the system’s functioning and ensure its viability. Feedbacks - both positive and negative – help mitigate excessive
fluctuations, thus serving to maintain and extend the life of the system. Information process is fundamental to the operation of any system. The more or less free exchange of information within a family and between families and the outside world, helps reduce uncertainty, thus avoids disorder.

**Subsystems:** Subsystems are those parts of the overall system assigned to carry out particular functions or processes within the system as a whole. A family commonly contains a number of co-existing subsystems. The most enduring subsystems are the spousal, parental, and sibling subsystems (Minuchin, Rosman, & Baker, 1978).

In the family system, husband-wife dyad is basic (Spousal subsystem), because any dysfunction in this subsystem, is found to reverberate throughout the family, as the children are the scapegoats, or they are co-opted into alliances with one parent against the other whenever the parents engage in conflict. The spousal sub-system teaches the children about male-female intimacy and commitment by providing a model of marital interaction. How the marital partners accommodate one another’s needs, negotiate differences, make decisions together, manage conflict, meet each other’s sexual and dependency needs, plan the future together, and so on, help and influence the effectiveness of relationship among all family members. A viable spousal subsystem, one in which the marital partners have worked out a fulfilling relationship with one another, provides both the spouses the experience of intimacy, support, mutual growth, and an opportunity for personal development.

The parental sub system (which may include grandparents or older children temporarily assigned parental roles) has the major responsibility for proper child rearing, nurturance, guidance, limit setting, and discipline. Through the interaction with parents, children learn to deal with authority, with people of greater power, while strengthening their own capacity for decision making and self-direction.

The sibling set represents a child’s first peer group. Sibling relationships are typically the longest lasting connections we make, extending over the life span
(Cicirelli, 1995). Other subsystems, most of them less durable than those just outlined, exist in all the families. Father-daughter, mother-son, father–oldest son, and mother–youngest child transitional alliances are common. However, their protracted duration, especially if the alliance negatively affects the family functioning, may signal difficulties within the spousal subsystem, alerting the family therapist to the potential instability of the family system.

Through participation in this subsystem, a child develops patterns of negotiation, cooperation, competition, mutual support, and later, attachment to friends. Interpersonal skills honed at this relationship, influence later school or workplace relationships. The influence of this subsystem on overall family functioning depends to a large extent on how viable all family subsystems are. Spousal, parental, and sibling subsystems stand in an overall dynamic relationship, each simultaneously influencing and being influenced by one another. Together, relationships within and in between subsystems, help define the family’s structure.

• **Boundaries:** A boundary is an invisible line of demarcation that separates an individual, a subsystem, or a system from outside surroundings. Boundaries help define the individual autonomy of a subsystem’s separate members, as well as helping to differentiate the subsystems from one another. Within a system such as a family, boundaries define and protect the integrity of the system, determining who is considered an insider and who remains outside. The family boundary may serve a gatekeeper function, controlling information flow into and out of the system.

• **Open and Closed Systems:** A system with a continuous information flow to and from the outside is considered to be an open system, while one whose boundaries are not easily crossed is considered a closed system. The key point here is the degree of interaction with, and accessibility to, the outside environment. Open systems do more than a mere adaptation to their surroundings; their social transactions are bidirectional. That is, beyond simply adjusting, they also initiate activities that permit an exchange with
the community because their boundaries are permeable. Closed systems, on the other hand, have impermeable boundaries. Thus they fail to interact with the outside environment, lack feedback corrective mechanisms, become isolated, and resist change. In family terms, no system is fully open or closed; if it were totally open, no boundaries would exist between it and the outside world and it would cease to exist as a separate entity; if totally closed, there would be no exchanges with the outside environment, and it would die. Rather, systems exist along a continuum according to the flexibility or rigidity of their boundaries. Families that function effectively maintain the system by developing a balance between openness and closeness, tuned to the outside world so that appropriate changes and adaptations are accomplished while changes that threaten the survival of the system are resisted.

The proper understanding of ‘family life cycle’ and ‘family system’ helps us to analyze and create healthy and functional families. Further it is useful to the professional and paraprofessionals who work for the good of families.

**2.1.4. Dysfunctional Families**

The concept of the dysfunctional family is based on a systems approach to mental health diagnosis and treatment, where the individual's symptoms are seen in the context of relationships with other individuals and groups, rather than as problems unique to the client.

Dysfunction implies that something is not working as it is meant to be. Family dysfunction can be any condition that interferes with the healthy family functioning. All families experience their unique troubles and problems at some stage or the other. In all fairness, these events should pass. Most families have some periods of time where functioning is impaired by stressful circumstances (death in the family, a parent's serious illness, etc.). Healthy families tend to return to normal functioning after the crisis passes. In dysfunctional families, however, problems tend to be chronic and members do not consistently get their needs met. Dysfunctional
family is the one in which the family members fail to function together in a healthy way. Often, the disturbance that upsets the balance of a family occurs within the family system itself. For example, the presence of an alcoholic produces changes in the behavioural patterns of other family member and the focus of the family only on alcoholics and they cannot concentrate on anything else. The presence of the other types of compulsive behaviours can similarly affect families. Such unbalanced families do not function well; they are dysfunctional.

2.1.4.1. What goes wrong in Dysfunctional Families?

Lack of flexibility, to adapt the developmental tasks and changing conditions and of transition of family life cycle from one stage to another stage.

Family stability is actually rooted in change. That is, to the degree that a family is functional, it is able to retain sufficient regularity and balance to maintain a degree of adaptability while preserving a sense of order and sameness. At the same time, it must subtly promote change and growth within its members and the family as a whole. Dysfunctional families are rigid and unable to achieve change without forfeiting long-term stability.

According to Carter and McGoldrick (2003), generations have a life-shaping impact on each other as families move through family life cycle stages. Within the context of the family’s current phase of development, a host of intermingled, intergenerational transactions occur concurrently. As one generation deals with issues of aging, another is attempting to cope with children leaving home, while still another may be planning careers or beginning to experience intimate adult relationships. Each generation in this system influences and is influenced by the other. Because, the family life cycle progresses in stages (rather than in a smooth, orderly flow of growth), a family can expect periods of transition and change, perhaps followed by relative stability and then change once again, and together its members attempt to cope with changing life circumstances and demands. In the
process, the family’s relationship system—roles assigned to members, closeness between members, boundary shifts—is continuously being defined and redefined. Dysfunctional family is a family that falters or loses its developmental momentum; that may need family therapy in order to move forward in fostering each member’s individual development.

**Dysfunctional families have rigid system of rules.**

According to Virginia Satir (1983), dysfunctional families follow dysfunctional rules. When rules are appropriate for the persons involved, and not too rigid, modifications can be made based on their subsequent experiences together. If rules are flexible and responsive to new information, and carried out while tending to the needs of both, the persons are able to develop a functional division of labour that is intended to help them to pursue the sort of life they wish to lead in the future. If, on the other hand, rules are too rigidly defined and fail to take the needs or specific skills of each participant into account, conflict between the spouses is likely to follow, leading to family dysfunction. The family needs help in addressing the fears rather than the rules themselves.

**Dysfunctional families have inflexible negative feedback and hard positive feedback system**

Systems require both positive and negative feedback—the former to accommodate to new information and changing conditions, the latter, when appropriate, to maintain the status quo. Negative and positive feedback loops are of themselves neither good nor bad. In the case of families, both are necessary if stability and continuity are to be maintained despite vagaries of outside pressures. In a less functional manner, a family whose range is limited to the negative feedback may be inflexible and stifling and consequently engage in restrictive behaviour harmful to a system attempting to deal with changing circumstances. And in a dysfunctional manner, positive feedback, helping to change or modify a system, may reach runaway proportions without the stability provided by negative feedback, forcing the system beyond its coping limits to the point of exhaustion or self-destruction.
**Dysfunctional families have too blurred or too rigid boundaries**

Within a family system, boundaries are distinguished between subsystems, helping define the separate subunits of the overall system and the quality of their interactive processes. If boundaries are too blurred or too rigid, they invite confusion or inflexibility, increasing the family’s risk of instability and ultimate dysfunction.

**Dysfunctional families have unbalanced open and closed System**

In family terms, no system is fully opened or closed; if it were totally open, no boundaries would exist between it and the outside world and it would cease to exist as a separate entity; if totally closed, there would be no exchanges with the outside environment, and it would die. Rather, systems exist along a continuum according to the flexibility or rigidity of their boundaries. Dysfunctional families fail to effectively maintain the system by developing a balance between openness and closeness. Hence, they are not able to receive and accept appropriate changes and adaptations and fail to resist the changes that threaten the survival of the system. Closed systems, then, fail adapt to changing circumstances. They seal themselves off from all but necessary exchanges with the outside world; they maintain strict control on who and what is admitted into the home, screening visitors, restricting computer use, preventing contact with social agencies or uncensored reading matter or television programs, and thus are destined for eventual dysfunction because of insufficient input.

**Dysfunctional family have unhealthy Sub Systems**

Family is a system. It has components and principles that govern the system. A family commonly contain a number of coexisting subsystems. Since each family member belongs to several subsystems simultaneously, he/she enters into different complementary relationships with other members. The most enduring subsystems are the spousal, parental, and sibling subsystems. (Minuchin, Rosman, & Baker, 1978). The chief component is the Marital Partnership. If their relationship is healthy and functional, the children have the opportunity to grow. Since chief
component in the family system is the marriage relationship, family function/dysfunction chiefly depend on the spousal sub system. The husband and wife are the architects of the family. The key players in a dysfunctional are, of course, the spouses/parents. Problems within this subsystem, such as serious intergenerational conflicts involving rebelliousness, symptomatic children, or runaways, often reflect underlying family instability and disorganization. Extreme rivalry between siblings should result in the possibility of one or both children viewing themselves as receiving unfair treatment by one or both parents. Their conflict usually reflects the fighting between the parents, where a parent may draw a child into their conflict to support his or her position. Family members require help to change these inappropriate coalitions.

2.1.4.2. Endorsing Factors of Family Dysfunction

There are mainly seven factors that endorse the dysfunction in the family. They are biological, social, economical, familial, interpersonal, personality, and psychological factors.

Biological factors include knowledge on sexual characteristics and healthy regulation. Ignorance on sexual characteristics and extra marital relationships causes the dysfunctional family. If parental subsystem has adequate knowledge on sex related subjects and have faithfulness to each other, then that family will function well.

Alcohol and drug problems and relationship with in-laws and neighbours come under the social factors. In a dysfunctional family, one can see the presence of alcohol and drug problems and the relationship problems with in-laws and neighbours.

Financial set up is important for the well functioning of the family. Regardless of poor or rich family, if the family is too rigid or floppy in financial matters, it will affect the total well functioning of the family.
Sharing of the roles along with negative and positive feedback comes under the familial reasons of family dysfunction. Failures on sharing of the roles, inflexible negative feedback and too flexible positive feedback cause the familial reasons of family dysfunction.

Healthy communication pattern enhances the healthy interpersonal relationship. Family dysfunction is the outcome of negative communication in interpersonal relationship.

The personality of the persons is also an enhancing factor of the family function. The presence of very strict or elastic personalities in the family makes the family dysfunctional.

Psychological health of the persons boosts the family function. Immature emotional expressions in the family lead a family to the chaotic situations, which will result further dysfunction in the family.

Since the parents / the spouses are the architects of the family, the formation of the family as either a functional or a dysfunctional one, depends very much on them. Increase in biological, social, economical, familial, interpersonal, personality and psychological factors of the family function/dysfunction totally depend on the behavioural pattern of the parental sub system. In a functional family, if one parent tends to engage in a negative behaviour, the other parent is able to identify and correct such behaviour with kindness, since both of them are emotionally healthy and secure in their relationship.

Family counselling provides integral support to overcome the effects of family dysfunctions. The systems perspective views the family as a self-regulating system held together by unspoken rules whose purpose is to maintain itself. Psychological symptoms of members are viewed as manifestations of a dysfunctional family, and the focus of treatment then becomes the family system, not the problem or symptomatic family member. Sessions of family counselling help the clients to identify and express emotions; give productive ways to vent
anger; allowing to ‘give and take approval and acceptance’ by knowing each other and facilitate the trusting relationships with in the family scenario. Family counselling promotes the supportive family environment, by the co-operation of all the family members.

2.2. The Concept of Family Counselling

Family is the primary and the most powerful emotional system one ever belong to, which shapes and continues to determine the course and outcome of one’s lives. As in any system, relationship and functioning are interdependent and a change in one part of the system is followed by compensatory change in other parts of the system. The assumptions of family counselling are also based on the understanding that the family is the primary and the most powerful emotional system. Historical perspectives, theories and models of counselling are discussed below.

2.2.1. Historical Perspective of the Family Counselling

The roots of family therapy/counselling were established in the early 1900s with the emergence of the child guidance movement (1909) and marriage counselling (1920s). Psychoanalytic treatment was provided a strong theoretical foundation for early family and marital investigations. The formal development of family therapy/counselling dates back to the late 1940s or early 1950s for different parts of the country. Early pioneers of family therapy/counselling included Ackerman; Bowen; Wynne; Bell; Bateson, Jackson, Haley, and Satir; Lidz and Flick; Carl Whitaker, Salvador Minuchin, and Ivan Boszormenyi-Nagy, have enhanced the family therapy/counselling.

The development of the field of family therapy was facilitated by a number of movements in the field of mental health in general. Five independent scientific and clinical developments together set the stage for the emergence of family therapy: systems theory: exploring how relationships between parts of a system make up an integrated whole; schizophrenic research: helping to establish the role of
the dysfunctional family in schizophrenia and setting the stage for studying interaction patterns in other kinds of families; marital and premarital counselling: bringing couples into conjoint treatment to resolve interpersonal conflicts rather than treating the participants separately; the child guidance movement: focusing on intervention with entire families; and group dynamics and group therapy: employing small-group processes for therapeutic gain and providing a model for therapy with whole families.

2.2.2. Family Theory and Counselling an Overview

Family theory is a special theoretical and clinical orientation that views human behaviour and psychiatric disturbances in their interpersonal context. Family theory considers family as an interpersonal system with cybernetic qualities. The relationships among the components of the system are circular (or nonlinear); the interactions are cyclic rather than causative. Any symptom can be viewed simply as a particular type of behaviour functioning as a homeostatic mechanism that regulates family interactions. Therefore the treatment addresses the behavioural dysfunctions as a manifestation of disturbances within the entire family relational system. The role of the total family in aiding or in damaging the treatment is the focus, even when a distinct, diagnosable psychiatric illness is present in one of the family members.

As a psychotherapeutic modality, family therapy/counselling has the following goals; Exploring the interactional dynamics of the family and its relationship to psychopathology, Mobilizing the family’s internal strength and functional resources, Restructuring the maladaptive interactional family styles, and Strengthening the family’s problem-solving behaviour.

2.2.3. Models of Family Counselling

Different models of family therapy/counselling utilize different theoretical concepts and techniques. The basic models of family therapy/counselling are Psycho dynamic models, Experiential model, Structural model, Strategic model,
Behavioural and Cognitive behavioural model, Social Constructionist model, Narrative model, Psycho Educational model and Trans-generational model. A brief outline line on these models is as follows.

2.2.3.1. Psycho Dynamic Model

The psychodynamic viewpoint, based initially on a psychoanalytic model, focuses on drive theory and the interplay of opposing forces within an individual. While the treatment based on this model appears to be exclusively concerned with the personality of the single individual patient, the role of the context of the family in the formation of the personality is an essential element of the theory. The psychodynamic position today is largely based on object relations theory. In contrast to Freud’s intra-psychic, instinctual theory, here the emphasis is on the infant’s primary need for attachment to a caring person, and the analysis of those internalized psychic representations that continue to seek satisfaction in adult relationship.

2.2.3.2. Experiential Model

Experiential family therapists use the immediacy of the therapeutic encounter with family members to help catalyze the family’s natural drive toward growth and the fulfilment of individual members’ potentials. Attention to moment-by moment emotional experiences remains a defining feature of this form of family therapy. Carl Whitaker, Walter Kempler and Virginia Satir are the major practitioners of the experiential approach.

2.2.3.3. Structural model

The structural approach in family therapy is primarily associated with Salvador Minuchin and his colleagues, first at the Wiltwyck School and later at the Philadelphia Child Guidance Centre. Systems-based, structural family theory focuses on the active, organized wholeness of the family unit and the ways in which the family organizes itself through its transactional patterns. Dysfunctional structures point to the covert rules governing family transactions that have become inoperative or in need of renegotiation. Structural family therapy is geared to present
day transactions and gives higher priority to action than to insight or understanding. All the behaviours, including symptoms in the identified patient, are viewed within the context of family structure. By joining the family and accommodating to its style, Structuralists, gain a foothold to assess the members’ way of dealing with problems and with each other, ultimately helping them to change dysfunctional sets and rearrange or realign the family organization. The ultimate goal is to restructure the family’s transactional rules by developing more appropriate boundaries between subsystems and strengthening the family’s hierarchical order.

**2.2.3.4. Strategic Model**

Communication theories, emerging from the research at the Mental Research Institute (MRI) in Palo Alto in the 1950s, have had a major impact on the family therapy field. Bateson, Jackson, and others laid the foundation for the original interactive therapeutic approach of the MRI, now conceived as strategic family therapy. This approach has a unique characteristic of making use of the therapeutic double binds or paradoxical techniques for changing the family rules and relationship patterns. Haley and Madanes offer a related version of strategic family therapy. Their approach is characterized by carefully planned tactics and the issuance of directives for solving a family’s present problems. Haley in particular uses straightforward directives or task assignments as well as indirect paradoxical interventions; the latter force the willing abandonment of dysfunctional behaviour by means of the family defying the directive not to change. Madanes employs paradoxical principles in the form of “pretend” techniques, non-confrontational interventions directed at achieving change without inviting resistance. Strategic therapists now take a softer, more soothing approach, as in the case of working with families where there is oppositional behaviour in children or adolescents.

**2.2.3.5. Behavioural and Cognitive Behavioural Model**

Behavioural models of family therapy attempt to bring the scientific method to bear upon the therapeutic process by developing regularly monitored, data-based intervention procedures. Initially drawing on established principles of human
learning, these approaches emphasize the environmental, situational, and social
determinants of behaviour. Cognitive-behavioural therapists attempt to increase
positive interaction between family members, emphasizing the importance of self-
regulation and self-direction in altering behaviour. Currently, cognitive and
behavioural approaches are having a significant impact in four distinct areas:
behavioural couple’s therapy, behavioural parent training, functional family therapy,
and the conjoint treatment of sexual dysfunction. Partner acceptance is a key factor
in integrative couple therapy. Behavioural parent training, largely based on social
learning theory, represents an effort to train parents in behavioural principles of
child management. Viewing all behaviour as serving the interpersonal function of
creating specific outcomes in behaviour sequences, functional family therapists do
not try to change these functions but rather try to change the behaviours used to
maintain the functions. Conjoint sex therapy involves both partners in an effort to
alleviate problems of sexual dysfunction.

2.2.3.6. Social Constructionist Model

Therapists with a social constructionist help clients to find their own new
meanings in their lives and to restore their problems and find more workable
solutions. Four examples of social constructionist family therapy are solution-
focused brief therapy (de Shazer), solution-oriented therapy (O’Hanlon and Weiner-
Davis), the collaborative approach (Goolishian and Anderson), and the reflecting
team (Andersen). Solution-focused therapy emphasizes aiding clients in seeking
solutions rather than searching for explanations about their miseries. A related set of
procedures, solution-oriented therapy, helps clients use their inherent skills to
explore possibilities and develop solutions without imposing therapist explanations
or solutions on the problem. Therapists and clients become conversational partners
engaged in a shared inquiry aimed at dissolving problems by co-creating stories that
open up new possibilities. The reflecting team technique employs two-way mirrors,
so that professionals and families can reverse roles and observe one another offering
differing perspectives or tentative speculations on family issues.
2.2.3.7. Narrative Model

Narrative therapists focus attention on helping clients gain access to preferred story lines about their lives and identities, in place of previous negative, self-defeating, dead-ended narratives about themselves. With the therapist influential but decentred, the clients are helped to create and internalize new dominant stories, draw new assumptions about themselves, and open themselves up to future possibilities by re-authoring their stories. To narrative therapists, the client is not the problem; the problem is the problem. Helping families reclaim their lives from the problem, narrative therapy takes the form of questions, often of a deconstructing kind, as the therapist helps clients achieve “thick” descriptions of an alternate story line about their future. Therapeutic letters help extend the therapeutic sessions and keep clients connected to the emerging alternative stories.

2.2.3.8. Psycho Educational Model

Psycho educational therapy approaches have directed their efforts primarily at reducing the stress on families by educating them so that they might develop better coping skills for dealing with a disturbed family member or a troubled family relationship. Typically, psycho educational programs involve a combination of systems theory, cognitive behaviour therapy, and educational psychology. Psycho educational efforts are most prominent in working with families where there is a member with a severe mental disorder, such as schizophrenia or bipolar disorder. Viewing such problems as occurring in a biologically vulnerable person, therapists with a psycho educational viewpoint adopt a non-blaming stance and do not presuppose a dysfunctional family responsible for the disorder. Instead, they direct their therapeutic efforts at offering support and teaching empowering coping skills. Typically they offer guidelines aimed at reducing obstacles to harmonious family living and decreasing the likelihood of symptomatic relapse. Short-term educational programs are psycho educational endeavours designed to help families who wish to acquire better coping skills for managing everyday relationships more effectively, or preventing the occurrence of problems before they develop. Brief, practical, and
cost-effective, these programs may involve a wide variety of potential educational areas, including relationship enhancement, marriage preparation, parent effectiveness training, and step parenting preparation.

### 2.2.3.9. Trans-Generational Model

Trans-generational model constitutes contextual family therapy and family systems theory and therapy. Contextual family therapy, developed primarily by Ivan Boszormenyi-Nagy, focuses on relational ethics and trans-generational legacies, exploring how influences from the past have a bearing on present-day functioning in all members. In this view, families have invisible loyalties—obligations rooted in past generations—and unsettled accounts that must be balanced. Contextual therapy attempts to rebuild responsible, trustworthy behaviour, taking into account the entitlements of all concerned. Its goal is to help dysfunctional families rebalance the give-and-take and emotional ledgers between members and develop a sense of fairness, trust, and accountability in interactions with one another.

Family systems theory, developed primarily by Murray Bowen, has a trans-generational outlook and is based on a natural systems perspective in which human behaviour is seen as the result of an evolutionary process and as one type of living system. The major theoretician in the family therapy field, Bowen conceptualized the family as an emotional relationship system and offered eight interlocking concepts to explain the emotional processes taking place in the nuclear and extended families over generations. These include differentiation of self, triangles, the nuclear family emotional system, the family projection process, emotional cut-off, multigenerational transmission process, sibling position, and societal regression. Chronic anxiety is seen as an inevitable part of nature and as transmitted from previous generations as families attempt to balance togetherness and differentiation. Family evaluation interviews stress objectivity and neutrality, as therapists make an effort to remain outside, and thus not become triangulated into the family’s emotional network. Genograms offer helpful pictorial depictions of the family’s relationship system over at least three generations. Therapeutically, Bowenians work with marital partners in a calm and carefully de-triangulated way, attempting to resolve
the fusion between them. Coaching individual family members to redefine themselves and to detriangulate from parents is a prominent part of contemporary practice. Their goals are to reduce anxiety and resolve symptoms, and ultimately to maximize each person’s ‘DIFFERENTIATION OF SELF’ within the nuclear family system and from the family of origin.

2.3. Differentiation of Self

Differentiation of Self is the key concept of Bowen Family theory and therapy. Of the various constructs that compose Bowen theory, differentiation of self is the personality variable most critical to mature development and the attainment of psychological health. ‘Differentiation’ is described as the capacity of the individual to function autonomously by making self directed choices, while remaining emotionally connected to the intensity of a significant relationship system (Kerr and Bowen 1998).

Differentiation of Self is the degree to which one is able to balance ‘emotional and intellectual functioning’ and ‘intimacy and autonomy’ in relationships (Bowen 1978). On an intra-psychic level, differentiation refers to the ability to distinguish thoughts from feelings and choose between being guided by one’s intellect or one’s emotions when circumstances dictate. Flexible, adaptable, and better able to cope with the stress, more differentiated individuals operate equally well on both emotional and rational levels, while maintaining a measure of autonomy within their intimate relationships. In contrast, poorly differentiated persons tend to be more emotionally reactive (Kerr & Bowen, 1998), finding it difficult to remain calm in response to the emotionality of others. They tend to make decisions on the basis of what ‘feels right’. In short, they are trapped in an emotional world. On an interpersonal level, differentiation of self refers to the ability to experience intimacy with and independence from others. More differentiated persons are capable of taking ‘I position’ in relationships, maintaining a clearly defined sense of self and thoughtfully adhering to personal convictions when pressured by others to do otherwise (Bowen 1978).
In describing the functioning of individuals in relation to their families, Bowen proposed the construct of differentiation of self from the family of origin (Bowen, 1978; Kerr & Bowen, 1988). Defined as the ability to function autonomously as an individual without being emotionally dependent upon or attached to the family process, differentiation of self is thought to be associated with a wide range of human functioning, including both psychological and physical symptoms (Kerr & Bowen, 1988). Differentiation can be understood as both a process and as a personality characteristic. The process of differentiating from one’s family of origin entails the emergence of oneself from a multigenerational family system characterized by various levels of emotional attachments and projections of anxiety. The differentiation process requires an individual to become a separate self without cutting off from family members (Bowen, 1978; Kerr & Bowen, 1988). Individuals who successfully differentiate are able to separate themselves from emotional attachments in their families without severing significant relationships. Conversely, individuals who are struggling with the differentiation process tend to remain fused in relationships with their parents and/or emotionally cut-off from these relationships (Johnson & Waldo, 1998; Kerr & Bowen, 1988). According to Bowen (1978), differentiation of self is essential for relational and psychological adjustment, with low levels of differentiation theoretically leading to problems such as chronic anxiety, psychological and physical distress, choice of intimate partner with a similar low level of differentiation, marital dissatisfaction, emotional reactivity, and triangulation. Research has provided some support for this theoretical notion in that lower levels of differentiation have been associated with greater amounts of chronic anxiety and physical and psychological distress, higher levels of emotional reactivity, and lower levels of marital satisfaction (Skowron, 2000).

Highly differentiated individuals remain satisfactory contact with their families of origin, establish more satisfactory marriages, effective problem solvers and are best leaders. Highly differentiated people have an autonomous intellectual system that can keep control over their emotional system. Differentiated people respond better to life’s stresses. Adequate thinking controls emotionality, but still
allows human emotions. High differentiation allows both the intellectual and emotional systems to function appropriately. A differentiated self is described by Bowen (1976) as solid self. The solid self knows what it needs and desires. The solid self, however, maintains its individuality and does not merge. The solid self has beliefs, opinions, convictions and life principles (Bowen, 1976).

According to Bowen, any person’s level of differentiation reflects that individual’s level of differentiation from the family as well as from others outside the family group. A differentiated family unit is one in which members have relatively high levels of choice to pursue their own life course rather than a life course based on management of the family's anxiety. According to Bowen, ‘differentiation of self’ is a lifelong process and that ‘total’ differentiation is not possible to attain. Intra-psychic dimensions of differentiation include emotional reactivity and difficulty in taking an “I” position, while interpersonal dimensions include emotional cut-off and fusion with others.

### 2.3.1. Dimensions of Differentiation of Self

Differentiation of self has four dimensions. The four dimensions of the differentiation of self are ‘emotional cut-off, emotional reactivity, fusion with others and I position’. To get better understanding of the term ‘differentiation of self, a brief explanation on each dimension is given below.

(i) Emotional Cut-Off

Emotional cut-off is personified by the reactive emotional distance, who appears aloof and isolated from others, tends to deny the importance of the family often boasts his/her emancipation from parents, and display an exaggerated facade of independence. One of the fundamental ways anxiety manifests in a family system is emotional distance. People sometimes manage their unresolved emotional issues with parents, siblings, and other family members by reducing or totally cutting off emotional contact with them. An individual who cannot bear contact with their family is using distance to manage the threat posed by the relationship. Cut-off is Bowen's concept of extreme emotional distance between generations indicative of high chronic anxiety in a family.
(ii) Emotional Reactivity

The principal generators of emotional reactivity are people's reactions to a disturbance in the balance of a relationship system (Kerr & Bowen 1998). Emotional reactivity is an organism's response to a real or imagined threat. Dr. Bowen presumed that all living things experience emotional reactivity in some form. It indicates an increase in physical manifestations, such as heart rate and blood pressure changes, gaze aversion, fight or flight responses, and heightened alertness or fear sensations. Though a certain level of emotional reactivity may mobilize necessary responses for human survival, some reactions to threat may not be adaptive. And it is ordinarily a response to an imagined threat and has a more enduring quality. Various life events may disturb the balance in a family system, but once it is disturbed, family members may react more to the disturbance in the relationship system than to the events themselves.

(iii) Fusion with Others

Interpersonal fusion is defined by Bowen (1978) as the blurring of boundaries between individuals or family members, or the borrowing and trading of “self” in relationships, leading to greater role constraint, difficulty tolerating differences of opinion, and difficulty making one’s own decisions. Fusion is characterized by over involvement with significant others in decision making and difficulty formulating opinions or perspectives independent of one’s parents or significant others—in other words, taking in others’ beliefs and values in their entirety, without undertaking a thoughtful examination to determine their relative fit with one’s personal life principles (Bowen, 1978; Friedman, 1991; Kerr, 1984; Kerr & Bowen, 1988).
(iv) I Position

The ‘I Position’ is the action manifestation of the underlying differentiating force; it is the counter balancing force to the togetherness. In Bowen’s (1978) words:

"The differentiating force places emphasis on "I" in defining the foregoing characteristics. The "I Position" defines principle and action in terms of, "This is what I think, or believe" and, "This is what I will do or not do", without impinging one's own values or beliefs on others. It is the 'responsible I' which assumes responsibility for one's own happiness and comfort, and it avoids thinking that tends to blame and hold others one's own unhappiness or failures. The 'responsible I' avoids the 'irresponsible I' which makes demands on others with, "I want or, or I deserve, or this is my right, or my privilege”. A reasonably differentiated person is capable of genuine concern for others without expecting something in return”.

2.4. Spiritual Intelligence

Everyone is familiar with conventional notions and measurement of intelligence. Psychology defines IQ as a measure of intellectual capacity or development, which indicates relative and comparative abilities that can be used to obtain academic skills and knowledge. And EQ is the measure of emotional competence, which specifies the qualities like understanding one’s own feelings, empathy for the feeling of others, understanding others, accurately perceive and connect with others and the regulation of emotion in a way that enhances living.

The early and mid part of the 20th century, scientific studies popularised the notion of IQ (intelligence quotient) and EQ (Emotional Quotient) respectively. Modern scientific research speaks of another quotient SQ. “A third wave of scientific research suggesting we may be ‘hard wired’, neurologically, for spirituality has prompted the creation of SQ, the spiritual quotient” (D. Zohar 2000). SQ or SI is the measure of spiritual power of persons. The contemporary researches evidence that a person’s EQ is a better predictor of future success than a person’s IQ. And SQ is the best predictor of the happiness, serenity, good self-esteem and harmonious and loving relationships.
Spiritual intelligence is for us all, because it forms part of our total intelligence, our whole being. The spiritual writer Evelyn Underhill (1914) wrote, ‘we cannot say that there is a separate “mystical sense” which some men have and some men have not, but rather that every human soul has a certain latent capacity for God, and that in some capacity is realised with an astonishing richness.’ Each and every human being possesses spiritual intelligence, and has the capacity to think with soul. Since the word, ‘spiritual’ proposes images of sacred experience of the soul as the subjective and personal reality and the word ‘intelligence’ stands for ‘mind at work’, ‘analytic problem solving’, ‘computation’ and ‘scientific understandings of the working of the external world’, the term ‘spiritual intelligence may seem contradictory’. But both, the subjective world, with which spirituality deals and the objective world, which intelligence seeks to comprehend reside within each and every human being. Researches on spirituality brings the objective to the subjective, the world of science to the realm of sacred knowledge, where the world of science is subject to find the sacred threads that bind and may join to a transcendent reality.

2.4.1. Importance ofSpiritualIntelligence

Spirituality and spiritual intelligence have their greatest application and most profound relevance in day to day activities. Understanding the spiritual style as well as the spiritual strengths and limitations will help human beings to see them more clearly and improve their intra / interpersonal relationships. In an increasingly complex and materialistic world, understanding spirituality will provide new kind of tool for coping better with challenges of practical life. As psychological insights illuminate unique dimensions of individual differences with respect to personality, spiritual insights can illuminate unique dimensions of sacred and ineffable experience and thereby enhance opportunities for personal growth. The application of spiritual intelligence creates unprecedented moral choices, which will improve the quality of the relationships with oneself, one another and with the world we live.
2.4.2. Biological Basis of Spiritual Intelligence

Joseph Yosi Amram (2007) in his article ‘Spiritual intelligence scale’ is described on biological basis of spiritual intelligence. The nut shell of his explanation is as follows:

Biological basis and bio-psychological aspects of Intelligence were emphasised by the Gardner (1999). He explained on the potential for localization and isolation of certain abilities to specialized regions in the brain, and an evolutionary history and plausibility for their development. The researches added several considerations to the list of criteria for intelligence. Classical cognitive intelligence functions such as language, mathematical and deductive reasoning are associated with the left brain hemisphere, whereas the unification of parts into a greater holistic picture, and intuition (both of which may be deemed as components of spiritual intelligence) are associated with the right brain hemisphere.

Davidson et al. (2003) found that those who trained in mindfulness meditation exhibit significantly greater activity in the prefrontal cortex even while not in meditation. Lazar et al. (2005) found that a mindfulness meditation practice is associated with increased cortical brain thickness, showing brain regions of the right anterior insula, right middle and superior frontal sulci were thicker among the savvy mediators compared to matched controls. And Lutz, Greischar, Rawlings, Ricard and Davidson (2004) found that a long-term compassion and loving-kindness meditation practice is associated with altered resting electroencephalogram patterns, suggesting that the development of SI relatedness qualities such as compassion and loving-kindness involves temporal integrative mechanisms and may induce short-and long-term neural changes in the brain. Also, meta analysis of 80 studies reporting neural correlates of empathy suggest that the medial prefrontal cortex mediates human empathy using 6 spatially distinct activation clusters in the medial part of the frontal lobe dorsal to the inter commissural plane (Seitz, Nickel, Azari, 2006). From his study of same sex siblings, Hamer (2004) has found a gene contributing to self-report value of self-transcendence. Based on a study of
Australian twins Kirk, Eaves, and Martin (1999) found genetic factors to be important in influencing self-transcendence.

According to Yosi Amram, these findings suggest a link between spiritual intelligence abilities and qualities such as self-transcendence, holistic thinking, intuition, empathy, compassion, loving-kindness, and mindfulness and their biological basis, including association with specialized processing subsystems in the brain and genetic evolutionary plausibility.

2.4.3. Theories and Models of Spiritual Intelligence

Many authors have proposed and published their views on spiritual intelligence, the newly emerging concept, and defined scientifically. The models and theories given by Danah Zohar and Ian Marshall (2000), Wolman (2001), and Joseph Yosi Amram (2007), David B King (2008) on spiritual intelligence are discussed below.


In the year 2000, the Oxford Academic, Philosopher and Spiritual writer Danah Zohar coined the phrase ‘spiritual intelligence’. She suggested that it forms the central part of intelligence, the part in which one’s values and beliefs are nurtured and in which one can work towards realising one’s full potential as created beings. Zohar argued that, one’s spiritual intelligence can help bring meaning and purpose to one’s work and the world one inhabit. Danah Zohar and Ian Marshall (2000) discuss spiritual intelligence as the soul’s intelligence, the intelligence of the deep self. And explain it as one’s access to and use of meaning, vision and value in the way that one think and the decision one make. It is one’s transformative and ultimate intelligence, which is necessary for the effective functioning of both IQ and EQ. Spiritual intelligence is the intelligence with which one address and solve problems of meaning and value, the intelligence with which one can place one’s actions and one’s lives in a wider, richer meaning-giving context, the intelligence
with which one can assess that one course of action or one life path is more meaningful than another. According to them, the full picture of human intelligence can be completed with a discussion of spiritual intelligence (SQ). Therefore they stated that ‘Spiritual Intelligence’ is one’s ‘Ultimate Intelligence’. They explain that human beings are essentially spiritual creatures because they are driven by a ‘need’ to ask ‘fundamental’ or ‘ultimate’ questions. Further, human beings are driven, indeed defined by a specifically human longing to find meaning and value, in what they do and experience – a longing for something towards beyond themselves and for something that gives a sense of worth to their actions.

The authors state that neither IQ nor EQ separately, or in combination, is enough to explain full complexity of human intelligence or the vast richness of human soul and imagination. SQ allows human beings to be creative, to play with the boundaries, ability to discriminate and it gives our moral sense. It is in its transformative power SQ differs mainly from EQ and IQ. SQ allows one work with the boundaries of the situation, allowing him/her to guide the situation, to create a better one. SQ integrates all intelligences and makes one the fully intellectual, emotional and spiritual creatures that he/she is.


Robert Emmons (2000) draws on Gardner’s definition of intelligence and argues that spirituality can be viewed as a form of intelligence because it predicts functioning and adaptation and offers capabilities that enable people to solve problems and attain goals. He defines spiritual intelligence as ‘the adaptive use of spiritual information, to facilitate everyday problem solving and goal attainment’. He originally proposed five components of spiritual intelligence. They are the capacity to transcend the physical and material, the ability to experience heightened states of consciousness, the ability to sanctify everyday experiences, the ability to utilize spiritual resources to solve problems and the capacity to be virtuous.
Richard N Wolman PhD, a clinical psychologist defined spiritual intelligence as authentic intelligence that encompasses thinking, conceptualisation and problem solving. It is the human capacity to ask ultimate questions about the meaning of life, and to simultaneously experience the seamless connection between each of us and the world in which we live. According to him, spiritual intelligence can be seen as a methodology for solving moral problems. Spiritual intelligence is an innate capacity, with attention, training, and additional life experiences. Like the other intelligences, spiritual intelligence is part of our human heritage and can be expressed in a myriad of ways. Spiritual intelligence is much more than a set of sophisticated problem solving abilities. It combines abilities, talents, gifts, and a transcendent interconnection of the individual human spirit with a larger, luminous universe that is the source of our being. He says that everyone is spiritual, and each one has one’s own spiritual path. Each one makes personal and intimate choices about what they value, whom they love, what they are willing to devote their lives to, and what form their relationship to transcendent phenomena can take. In this manner each one shapes their individual spiritual relationship to the world.

According to Richard N Wolman, the relationship of world of spirituality and world of science is particularly important, because of the unprecedented moral choices created by the application of the spiritual intelligence. He explains that, even if one live in a world where the mysteries of fundamental building blocks of life are being decoded, as one marvel at the completion of Human Genome Project, a world of in-vitro fertilization and genetic engineering and other technological interventions, where one can shape the reproduction of species and have selective reduction of pregnancies, and may be able to extend life, but cannot guarantee its quality. Again, one live in a world, where violence, sexual assaults, fight, torture etc., prevail and an age of rampant epidemics like HIV/AIDS, Cancer etc. Richard N Wolman put emphasis on spiritual intelligence for the remedy of above said factors, which is the foundation on which these moral choices rest.

Vaughan explains spiritual intelligence as follows. Spiritual intelligence is concerned with the inner life of mind and spirit and its relationship to being in the world. Spiritual intelligence implies a capacity for a deep understanding of existential questions and insight into multiple levels of consciousness. Spiritual intelligence also implies awareness of spirit as the ground of being or as the creative life force of evolution. If the evolution of life from stardust to mineral, vegetable, animal, and human existence implies some form of intelligence rather than being a purely random process, it might be called spiritual. Spiritual intelligence emerges as consciousness evolves into an ever-deepening awareness of matter, life, body, mind, soul, and spirit. Spiritual intelligence, then, is more than individual mental ability. It appears to connect the personal to the transpersonal and the self to spirit. Spiritual intelligence goes beyond conventional psychological development. In addition to self-awareness, it implies awareness of our relationship to the transcendent, to each other, to the earth and all beings.

Working as a psychotherapist, her impression is that spiritual intelligence opens the heart, illuminates the mind, and inspires the soul, connecting the individual human psyche to the underlying ground of being. Spiritual intelligence can be developed with practice and can help a person distinguish reality from illusion. It may be expressed in any culture as love, wisdom, and service. Spiritual intelligence is related to emotional intelligence insofar as spiritual practice includes developing intrapersonal and interpersonal sensitivity. Paying attention to subjective thoughts and feelings and cultivating empathy is part of increasing awareness of the inner spiritual life. Spiritual intelligence depends on the capacity to see things from more than one perspective and to recognize the relationships between perception, belief, and behaviour. Refining any form of intelligence requires training and discipline, and spiritual intelligence is no exception.

5. Ecumenical Ground Theory of Spiritual Intelligence - Yosi Amram

Yosi Amram (2007) developed an ecumenical ground theory of spiritual intelligence based on thematic analysis of 71 interviews conducted with subjects
designated as spiritually intelligent by their colleague. He defined spiritual intelligence as the set of abilities that people use to apply, manifest and embody spiritual resources, values and qualities in ways that enhance daily functioning and wellbeing. According to him, people have these abilities to a greater or lesser degree, and practice or training might help people to develop some or all of these abilities.

He conducted a qualitative study on spiritual intelligence. Participants generally identified themselves within most of the major spiritual traditions, including: Buddhism, Christianity, Hindu, Islam, Jewish, Non-Dual, Shamanic/Earth, Taoism, and Yoga. Based on his qualitative study with above said people of different traditions he refined, expanded and clustered five major abilities of spiritual intelligence. These abilities are Consciousness, Grace, Meaning, Transcendence and Truth. Under these major qualities he explained 22 sub-qualities of spiritual intelligence. According to him, people have these abilities to a greater or lesser degree, and practice or training might help people to develop some or all of these abilities. The sum and substance of each quality is discussed below.

**Consciousness** refers to a developed refined awareness and self-knowledge. It constitutes the unanimity of Intuition, Mindfulness and Synthesis. This domain reflects the ability to raise or shift consciousness, to tap intuition, and to synthesize multiple points of view in ways that enhance daily functioning and wellbeing.

**Grace** implies living in alignment with the sacred and manifesting love for life and trust in life. Grace includes beauty, discernment, freedom, gratitude, immanence and joy. This domain reflects inner-directedness (combining discernment and freedom) and love for life, drawing on the inspiration, beauty and joy inherent in each present moment to enhance functioning and wellbeing.

**Meaning** entails to experiencing significance in daily activities through a sense of purpose and a call for service, even in the face of pain and suffering. Meaning involves two capabilities; Purpose & Service. This domain reflects the ability to experience meaning, link activities and experiences to values, and
construct interpretations in ways that enhance functioning and wellbeing even in the face of pain and suffering.

**Transcendence** is the ability to go beyond the separate egoistic self into an interconnected wholeness. Transcendence consists of five qualities such as higher-self, holism, practice, relatedness and sacredness. This domain reflects the ability to align with the sacred and transcend the egoic self with a sense of relatedness and holism in ways that enhance functioning and wellbeing.

**Truth** is pointing out the ability to live in open acceptance, curiosity and love for all creation. Truth embraces egolessness, equanimity, inner-wholeness, openness, presence and trust. This domain reflects the ability to be present to, love, and peacefully surrender to truth, manifesting open receptivity, presence, humility, and trust in ways that enhance daily functioning and wellbeing.

**6. Viable Model of Spiritual Intelligence - David Brian King (2008)**

David B King defined ‘Spiritual Intelligence’ as a set of mental capacities, which contribute to the awareness, integration and adaptive application of the non-material and transcendental aspects of one’s existence leading to such outcomes as deep existential reflection, enhancement of meaning, recognition of a transcendent self, and mastery of spiritual states. He proposed four core components to comprise spiritual intelligence. The four main components are Critical Existential Thinking, Personal Meaning Production, Transcendental Awareness, and Conscious State Expansions. ‘Critical existential thinking’ is defined as the capacity to critically contemplate the nature of existence, reality, the universe, space, time, death, and other existential or metaphysical issues. ‘Personal Meaning Production’ is described as the ability to construct personal meaning and purpose in all physical and mental experiences, including the capacity to create and master a life purpose.

‘Transcendental Awareness’ is defined as the capacity to identify transcendental dimensions of the self (e.g. a transpersonal or transcendent self), of others, and of the physical world (e.g. non-materialism, holism) during the normal waking state of the consciousnesses, accompanied by the capacity to identify their relationship to one’s self and to the physical. ‘Conscious State expansion’ is the ability to enter and
exit higher/spiritual states of consciousness (e.g. pure consciousness, unity, and oneness) at one’s own discretion (as in deep contemplation, meditation, prayer etc.). Based on this model David B King constructed Spiritual Intelligence Self Report Inventory (SISRI), which is consisted of 24 items and four factors mentioned above.

7. Spiritual Intelligence – A New Way of Being : Brian Draper (2009)

Brian Draper explains the opportunities afforded by the very idea of spiritual intelligence to explore what it means to embark on a journey of transformation – a journey that includes both contemplation and action in equal measure. He speaks of four separate journeys each of which goes little deeper into spiritual intelligence. He divided this journey into four stages; ‘awakening’, ‘seeing afresh’, ‘living the change’, and ‘passing it on’.

‘Awakening’, speaks of waking from a spiritual sleep. Awareness is the start of awakening. He speaks of becoming more aware of who one is and how one might awaken to the richer possibilities of life. Since spirituality is like a bridge between ‘being’ and ‘doing’, one need to attend one’s being preferably before one move on one’s doing. Seeing afresh is about seeing life with a fresh set of eyes, about staring long and hard and deep into the state of one’s being and beginning to see how things really can be different. ‘Seeing afresh is a journey of discovery, not passive acceptance of someone else’s perspectives and one have the wherewithal (resources) within one to begin that journey. Living the change is the ‘stage’ demanding courage and commitment. It calls for courage, the courage of one’s convictions, and commitment. Living in the present is important for the change. One can do something only about one’s life in here at present. The stage, ‘Passing it on’, which means ‘the sharing’. As one taps into innate spiritual intelligence sharing will become a way of life: sharing wisdom for the journey, sharing stories, sharing life. It is not about trying to change other people, but exemplifying a positive transformation in oneself.
2.5. Conclusion

Family is the basic unit of the society, where all human beings find their first and foremost shelter of love. Family function/dysfunction will result in individual’s/society’s function/dysfunction. Keeping and promoting healthy and functional family is the most urgent task in this era. The present chapter dealt with the fundamentals of family and family counselling based on systemic view along with the thoughts on ‘differentiation of self and spiritual intelligence’. The theories reviewed here really act as catalyst in the way of acquiring more valuable inputs in the way of formation of the family in future.

The review of the literature specifically related to the present problem under investigation is given in the following chapter.