

Module 2

The Counselling Process and Strategies



DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND
FOUNDATIONS OF EDUCATION

NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING

It is raining still ... Maybe it is not one of those showers that is here one minute and gone the next as I had so boldly assumed. Maybe none of them are. After all, life in itself is a chain of rainy days. But there are times when not all of us have umbrellas to walk under. Those are the times when we need people who are willing to lend their umbrellas to a wet stranger on a rainy day. I think I'll go for a walk with my umbrella.

—SUN-YOUNG PARK



The Counselling Process and Strategies

Module 2



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एन सी ई आर टी
NCERT

राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद्
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About the Module

This module presents the various parameters and dimensions of counselling which has emerged as an art and a science to render professional assistance to people to enable them to make choices and decisions. To attain these goals, true nature and meaning of counselling needs to be understood. Counselling is often misconstrued as advice giving whereas it aims at empowering persons to take their own decisions. The first unit of this module aims to help you acquire basic knowledge and understanding of the concept of counselling. This unit also describes the factors and events leading to the emergence of counselling as a profession and distinct discipline different from other allied disciplines like psychiatry, social work and psychotherapy.

The second unit focuses on the qualities required of an effective counsellor, one, who is able to communicate the much needed openness, trustworthiness, objectivity, warmth and friendliness required for building a relationship.

Building a relationship is the cornerstone of counselling, therefore, the third unit of the module is entirely devoted to prerequisites or conditions essential for creating a conducive environment for counselling. The fourth unit is aimed at creating an understanding, insight and the skills needed of a counsellor to understand the client and the problem from client's perspective to set goals and take action to attain them.

Units five to nine are devoted to describing counselling interventions based on four major theoretical approaches viz., the earliest trait and factor, psychodynamic approaches and also those based on later person-centred, behaviouristic and most recent cognitive behavioural and systemic approaches. Specific techniques based on these approaches which can be used by teachers/counsellors have been described with the help of examples. However, the contents provide you only the basic understanding about these techniques. References for acquiring further details and insight have been suggested.

Self-check exercises and activities given in every unit will help you evaluate your progress through the module. Summary given at the end gives an overview of the unit, and references and additional readings provide additional sources of information.



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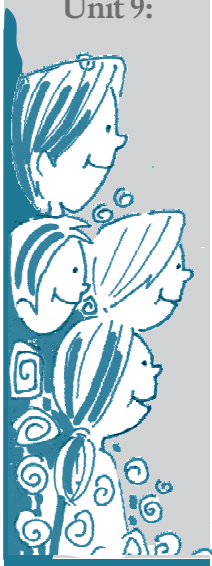
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Introduction to Counselling

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Introduction to Counselling 1

1.0 INTRODUCTION

People have always sought help and counselling from others in times of difficulty. If we just look around and talk to people, rather, listen actively to them, we will find that most of them are undergoing stress,

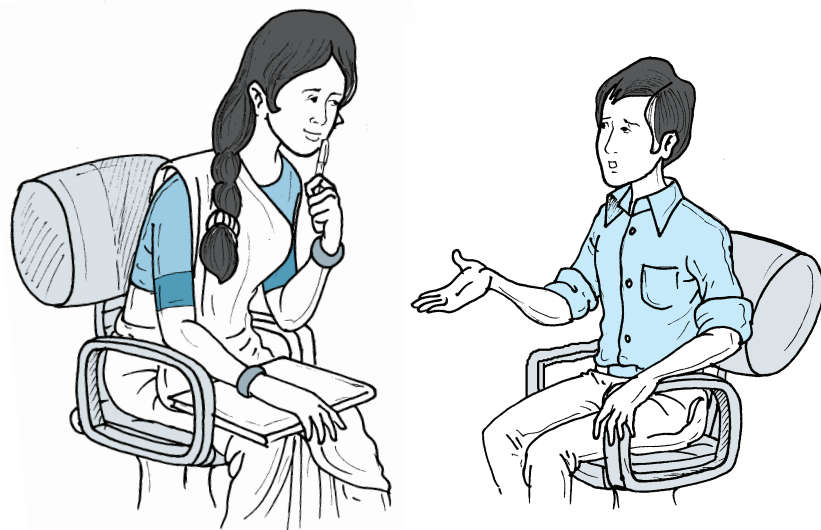
trauma, family disputes, physical and psychological abuse, and violence. There are either minor or major family problems with children or spouse or in-laws; problems at school, or job related problems with the boss, colleagues or subordinates, or depression, or general stress of life. We need someone who can give us solace, comfort, peace of mind, or make us feel happy and relaxed help us to realise our goals and achieve maximum in life. These circumstances have given rise to the need for counselling.

It is not just that people who face problems require counselling but it is also an assistance for maximising human growth and potential. A trained counsellor provides the needed support and guidance to the growing and striving individual to facilitate overall development of his/her personality. This unit introduces you to the meaning and concept of counselling, factors which led to its emergence as a discipline separate from psychiatry, psychotherapy, social work etc., and how it has assumed an important place in school set-up for maximum development and adjustment of students.

1.1 OBJECTIVES

After going through this unit, you will be able to

- *explain* the need for counselling.
- *define* and explain the concept.



- *understand* the origin and development of counselling.
- *recognise* the misconceptions associated with counselling.
- *explicate* the developmental stages and corresponding needs for counselling.
- *spell* out and explain the skills used for counselling.
- *show* some of the applications of counselling in life.
- *differentiate* counselling from Clinical Psychology, Abnormal Psychology, Psychiatry, Social Work and Education.
- *enumerate* the various types of counselling.

1.2 NEED FOR COUNSELLING

Although need for assistance or guidance has always existed in the form of advice sought from parents, elders in the family, *Gurus* (religious heads), community heads or leaders etc., professional counselling is of recent origin. With the increasing complexities of life came the realisation that school and home were not in a position to provide timely assistance to growing children and youth to meet the demands of living. There is a growing recognition and concern that—

- We are living in a world where stress, tensions and worries are on the increase and we need help to overcome them.
- Advancement of science and technology has made things more complicated. Globalisation has triggered much competition in trying to outshine others in money matters, productivity and knowledge, which creates stress.
- Families as support systems are gradually breaking down. We have come down from joint family to nuclear families and now to single parent families – where the single parent is working to make ends meet and has hardly any time for the child.
- Values and spiritual anchorages are at very low ebb. Things that could give a lot of solace and peace have gradually disappeared.
- Education and the subsequent hunt for jobs is becoming more complicated, causing stress.
- Cut-throat competition, economic insecurity and job mobilisation give rise to stress.

In view of the above, one feels there is a great need for professional help to reduce stress and make life peaceful and more meaningful for people.

Before we discuss the meaning and concept of counselling, it would be befitting to go into the factors that led to the origin of counselling.

1.3 ORIGINS OF COUNSELLING

Counselling has perhaps existed since time immemorial, since the beginning of civilisation, but in an informal way. The formal impetus to counselling came in with the work of well-known psychologist Sigmund Freud in early 1900s with his psychoanalytic explanations of personality. His work was mainly on psychoneurotic patients. Jesse Davis in 1907 was the first person to give a formal status to the Guidance movement. Frank Parsons in the beginning of the twentieth century focused his work on school guidance. He was also called ‘The Father of Guidance movement’. His work on vocational counselling was a landmark in the history of the Guidance



movement with the publication of his book “*Choosing a Vocation*”. On the clinical side, it was Clifford W. Beers who wrote a book “*A Mind That Found Itself*”, which became the starting point of personal counselling.

Another impetus came from the ‘testing movement’ especially with the work of Spearman on intelligence testing and the Army Alpha and Beta Intelligence Tests. The work of educationists like Froebell and Pestalozzi also gave rise to the educational counselling movement. The Industrial Revolution gave rise to the need of vocational counselling. The year 1913 saw the formulation of “National Vocational Guidance Association” (NVGA). The 1920s saw a great growth of school counselling movement. In the 1930s “Dictionary of Occupational Titles” became a major landmark in vocational counselling.

The 1940s and 1950s witnessed the great movement of guidance across the continents upto Asia. Another major breakthrough which established counselling in its own right was achieved through the publication of Carl Rogers’ book titled “*Counselling and Psychotherapy*” (1942). In 1952, Division 17 was recognised by American Psychological Association and this gave worldwide recognition to counselling as a full fledged area of Psychology. At present, counselling has taken a gigantic leap and has made an entry into many walks of life.

1.4 MEANING AND GOALS OF COUNSELLING

The history of counselling helps us understand how it emerged as a separate discipline with a specific focus on providing assistance to persons in dealing with problems in the normal course of living. However counselling is a systematic and scientific process with certain specialized psychological skills and well specified goals. The term counselling is loosely used and all types of people in several areas like legal, medical, academic, VISA counselling use the word for a specific purpose. Some of them may proclaim themselves to be psychological counsellors having no expertise in the field. A professional counsellor must understand the real meaning and skills of counselling. Therefore, it is necessary to be aware of the misconceptions and understand the true meaning of counselling.



1.4.1 What is Counselling?

Ask yourself – ‘Do I feel completely at peace and at ease with my life or do I feel that there are tensions and some problems?’ Would you not wish that there was someone with whom you could share your worries or someone who could help you to make some serious decisions of life? At such a point of time, we need some professional help. This is where a counsellor figures in our life to help us cope with our predicaments.

Various writers have tried to explain the term ‘counselling’ in various ways. A consensus type of definition was put forward by Gustard (1953). He defined

counselling as “learning oriented, carried on in a one-to-one social environment. The counsellor who is competent and knowledgeable assists the client to learn, understand himself/herself and perceive realistically defined goals. At the end, the client becomes happier, healthy and a productive person in the society”.

In a more psychologically oriented definition Pepinsky and Pepinsky (1954) defined counselling as “a process involving an interaction between a counsellor and a client in a private setting, with the purpose of helping the client change his/her behaviour to a satisfactory resolution of needs”.

According to Jones (1951), “Guidance is the help given by one person to another in making choices and adjustments and in solving problems. It aims at aiding the recipient to grow in his/her independence and ability to be responsible for himself/herself. It is a universal service.”

A recent definition by Gladding (1996) helps us to differentiate counselling from other related helping professions such as psychotherapy and psychiatry. It describes counselling as a relatively short-term, interpersonal, theory-based process of helping persons, who are basically psychologically healthy, to resolve developmental and situational problems.

According to Mohan (1999), “Counselling is the ‘Process’ of ‘Help’ or ‘Assistance’ provided by a trained counsellor to an individual facing a ‘Problem’, by making her/him understand her/his ‘Assets’ and ‘Liabilities’, the situation in which s/he is placed, and then arrive at some ‘Decision’ or ‘Solution’. This must be action-oriented.”

The Committee on Definition of Division 17 of American Psychological Association (APA) has given three features of Guidance and Counselling.

- Client’s realistic acceptance of his/her own capacities, motivations and self-attitudes.
- Client’s achievement of a reasonable harmony with his/her social, economic and vocational environment.
- Society’s acceptance of individual differences and their implications for community, employment and marriage relations.

All these definitions imply that counselling is a serious business, and only well-trained and equipped people can perform it.

The above definitions give emphasis on the following—

- Counselling is a process; it is a continuous course of action. Making adjustments in various important stages of life can be at times a tedious process and one may require professional help to tide it over. Therefore, it is an assistance given by a professionally trained person to one seeking help.
- It is given to a person who accepts that he or she is facing a problem. If the person is forced for this, s/he does not accept the help. Self-motivation for coping with one’s problem is important.
- It is an assistance and hence not ‘Advice giving’ given to persons who are basically psychologically healthy. It is not dictating to others or telling them what to do. It is a scientific process of helping a person to understand himself/herself better in order to cope with the day-to-day problems faced in the normal course of life.



- It is not solving another's problem, but helping her/him to solve their own problems. Making him/her understand his/her assets and liabilities can do this. All you have to do is create an environment in which a person can see things objectively and face life.
- It is not carrying another person's burden, but assisting him/her to carry and face their own problems. The counsellor assists you to cope with your own stresses.
- It is not making 'decisions' for others. It is helping them to arrive at their own decisions.
- Last but not the least, helping the client to implement the decisions s/he arrives at. Until and unless the decisions are translated into actions, they are of no consequence (Mohan, 1999).
- Counselling requires special training and therefore a counsellor must undergo formal training in order to give 'assistance'.

The goals of counselling therefore are—

- Facilitating behaviour changes
- Helping client to resolve his/her problems
- Enhancing the client's effectiveness and ability to cope with life's problems
- Promoting the decision making process
- Facilitating and empowering the client to develop his/her own potential to cope with life.

1.4.2 Some Misconceptions of Counselling



Refrain from advice



Counselling requires listening

There are many misconceptions regarding counselling. These have crept in because of certain reasons.

- The guidance movement is a recent one in the area of psychology. Many people confuse counselling with clinical psychology (which requires prolonged diagnosis and treatment of a mental disorder) and psychotherapy (which is more intensive and in-depth therapy which it is not).
- Counselling leans heavily on disciplines like education, mental hygiene, personnel work, group dynamics etc.; as such many equate counselling to education or mental hygiene, this too causes a lot of confusion.
- The word 'counselling' is being used very loosely by various groups. Often you will read in the advertisement for a

job of receptionist, wording such as “Required a Counsellor”. Even at the time of admission to professional courses, the word counselling is used very inaptly for only verifying marks and allocating seats.

- There is no formal accreditation for counsellors in many countries; as such many people from all walks of life like to call themselves counsellors. Persons like advocates, medical practitioner, managers, trainers, receptionists etc. like to call themselves counsellors without having any knowledge of counselling.
- In most developing countries, there is no policy of accreditation for a counsellor, therefore people with no formal or professional training in counselling claim themselves to be counsellors. It should be essential to have a degree or diploma from some educational institution or some University. Psychology departments are providing a Postgraduate Diploma in Guidance and Counselling for becoming a counsellor. At best it is just optional or an additional qualification whereas this should have been mandatory for practising counselling.



Self-check Exercise 1

State whether the given statements are true or false:

1. Counselling is not a one time event but it is required by persons throughout their lives.
2. Counselling involves advice giving.
3. Counselling and psychotherapy are two identical processes.
4. Counselling assists a person in reaching a decision rather than making a decision for the client.
5. Counselling can be effective even if the client does not accept the problem.



Activity 1

Visit some schools in your vicinity . Ask five or six teachers whether they have heard about counselling. If they say ‘yes’ then ask them as to what they understand by the term ‘counselling’. After you have collected the responses, try to compare these answers with the formal meaning of counselling. Also analyse the content and try to identify some misconceptions and distortions, if any.

1.4.3 Counselling and Development

Mostly we do not know where to seek help or shy away from seeking help. This reality can be seen in terms of counselling needs at various developmental stages of life which we all go through (Mohan, 2000). Counselling in educational set-ups had its origin in helping the adolescents choose courses and careers. Later developments have brought the focus on counselling over the entire life span. The crucial stages of development along with counselling needs are presented here:





Stages of Development	Counselling Needs
1. Birth	<p>The birth trauma is experienced not only by the mother but also by the newborn. The longer the labour pains, the more the trauma experienced by the neonate. Not only this, but also the reception the child is given by the parents and others who matter are important landmarks in the growth of the child. Attitudes of rejection or over-protection can both affect the individual's personality.</p>
2. Early discipline	<p>Toilet training and the process of weaning the child are two areas of discipline which can leave a long impact on the child. Very few parents know that the right way to toilet train a child is to understand his/her physiological rhythm and then train accordingly. Similarly, weaning has to be done in a gentle way and by providing adequate security to the child.</p>
3. Transition from home to school	<p>The first experience of being without the comfort of known faces can be quite traumatic for the child. Many parents use going to school as a threat to the child. The 'Monday Blues' often remain with the individual throughout his/her life. If we do not wish to traumatise the child, this transition has to be gentle and gradual. But, do the parents know how to make this transition a happy phase of life?</p>
4. Adolescence	<p>This is the period of storm and stress. Hardly any preparation is made for this stage. Neither schools nor parents try to guide the pre-adolescent with sex education. All the developments are accelerated. Coping and adjusting to them can be a major problem for the adolescent.</p>
5. Entering adulthood and family life	<p>Settling in life, seeking a life partner, getting married and adjustment to the new status requires many skills and know-how. But, unfortunately, no training or preparation is made to take up the tedious task of 'Adulthood and Family Life'. Bringing up a family is a task of great responsibility and at many points it requires counselling and help.</p>
6. Child bearing and rearing (Raising a family)	<p>Giving birth to a child, no matter how painful, is still simpler than satisfactory rearing. Hardly any training is imparted for doing this tedious job. In the past, when joint families were in vogue, some help was available to the new parents through their own elders, but in the nuclear families or single parent families this is non-existent.</p>

7. Middle age crisis

This is the period of the demands of job escalation and adjustment to greater responsibility, decision making, executive demands etc. This is also the period of female and male menopause, and orientation to the onset of ageing process as well as its acceptance.

8. Retirement and preparation for old age and death

This is the stage for facing the heartache of leaving the active life, power, status and to withdraw into the family bounds. If one is not prepared for this stage, it can be very traumatic. Many senior executives, on retirement, either become sick or die within the first year. One has to learn how to retire in a meaningfully happy way. The post-retirement and old age in the Indian wisdom of yore was a way to prepare for this transition.

Activity 2



Talk to a young adult between the ages of 20 to 25 years and ask him/her to remember his/her earliest experiences. Then try to find out whether those experiences were painful or pleasant. What residue feeling did it leave behind?

Sometimes formal counselling is necessary to tide over the traumatic periods of life. The developmental stages of life plus these sudden traumas make it necessary to make use of the services of a trained counsellor.

Activity 3



Try to find from your friends or relatives what type of life events have been stressful for them. See if any of those match with those listed for each life stage under the sub-section 1.4.3.

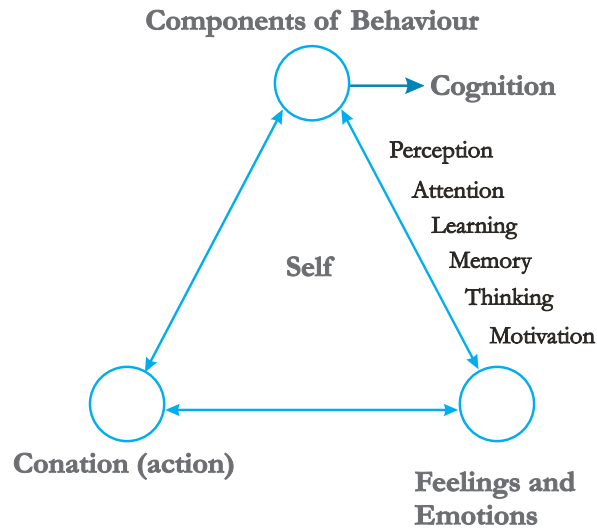
1.4.4 Stages of Counselling

Counselling passes through certain stages, each leading onto the next stage. Let us now try to understand these stages. We will be studying broad outlines of the various stages of counselling; the details and modality will be discussed in Unit-3 on “Basic Skills in the Counselling Process” of this Module. These stages are briefly presented below.

The entire game of counselling rests on understanding human behaviour. Therefore, one must have a brief view of what behaviour involves. It consists of three primary factors, namely, *cognition* or knowing and understanding the world, *affection* or the feeling/emotional component and *conation* or the action or response to a stimulus; it may be external or internal response. These are actually the three aspects of behaviour. Let

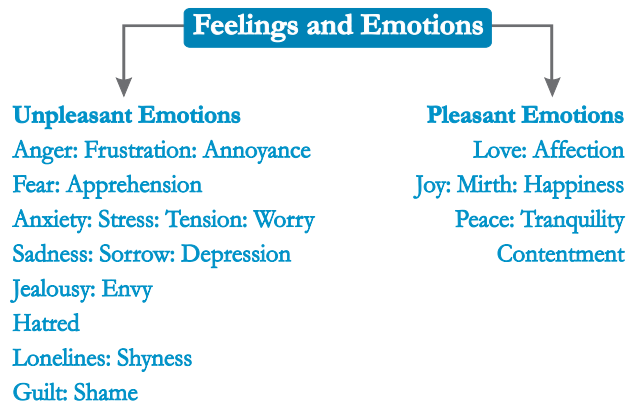


us try to understand these components of behaviour very briefly. This has been graphically presented below—



Cognition is the process by which we come to know and understand the world. It is affected by the type of experiences or learning we have had in life. For example, if at birth we were given a warm reception, then the world would be a nice place for us, but if we had faced rejection like many people do to the girl child, we would grow up with inferiority feelings about ourselves.

Emotions can be put on a continuum from most pleasant to most unpleasant. The two ends can be seen as follows:



Feelings and emotions are our driving or motivating force. They energise and drive us towards action. If we are angry with someone, we do not hesitate in using foul language or even come to blows, but if we love someone, we are willing to sacrifice our prized possession for that person. These emotions are broadly of two types—pleasant and unpleasant ones or in other words, positive and negative emotions. The negative or the unpleasant emotions are the ones which create problems and trauma for us. Learning how to deal with them is an arduous job. This is where counsellor is needed.

Conation is the resultant action or response to our cognition and emotions. However, actions are more dominated by our heart than our head. Sometimes we know cognitively that some act is wrong yet we like it and are attracted to it, and ultimately do it though the mind keeps on telling us it is wrong. Ask yourself whether such things happen to you.

Activity 4



Try to think of a situation when you were very hungry and food was not being served; ask yourself how you felt at that time. Ask others also how they felt when they were afraid or sad or tense. Also ask how they felt physically when they were afraid or sad or tense.

So far, we tried to understand the meaning of cognition, emotions, and conation, since these aspects of behaviour or experience are essential features of counselling. The counsellor has to employ skills to understand experiences under each of these three components. These have been spelt out briefly in the table given below. **The skills will be discussed in greater detail in Unit-3 on “Basic Skills in the Counselling Process” of this Module.**

1.4.5 Basic Counsellor Skills

A Counsellor must learn a considerable amount of skills to be able to provide such assistance. Some of the important skills required for doing counselling work are as follows:

- Building of trust to be able to build a rapport with the client.
- Attending skills, i.e. psychologically being with the person.
- Active listening, which is very different from passive listening, i.e. listening to thoughts, feelings and non-verbal messages.
- Empathetic understanding, i.e. seeing the client’s point of view or seeing the problem from client’s frame of reference.
- Objective observation, i.e. observation of the client’s behaviour without counsellor’s own biases or prejudices.
- Respect or acceptance of the client as a person without making judgments of being right or wrong.
- Genuineness, i.e. showing concern or involvement from the heart and not through pretentiousness.
- Sharing or self-disclosure, i.e. sharing your own experience with the client to give him/her support.
- Confronting skills, i.e. challenging discrepancies or false representations or distortions made by the client.
- Learning detached attachment, i.e. being affectionate yet not being carried away.

1.5 PRINCIPLES AND ASSUMPTIONS OF COUNSELLING

Counselling is a very sensitive process, hence we have to have foresight in terms of certain principles and assumptions of counselling. Some of the essential ones are presented below—





- Counselling must take into cognizance the totality of the personality development and integration. All the five areas of development, viz. physical, cognitive, social, emotional and spiritual, should have a synergy and balance.
- Individual differences must be kept in mind while dealing with the clients.
- Counsellor must try to help the client formulate worthwhile goals which are reasonable and attainable.
- The current socio-cultural milieu must be kept in mind. The social norms and current value system are of great importance.
- It should be regarded as a continuous process of life like some of the salient life stages which have been given earlier (Mohan, 2000, 2004).
- Counselling services should not be limited only to the ones who actively seek help, it should be used as a preventative and developmental support such as doing pre-marital counselling workshops.
- It should be extended to persons of all castes, creeds, sex, age etc.
- School education should be oriented to the guidance needs of the children.
- People who have a guardian role like teachers, parents, etc. must be oriented to plan and implement guidance-oriented activities and responsibilities.
- The counsellor should be well equipped with skills of assessment of various tools, tests etc., their availability and dependability as well as their interpretation etc.
- The counselling programme should be flexible and need-based. Since individual needs and personality differ, counselling too should be tailor-made and hence no fixed ideas can hold true.
- Time to time evaluation and appraisal should be done of counselling provided to students and others. Long-term research or follow-up can be done to study the effects of counselling.
- Counselling should be based on scientific realities rather than sentimental supports.
- The ethical dimension must be of paramount importance. One should be honest; authenticity and sincerity should always be maintained.

For example, the counsellor must keep clients' information totally confidential. Like a medical doctor who is not supposed to discuss the patient's disease in public, the counsellor must never disclose what the client has shared with him/her.

It may be noted here that other principles and assumptions discussed in Unit-1 on "Understanding Guidance" of Module-I also apply to counselling.



Self-check Exercise 2

Fill-in the blanks from the alternatives given below.

- | | |
|------------------------------|------------------------------|
| (i) Preventive | (ii) Flexible and need-based |
| (iii) Individual differences | (iv) Scientific |
| (v) Balanced | |

1. All the five areas of development, viz. physical, cognitive, social, emotional and spiritual are _____ in a healthy personality.
2. _____ must be kept in mind while dealing with the clients.

3. Counselling service is _____ and not limited only to those who seek help.
4. The counselling programme should be _____ .
5. The counselling process is _____ .

1.5.1 Counselling as Differentiated from other Helping Professions

Since counselling can be applied in so many areas, people may feel a little confused about its boundaries. As such we will try to differentiate it from other related areas of specialisation. Counselling has to be differentiated from other helping professions like Clinical Psychology, Abnormal Psychology, Psychiatry, Social Work and Education. We will now take up each of these comparisons.

1.5.2 Clinical Psychology and Counselling

In clinical psychology, the target of study is a clinical patient who has already experienced some psychological aberration or disorder. The thrust is on diagnosis and then treatment. But, in Counselling the thrust is towards helping an individual to lead a happy and healthy life. It is like maintaining oral hygiene so that tooth disaster does not occur rather than going to a dentist for tooth repair.

1.5.3 Abnormal Psychology and Counselling

In abnormal psychology, our orientation is to understand the abnormality and classify mental disorders. At present DSM - V is referred to for classifying the various mental disorders such as psychoneurosis, paranoid, hysteria, emotional disorders etc. But, in counselling our orientation is prevention of disorder and helping in making readjustments to life.

1.5.4 Psychiatry and Counselling

The orientation of psychiatry is purely treatment of mental disorders. A psychiatrist is basically a person trained in medicine and clinical psychology. S/he can prescribe medicines to a person with mental disorder. A counsellor cannot do so. S/he is a person with knowledge of basics of psychology and specialised training in counselling, who can help people with relatively less severe and solvable problems.

1.5.5 Social Work and Counselling

The social worker addresses social ills and uses counselling skills to heal them. A social worker may help a drug addict or work for AIDS prevention or with Alcoholics Anonymous. Primarily the thrust is to take up social maladies and redeem them. A counsellor relates to the individual and his/her personal problems. In the course of counselling, some social issues may also crop up. Individual lives in a society and moulds it, hence any problem occurring in the individual's life has its effect on the society also. For example, an alcoholic not only creates problems for the family but may also get involved in fights in public.



1.5.6 Education and Counselling

An educationist's prime responsibility is to make a child literate and also inculcate attitudes for positive living. A general thrust is to make an individual aware of the surroundings, think of issues, and plan and achieve life goals. School is the arena where it is imparted. Problems arising at school are dealt with by counselling where students are evaluated on their performance. At times an educationist may lean very heavily on counselling to help the child to make better adjustment in life. More so when there are problems of learning disability, under-achievement, truancy, attention deficit, poor motivation, indiscipline or related behavioural problems, the teacher has to depend upon the counselling skills.



Self-check Exercise 3

Match the following

A

1. In clinical psychology emphasis is on
2. In counselling emphasis is on
3. A psychiatrist is a person trained in
4. An educationist's major responsibility is to
5. The social worker helps to

B

- a. prevention and making adjustments.
- b. maintain liaison with home and community.
- c. medicine and clinical psychology.
- d. diagnosis and long-term treatment.
- e. promote growth and overall development.

1.6 APPLICATIONS OR GOALS OF COUNSELLING

At times one finds it difficult to say where counselling begins and where it ends. As long as there are human beings and they have their problems, there will be counselling. As discussed earlier in Unit-1 of Module-I, both guidance and counselling, often used interchangeably, are directed at individual's self-growth and also for the welfare of the society. Society is made up of individuals; if we improve the quality of life of individuals, we can change the entire society. For the present purpose, applications of counselling are being discussed for the welfare of individual as well as society through the enrichment of the person so that s/he can contribute to society. One has to pass through so many ups and downs of life for which one is not necessarily equipped nor trained with skills to do so. In this expedition one often comes across many hurdles like poor interpersonal skills, lack of knowledge, inadequate coping skills, interpersonal conflicts, emotional turmoil and such situations for which one needs help. Some of these areas of assistance are as follows—

- **Personal Development: Self-Growth Skills**
 - a) Self-understanding
 - b) Determining life goals

- c) Managing one's time
- d) Coping with one's intrapersonal conflicts
- e) Dealing with negative emotions
- f) Coping with life stresses and anxiety
- g) Developing 'assertiveness'
- h) Becoming innovative
- i) Learning interpersonal transactions, i.e. communication skills, listening, observing and empathetic understanding.

Activity 5



Talk to a student of Class XII and find out whether s/he has ever tried to write down his/her life goals in black and white. You can also make a survey of about 20 such young people and see how much clarity people have about their life goals.

- **Educational Counselling**

- a) Adjusting to school life
- b) Peer group adjustment and coping with their pressures
- c) Sex education, especially at the time of puberty and adolescence
- d) Academic achievement, i.e. coping with problems of under-achievement and other learning disabilities
- e) Pupil's personal work from the point of view of the teacher.

- **Career Counselling**

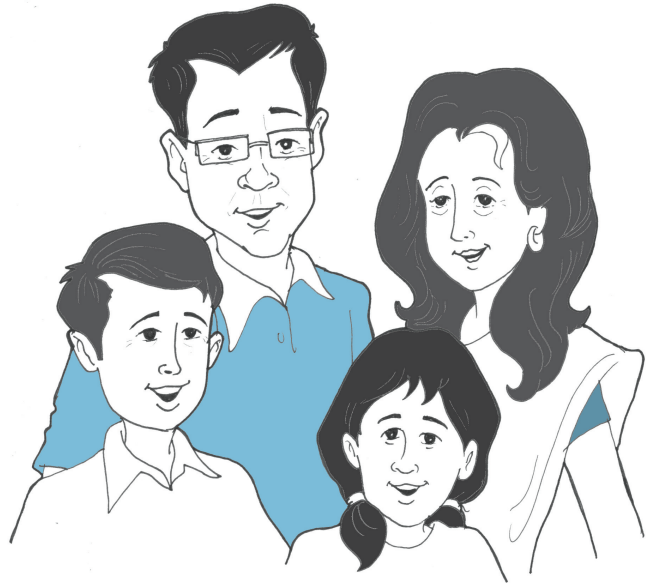
- a) Career development and planning
- b) Knowing one's 'abilities' as well as 'liabilities' and coping with them
- c) Having occupational and job information from the right sources and using them in your own life
- d) Making an apt career choice
- e) Training for facing an interview.

- **Work and Counselling**

- a) Selection of right person by use of psychological tests
- b) Motivational development, job satisfaction
- c) Managerial skills such as team building, resolving conflicts, developing and motivating subordinates, developing adequate leadership styles, learning to delegate, reducing work stress, building two-way communication
- d) Behavioural adjustment by bringing about needed changes in habits and other components of behaviour like skills, communication etc. to adjust to the work situation.



- **Family Life Adjustments**
 - a) Understanding family roles, relationships and responsibilities
 - b) Pre-marital counselling and preparing for married life
 - c) Learning to cope with marital discord, facing problems of break-up and divorce
 - d) Learning good parenting, giving child a healthy childhood
 - e) Helping elders in the family to cope with life.



- **Social Welfare**
 - a) Preventing juvenile delinquency
 - b) Helping children in distress such as abused children, neglected children, violated children, etc.
 - c) Preventative and curative counselling for drug addiction, AIDS etc.
 - d) Community development for social welfare and value inculcation.



Self-check Exercise 4

Choose the odd one out.

1. Personal Development: Self-Growth skills include
 - (a) self-understanding
 - (b) dealing with negative emotions
 - (c) becoming creative and innovative
 - (d) social welfare
2. Educational counselling should assist in
 - (a) adjusting to school life
 - (b) dealing with peer pressure
 - (c) becoming street smart
 - (d) coping with academic problems
3. Career counselling should be helpful in
 - (a) fostering knowledge about one's abilities and liabilities, and coping with them
 - (b) becoming a good parent
 - (c) getting appropriate job information from the right sources
 - (d) making an appropriate vocational choice
4. Family life counselling aims at
 - (a) preparing for married life
 - (b) facing problems of break-up and divorce
 - (c) giving child a healthy childhood
 - (d) community development

1.7 Summary

An attempt was made to define counselling as the ‘*Process*’ of ‘*Help*’ or ‘*Assistance*’ provided by a trained counsellor to an individual facing a ‘*Problem*’, by making her/him understand her/his ‘*Assets*’ and ‘*Liabilities*’, the situation in which s/he is placed, and then arrive at some ‘*Decision*’ or ‘*Solution*’. This must be action-oriented. Certain developmental stages, where counselling is required, were discussed. These included birth trauma, early childhood discipline, transition from home to school, adolescence, entering family life, child bearing and rearing, middle age crisis, retirement, death anxiety etc. The goals of counselling include rendering help to individual and society. Some of the areas of this help such as Personal Development: Self-Growth Skills, Educational Counselling, Career Counselling, Work and Counselling, Family Life Adjustments and Social Welfare were discussed.

Some of the skills required to achieve these goals were enumerated such as Building of trust, Attending skills, Active listening, Empathetic understanding, Objective observation, Confronting skills, Learning detached attachment etc. Certain essential assumptions and principles of counselling were also enumerated.

Finally, Counselling was differentiated from other helping professions such as Clinical Psychology, Abnormal Psychology, Psychiatry, Social Work and Education.

Self-Evaluation Exercises

1. Try to identify some students in your school who may have counselling needs and try to put these needs into areas like physical, educational, social, emotional and career related.
2. Enumerate some of the essential developmental stages where a counsellor can be helpful.
3. What are the various conative helping skills? Give at least three such skills.
4. While counselling students and others what assumptions would you keep in mind? Give at least four such assumptions.
5. Differentiate Counselling from Psychiatry, Social Work and Clinical Psychology.

Answer Key to Self-evaluation Exercises

1. The examples of categorisation of counselling needs or problems in each of these areas is given below for evaluating your answer.
 - i) Physical – issues about personal attractiveness, changes at puberty, sexual behaviour, etc.



- ii) Educational – academic achievement, underachievement, learning problems.
 - iii) Social – essential social skills like becoming assertive, developing good communication and listening skills etc.
 - iv) Emotional – skills to deal with negative emotions like anger, aggression etc., developing positive emotions like love, caring etc., not being over emotional.
 - v) Career related – adequate knowledge of one’s abilities and disabilities, knowing sources of information, gathering right information about different careers to make an appropriate career choice.
2. Elaborate on the following points:
 - Birth
 - Early discipline
 - Transition from home to school
 - Adolescence
 - Entering adulthood and family life
 - Child bearing and rearing (raising a family)
 - Middle age crisis
 - Retirement and preparation for old age and death
 3. See table of helping skills and elaborate on any three.
 - Problem solving
 - Decision making
 - Planning action
 - Behaviour modification
 4. Helping the client formulate practical, reasonable and attainable goals.
 - The socio-cultural factors of the client keeping in view the current social values and norms.
 - Counselling, a continuous process.
 - Counselling is preventive rather than only helping those who seek help.
 5. Elaborate on the following:
 - Psychiatry deals with the treatment of severe psychiatric disorders. A psychiatrist is trained in both medicine and clinical psychology, whereas a counsellor has a specialised training in counselling and helps people with relatively less severe problems.
 - Social work basically deals with reaching out to community and social issues and problems like drug addiction, alcoholism, HIV etc. whereas in counselling, individual’s personal problems are dealt with which are less severe and within normal range.



- In clinical psychology, emphasis is on an individual who has already experienced some psychological disorder. Therefore, the thrust is on diagnosis and treatment whereas counselling may be for less severe problems and is preventive. It aims at helping an individual to lead a happy and healthy life.

Answer Key to Self-check Exercises

Self-check Exercise 1

1. T 2. F 3. F 4. T 5. F

Self-check Exercise 2

1. v 2. iii 3. i 4. ii

Self-check Exercise 3

1. d 2. a 3. c 4. e 5. b

Self-check Exercise 4

1. d 2. c 3. b 4. d

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2

THE EFFECTIVE HELPER

- 2.0 Introduction
- 2.1 Objectives
- 2.2 An Effective Helper
 - 2.2.1 Personal Qualities
 - 2.2.2 Professional Qualities
- 2.3 Developing Yourself as an Effective Helper
 - 2.3.1 Knowing Yourself
 - 2.3.2 Understanding Others
 - 2.3.3 Observance of Ethics
 - 2.3.4 Nurturing Critical Thinking
 - 2.3.5 Interpersonal Communication
- 2.4 Summary
 - Self-evaluation Exercises
 - Answer Key to Self-evaluation Exercises
 - Answer Key to Self-check Exercises and Activities
 - References





The Effective Helper 2

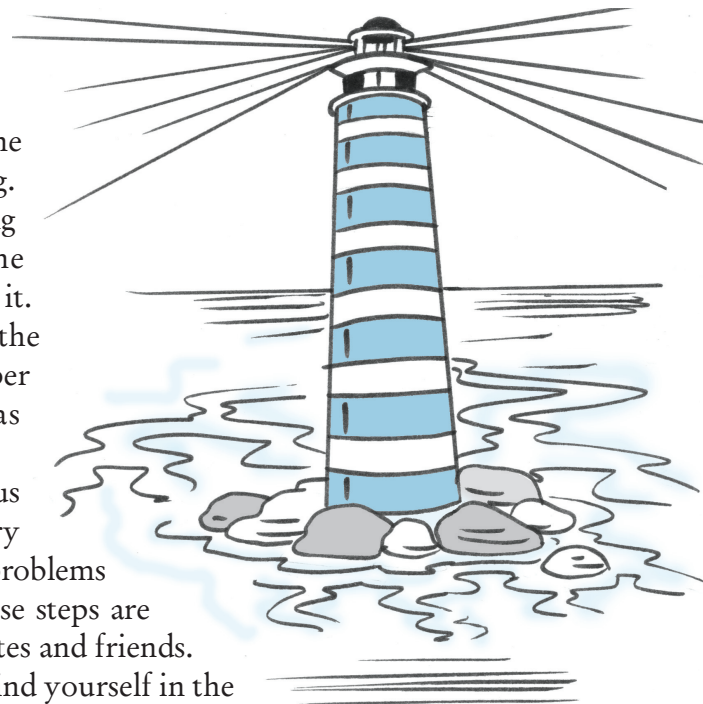
2.0 INTRODUCTION

In the previous unit, you read about the need, nature and scope of counselling. An essential requirement for counselling to be effective is dependent on the effectiveness of the person rendering it. This effectiveness is dependent on the personality characteristics of the helper and the training which s/he has undergone to perform the role.

The journey called 'life' surprises us with choices and challenges at every corner, forcing us to change, to solve problems and to make decisions. Many of these steps are taken after consultation with associates and friends.

On many other occasions, you will find yourself in the seat of the advisor. How often have you felt inadequate when approached by someone seeking your help, assistance or advice? Did you feel the need to be better equipped to face such a challenge? This unit aims at transforming you from a well-meaning teacher or a friend to a well-trained professional helper or counsellor. For this, knowledge and skills are required. In this particular unit, you will be acquainted with the qualities of an effective helper, namely, the personal and the professional qualities. It will also facilitate you to develop some of the required skills and competencies to become an effective helper.

There is a saying that "Helpers help, effective helpers help effectively". In other words, help from an 'effective helper' will be of 'value' to the 'seeker' or client. It is with a sense of expectation that a person seeks help and therefore it is imperative for



the helper to be equipped in every manner to render this help. You will see that a helper's personal and professional qualities can facilitate or detract from the helping process and these are as essential as the knowledge and skills in counselling. Let us now try to find out what makes an effective helper or counsellor.

2.1 OBJECTIVES

After going through this unit, you will be able to

- *recognise* the need to understand the characteristics of an effective helper.
- *describe* the personal qualities of an effective helper.
- *explain* the professional qualities of an effective helper
- *identify* and develop skills and competencies to know yourself better, understand others and relate to others.

2.2 AN EFFECTIVE HELPER

An effective helper may be said to be a professional who is able to facilitate a change in the beliefs, the feelings, the ideas, the thought processes and the behaviour of an individual, to bring about a positive and result-oriented outcome of his/her circumstances or situations. The extent to which positive outcomes would be achieved in a counselling process depends to a large extent on the person who is giving the help. A great deal of research over the years indicates that a helper's personal and professional qualities can facilitate the helping process.

As you already know counsellors work with people in a private and confidential setting. They help the clients to explore and understand the problem, feeling of distress or dissatisfaction in life. They provide a safe environment listening to and encouraging clients (i.e. persons seeking help) to think clearly about their situation and help them to consider a new perspective.

The knowledge of the characteristics of an effective helper will help you to assess your strengths and weaknesses and work on areas that require improvement. This unit will also help you to sharpen your existing skills as well as facilitate you to acquire newer ones to enhance your competencies. Thus, you will emerge as an empowered individual in your role as a helper rendering assistance to your clients.

We shall now discuss essentially *two* kinds of attributes that an effective helper should have, namely,

- *Personal qualities*
- *Professional qualities*

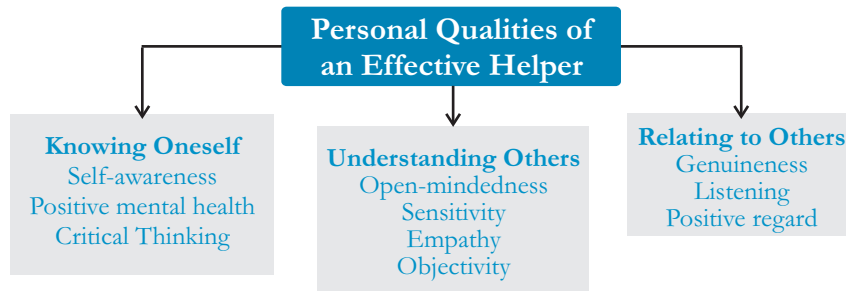
2.2.1 Personal Qualities

Let us try to identify the major personal qualities desirable in a counsellor. Personal qualities of an effective counsellor can be classified into three categories –

- Knowing oneself
- Understanding others
- Relating to others

Each of these categories includes several qualities.





- **Knowing Oneself**

The first and foremost step in helping others effectively is to know yourself. This requires introspection and self-exploration. Knowing oneself involves self-awareness, positive mental health and critical thinking.

Self-awareness

This process will enable you to become aware of your needs. For example, what is it that gives you more pleasure? Is it –

- to give
- to be respected
- to be approved
- to be critical
- to be liked and loved
- to be in control, etc.

The most prominent emotion identified by you from amongst the above will be your emergent need that seeks gratification in the relationship that you establish in a helping situation.

In other words, it will determine your *motivation* to be a helper. What is the force or the drive that has made you pursue this profession?

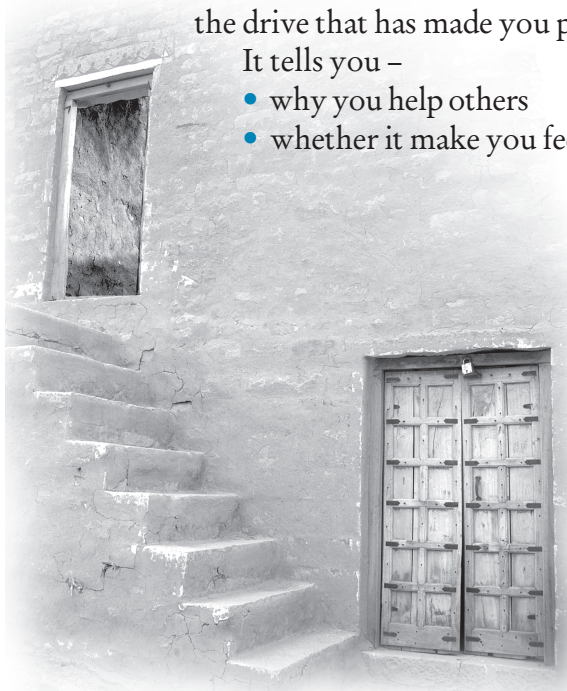
It tells you –

- why you help others
- whether it make you feel good
- what you get in return

Self-awareness will also help you to understand your *feelings*. What is it that you usually feel? Is the feeling one of –

- happiness
- hurt
- anger
- fear
- sadness (sorrow)
- satisfaction
- confusion
- anxiety, etc.

Knowing about self will equip you to see things objectively and to give your interpersonal relationship a better focus. You will be able to identify your strengths, weaknesses and skills to cope with these. It will help you in understanding your own emotions and of your counsellee or client so that the phenomenon of ‘projection’, whereby your emotion gets projected to your clients, can be avoided.



Unlocking oneself is the first step to being an effective counsellor.

Self-awareness will also contribute to safety and security of yourself as well as your counsellee's and avoid personalisation of a problem and the tendency to overreact.

Positive Mental Health

The counsellee seeking your help is usually distraught and in a state of commotion. Consequently, each and every counselling interaction will involve sharing of mild to intense emotional experiences. At these times, the positivity of the mental health of the counsellor is of immense importance. For example, as a counsellor if, while listening to your client's woes, you start crying in front of your client, it will make the client lose confidence in you. Usually when a client comes to you with a problem, it is possible that s/he is in a disturbed state of mind. Therefore, your mental stability and composed manner of coping makes the client hopeful of some positive outcomes. But, if the counsellor is himself/herself psychologically troubled, the proceeding will obviously be hampered. Positive mental health of a counsellor is also important because it serves as a model of healthy behaviour for the client.

Critical Thinking

Critical thinking helps you to conceptualise, apply, analyse, synthesise and/or evaluate information gathered from observation, experience, reflection, reasoning or communication. It helps to provide clarity, accuracy and relevance to your thought processes. In counselling, this ability is of immense value as it helps to clarify your thinking, removes prejudices and biases, and develops in you a better understanding of the self and environment. As individuals, everyone of us is prone to irrational thoughts as our biases and prejudices do influence our thought processes. Being a critical thinker minimises such occurrences. It is also essential for you to realise that no one is a critical thinker through and through but each of us is in the process of becoming one. For this reason, the development of critical thinking skills is a lifelong endeavour.

- *Understanding Others*

As a counsellor, your ability to understand others depends on your sensitivity, empathy, open-mindedness and objectivity.


Sensitivity

Sensitivity means to understand the expressed as well as unexpressed and underlying thoughts and feelings of your client from his/her verbal and non-verbal behaviour. It also involves awareness of your own attitudes towards sensitive issues such as gender, culture, human rights, etc. which will help you to recognise your actions influencing your attitude towards your client. As each counselling session will be unique, this sensitivity will assist you in evaluating your counsellee's resources, strengths, weaknesses, vulnerabilities, coping potential, etc. in an unbiased way without mixing your own judgements and interpretations.

Empathy

Empathy is putting yourself in the shoes of the counsellee. Through empathy, you will be able to understand the feelings of the client. His/her frustrations, anger, helplessness, indifference, fear and all other such emotions will become more apparent





when you empathise with your client. This will make the counselee feel that you are able to identify with his/her problems and are not simply feeling sorry.

Open-mindedness

This essentially means absence of preconceived ideas. It does not imply that as a counsellor you are not to have any belief system or values. It only means that your own values or beliefs will not interfere in your acceptance of the values, beliefs or ideas of your counselee. Thus, open-mindedness serves two purposes. It allows:

- you to deal with a wide range of different personalities.
- free and fair communication, which is the bedrock of counselling sessions.

Objectivity

It means the ability of dispassionate observance of the client's behaviour and the changes taking place in the client. It is important to understand that you as the counsellor should have empathy in understanding the feelings of the counselee, 'as if' you are undergoing the same but should not be carried away by them. Yet, this empathy should not cloud your judgment or affect your ability to act/help rationally. Objectivity delineates the thin line between "understanding the emotions of the counselee" and "getting carried away by these emotions".

- *Relating to Others*

This is the third aspect of personal quality needed in a counsellor. It is essentially determined by your genuineness, ability to listen and having a positive regard when dealing with others.

Genuineness

Genuineness means that the counsellor is aware of and exhibiting his/her real feelings towards the client and is not putting on an act or phony behaviour. It means consistency in the counsellor's thoughts, feelings and actions which helps the client perceive the counsellor as a responsible, reliable and dependable person and whether s/he is responding to the counselee's problem in a positive and non-threatening manner. Genuineness is built-up with responsible, reliable and dependable behaviour over a substantial period but it may be lost by a single action or breach of trust in a split second. Trustworthiness is generated when the counsellor is not hesitant to express his/her real feelings and thoughts. Genuineness is enhanced when counsellor ensures confidentiality which is also an essential element to build up a trusting relationship with the counselee. Only when this is established, the counselee may reveal intimate details that may be private and personal and this may affect the outcome of the counselling.

Listening

Listening is an important quality of an effective helper. The most important thing you need to know as a counsellor is to listen to your client in a non-judgemental way. If you are giving an opinion or advice or making a comment out of curiosity, you are not doing it right, as you are not listening. Your goal is also to provide space to your client, i.e. provide the client with opportunities to be able to experience and express their emotions openly.

The first thing in listening that you need to look for is your non-verbal behaviour, i.e. posture, eye contact, facial expression etc. To facilitate openness, open yourself, sit in a way that shows your clients that you are open to them and their thoughts. For example, do not sit with your hands tightly folded in front of your client with a stern expression. Instead express the warmth and compassion you feel for the client through your posture and gaze — but do not fake. Next, be attentive without being overbearing. The best way to encourage your client to open up is to be there with them, listen humbly through nods etc., rephrasing and summarising to show that you are listening.

Positive Regard

It is obvious that a counsellee has to find the counsellor agreeable to come and consult him/her. There has to be a degree of perceived similarity or compatibility. In general, an 'effective helper' should be unpretentious, warm and cordial rather than reserved and officious. The counsellee's level of comfort should be increasing in your presence with each subsequent session. The journey towards attaining perfection, as an effective helper, is continuous and lifelong. This cannot happen if there is lack of positive regard for each other.

Now that you are aware of the personal qualities of the counsellor, you can do the following exercise to find out where you stand in the continuum of an effective helper. Match the qualities listed with those you have just read.



Self-check Exercise 1

Choose the odd one out.

- | | |
|---|--|
| 1. Act of listening involves | 2. Critical thinking helps in |
| (a) openness | (a) conceptualising |
| (b) warmth | (b) applying |
| (c) firmness | (c) evaluating |
| (d) compassion | (d) sympathising |
| 3. Sensitivity helps a counsellor in understanding client's | 4. Objectivity on the part of counsellors involves |
| (a) strengths | (a) dispassionate observance |
| (b) personal attractiveness | (b) getting carried away by emotions |
| (c) resources | (c) being rational |
| (d) weaknesses | (d) non-evaluative |
| 5. Genuineness on the part of counsellor involves | |
| (a) being yourself | |
| (b) dependable | |
| (c) responsible | |
| (d) imitating client's behaviour | |

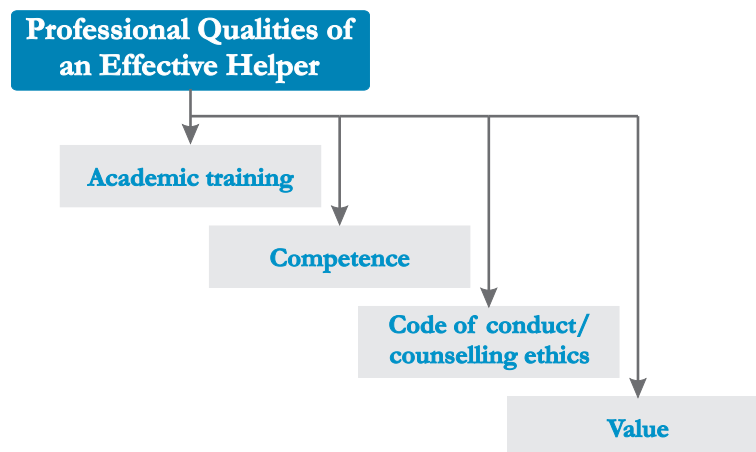


2.2.2 Professional Qualities

Individuals in the profession of counselling require appropriate training. In the past, due regard was not paid to the profession of counselling in most developing countries. Lack of regulations and legalities allowed indiscriminate abuse of the profession, where a multitude of individuals from varied walks of life practised 'counselling' with insignificant success and at times with disastrous consequences. Things have since improved marginally, though the problem still persists. However, it has now been well established that the need of professional counselling is here to stay and can only be addressed by training appropriate individuals with organised and structured curriculum. This will ensure –

- academic training
- code of conduct
- competency
- values

Thus, the professional qualities of a counsellor include the above mentioned factors. Let us understand them further.



Academic Training

A typical counsellor training programme includes theoretical training as well as practical training. Structured training programmes are now available from various institutes and professional bodies. A multi-disciplinary input forms the foundation of the discipline, which becomes the baseline of the academic curriculum. A person who is willing to undergo academic learning in order to become an effective counsellor needs to go through a programme, including a basic understanding of elements of general psychology, child development, personality and learning theories, social psychology, abnormal psychology and counselling theories. Further specialisations in diverse fields are also available.

Besides the theory, counselling also involves practical skills. There are several processes like interviewing, diagnosing, case taking, selection, administration and interpretation of psychological tests, the skills of listening, empathising, crisis addressal, conflict reduction, understanding feelings, conceptualising ideas,

concretising concepts, so on and so forth. There are a host of subtle and sensitive practical acumen and skills that need mastering such as building of trust, giving information, making suggestions, drawing out, challenging, confronting and supporting.

As you set sail in the field of counselling, you have to thus acquire these skills built upon a sound academic foundation.

Competence

Competence is earned through hard work and discipline. It involves understanding, insight, analysis, synthesis, evaluation and appraisal. It is a lifelong pursuit and like any other scientific discipline, it is based on a large body of knowledge, which is forever increasing and hence needs constant updating.

Counselling effectiveness will depend upon whether you possess necessary information, knowledge and skills to render the help. It is necessarily the reflection of your professional qualities. You will appreciate that many persons who are willing to render help may not possess the personal qualities enumerated earlier. It is, however, competence which will distinguish you as a counsellor (effective helper) from a mere well-meaning friend. Your competence should become a part of your persona, which should reflect professionalism. It should be such that it instils confidence and hope in the counsellee. It enables the counsellee to look forward to the counselling sessions with positive expectations. Studies show that the respect that the counsellee feels towards the counsellor and the outcome of the interaction is directly and proportionately related to the 'competence' of the counsellor.

Code of Conduct / Counselling Ethics

A counsellor has to abide by a set of code, which is inherent for the practice of the profession. This is the 'Code of Conduct'. An explicit code of professional ethics is outlined by different counsellor organisations such as American Psychological Association (APA).

- The communication between the counsellee and the counsellor has to be confidential and the information that is divulged to the counsellor is always privileged communication except in cases where counsellor comes to know that client's life is in danger or s/he is likely to harm someone, commit something against law. The counsellor should always keep this in his/her mind and never compromise or communicate the information to a third party without explicit permission of the counsellee.
- Similarly, the counsellor should always exhibit a positive regard and respect towards a fellow professional.
- Public display of professional rivalry and one-upmanship invariably brings bad name to the profession and is disastrous to the reputation of the members.

Values

Values are central and vital to any human endeavour and counselling too is no exception. In fact, counselling being interactive between the counsellor's and counsellee's individual or collective values, their existence and practice become even



more relevant. A counsellor is expected to have values like love, truthfulness, kindness, compassion, trust, tolerance, respect, helpfulness, peace etc. The other relevant values are related to acceptance of individuals who are different and hence may have a different value system. This difference, however, should not be a cause of conflict between the counsellor and counsellee. In the global scenario, values differ from culture to culture and even between generation to generation within each culture. The counsellor has to be aware of these. This *multicultural competence* is an important component of a counsellor training programme.



Self-check Exercise 2

Choose the odd one out.

1. Competence on the part of counsellor involves
 - a. helping skills
 - b. insightfulness
 - c. suitable background
 - d. being judgemental
2. A counsellor is expected to have values like
 - a. kindness
 - b. rigidity
 - c. trust
 - d. tolerance
3. Counselling involves practical skills of
 - a. interviewing
 - b. diagnosing
 - c. case taking
 - d. persuading
4. The communication between the counsellee and the counsellor
 - a. is to be kept confidential
 - b. is directed towards healing the clients
 - c. is encouraging emotional involvement
 - d. is to win the confidence of the client

2.3 DEVELOPING YOURSELF AS AN EFFECTIVE HELPER

You have understood the role of personal and professional qualities of an effective helper or counsellor. Let us now try to see how some of these skills can be developed.

2.3.1 Knowing Yourself

Your life experiences will already have provided you with a great deal of knowledge about yourself. However, this knowledge has been passive and dormant. Now you need to develop an active mindfulness to perceive your multidimensional self.

You are obviously the centre of your universe. You are an amalgamation of inputs similar to the balloons that surround 'you' in the figure. Possibly, several other such balloons require exploration. Try to analyse the attributes given in each balloon. Try to formulate a list of adjectives which justifies these attributes with regard to you. In most instances, you will be successful or at least be partially so. Try to see your actions in various situations and your reactions to varied stimuli. Place yourself into a hypothetical situation (simulated experiences) and observe yourself. Analyse the findings and rationalise the results. This is an interesting way to explore your inner self and to decipher the great mystery that remains encoded within you.

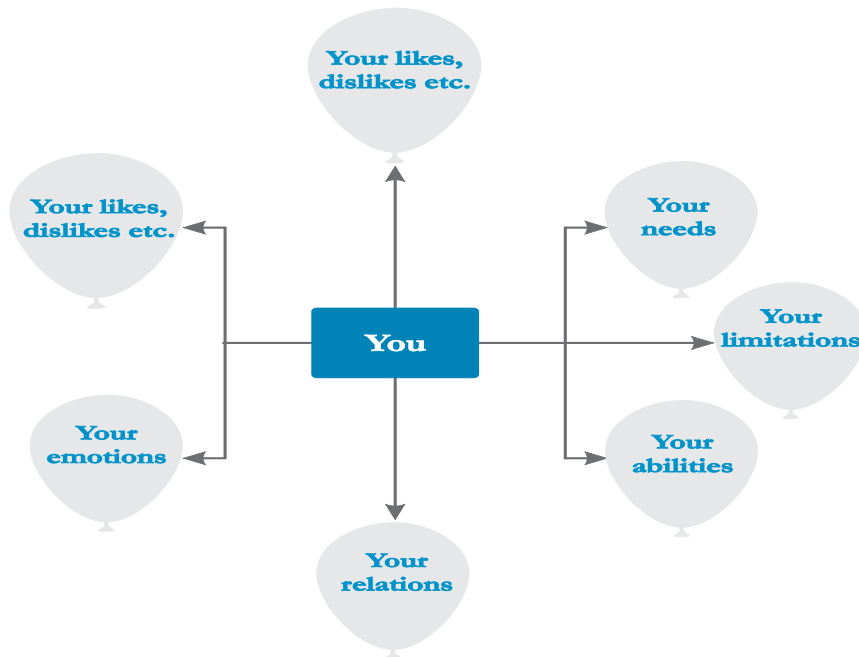


Fig. 2.1: Exploration of Multidimensional Self

Activity 1



Analyse yourself and try to think of some of your strengths, weaknesses, opportunities and threats that you envisage as a helper.

Strengths: Qualities/ attributes which will be helpful to me as an effective helper.	Weaknesses: Qualities/attributes which need to be modified to enable me to fulfil my role as an effective helper.
1. 2. 3.	1. 2. 3.
Threats: Aspects of the helping situation which I find frightening/ disabling, which make me feel out of control, nervous or less able to perform well.	Opportunities: Aspects of the situation, which will help me to be the sort of helper that I wish to become.
1. 2. 3.	1. 2. 3.





Involve your friends who know you well into a discussion and take a feedback from them under the four headings given below :

Strengths

- 1.
- 2.

Threats

- 1.
- 2.

Weaknesses

- 1.
- 2.

Opportunities

- 1.
- 2.

The activity will help you gain insight into your positive and negative aspects by making you reflect on yourself and further clarify by getting a feedback from those who know you well.

The activity will also give you a baseline for the process of developing yourself into an effective helper. As we proceed through this unit, you may like to revisit this.

Counselling is an interaction necessitating two-sided participation by both the counsellor as well as the counsellee. However, being a professional, the counsellor has the important role of making the interaction fruitful and beneficial to the counsellee. For this, a counsellor needs to understand the personal attributes or qualities, and the professional attributes that s/he should have to make this interaction fruitful.

2.3.2 Understanding Others

Most of you have developed into adulthood through experiences gathered patiently since birth. For example, influences from parents, relatives, neighbourhood, community, society, electronic and print media, schools and other curricular activities, so on and so forth. The net result is a psychological organism with which you are most familiar. However, it is true that the world is made up of people who are not only individuals but also unique. Their personalities too have undergone the same growing-up process, and learning experiences have been integrated but the net result may be quite different. As a counsellor, it is imperative for you to understand, appreciate and accept the existence of these differences. This is called *acknowledging diversity*. Understanding others includes open-mindedness, sensitivity, empathy and objectivity. Each of these qualities can be developed if you try to understand and appreciate them. Some of these qualities include the skills given below in the activity; you can acquire these skills in your dealing with day-to-day situations if you are aware of them.



Activity 2

Skills to Understand and Deal with Others

Fill-in the table to identify those skills which you think you have and need to be practised, and skills which you need to develop in you. Be careful in giving only responses based on what you are and not what you should be.

Skills	You have	Need practise	Need to be developed
1. Dealing with conflict 2. Flexibility to adapt 3. Not being too directive 4. Taking a genuine interest 5. Arriving at mutually benefitting goals 6. Empathy 7. Independent thinking 8. Being able to accept others			

The above activity will help you to get an insight into the skills that you already have and the ones you need to develop and further practise in order to understand people better and relate to them effectively.

2.3.3 Observance of Ethics

We have discussed briefly on ethics and values as related to the science and art of counselling. You must have appreciated that there are many aspects in professional ethics, some of which are obvious and well stated while others are hidden or nascent. Throughout your career, as a teacher too, you may have faced ethical dilemmas related to being just and fair in your dealings with your students and may have been often challenged with situations which raise ethical dilemmas requiring justice. Here is an activity which may give you an insight to deal with such a situation.

Activity 3



What ethical dilemmas would be faced by you as a teacher in the following situations?

I. A teenager approaches you for help because s/he is emotionally disturbed due to parental conflict in the house which is affecting his/her school performance. The child has requested you to keep the information confidential.

You are approached by the child's mother who wants to know what are the problems faced by the child and the issues being discussed with you by the child.

- What is the dilemma? _____

- Desirable course of action _____

II. You are counselling a student of your class who has been cheating in the examination, bunking classes and disturbing other students in the class.



The principal approaches you to take necessary disciplinary action.

- What is the dilemma? _____
- Desirable course of action _____

2.3.4 Nurturing Critical Thinking

As an effective helper, you will be required to solve many problems, which your counselee confronts you with. Critical thinking is training in a scientific way for problem solving. To solve problems effectively, they have to be evaluated dispassionately, viewed from various angles, analysed and then discussed with the counselee to arrive at a decision. Critical thinking will equip you to undertake this task effectively.

Analysing a situation critically requires weighing its pros and cons. Wherever we are faced with a problem situation, first of all we hypothesise a probable cause of the problem, then we collect data or evidences either to accept the hypothesis or to reject it. Thus, it is an empirical method of problem solving, bringing about rationality to the judgment arrived at. It essentially reduces the effect of biases and prejudices that may adversely affect our decision making.

In a conflict situation, the counselee is shown the various available alternatives. The client is encouraged to analyse critically the plus and minus points of various available alternatives or any other new aspect which may be unusual or creative. The client is helped to arrive at a solution after weighing pluses, minuses and other creative options.



Activity 4

Making the Right Choice

Think of a hypothetical situation that you (or your counselee) may face (e.g. whether to go for a vacation or to take up a summer job to supplement family income). Think of all the alternatives available to you; list the pluses, the minuses and the interesting points. For example, in the above hypothetical situation,

Alternatives	Pluses	Minuses	Interesting
Choice A (Go for a vacation)	Relaxing, stress buster	Financial expenditure	Get to see new places, meet new people
Choice B (Go for a summer job)	Additional money to help family	Loosing an opportunity to take a break	Acquiring new skills

Make a critical evaluation and arrive at a tentative decision. Show your result/findings to a partner or a senior from whom you expect a constructive feedback. Practise the above activity for making an effective choice and

appropriate decision for the hypothetical situations given below. This will help you in sharpening your ability of critical thinking.

1. Use your pocket money to buy some interesting books to read or help a needy friend.
2. Listen to your friends to see a movie or attend a counselling seminar.

Alternatives	Pluses	Minuses	Interesting

2.3.5 Interpersonal Communication

The effective helper can only be successful if s/he is able to establish a two-way active communication with the counselee. It is a process of give and take; the establishment is primarily based upon the positivity that will be present between the counsellor and counselee in their dealings, communications and relations. There are certain essential elements of interpersonal communication such as the art of listening. **The art of listening is as important an attribute as the craft of talking.** This is particularly true in the profession of counselling. The listening has to be active, i.e. there has to be a feedback to the counselee which may be verbal or non-verbal to ensure that the counselee feels that his/her talks are being 'listened to'. Thus, he will be encouraged to express more. Occasional questions or comments from the counsellor will make the communication interactive. Another important element is the trust on which interpersonal relationship is based. The trust is in the form of a belief that the communication between the counselee and the counsellor is confidential; it differentiates itself from any other casual talk or gossip. Trust also means that the counselee can depend on you. Another essential element is that any effective interpersonal communication should have a logical progression towards some goals and is not an aimless rambling. Here the counsellor as a professional has to intervene at times to set the conversation back into the right track wherever there is a deviation. Suppose the client has come to you for help in choosing a career and after some time s/he starts talking about his/her fight with a friend. As a counsellor, you need to check this and tell him/her that right now they will focus on issues pertaining to choice of a career and the other matter can be dealt with later.

Effective interpersonal communication also needs to be empathetic; it has to take into account the psychological situation in which the counsellee is present. His/her mood has to be known and allowance has to be accorded accordingly. His/her reactions have to be anticipated. This, however, does not mean that the counsellor has to maintain the relationship just to keep the counsellee in good humour. In fact, doing that may (and it usually does) prove to be counterproductive. Interpersonal communication between the counsellor and the counsellee should necessarily reflect the sincerity of purpose which is the bedrock of any counselling process.





Self-check Exercise 3

Fill in the blanks from the alternatives given below.

- (i) Verbal and non-verbal (ii) Stepwise progression
(iii) Confidential (iv) Trusting
1. The process of counselling involves _____ relationship between counsellor and counsellee.
 2. The art of listening involves both _____ feedback from the counsellor.
 3. Effective interpersonal communication is not a casual talk rather it is a _____ towards a goal.
 4. The interaction between counsellor and counsellee is always to be kept _____.

Having identified the characteristics of an 'effective helper', you may set sail in your journey to become one yourself. Thus, you have to know yourself in your multidimensional existence. You will have to understand and acknowledge diversity. You have to respect and observe ethics. You have to toil and develop the ability to do critical thinking and also you have to work on improving interpersonal communication.

The ideal effective helper may be too perfect for attainment in reality. It is just a beacon towards which you have to progress. Some aspects will come readily and naturally, and some aspects can be acquired. It is only by working for it that you will metamorphose into an effective helper and will be successful in your profession.

2.4 Summary

You have seen the portrait of an effective helper. You have realised that an effective helper has two dimensions or qualities—personal and professional. Personal qualities are as important as the professional ones. In fact, they complement each other and help in distinguishing an effective helper from a well-meaning friend. Personal qualities can be broadly classified into three major categories. These are—

- Knowing oneself
- Relating to others
- Understanding others

All the qualities are important individually and enhance the overall personality of the effective helper.

Professional qualities are those which are earned and learned through structured training programme and enriched with practical experiences that you will get in your profession.

The professional qualities of a counsellor include—

- Academic training
- Code of conduct /Counselling ethics
- Competence
- Values

Developing as an effective helper will entail increasing your competency, proficiency and quality of service. It will have

contribution from your academic excellence, your dedication and diligence, and has to be a lifelong mission. It will also have practical skills, which have been deliberated in detail.

1. What do you feel are the important personal qualities needed to be an effective helper?
2. What are the professional qualities you need to acquire to transform yourself into a counsellor?

Answer Key to Self-evaluation Exercises

1. Elaborate on the following points for personal qualities:
 - Knowing oneself
 - Relating to others
 - Understand others
2. Elaborate on the following points for professional qualities:
 - Values
 - Academic training
 - Code of conduct/Counselling ethics
 - Competence

Answer Key to Self-check Exercises and Activities

Self-check Exercise 1

1. d 2. a 3. c 4. e 5.b

Self-check Exercise 2

1. d 2. b 3. d 4. c

Self-check Exercise 3

1. iv) 2. i 3. ii 4. iii

Activity 3

- I. The Dilemma – whether to respect the right of the parent to know about the problem discussed by the child or to honour the assurance given to the child to maintain confidentiality.
Desirable course of action – the information should not be disclosed without the consent of the child.
- II. The Dilemma – whether to obey the employer or follow the professional approach and principles of counselling.
Describe course of action – to find a middle ground by discussing with the principal the desirability of following the counselling principles.

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3

BASIC SKILLS IN THE COUNSELLING PROCESS



- 3.0 Introduction
 - 3.1 Objectives
 - 3.2 The Counselling Process
 - 3.2.1 Relationship Building (Step 1)
 - 3.2.2 Understanding and Assessing the Problem (Step 2)
 - 3.2.3 Setting Goals (Step 3)
 - 3.2.4 Selecting and Using Counselling Strategies (Step 4)
 - 3.2.5 Termination and Follow up (Step 5)
 - 3.3 Establishing the Relationship
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Answer Key to Self-check Exercise
References
Suggested Readings



Basic Skills in the Counselling Process 3

3.0 INTRODUCTION

From previous discussions you know that helping is a process leading to new behaviours for the person being helped. It is a developmental process. It is a progressive movement towards some ultimate conclusion or resolution of a problem. This progressive movement can be described in the form of a series of stages which are (1) rapport or relationship building (2) assessment (3) goal setting (4) initiating interventions and (5) termination and follow up. The stages are not discrete but may continue simultaneously. Relationship building may continue even after the assessment stage has begun.

In this unit, you will see how the counselling process evolves through the various stages, which lead to positive outcomes. The initial stages of relationship building, problem assessment and goal setting, and the skills required for moving through these stages are important dimensions of this process.

As counselling skills are an essential base for the whole process of counselling, this unit will focus on providing you with an understanding of some of the basic counselling skills required for building a relationship and for a smooth transition through the various stages of counselling. Other stages will be discussed in the units that follow this one.



Giving support helps in attaining goals

3.1 OBJECTIVES

After going through this unit, you would be able to

- *list* the steps involved in the counselling process to achieve counselling goals.
- *explain* the importance of the first stage of relationship building in counselling.
- *describe* and *apply* the essential conditions of empathy, positive regard and genuineness for building a relationship.
- *describe* and *use* the various verbal and non-verbal skills, viz. attending, listening and responding needed for an effective counselling relationship.

3.2 THE COUNSELLING PROCESS

Counselling is not a one-time event but consists of a series of activities beginning with counsellor and client trying to understand each other during the process of relationship building to initiate tasks at each consequent stage as shown below. First each of these stages are briefly described. A detailed description of only the first stage has been given in this unit.

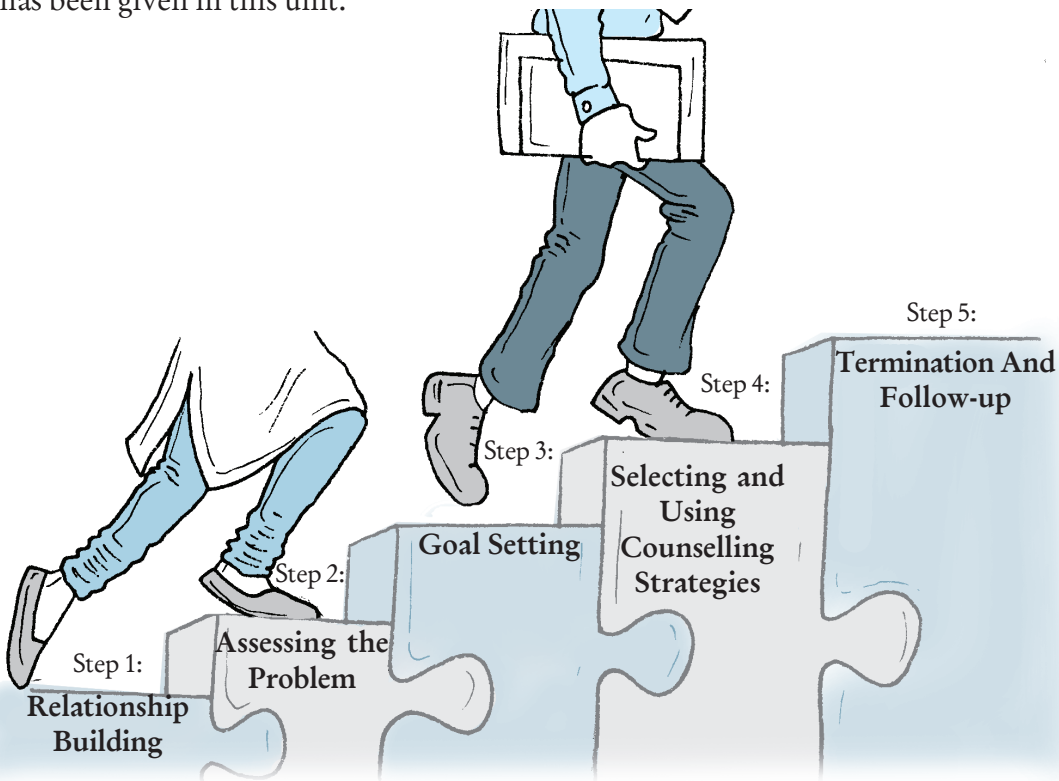


Fig. 3.1: Steps in the counselling process (Cormier and Hackney, 1987)

3.2.1 Relationship Building (Step 1)

Relationship building, the first step (refer Fig. 3.1), is the most important stage in the entire counselling process as it lays the foundation for later counselling outcomes. The quality of the relationship developed between the counsellor and the client also determines the quality of achievements at each subsequent stage of counselling. We shall discuss the factors that affect the relationship in detail later in this unit.





3.2.2 Understanding and Assessing the Problem (Step 2)

Even as you and your client are in the process of relationship building, understanding of the client's problem would have begun. Through a process of assessment, information about the various aspects of the problem and about the person facing the problem, as well as an understanding the context is gathered. An example: Rahul is not attending classes so you attempt to understand the reasons of his non-attendance from various sources. First, you might directly ask Rahul about this problem, then look for other perspectives from his teachers or other close friends in school.

The process of assessment involves a series of skills including those of observation, inquiry, recording information, forming hypotheses and hunches. The counsellor collects extensive details about what aspects of the data are to be collected. Understanding and interpreting data skills will be discussed in Unit-4 on "Problem Assessment and Goal Setting in Counselling".

3.2.3 Setting Goals (Step 3)

Setting goals is important to give structure to the entire counselling process. It provides a direction for the counsellor and client. Knowing that there is a goal to be reached through the counselling process creates a sense of hope and motivates the client. This in turn allows you and your client to work towards a realistic resolution of the problem. Goals also enable the counsellor to evaluate the outcomes of the counselling. More information on goal setting and skills required for setting achievable goals are also described in the next unit.

3.2.4 Selecting and Using Counselling Strategies (Step 4)

Selection of strategies involves identifying and planning strategies or techniques to bring changes in a client and to enable them to resolve their difficulties and live more effectively. Selection of a counselling technique or particular intervention will depend upon what theoretical or philosophical orientation you have acquired. It also guides your thinking on what to focus on during the process of counselling. For example, a counsellor with a client-centered approach would lay a greater emphasis on the relationship building with the client than on anything else thus creating conditions for client to assume greater responsibility to solve the problem whereas a counsellor interested in identifying specific characteristics of the client would focus more on administering tests or questionnaires.

When both the client and counsellor are able to identify goals, the next question is how to accomplish these goals. Sometimes a client will report on useful efforts they have already made and then such interventions or efforts can be further modified and tried during counselling sessions.

A student might express inability to achieve well in studies because they think that they would never do well no matter what efforts they may make. Here you would need to bring about changes in the student's thinking and perceptions, but if the performance in studies is being affected by conditions at home, you may have to

work with the parents and undertake family counselling to bring about changes in the home environment. If the problem were due to unexpressed feelings of sadness, hurt, worry or anxiety, counselling would need to be focused on providing opportunity for release of such feelings or catharsis. Similarly, the problem may require changes in methods of study or some habit patterns, so behavioural methods may have to be used. Counselling interventions based on each of these categories of problems will be discussed in greater detail in later units. Selection of a counselling intervention also depends on the nature of the problem, nature of the client, and specific insight and skills of the counsellor in using a particular technique.

3.2.5 Termination and Follow-up (Step 5)

No matter how successful and productive the relationship is between the counsellor and client, it has to come to an end. A sudden break in a relationship may become traumatic for a client; therefore the counsellor should prepare the client for the termination. Successful counselling has as a criterion, successful termination. Some counsellors may feel very important if their clients value their relationships, others may feel uncomfortable. Therefore, counsellors need to plan for termination, once the clients report some significant gains from counselling. The counsellor can start preparing their clients slowly for a closure by making statements such as “maybe very soon you may not require counselling.” Some clients may get unnerved at the prospect of facing their problems alone but they may accept it if the issue is discussed gently and gradually. It is also advisable to make a follow-up appointment, which would give them a sense of security in that they are likely to meet the counsellor again and may contact the counsellor if needed.

Let us revisit the first step in the counselling process: relationship building, in greater detail.

3.3 ESTABLISHING THE RELATIONSHIP

Relationship in counselling has a unique and a very specific meaning. It is also referred to as “rapport,” which has been recognised as the foundation of counselling. Rapport or relationship has unique qualities of an intimate friendship – trust, safety, openness and sharing yet it is not purely a social relationship.

A counselling relationship or rapport also has the special characteristics of respect, trust, objectivity, warmth and a sense of security and psychological comfort. It is a psychological bridge between the counsellor and the client based upon a mutual understanding, liking, caring and trust. Success of counselling lies in building a safe or a trusting bond between the counsellor and the client, which develops only when



confidentiality is assured. Building of such a relationship however depends upon the communication and other helping skills that you have acquired during training and how effectively you are able to use them to develop the positive climate and conditions for counselling. The ability to use the initial skills of attending, listening, probing, interpreting, summarising and initiating are important for establishing not only a healthy counselling relationship but any interpersonal relationship in day-to-day life. Creating favourable conditions characterised by friendliness, warmth, empathy, respect, authenticity, and openness also require effective communication skills. The next topic deals with how to establish a communication with your client that includes all of the above qualities.

3.4 BASIC COMMUNICATION SKILLS IN COUNSELLING

Communication skills are an integral part of the counselling process. In order to be effective as a counsellor, you must be proficient in using communication skills i.e., understand verbal messages, perceive non-verbal messages and be able to respond verbally and non-verbally to both kinds of messages. Here is a model of communication (Figure 3.2). You will learn various inter-connected elements of this communication model.

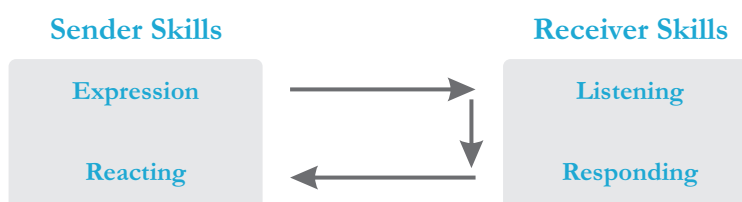


Fig. 3.2: Elements of Communication

3.4.1 Expression

Expression is one of the basic units in communication. Expression can be verbal or non-verbal. Have you not noticed a newborn infant expressing his/her need through crying? Infants communicate through body language or non-verbally their need for food, warmth, and attention. As a child starts learning language, his/her repertoire of communication skills increases. In the process of human development, non-verbal communication precedes verbal communication. Mehrabian (1971) states that only 7% of human communication is verbal, whereas 58% is gestures and 35% is voice tone (See Figure 3.3).

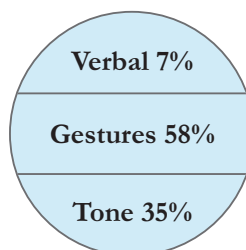


Fig. 3.3: Modes of Expression

Although the proportions of verbal and non-verbal communication may vary in different situations, the general finding has very important implications for human relations and counselling. Whenever the tone, the facial expressions, the gestures, the posture, the spatial distance with the other person and the eye contact are congruent with the words used by the speaker, there are better chances of our communication being understood. But when they are incongruent there can be misunderstandings.

Therefore, in addition to the words, one needs to pay equal attention to the following aspects of non-verbal behaviour.

- Facial expressions like smile, frown, eye movements, raising of eyebrows, biting or twisting of lips, animated, alert or deadpan expression etc.
- Body posture, movements and gestures
- Voice quality i.e., tone, pitch, loudness, emphases or spacing of words, language, pauses, fluency, silence etc.

Another aspect about expression that is worth noting is that we express significant information about ourselves to those whom we trust. The depth of significant sharing correlates with the quality of trust. Needless to say, the success of counselling depends on the quality of trust between the counsellor and counsellee among other things. This quality of trust or rapport gradually develops depending on quality of listening and responding done by the helper.

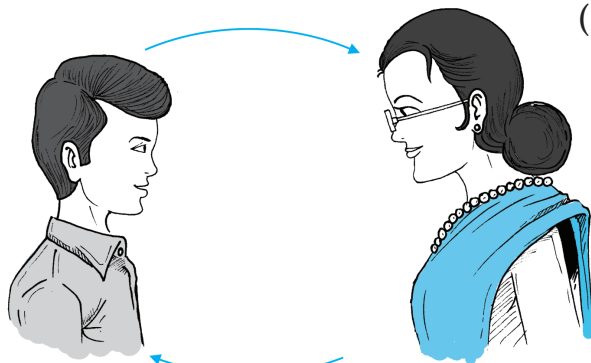
3.4.2 Listening and Responding

There are always two components to a conversation and generally the two people engaged in that conversation share each component. Each person, in turn, must listen and then respond to what they have heard.

Listening

Listening is a very important aspect in all communication and especially so in counselling relationships. While there are many ways to analyse the types of listening, one of the ways is to identify three types of listening people do in counselling situations.

(a) **Superficial listening:** In this type of listening, you listen with a lot of your own pre-occupations with your own problems. There is very little of the trusting quality as it is done with very partial attention to the content that is being communicated. Therefore, the receiver may not feel very comfortable.



Involvement leads to effective listening

(b) **Selective listening:** In this type of listening, you listen to only what you want to, and conveniently ignore the rest, which might be the most important thing that the other person is attempting to convey. Perhaps the listener gets involved with what gets triggered in his/her mind and hence misses a part of the



incoming message. The communication may also be coloured by the receiver's own perceptions and prior experiences, and socio-cultural background.

- (c) **Attentive listening:** This is listening not only to the words but also to the thoughts and feelings, whether those feelings are pleasant or unpleasant, joyful or sorrowful, hurting or hopeful. This is deep and serious listening that enhances deeper trust and fuller expression. It will prepare the ground for a more objective consideration of issues by the counsellee and to the client's healing and growth. This type of listening is essential in counselling. In this type of listening, the counsellor attends to both counsellee's behaviour and verbal expressions. You must let the counsellee's message sink in without mixing it with your own judgements. It is also important to resist distractions such as external noise, views, people, and anything or anyone that will take away from the person to whom we are listening. The attentive listener is able to recall the gist of counsellee's expressions. One way to test if you are an attentive listener is to test your ability to recall all of the details, including facial expressions and exact words used in your day-to-day conversation with people.

Activity 1



1. Do you often have to ask people to repeat themselves in order to understand what they are saying?
2. Check whether you also attend physically i.e. leaning forward, maintaining eye contact, etc. while paying attention to words.
3. List where you need to improve in your listening.

Responding

Listening leads to responding by the receiver of information. Psychologists have found that people of various walks of life generally use five types of responses more often in their daily interactions with people that are identified by the five letters EISPU, and stand for Evaluative, Interpretative, Supportive, Probing and Understanding responses. Each response conveys a specific intention of the responder.

Evaluative (E) response conveys the rightness, the goodness or judgement about what the counselling has done or ought to do. For example, "I don't approve of what you did. I want you to study hard now and not waste your time."

Interpretative (I) response intends to convey to the other person what his/her problem means and how s/he ought to think or feel about the problem. For example, "Do you feel that you failed miserably due to lack of time to study?" The receiver attempts to provide his/her own opinion to the sender through this response.

Supportive response attempts to comfort, reassure, enhance and reduce the intensity of the counsellee's feeling, for example, 'I am happy you are able to study regularly'.

Probing (P) response seeks further information or provokes further discussion about the facts or feelings about the counsellee or his/her situation. For example, "Will you please tell me more about what happened that day in your office when you got into

this problem?” or “What else are you feeling about it?” or “What possibilities do you see to resolve the difficulty?” and “Have you received information about the self-employment schemes?”

Understanding (U) response is a reflective response wherein the responder communicates his/her understanding of the counsellee’s feelings, problems and perceptions. For example, “I sense that you are very upset in not finding your number in the results published.” or “You sound very anxious about your mother’s health and wish that she will be well soon.” Understanding responses paraphrase rather than use the same words, pick up the depth of feeling, and attempt to identify the significance of non-verbal and implied meanings. These can be effective if the counsellee confirms such a response.

It is found that most people respond in the order of Evaluative, Interpretative, Supportive, Probing and Understanding whereas for growth and facilitating counselling relationship or better interpersonal relationship, it would be far better and more effective to reverse the order of responses and their frequency to Understanding, Probing, Supportive, Interpretative and Evaluative. What is really important is to respond in a way that enhances trust and openness. It should provide opportunity to see the blind spots non-defensively and to ventilate feelings, make objective decisions and constructive behavioural changes by the counsellee. However, if a person uses 40% of the time on the above kind of responses, he is perceived to be responding primarily in that style. David W. Johnson (1981) mentions “Effective communication exists between two people when the receiver interprets the sender’s message the way the sender intended it.” This kind of “building” of communication can help to establish the counselling relationship or rapport.

3.4.3 Reacting

If the counsellor gives an evaluative or judgemental response, clients tend to react defensively. When understanding responses are given with some probing and adequate supportive responses, they tend to trust and share more of their feelings and experiences. A counsellor should pay close attention to the verbal and non-verbal reactions of the client in deciding their responses. S/he should help them to be aware of their options in reacting in a healthy way. For example, if a counsellee becomes suddenly silent while you are responding or smiles nervously, then you need to gently encourage them to verbalise their underlying feelings and thinking. If the client becomes overly defensive, feels threatened, or misunderstood, then the chances of his/her non-compliance to therapy or even dropping out increases.



Supportive responses create trust





Self-check Exercise 1

Evaluate and rate yourself on your listening and responding skills on the basis of your response to the following statements.

Mark (✓) True or False

True False

1. Missing out on important pieces of information is called superficial listening.
2. Not able to correctly judge the person while listening is selective listening.
3. It is necessary to pay equal attention to words, gestures and tone in a message for attentive listening.
4. Effective communication exists when the receiver gets the message that was sent.
5. Listening to all the aspects of a message, both verbal and non-verbal is selective listening.
6. Evaluating and interpreting other people's behaviour is necessary for effective communication.
7. An understanding response communicates to the sender that the receiver cares about the message and is able to see the expressed ideas and feelings from the sender's frame of reference.
8. The way to avoid misunderstanding due to interpretation is to avoid having any expectations, needs or opinion.
9. It is important that your verbal and non-verbal messages go together.
10. An interpretative response involves giving your opinion of the sender's message.

We shall now see how these communication skills help in relationship building. Various eminent counselling psychologists have described the conditions necessary for building rapport. The most established model of relationship building has been given by Carl Rogers (1951), Meador and Rogers (1984).

According to Rogers (1957), a good counselling relationship is similar to any good interpersonal relationship and the whole task during psychotherapy is to deal with failure in communication. The emotionally maladjusted person is in difficulty because communication with himself/herself has broken down. As a result, communication with others is damaged. This leads to distortions in the way s/he communicates to others. Such a person suffers both within himself/herself, and in his/her interpersonal relationship with others. The task of the counsellor is to help the person achieve, through their special relationship, a better understanding of self. Once this is achieved s/he can communicate more freely and more effectively with others.

According to Rogers, unconditional positive regard, genuineness, congruence and empathic understanding are the necessary and sufficient conditions for all therapeutic

change and for all interpersonal relations. These also happen to be the basic skills required for effective counselling.

3.5 EMPATHY

Empathy involves seeing the world through the counsellee's eyes. It means experiencing the client's world as s/he experiences it. This gives the client the feeling that you are in touch with them. Cormier and Hackney (1995) describe empathy in two steps:

- Accurately sensing the clients world, i.e. being able to see things the way s/he does.
- Verbally sharing your understanding with the client.

As discussed previously, any behaviour is understood in terms of thoughts, feelings and actions. Therefore communication of empathy would involve listening to and understanding the client's thoughts, feelings and behaviours and then communication of this understanding to the client. Learning to understand is not an easy process. It involves seeing from the client's eyes, hearing from the client's ears and/or feeling or sensing with the client. One way to understand a counsellee's frame of reference is to suspend judgements, which would prevent you from entering her/his world. This way we communicate respect to the client's way of seeing things. Thus counsellee is free to speak or explore himself/herself without fear of retaliation.

Empathy is important for conveying support and understanding to the client, for demonstrating respect and civility, for clarifying issues and for collecting information from the client. According to Cormier, Cormier and Weisser (1984), Egan (1986), the skills associated with empathy are:

- non-verbal and verbal attentiveness
- paraphrasing
- reflection of feeling – explicit and implicit
- pacing or synchronisation with client's mode of experience

We shall now study these in some detail.

3.5.1 Verbal and Non-verbal Attentiveness

Communication of empathy would begin with being with the person totally, meaning physically and psychologically. Moreover, "attentiveness" needs to be communicated both verbally and non-verbally so that the client can experience you are with him/her.

Verbal attentiveness is indicated by the use of words 'go on', 'uhn-ahn', along with appropriate head nods. Use of verbal encouragers and non-verbal responses and their synchronisation makes attending effective and puts the helper in a position to listen carefully and also enhances empathic understanding.

Importance of non-verbal behaviour in communication has been well established. In the absence of words, facial and hand gestures along with tone of voice are useful means of communicating any message. As already shown in Figure 3.3, the non-verbal components contribute more to communication than the actual words.

The non-verbal behaviours useful in attending to clients could be summarised by the acronym SOLER (Egan, 1994). Physical attending means that the helper and the person helped adopt a posture of involvement with one another. This involves:





S O L E R

- S – Facing the other person squarely; turning to the side lessens one's involvement.
- O – Maintaining an open posture; crossed arms and crossed legs are often signs of lessened involvement.
- L – Leaning towards the other, maintaining a 60-degree angle from upright.
- E – Maintaining good eye contact; helper should look directly at the client. There are cultural differences in what kind of eye contact would be comfortable for the client. A constant gaze at the client may amount to a stare; therefore shifting your gaze may be used if the client is averting the eyes of the counsellor.
- R – Remaining relatively relaxed; if the helper faces the client squarely, with an open posture, maintains good eye contact, and leans forward in a relatively relaxed way he/she is in a classic attending position.

Attending would also involve arranging the physical environment that would communicate counsellor's interest and involvement in the counsellee. The counsellor and counsellee should sit in chairs that face each other two to three feet apart, with no desks, table or other barriers between them. This arrangement communicates an openness and readiness to help.

As a counsellor, you need to also explain to the counsellee the benefits of free and frank sharing, which helps the client open up.



Activity 2

Observe your attending behaviours: body posture, facial expressions, and voice quality for a week. What kind of non-verbal behaviours do you indulge in? Collect feedback from family and friends on what you do well and what needs improvement in your attending style for each day of the week.

Please write them down. Does your awareness of these behaviours and feedback from others help you improve upon your attentiveness? If so, explain how.

Observational skills in attending involve the helper's ability to see and understand the non-verbal behaviour of the counsellee. These skills are essential for the helper to observe counsellee's behaviour. Accurately observing counsellee's behaviour is a part of helping effort. The chief physical characteristic of any person is his/her energy level. For observing energy level, there are four specific areas on which to focus your observation: body position, posture, grooming and non-verbal expressions.

Energy level is communicated by the alertness of the counsellee's posture, the extent to which the counsellee sits erect or inclines forward with eyes focused on the counsellor. Posture and non-verbal expression, particularly facial expression, are the richest sources of data concerning the counsellee's feelings. Other areas can also contribute to understanding the counsellee's experience, for example, poor grooming

may indicate a “down” feeling. There are many indices of behaviour, which give us cues of the person’s inner experience.



Activity 3

Now take a moment and look at yourself. What does your appearance and behaviour say about you? Do you project a high energy level? What does your posture and behaviour say about your feelings right now? Is your posture congruent with your expressed desire to learn about helping?

3.5.2 Paraphrasing and Reflection

Helpers have to acquire skills to understand the important aspects of a client’s message. You listen to the counsellee so that you can respond. Ability to listen and respond accurately to client’s thoughts and feelings enables the helper to communicate empathy. Any communication or message contains a cognitive component (i.e., thoughts) and an affective component (i.e., feelings).

For example, identify the cognitive and affective components of the following message

‘My mother takes care of all my needs, food, clothes and so on, but I really long for her attention; if only she could do that; at times I feel so lonely’.

The cognitive (thought) part of the message is the client’s experience of “being taken care by the mother” and affective component (feelings) is feelings of “loneliness.” At times some messages may contain only the cognitive component, for example, “I had a busy day,” and some times only the affective component, “I felt bored in class.”

Paraphrasing

When we mirror or rephrase the cognitive content of the client’s message, the response used is called “paraphrase.” Through a paraphrase, the client’s primary words or thoughts are communicated back to the client to affirm listening or understanding of whatever is being communicated. When a paraphrase is accurate, it would result in a prompt response from the client “that’s it,” or “that’s right.” Paraphrasing helps to make sure that what you have heard is correct. A paraphrase should be as concise as possible as it helps to focus on the issues and provides a clearer perspective to the problem under discussion. It is a brief summary of the core issues. A good response rephrases the counsellee’s expression in a fresh way. It does not simply “parrot” back the counsellee’s own words.

In the initial stages, helpers resist paraphrasing for the fear of inappropriate recall but it is better to paraphrase as it is a good tool to communicate empathy as it clarifies to what extent your perceptions or understanding of the client’s experience match with those of the client.



Reflecting client feelings

Rephrasing of affective component or feelings underlying the client message is called “reflection.” For accurate reflection, the helper has to pay attention to feelings being expressed verbally or non-verbally. Use of certain adjectives, nouns, adverbs and verbs exhibit client feelings about something or someone.

For example:

“I am really worried about school.”

The verbal element associated with client’s feelings here is “worried.” These are called affect words. If the word “very” precedes, it would indicate emotion of greater intensity.



Activity 4

Rani tells the counsellor—

“My father is scolding me all the time for studying. I am loosing interest in studies. I don’t know what will happen.”

Respond to the above communication.

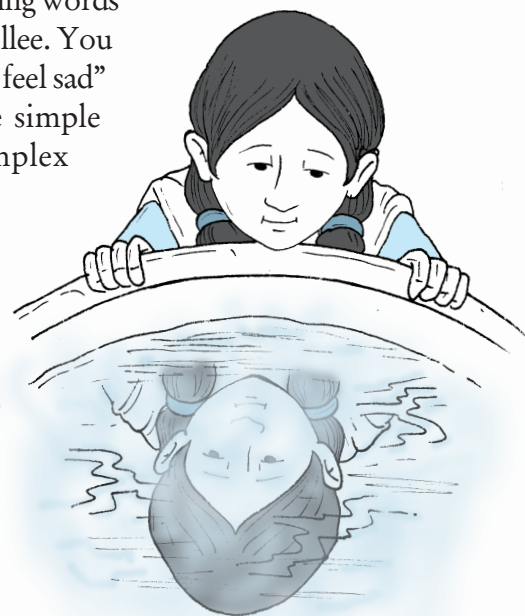
Paraphrase - You are saying _____

Reflection - Therefore you feel _____

Perhaps you have difficulty coming up with feeling words that are interchangeable with Rani’s feelings. Ask yourself, when I am nervous, how do I feel or what do I feel.

The first response of empathic understanding, which you formulate, should involve very simple feeling words reflecting the feelings expressed by the counsellee. You may do this by using a simple statement “you feel sad” formulation. You must learn to formulate simple responses before you move to more complex communication.

In order to respond and capture a client’s feelings at the same level of intensity, you need to know a lot of feeling words. The counsellor tries to identify the intensity of the client’s feelings from verbal and non-verbal expressions. If the client expresses that s/he is irritated at the father’s scolding, reflection would be done using the same level of affective words such as “annoyed,” but words such as “outraged” or “angry” would not be suitable as these would add to the intensity of the expression.



*Reflection on – What is real,
What is True...*

Table 3.1 : Listing of Feeling Words

Develop your own word list by filling in the feeling words at each level of intensity. You can carry your list around and add to it. It will help you respond accurately.				
	Happy	Sad	Fearful	Angry
High	Excited Elated Overjoyed _____	Hopeless Distressed Depressed _____	Terrified Panicky Scared _____	Furious Trapped Agitated _____
Medium	Cheerful Up Satisfied _____	Lost Sorrowful Lousy _____	Threatened Insecure Uneasy _____	Annoyed Frustrated Troubled _____
Low	Glad Content Able _____	Sorry Upset Bad _____	Confused Anxious Nervous _____	Up tight Unsure Upset _____

Your responding must be presented by putting feelings together with thoughts for the counsellee. Content is used to make feelings meaningful. Let us look at feelings and the related content areas.

Empathy is also exhibited at two levels:

- (1) Explicit ways, based on surface level feelings or ideas, which are overtly expressed.

Example:

“I am really mad at Mom for not letting me go on the trip with my friends.”

Paraphrase: “You are very angry about not having gone on the trip.”

Reflection: “You seem to be quite unhappy with mom and think she is not helpful.”

- (2) Implicit ways, sometimes the counsellor expresses the implied or covert feelings.

This is also called advanced accurate empathy (Egan, 1998). It is reflecting on the implicit or hidden message. For the above statement, it could be expressed as:

“You wish mom was more understanding.”

Another example:


“I have worked hard this time to get into the football team but I am tired now.”

The counsellor attempts to reflect back the implied meaning of the client’s message with—



“You are saying if you are not selected for the team this year, you would want to give it up.”

This kind of reflection brings out not only the implied meaning but also the behavioural consequences. Client’s response will confirm or reject the counsellor’s statement. The client will express relief if underlying feelings have been correctly identified.

 **Activity 5**

Example	Feeling	Content
	Happy	About being engaged
You may practise the content of different feeling responses in your own life.		
	Angry	_____
	Sad	_____
	Fearful	_____
	Bored	_____

3.5.3 Pacing with Client’s Mode of Experience

One way of communicating empathy is to match or keep pace with the way the client interprets or expresses his/her experience. We all interpret or process information from outside environment through our sensory channels of hearing, seeing, taste, smell and touch. According to the theory of neurolinguistic programming or NLP (Bandler and Grinder, 1975), humans process outside information with the help of the sensory channels of ears, eyes, tongue, nose and skin to listen, see, taste, smell and touch. Sometimes we have a preference for a particular sensory channel to process this information. Counsellor can try to keep pace with the client by identifying and matching with the client’s preference for a particular sensory modality from the words, voice tone, eye movements etc. and can respond in the same modality as this helps to communicate empathy. Empathy therefore is usually described in terms of “seeing with the client’s eyes, hearing with the client’s ears and feeling with the client’s experience.”

3.5.3.1 Pacing or matching the client’s language

Paying attention to the language and type of words frequently being used by the client can be helpful in understanding what sensory modality is being used. For example if the client is frequently using expressions such as “I see what you mean,” “it **shows**” or “it is clearly **visible**,” it indicates that client is habitually using visual modality in his/her expressions. If the client uses words that indicate use of auditory modality such as “I hear what you are saying” or “I can sense it,” then the counsellor can also respond in the same modality to the client. Given below is an example of a list of sensory words, representative of the five modalities and corresponding counsellor responses, which could be used to keep pace with the client expressions to enhance communication of empathy to a client.

Table 3.2 : *Examples of Words to Express the Five Sensory Modalities and Counsellor Responses*

Client Expressions	Counsellor Responses
Visual Shows Picture Scene	It seems to be It is clear from your description It looks as though
Auditory Loud Sound Express	I hear you say The tone tells me Words speak much more
Olfactory Smell Foul	I can sense it You can smell betrayal
Kinesthetic Hurt Pressure	You feel I can grasp
Gustatory Taste Bitter	It is palatable It's difficult to digest



Self-check Exercise 2

Which sensory modality is being used by the client, write the initial letter of the sensory modality in the space given against each statement given below:

- _____ A visionary man
- _____ Grapes are sour
- _____ Smell the trouble
- _____ A softening stand
- _____ A harmonious person
- _____ Feel the bitterness
- _____ Bell the cat
- _____ Perspective is changing

Non-verbal pacing

Empathy depends not only on the skill of the counsellor to keep pace with words but also with non-verbal behaviour of the client, i.e. moving the way client moves but it has to be done subtly and naturally, match the facial expressions, movement of lips, raising of eyebrows, voice tone, and volume etc. and other aspects which have been mentioned earlier.





3.6 GENUINENESS

Genuineness means that the counsellors show genuine interest in their clients, which is evident if there is consistency in their words, actions and feelings. For example, if they tell the client they are listening, then their posture (leaning forward) and interested facial expression (eye contact) should also show that. It means that you should be able to observe your own behaviour, the way your body is responding and whether it corresponds with what you are saying. The interest, involvement and caring shown to the client has to be real and genuine to make a deep impact on the client. If you feel disinterested or bored with your client, you will not hesitate to acknowledge it at least to yourself and not pretend to show interest if it does not exist. This kind of transparency on the part of the counsellor encourages the client to be open and genuine in sharing his/her concerns, and get in touch with real thoughts and feelings related to the problem. Any kind of phony behaviour interferes with the client's ability to perceive the counsellor, as genuine and sincere, and may prevent open sharing. Counsellors therefore have to be good observers of their own internal reactions and behaviour, and bring constancy in their internal and overt behaviour.

3.6.1 Skills for Conveying Genuineness

Self-disclosure

Awareness of your own thoughts and feelings can be disclosed through sharing of your own experiences related to the issue under discussion. Self-disclosure shows that counsellor is not just a role but also a human being having experiences similar to the client. It has a therapeutic value as this shows to the client that their experiences are not catastrophic. Too much of self-disclosure however should be discouraged as it may affect the confidence that a client has in counsellor competence. Self-disclosure is most successful when experience being shared is similar in content and mode to the client's experience.

For example:

Client: No matter how hard I may work, my parents are never happy, I am tired of their criticism.

Counsellor: I know the sense of hurt from my experience. If the parents do not accept you, you wish they would be more understanding.



Self-check Exercise 3

Make a self-disclosure response to the following statement.

Arguments with father have become a usual story now. I wish he would understand my point of view.

Immediacy

Immediacy is another skill to convey genuineness, which is used to describe the current feelings as they are being experienced by the counsellor and client during counselling. It means to be immediate with one's feelings and bring them out in the open. Immediacy is used in situations when counselling is not proceeding in the right direction, the counsellor and client may be experiencing frustration, anger or disappointment but do not wish to acknowledge it as it may hamper the process of relationship building. But in such instances immediacy expressions help as these convey genuineness. For example, when a client after two three sessions is still not willing to open up, and there is a feeling of being stuck, the counsellor may use the tool of immediacy.

Counsellor: "I am disappointed, you do not wish to talk; I feel continuing with counselling may not be of much use, unless you share the reason of your discomfort."

The word immediacy is used to denote that the feelings need to be expressed in the present rather than in the past or future, e.g., "I don't think we are getting anywhere now."

Such feedback statements communicate that you are aware of something going on and don't deny it and it is alright to be honest. This is likely to further build the confidence and trust of the client in the counsellor.

3.7 POSITIVE REGARD

Regard or respect has been considered valuable for creating trust between counsellor and client. It means you value and accept the client as s/he is without putting any conditions. Both verbal and non-verbal skills can be used to convey regard or respect. Unconditional positive regard therefore is important to convey caring and worth and dignity to the client (Rogers, 1957). It is an attitude of valuing the client as a unique and a worthwhile person (Cormier and Hackney, 1995).


3.7.1 Non-verbal Behaviours Associated with Positive Regard

Johnson (1981) has supported non-verbal behaviours like soft and soothing voice, smiling and interested facial expression, direct eye contact, a relaxed posture, physical touch, open and welcoming gestures by the counsellor helpful in conveying positive regard to the client.

Well-intentioned touch in the form of a handshake, pat on the shoulder, holding the hand of a distressed client etc. are some behaviours that convey acceptance and regard to the client. But when there are cultural or general barriers it should be done carefully, specially with female clients.

"Warmth" is a key ingredient of positive regard,





which can be communicated through smile, soft and soothing voice tone and leaning forward.

3.7.2 Verbal Skills for Conveying Positive Regard

Greeting the client and encouraging or enhancing responses are also used to communicate acceptance. The counsellor has to avoid making evaluative and judgemental responses to the client. For example “You should not be spending too much time watching T.V.,” “It is not a good idea to join music classes.”

Enhancing statements can be used to motivate the client to initiate some positive action “I can see you have really worked hard,” or “You seem to be expressing your problems quite clearly.”

“You seem to have devoted a lot of time and energy on studies since last one week.” Such statements convey counsellor’s confidence in the client’s ability and can strengthen the trust in the client to deal with his/her problem. However such statements may lose their effect if used too frequently.

Concreteness

Concreteness (Egan, 1998) means being specific. It is important while expressing feelings, experiences, situations and behaviour. Sometimes clients give too many details, go out of focus; then the counsellor can ask for specific information or clarify vague statements to understand the counsellee or the problem. It provides a clearer insight into the client’s problem.

Example:

Counsellor: “You said life at school is a drag. I want to understand what you mean when you say it is a drag. Please explain.”

Confrontation

Confrontation is responsible for unmasking of discrepancies, distortions, games and smoke screens that a client may sometimes use. It can be a *challenge* to a client’s unused potentialities or an invitation to explore himself or his defences. Sometimes we facilitate identifying counsellee deficits through confrontations. Confrontations may take many forms such as bringing distortions out into the open, failure to see the issue in proper light, avoiding or running away from the problem (games, excuses, and tricks). A client, to hide from self-understanding and constructive behavioural change, uses these. Sometimes we point to a discrepancy between how s/he says s/he feels and how s/he looks, or between how s/he wants to be and what efforts she is making towards it. It is usually desirable to use a mild format of confrontation such as, “On the one hand, you say that you need to work hard, on the other hand, you do not adhere to your time schedules.”

Alternate Frame of Reference

An alternate frame of reference is to indicate to the counsellee that the same data and facts are open to a variety of interpretations. It is teaching him to look at things from different perspectives and thereby to help him to control his behaviour more effectively.

Example:

Counsellor: “While your anger is understandable, have you considered the possibility of taking extra tuitions to improve your studies? You might take help from some senior students in school.”

Client: “It is a good idea, one that I did not think of before. I want to reflect upon this.”

Action Plan

Action plan related skills are aimed at helping clients to solve their problems. Against the problem, the client has to set goals which are realistic, achievable and measurable. Next is to look for means or resources that are external and internal to the client. There should be some self-evaluation and feedback to see how much success has been achieved.

Even though this stage is very much needed in counselling, it is used only to some extent in regular communication.

Example:

Counsellor: “What would you like to do now with the insights that you have got?”

Client: “I will start working on my new schedule and work with an open mind.”

The skills related to alternate frame of reference and action plans are related to goal setting by the client. These will be discussed in greater detail in the next unit.

3.7.3 Helping Skills

Understanding Skills (Cognition)	Comforting Skills (Emotions)	Action-Orientation (Cognition)
1. Listening skills attending fully, responding to the content of client.	1. Giving support through reassuring and relaxing the client.	1. Problem solving identifying the pros and cons of the issue causing trouble.
2. Leading helping the client to move forward.	2. Crisis intervention intercepting when the client is facing a dilemma.	2. Decision making looking into the various choice points and then helping to choose the most appropriate one.
3. Reflecting contemplating and introspecting on whatever has transpired.	3. Centering identifying the strengths and weaknesses of the individual.	3. Planning action identifying, changing and exploring feasible and workable behaviour pattern.
4. Summarising bringing out the main issues in brief. Tying up the loose ends.	4. Peak Experiences emphasising good satisfying feelings.	4. Behaviour modification Practising planned action, rewarding, extinguishing unwanted responses.





5. Confront make the client see the reality as it is and accept it.	5. Encouraging making the client feel good	5. Desensitising overcoming anxiety
6. Interpreting bringing out the meaning of what the client has spelt out so far.		
7. Informing providing information regarding opportunities of education or job or		

Source : Mohan, 2000.

3.8 EFFECT OF RELATIONSHIP BUILDING ON CLIENTS


Relationship building has an important function in the entire process of counselling. It sets the positive tone for later stages of the process. At the outset, it provides a ray of hope to the distressed person who is seeking help. The atmosphere of trust, security and safety is reassuring to a person who may be disappointed and hesitant to take action to improve his/her situation. It also has a cathartic value, as the client is encouraged to share very personal and sensitive information about them and may feel a sense of relief at having unburdened themselves of their worries. A relationship provides opportunity for release of pent up emotions in the safety of the counselling relationship.

A strong counselling relationship contributes to the growth of the client as it models the behaviours needed for building effective interpersonal relationships in daily life. In other words, the client learns to say what they feel, how they feel, how to be direct and honest in communication with others without hurting them.

3.9 Summary

In this unit, you looked at the counselling process, which shows how counselling moves through a gradual progression towards the goals of client adjustment. The first step in this process, building a relationship is important as it lays the foundation for later positive outcomes. The counselling relationship has unique facets as it is characterised by mutual trust, liking, genuine interest, and respect between a professionally trained helper and a person seeking help.

Building such a relationship depends on the helper's ability to create conditions of empathy, genuineness and positive regard with the help of effective communication skills. This unit presents various aspects of effective communication, both verbal and non-verbal skills of attending physically and psychologically, listening and responding with



understanding to the client, communicating with empathy and learning to understand the client's frame of reference. Another important skill, genuineness, creates sensitivity in the counsellor to observe and be aware of his/her own and the client's verbal and non-verbal behaviour; to be real and not phony in a relationship with the client. Attitude and skills to show positive regard or respect without putting any conditions also facilitates the process of relationship building. In this context ability to keep pace or match with client's non-verbal behaviour, use of the selected counselling skills of paraphrasing, reflecting, self disclosure, immediacy, concreteness, confrontation, sharing and enhancing responses are important and have been discussed.

Answer key to self evaluation exercises

1. "Relationship building is the most important stage in counselling." Give your answer in 200 words in support of this statement.
2. What kinds of listening skills are generally used by people in communication? What would be the characteristics of attentive listening?
3. When do you use the skills of immediacy and self-disclosure?
4. How is paraphrasing and reflection helpful in communicating empathy?
5. What are the roadblocks in effective communication? If you are aware of any such blocks in your own behaviour what would you do to overcome them?

Points for evaluating your answer for each question are given below.

1. "Relationship building is the most important stage in counselling."
 - Relationship builds a psychological bridge between counsellor and client.
 - Creates conditions of trust, safety, security and warmth needed for client to open up, explore themselves, and their problems and options for action.
 - Provides insights into planning counselling strategies for helping clients.
2. Listening skills
Three types of skills are generally exhibited:
 - Superficial listening
 - Selective listening
 - Attentive listeningCharacteristics of attentive listening –
 - Attention and observation of non-verbal behaviour facial expression, voice tone, gestures, posture etc.
 - Ability to see the client's frame of reference and respond to key content of verbal and non-verbal message.
3. When to use:
Immediacy



- When counselling is not proceeding in the right direction.
- To convey genuineness.
- Sharing awareness of one's own thoughts and feelings.
- Listening to similar experience is therapeutic.

Self-disclosure

- To admit and acknowledge the current feelings experienced during counselling.
- To encourage genuine feedback and openness in counselling.

4. Paraphrasing and Reflection

- Communicates accurate recall of content of client communication by counsellor.
- Accurate gist of client expressions communicates counsellor competence to listen attentively.
- Communicates empathy - accurate understanding of client's frame of reference.

5. Road blocks in an effective communication

- Inconsistency in verbal and non-verbal behaviour.
- Lack of attending skills leading to superficial listening, tendency to mix own opinion leads to giving evaluative, judgemental or interpretative response.
- Nervousness and anxiety leading to selective listening.
- Poor vocabulary for responding to thoughts and feelings.
- Inability to keep one's own perceptions and needs separate from the client's.

To overcome

- Practice observation of one's own and others non-verbal behaviour.
- Improve concentration and vocabulary to use correct expressions to respond to client's communication.

Answer Key To Self-check Exercises

Self-check Exercise 1

- | | | | | |
|------|------|------|------|-------|
| 1. T | 2. F | 3. T | 4. T | 5. F |
| 6. F | 7. T | 8. T | 9. T | 10. T |

Self-check Exercise 2

- | | | | | |
|------|------|------|------|------|
| 1. V | 2. G | 3. O | 4. K | 5. A |
| 6. G | 7. A | 8. V | | |



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4

PROBLEM ASSESSMENT AND GOAL SETTING IN COUNSELLING

- 4.0 Introduction
 - 4.1 Objectives
 - 4.2 Assessing Client Problems
 - 4.3 History Taking
 - 4.4 Understanding and Defining the Problem
 - 4.5 Assessment Techniques and Tools
 - 4.6 Skills of Assessing Client's Problem
 - 4.6.1 Skills of Observation
 - 4.6.2 Skill of Empathy
 - 4.6.3 Skills of Analysing Client Information
 - 4.7 Understanding and Integrating Client Information
 - 4.7.1 Integration of Intake
 - 4.8 Developing Counselling Goals
 - 4.8.1 Skills of Goal Setting
 - 4.9 Summary
- Self-evaluation Exercises
Answer Key to Self-evaluation Exercises
Answer Key to Self-check Exercises and Activities
References



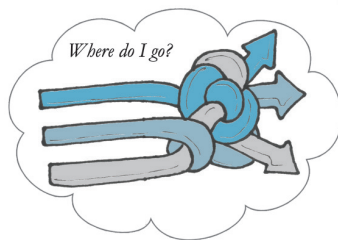


Problem Assessment and Goal Setting in Counselling 4

4.0 INTRODUCTION

As a client comes to a counsellor for solution of his/her problems, one of your objectives is to understand the problem that the client is facing so that this understanding can be used to help the client to resolve his/her difficulties. Understanding of the problem requires gathering and integrating information about a client so that you can have a thorough understanding of the client and his/her present concerns.

This unit focuses on the counsellor's skills needed in assessment of the student's problem. The process of developing an insight into the issues troubling a student or a client is a continuous one. It occurs gradually as the counselling sessions proceed. In this unit, we will learn how to assess client needs and concerns and understand deeper issues for furthering the counselling process.



Now I know my direction.



4.1 OBJECTIVES

After going through this unit, you will be able to

- *explain* how assessment of a client problem proceeds.
- *list* out the different aspects on which information needs to be collected.
- *describe* how taking a client history helps to understand the client needs and concerns.
- *list* the types of assessment tools and techniques used for gathering information about the client.
- *elaborate* upon the skills that a trained assessor must acquire for understanding and interpreting data gathered through informal assessment.
- *use* skills to formulate suitable counselling goals.

4.2 ASSESSING CLIENT PROBLEMS

The way the client arrives for counselling is important because it has implications for the motivation for change in him/her and also for the type of assessment information that will be available at the initial stage of the counselling process. At times, the client may seek out the counsellor or s/he may be referred. A counsellor does a preliminary assessment of the student/client problems either when approached by a student voluntarily or in case of a referral made by the school/parent/agency. The client in the school setup is usually the child/adolescent. In case of a referral, it will be done by those persons who have some interaction with the child. The most obvious people are – the teacher, the parent and the principal. The source of referral also helps the counsellor to set the counselling goals as well as to determine the kind of assessment required. Thus the process of need assessment begins from the stage of referral.

Initial assessment data may be obtained by the individual or agency doing the referral. In a school, the teacher can provide the background information, academic performance and medical history etc. These must be validated by cross checking from other significant persons who are also in contact with the child other than the class teacher, family members, sports teacher or the classmates etc. The information available from teacher/principal such as achievement marks or from psychological tests administered by a counsellor etc. often comes in the category of the formal and structured data. The informal assessment is generally based on the intuitive judgments, clinical experience and observational skills of the counsellor.

The presenting or externally observed problems are often just the tip of the iceberg and may be a camouflage for the deeper issues. As the client begins to trust the counsellor and finds relief from the relatively less troublesome issues, he or she may then begin to express the deeper level conflicts, fears and doubts, thus revealing the underlying insecurities and self perceptions. The most common example is of a student who seeks the attention of the teacher/ counsellor by saying that he is unable to take a career decision or that he needs to improve on the techniques of study. Later as the sessions proceed the real problem emerges when he exclaims, “My parents do not understand that I don’t wish to pursue higher studies” or “I have problems in

concentrating because the girl in the back row is the princess of my dreams!” Thus the client’s needs and concerns are often not immediately identified in the first few sessions. It requires much deeper level of understanding on the part of the helper.

A counsellor having an insight into human behaviour attempts to uncover the needs and motivations of the client at various levels using the process of reflection. The perceptive and intuitive counsellor attempts to arrive at the deeper problems by providing a comfortable and non-judgmental environment so that the client begins to discuss the real issues disturbing him/her. The client may not however be ready to reveal all during the first few sessions. During assessment the client may reveal important information depending on the skills used by the counsellor.

Case Study 1

A twelve-year-old boy was exhibiting aggressive and abusive behaviour with classmates and the sibling. The mother got alarmed when he began to hit out at her during one of his temper tantrums and seemed to blackout due to exhaustion. She took him to the doctor who checked out all physical indices. Since he found no problems at the physiological level, he suggested that the mother take the boy for counselling. The mother took all the academic records and the medical history from the school to the counsellor. She also informed that her son had been sent to the principal for being abusive and aggressive in class on several occasions. During the process of history taking, the mother also disclosed that she was having marital problems and that she was contemplating a separation. She also believed that the children were totally unaware of the situation. As soon as this additional information came in, the counsellor realised that the child’s distress may be related to the marital situation. During the process of history taking and information gathering the boy (client – I) revealed that the home situation did make him upset as his mother always tends to pickup fights with his father. He also confided that he felt the two of them were going to separate. Because of all these reasons he felt he was unfortunate. He was also angry that his mother was being so unfair. The mother (client - II) revealed that the boy’s anger was increasingly directed at her and he rarely expressed anger towards the father.

In the present case how will you state the problem of the client and the parent?



Self-check Exercise 1

Read the case study given above. Give two more examples of the problems faced and needs of the clients.

Client I (Boy) Example: Insecurity in the child

1. _____
2. _____

Client II (Mother) Example: Feeling guilty of not being a good mother

1. _____
2. _____





However, one needs to be cautious not to jump to false conclusions too early in the process of counselling just on the basis of initial conversation and ensure accuracy and balance only after a detailed history taking.

4.3 History Taking

History taking is the first important step in defining the problems a student is facing. The process of history taking generally begins with collecting standard identification data such as Name, Address, Socio-economic status, Age, Sex and Education etc. Beyond this information it is important to note the physical appearance, present symptoms and the behaviour of the client and also to take note of the non-verbal cues, like eye contact, attention span and restlessness that the student or client may display while talking. The body language and the gestures are sometimes more illuminating than spoken statements.

The counsellor would do the process of history taking with regard to the present problems, and past problems if any. It is also important to note down the medical history or the developmental history of the child (Refer to an outline for history taking interview given at the end of the section).

Before the process of history taking begins the client has to be assured of the confidentiality and security of the personal information revealed to the counsellor and that no information would be divulged without the consent of the client. Interviews with relatives and friends, if needed, may also be done only after taking consent from the client. It is also necessary that counsellors follow the ethical standards and legal rules applicable for retaining such personal information.

History taking of individual clients often involves in-depth interviews with them and key informants (mother, father, friends), review of the medical records, conducting observations and taking excerpts from clients' personal writings and diaries. Case histories have a practical function as these can be immediately used for deciding the direction of the counselling process. When the focus of attention is the individual, one needs to consider the immediate causes of behaviour and circumstances, whereas history taking emphasises the remote origins and the continuities and discontinuities in the organisation of behaviour over a relatively long period of time. Thus it may be said that in history taking the counsellor may be somewhat of a biographer. Such a method is often used to develop a rich and comprehensive understanding about clients.



Self-check Exercise 2

What would be the main sources from which you can find out about the child's background in terms of

1. socio-economic background

2. educational achievement

3. interests, interpersonal relationships

4. strategies used in overcoming problems and difficulties?

Thus the counsellor notes down all relevant information at the outset using some of these informal techniques of assessment. The method is informal and the questions are directed to provide a wide understanding of the client's life, his/her interactions, behavioural problems, motivations, goals and adjustments.

A critical part of the counselling process is the correct identification of the client's problem. As noted earlier, some information about the type, duration and extent of problem may be available at the time of referral and/or during the process of history taking. Additional information can be obtained through diagnostic interviews with significant others who are in daily contact with the client by using problem checklists, behavioural observation and psychological testing etc.

Special attention should also be paid to the cultural context of the problem. Given below is an outline for a history taking session.

A suggested outline for an intake interview:

1. Identification data

(a) Name, address and telephone number of the client. This information can be used to contact the client. The address gives information about the locality, neighbourhood and the conditions under which the client lives (apartment/independent house, shared accommodation with other students etc).

(b) Age, sex, marital status, occupation (or school class and year). This information tells you whether the client is still legally a minor or mature enough to provide reliable information.

2. Information related to the problem

Record should be maintained in exactly the same way as the client reported it. It is important to note down the thoughts, feelings and behaviour related to the problem. These can be elicited with the help of following questions:

(a) Does the problem interfere with the client's everyday routine?

(b) What are the thoughts, feelings, behaviour associated with it?

(c) Since when has the problem begun? How often does the problem arise?

(d) What events lead to the problem? When does it occur? With whom? What happens before and after the problem occurs?





- (e) What made the client come for counselling?
- 3. Client's present life situation
Ask the client to describe a typical day or week. What social and religious activities, recreational activities, etc., occupy his/her time? What is the present vocational and/or educational status?
- 4. Family data
 - (a) Age, occupations of father and mother, descriptions of their personalities, relationship between them, each to the client and with other siblings, grandparents, etc.
 - (b) Number of brothers and sisters, their names, ages, birth order and relationship between client and siblings.
 - (c) Is there any history of long physical or mental illness in the family?
 - (d) Descriptions of family mobility including the places family lived in, number of jobs held by father/mother. This information provides insight into the kind of socio-cultural exposure the client has had.
- 5. Background information
Personal:
 - (a) Medical history: any unusual major illness or injury since childhood to present.
 - (b) Educational history: academic progress through kindergarten to high school and post-high school. This includes interests, hobbies, exceptional talents, achievements and peer relationships.
 - (c) Work experience: has the client held part time/full time jobs, types of jobs, duration and any significant experiences or achievements at work.
 - (d) Relationships with opposite sex, friendships or any present or previous emotional involvements. Reasons of previous relationships breaking down.
 - (e) Is there any previous experience with counselling?
 - (f) Does the client currently use, or has the client in the past used alcohol or drugs and to what extent?
 - (g) What are the client's personal or career goals in life?
- 6. Description of the client's behaviour/appearance etc., during the interview:
Make a note of client's physical appearance, mannerisms, dress, posture, gestures, facial expressions, tone etc., degree of interest, enthusiasm shown in the session: client's motivation, warmth, aloofness etc. How open was your client, level of ease of expression, quality of language fluency, alertness of the client or appeared lazy or slow, disinterested in talking? What was the general level of information? Were the client's remarks logical, relevant to the issue being discussed?
Counsellor should also make a note of the counsellee's
 - (a) temperament, for example, energetic, lethargic, active, etc.
 - (b) behavioural traits as described by client as well as observed by significant others like fidgeting, biting nails, disruptive or hyperactive behaviour, etc.
 - (c) problems faced such as study problems, lack of language fluency, working parents, inadequate time management, etc.
 - (d) Coping strategies generally used, for example, prepares a time schedule, seeks, help from peers.

- (e) Escaping strategies such as day dreaming, missing classes/tests, making excuses, procrastination, blaming others, etc.
- (f) Social and personality resources, for example, pleasant and amicable temperament, warm and friendly, etc.

The other important aspects to note down are

- (a) The degree of independence and autonomy, initiative displayed by the child (use a rating scale of 0-5, 0 being dependent and 5 being highly independent).
- (b) Goal directedness/goal avoidance, makes plans, shows systematic implementation (using a scale of 0-5).
- (c) Self-concept [Ask the client to write five sentences about the positive things and five negative things about himself and give reasons for making such statements]. The information may be used during counselling interviews for understanding client's strengths and weaknesses, and to plan suitable strategies for correction or enhancement of negative/positive characteristics respectively.
- (d) Competencies and skills
 - Cognitive, for example - is good at reading, mathematics etc.
 - Social - is cooperative, helpful to others etc.

7. Summary

After all the data is collected, you have to see how each piece of information is related to the client's statement of the problem. All of the data should be used to create a coherent picture of the client. This clear picture of your client should tell you what type of counselling approach or strategy you think will best fit this client. If you are to be this client's counsellor, determine what kind of an approach may be particularly helpful to the client and what might be particularly unhelpful. The counsellor must also pay attention to the cultural background and the social context and traditions to understand the problem. Following example would further explain this.

Case Study 2

A 13-year-old is referred to the counsellor by the teacher, as the girl day dreams, is not attentive in class, thus does not appear interested in studies. Parents have also reported that she has become quiet, shuts herself up in her room when anybody visits the house and avoids even the company of family members. She is losing weight and she is not eating much. She was examined by the medical specialist who felt the problem appeared to be psychological. During the process of history taking, it emerged that the girls in her family were married early, as per the tradition in their community. Since, she had just attained menarche and topic of marriage was often coming up during family get togethers, she was terrified that it would lead to her being married off. Therefore, she avoided the relatives and was quiet and was not interacting with anyone. Just looking at the symptoms may erroneously lead to a diagnosis of eating disorder, whereas this was a behavioural disturbance due to emotional conflicts emerging from some cultural norms and traditions.



On reading the above case it becomes evident that counsellor can view the problem of the girl in the light of the cultural pressure. The counsellor should also have skills for probing, like asking the right questions, questioning gently when required, and the capacity to infer from appearance and behaviour.

There are many other aspects of the problem which need to be understood which will be discussed now.

4.4 UNDERSTANDING AND DEFINING THE PROBLEM

The next stage in assessment is problem definition i.e., understanding the problem from various perspectives and understanding the variables that contribute to the problem.

A problem can be assessed from different perspectives. Given below is an outline for a detailed understanding of the problem.

1. Specific aspects related to the problem.
 - Associated feelings such as fear, anger, sadness, confusion.
 - Bodily reactions - gets a headache, shivering, perspiring etc.
 - Associated thoughts, beliefs, attitudes, perceptions.
 - Internal dialogues or self talk.
 - Associated behaviours, skills, habits.
 - Interpersonal aspects such as relationships with others including family, friends, peers, relatives.
2. Pattern of events contributing to the problem.
 - Occurrence of problem i.e. sporadic, triggered.
 - Where does it usually occur?
 - In whose company are you usually when it occurs?
 - What happens before its occurrence?
 - What happens after its occurrence/What precedes the occurrence of the problem?
 - What prevents or removes the problem?
 - What accelerates the problem?
3. Extent to which the problem affects the client's life.
 - How long has the problem existed/history of the problem?



- How often does the problem occur?/The frequency of occurrence of the problem?
 - How long does it last once it begins?
 - Degree and kind of interference caused by the problem in everyday life.
4. Client's coping skills and strengths.
- What does the client do to cope with the problem?
 - How has the client coped with other difficulties?
 - What kind of support system does the client have to cope with the problem?

In order to understand the client's problem, we have to perceive it from his/her point of view. This means we have to see how the problem occurs, to what extent it affects the client's life and how he/she has coped with it so far.

The use of a variety of assessment techniques and tools is required to determine the causal, contributory and the reinforcing factors that are maintaining the problem behaviour.

4.5 ASSESSMENT TECHNIQUES AND TOOLS

Counsellors in schools may use a variety of formal and informal techniques of assessment for gathering the data. In addition to collecting background information, a school counsellor is frequently asked to assess the client's potentials and strengths in terms of aptitudes, ability, interest and achievement. Occasionally a counsellor may also be asked to assess deficits in learning, social skills, habits etc.

Module-VI on "Assessment and Appraisal in Guidance and Counselling" shows the use of both quantitative and qualitative techniques in assessment. Qualitative or subjective assessment has always been an important means of assessing people. Increasingly, professional counsellors are becoming inclined to be more objective and exact in their assessment and reporting of their client's problems. Thus knowledge of quantitative methods of assessment becomes an essential part of the training of a counsellor.

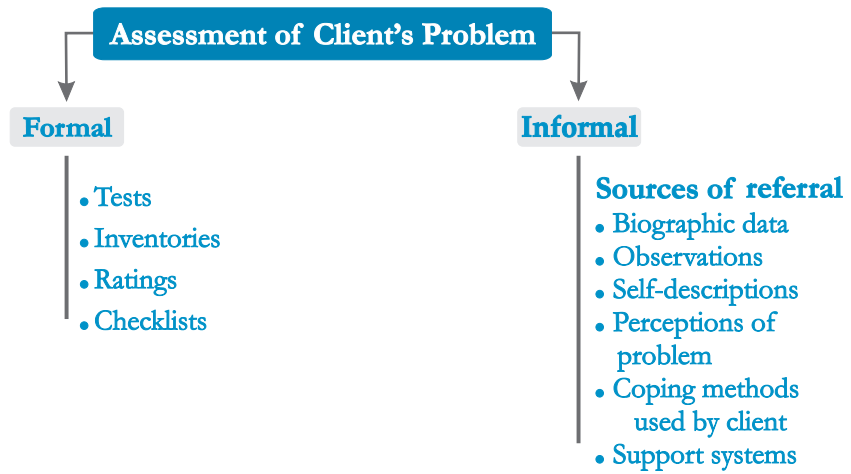
The Quantitative approach (also called the psychometric and objective) is based on formal procedures that are observable and can be used by others as well. Data may be procured either by direct measurement or by using Standardised Psychological tests, inventories, self-ratings etc.

The Qualitative approach however makes use of descriptive statements and is based on inner experience of the client. These techniques or informal procedures could include self description essays, autobiography, self statements, reports, diary writing etc. The responses on these like writing an essay etc. may be difficult to quantify but criteria can be given for awarding grades.

Generally the assessor's report will be a combination of the quantitative hard data and the qualitative soft data.

The overview of the formal and informal assessment tools (you will study the details in Module - VI) to understand the client's problem is also graphically presented [on the next page].





4.6 SKILLS OF ASSESSING CLIENT'S PROBLEM

You must have a repertoire of skills in order to understand your client. The experienced counsellor makes use of his or her own skills of observation, empathy, analysis, recognising resistance etc. In the following paragraphs you will look at the important skills you need to develop, practise and use for understanding of your client.

4.6.1 Skills of Observation

This is basic to both the process of counselling as well as to the process of assessment. The professional counsellor has to be a keen observer and sensitive to the cues that emerge from the client behaviour. The feeling components of the client especially emerge in the form of non-verbal communication. The assessor must pay attention to these non-verbal cues by observing accurately.

Some of the behaviours to be observed are given below.

- **Appearance** — Whether the client appears composed/tense or anxious etc. These are apparent from the posture, demeanor and eye contact.
- **Body Language** — The person speaks with every part of his body, what he says may be opposite to what he feels and what he communicates by his posture and facial expression. These non-verbal messages provide a host of information about the client.
- **Demeanor** — Serious, anxious, sad, fearful, or angry expressions.
- **Posture**—Moving away from the counsellor or bending forward, or being aggressive.
- **Eye contact** — When the client avoids eye contact it means avoidance of the issue, discomfort with the topic, anxiety, defensiveness, aggressiveness etc. Feelings especially are non-verbally communicated through the eyes.

Activity 1



Read the following exchange between the parent of a boy and the counsellor. Give your observations on the feelings expressed non-verbally.

Parent — The teacher suggested that I should meet you with regard to my son.

Counsellor—Yes, I am aware. She told me you would get in touch with me.

Parent— I don't know why? (Shrugs his shoulders) It's only a minor problem, you know one of those things about his age, and it will sort itself (doesn't look at the counsellor). Why can't the teacher handle it? (Belligerence)

All this time, the parent has been playing nervously with the paperweight on the table and has swung the chair around so that he does not make direct eye contact.

In the above exchange between a parent and a counsellor there are several nonverbal (body language, gesture etc.), and verbal cues that the counsellor should have observed. Give two more cues after the example for each category given below:

1. Verbal cues, Example - 'I don't know why?'

2. Non verbal cues, Example - 'Shrugging of shoulders'

4.6.2 Skill of Empathy

Empathy is a fundamental skill used for counselling. We have discussed empathic understanding in the previous lesson. A competent counsellor always tries to place himself and herself in the client's shoes thus the counsellor tries to experience the same feelings and emotions that the client is feeling. A good example of empathy is the behaviour of sports fans when watching their favourite game. Their muscles become tense and attention is focused on the player when the crucial goal is being scored as if their concentration will add to that of the players. We tend to enjoy those movies/ soap operas where we can empathise with the characters with ease. When we feel what the other feels, we are having empathy with him/her. The data about the client can best be understood, if it is analysed and interpreted from the client's point of view.

A question might come to your mind as to how can an adult counsellor be empathic with a 14-year-old? He can do so by recalling the memories of conflicts and emotions that he had experienced during his/her adolescence. A counsellor with a rich store of emotional memories of his own childhood could easily be able to understand what the child feels. A counsellor also uses skill of analysing client thoughts and emotions by



accurately comprehending the verbal and non-verbal components of client communication. Accurate listening, keen observation and full attention, help in building empathy.

However, a trained counsellor does not allow himself to be carried away by the emotions of others. He is able to distance himself despite having developed a closeness with the client. The empathic counsellor experiences the fusion of self with the other. But this fusion is partial and temporary. True understanding requires the capacity for reflection and distance that must be developed in a counsellor.



Activity 2

Try and remember some episodes of your childhood when you were very embarrassed/terrified/confused/deeply moved etc. Note down the feelings/emotions you experienced then.

	Episode	Emotions
1.	Beating by the father for running away from school	Fear, anger, sadness, etc.
2.		
3.		
4.		

4.6.3 Skills of Analysing Client Information

The analytical skills are those that help the counsellor to quickly focus on the significant issues, identify gaps in the information and draw out the relevant information. Some of these skills as suggested by Gysbers and Moore (1987) are as follows:

- **Use of presuppositions.** Sometimes the client uses statements in the conversation which indicate that he has made assumptions about existence of certain conditions in his life. Similarly, one does not ask if the behaviour exists, one presupposes that it does. “Do you like your school?”.. no assumption, “What are the things you like about your school?”-presupposes that there has to be something that the client would like about school.



Self-check Exercise 3

Given below are sentences, reframe them using presuppositions.

Example:

- Do you like reading?

What kind of books do you read?

Reframe the following:

- Do you like meeting people?

- Do you like games?

- Do you like going to school?

- *Use of probes/embedded questions, directives and statements.* Using a question to direct the person to carry out an action.
‘I am curious to know whether you can write the essay.’
This is an embedded question that directs a student to do directly whatever has been said. A statement like
‘May be you can help me to understand your difficulty’
is commonly used by counsellors, sometimes these can also be accompanied with non-verbal gestures and frowns that support verbal messages.

Activity 3



Change the two directives given below into embedded statements.

1. You must complete assignment within a week.

2. You should help your mother.

- *Developing positive attitudes by reframing and labeling.* Re-framing is a change in the way we look at some particular behaviour. A particular response, feeling or attitude exhibited by the client can be re-framed in a way that it appears in a new light. Aggressive and rude behaviour in a child can be re-framed as boldness and can be made to appear as a defence against constant criticism from the parents and relatives. A ‘disruptive’ child can be re-labelled as showing ‘initiative’ and ‘curiosity’ in the class. Both re-framing and re-labelling focus on positive aspects in the individual the emphasis being on shifting the focus or change in perspective on how you perceive the client Thus students criticised or blamed or with low self-esteem in particular can be helped to overcome their weaknesses or liabilities.
- *Correcting transformational errors.* Clients often make errors while giving information, particularly with regard to themselves and the situation. Some of these errors are deletion, reference to unspecified persons, use of unspecified verbs, referential indexing, and modal operators (Gysbers and Moore, 1987).
 - *Deletion.* This occurs when an important part of the experience is missing in the clients story.
Example- A client says in a wistful way ‘I really want’; the counsellor must respond by an appropriate question ‘What do you want?’ This will help to focus on what the client has omitted.
 - *References to unspecified persons:* Often, during a counselling session the client makes a reference using general nouns or pronouns.
Client ‘Neighbours have been wonderful’ or ‘People are so unfair’. The counsellor must choose the appropriate query to get the meaningful information. ‘with what?’ or ‘with whom’. And in the second case ‘who is unfair ‘In what way are they unfair?’





- **Referential Indexing:** This kind of error occurs when the client introduces some person or feeling or action into the sentence but is vague and does not specify.

‘Things get me down’, the missing element here is – ‘what things?’ or ‘it is a strange feeling’ – ‘what exactly do you feel?’

Thus the counsellor picks up the cue and asks the appropriate question in order to get at the missing piece of information.

- **Modal Operators:** Some clients are in the habit of using statements like- ‘I just can’t...’ or ‘I am forced to’. These words express limits or hold us back from achieving. In order to free the client from this kind of limitation, the counsellor can use statements of *mild confrontation* directed towards identifying the limiting factors, for example, when the client says ‘I cannot’ the counsellor asks- ‘What is it that you cannot?’ ‘Or what stops you?’
- **Skill of recognising resistance.** In working with the school population, the counsellor is often faced with a situation where the client wants help but at the same time is feeling a hitch in disclosing information. This is called resistance to self-disclosure and the fear of taking responsibility. Acceptance of responsibility for decisions is one of the most difficult things one has to face in life. The fear of not being able to perform or achieve hits directly at the self-worth of a person therefore he would rather be considered lazy than be considered a person of weak will. In such cases the client resorts to insulating himself from facing the truth and uses defence mechanisms. The skilled counsellor easily recognises the use of such mechanisms. The following is a good example of the strategy used by many students. You may remember a time when you were required to complete an assignment that you kept putting off. Then just before the deadline for submission you worked like a maniac and completed it and submitted it at the last minute. By doing so you ensured your self-worth, if the task was not of the top quality you could use the excuse of lack of time for the shoddy job. If it is appreciated then that would prove your superiority. In both ways you kept yourself at an advantage. In most counselling situations in the school, you would come across several clients/parents using such a strategy. It is essential that the counsellor develops the skill of uncovering resistance and also helps the client to deal with it. At the assessment level, the counsellor attempts to understand the different kinds of strategies and defences that a client employs so that an accurate assessment of the client’s problems can be done.

Here we have tried to mention some of the typical skills that a counsellor trainee requires to equip her/him for assessment stage. The list is not exhaustive as the skills of assessment and the general skills of counselling tend to overlap. You will become aware of additional skills as you proceed with the course. Apart from understanding skills of assessment, it is important to acquire meaning out of the information provided by the client.

4.7 UNDERSTANDING AND INTEGRATING CLIENT INFORMATION

During the counselling session the client may say many things that are not relevant to his/her problem. It is important for the teacher counsellor to have a good memory and the capacity to filter out unnecessary information coming from the client. It is helpful to have a small recording device with the prior consent of the client during the intake sessions. The amount of information is usually enormous and quite beyond the memory capacity of a normal person. The process of reflection requires that the counsellor listens to parts of the interview again and again, noting the tonal quality, inflections, hesitations and stray remarks that a client may make. However, the counsellor has to ensure the safe custody of recorded material and delete it after the work is over.



4.7.1 Integration of Intake

The next step is to integrate the information which was collected from the client, significant others in the client's life, along with one's own impressions and judgments. This enables the counsellor to validate/invalidate the initial hypotheses formed during the initial session/s. Generally the informal assessments are validated by the more formal procedures. Sometimes when a discrepancy exists, further probing or referral to a psychologist or experienced counsellor is warranted.

Interpretation of data requires that the counsellor have the requisite skills for communicating and analysing the information as well as of record keeping so obtained. If the referred agency requires the data, the information, both quantitative and qualitative, in the form of test scores on the routine ability/aptitude tests, and the information from school, the parents and the client can be given with the consent of the client.

Assessment or understanding of the problem should lead to formation of counselling goals as to what changes does the client want to achieve. Goals give direction to the counselling process, what can, and cannot be achieved. We shall now discuss the process of goal setting.



4.8 Developing Counselling Goals

Purpose of assessment is to help the counsellee set goals and initiate action. Clients often complain that they did not achieve anything out of counselling. A client may say – “It was such a waste of one hour. I kept repeating my problems.” The assessment process should lead to crystallisation of the problem which can be then translated into counselling goals. Goals or the outcomes can be both short-term, immediate and long-term.

Goal setting fulfills the following functions.

- Goals represent the desired outcomes.
- Goals give direction to the counselling process.
- Goals determine what can be achieved and what is going to be difficult to achieve.
- During goal setting, the counsellor supports or helps the client verbalise the specific actions that he or she can take for resolving the troublesome situation and brings to light the secondary issues/problems that may not have been initially expressed.

As the process of assessment continues there is a considerable degree of modification and refinement that goes on to help the client to change his/her thinking, feelings and behaviour. Goal setting involves a lot of mutual effort as there is a great deal of give and take between the counsellor and the client. The client begins to feel that it is not the ‘I’ only situation but now a ‘We’ situation. The goals are shared as the client and counsellor agree to work together to achieve them.

Here is an activity which will help in understanding (long-term and short-term goal) for yourself.



Activity 4

The counsellor asks the client to analyse his/her strengths and limitations. State the long-term and short-term goals of this activity.

1. Long-term goals.
 - a. Helping him/her to be less aggressive.
 - b.
 - c.
2. Short-term goals.
 - a. The client identifies activities which s/he would like to do to use his/her energies.
 - b.
 - c.

Goal setting takes the counselling process forward. The functions stated by Cormier and Hackney (1987) are as follows:

- *Motivational function.* When clients are encouraged to specify the desired changes, they feel motivated to achieve those outcomes.
- *Educational function.* Clients begin to mentally rehearse new responses they can make to the situation once they decide upon the changes. They can be encouraged to practise the new responses.

- *Evaluative function.* Goal setting helps the counsellor to select the appropriate strategies that are likely to work with the client. Secondly, it helps to realistically assess the degree of progress made by the client.
- *Clarification.* Goal setting clarifies to the client the main issues, concerns and obstacles in developing specific goals. Often specific goals are hard to pinpoint at the initial stages. Discussion or exploration of the problem during assessment is often helpful to the client to voice specific concerns, like ‘I can never say no to anyone. If my friend says come with me to the market, I go even when I know I should not.’

The client has voiced a specific problem and this can be translated into a specific goal such as to help the client develop the habit of expressing his/her frank opinion or assert one’s own point of view.

Sometimes it is helpful to state sub-goals as intermediate steps before specifying the long term goals.

Many times clients are resistant to change as they are not clear about themselves, about their wants and needs. Assessment and goal setting help such clients to identify important issues and in selecting goals for themselves. Goals create a sense of accomplishment as clients feel a sense of hope. Counsellors often use encouraging or enhancing statements to encourage clients to set goals. If the client shows too much resistance, the skill of confrontation can be used. Assessment therefore pays dividends in terms of setting goals and identifying strategies or action steps to achieve these goals. However, certain skills are needed for effective goal setting.

4.8.1 Skills of Goal Setting

In addition to skills of careful or attentive listening, empathic responding, understanding non verbal behaviours etc. which help in the process of assessment and goal setting, questioning skill is also important to help clients crystallise desired outcomes. Type of questions that are generally used are open ended or closed. Open ended questions force a client to provide details as these begin with *what, where, when* and *how*. This prevents the client to use ‘yes’ or ‘no’ for an answer. Examples of some open-ended questions that help in goal setting are:

- “What is your plan to study for exams”?
- “How would you want things to change for you”?
- “Tell me something about yourself”.
- “In what ways do you want counselling to help you”?
- “What would you do to be financially independent”?.

When you want the client to talk about specific things or plans you may ask closed questions. “How many days in a week do you go for tuition?” “How long have you taken music classes?”

Closed questions should not be used too much as clients can evade sensitive issues and making any commitments.

Two other kinds of responses are especially helpful in goal setting. These are: *Confrontation* and *Ability – potential response*





Confrontation

It is a type of response which makes the clients face what they are avoiding or do not wish to face. It helps to bring to the surface, contradictions or rationalisations or excuses seen in client's thoughts, feelings or actions. Confrontation response is made using expressions such as "you said/but look".

For Example:

"You said you don't have time but you are spending so much time on play".

However, confrontation should not appear as an accusation, evaluation or fixing a blame. Formulate a response that does not intimidate the client but state the facts clearly and put forward the client's real escapist situation.

Activity 5



As a counsellor you have given home work assignment to your client but your client has repeatedly evaded, giving some excuse or the other, for not doing it. For this formulate a confrontation response.

The Ability-Potential Response

Through such a response, it is suggested that the client has the ability to face or resolve the issue. It assumes that s/he has the resources to manage his/her life or affairs. Such a response starts with "You could" or "you can". For example, in response to a client expressing shortage of time to prepare for exams, the counsellor may say "you could devote more time by cutting down on playtime for some days."

Activity 6



Formulate an ability potential response for a student who is known to be hardworking but has a defeatist attitude and says s/he does not know how s/he can improve further.

Setting goals encourages clients to work towards achieving those goals. After goals are identified specific strategies for helping clients to achieve the goals need to be devised which will be discussed in the units to follow.

4.9 Summary



This unit discusses how a counsellor can acquire an in-depth understanding of client's problem. Problem as expressed may be just the symptom and not the real problem. To understand the real problem and its causes, one needs to collect information from various sources i.e. parents, teachers, peer group, client, etc. to understand various

facets of client's background, personality characteristics, behaviours, thinking processes, attitudes, perceptions, feelings, etc. An outline of history taking is enclosed describing areas on which information can be collected. The unit also discusses ways to identify various imensions of the problem such as what happens before, during and after the problem, omissions, deletions and errors in information provided by the client, and skills to elicit the required information from the client. It also includes description of various skills to be used by the counsellor for interpreting the information collected about client's life as well as about various aspects of the problem.

If the client and the problem are correctly understood, it can help in identifying the client's resources and ability to bring about changes and to set realistic goals for counselling.

1. State the key components of history taking in the space provided.

Key features of History Taking

1. Personal information _____
2. Physical characteristics _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

2. Listed below are some skills of assessment, relate each of the skill to the key features of each skill.

Skills	Features
1. Skill of observation	a. Identifying defences used by client
2. Skill of empathy	b. Sensitivity to non-verbal and verbal cues
3. Skill of analysing client information	c. Focus on the significant issues
4. Skill of recognising resistance	d. Skill to understand client's view

Answer Key to Self-evaluation Exercises

1. State the important aspects of client's history pertaining to personal, educational, family, medical, career/work related aspects of life.
2. 1. b 2. d 3. c 4. a



Answer Key to Self-check Exercises and Activities

Self-check Exercise - 1

CLIENT-1

Other needs of the client could be focused on

1. inability to control anger, aggression, abusive behaviour.
2. throwing temper tantrums.

CLIENT-2

1. Reducing display of aggression or argumentation in front of the child.
2. Paying attention, showing caring to the child.

Self-check Exercise - 2

1. Father/Mother, any other family member
2. Teacher/Principal
3. Client, peer group, family members
4. Client

Self-check Exercise - 3

1. What do you like about meeting people?
2. What kind of games do you like?
3. What do you like about school?

Activity - 1

Verbal

1. It is a minor problem, why can't the teacher handle it?
2. The problem will sort out by itself at this age.

Non-Verbal

1. No eye contact, playing nervously with the paperweight.
2. Turning away, not facing the counsellor.

Activity - 2

Some more statements and associated emotions could be made such as inability to speak during class or school functions, performs well in exams, difficulty in recall, fighting with friends, neglect by parents etc. to depict emotions of embarrassment, hurt, disappointment, loneliness, frustration etc.

Activity - 3

Embedded statements could be formulated as:

1. I wonder, if you can finish these assignments within a week.
2. I suppose, it is possible for you to help your mother.

Activity - 4

1. Long-term goals could be stated in terms of 'improvement in studies', 'making future career plans', 'developing new hobbies and interests' etc.
2. Short-term goals could be 'reducing frequency of negative self-statements', 'better time management', 'engaging in creative activities' etc.

Activity – 5

You said you always finished your work on time, but I find you have not met your targets in the last few weeks.

Activity – 6

You could start by putting in more work on your studies.

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5

Person-centred and Gestalt Approaches

- 5.0 Introduction
- 5.1 Objectives
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- 5.3 Phenomenological Approach
- 5.4 Person-centred Approach to Counselling
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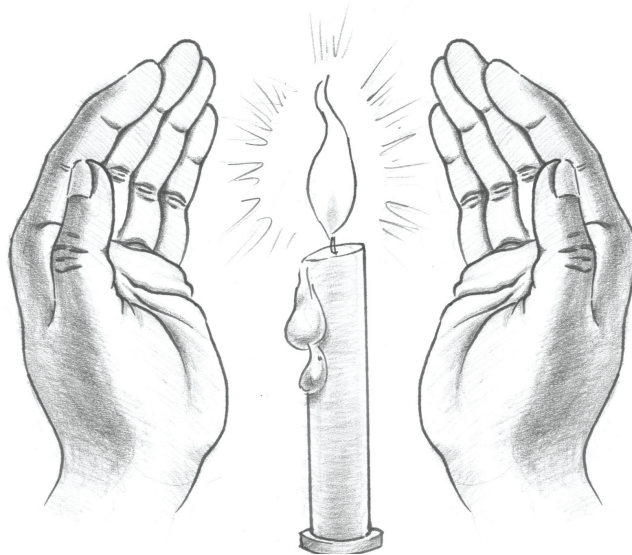




Person-centred and Gestalt Approaches 5

5.0 INTRODUCTION


In the previous units, you have learnt about the nature and process of counselling. You have also gained some knowledge of how the counsellor assesses the client's needs and integrates information from different sources to establish the counselling goals. As you already know that counselling is primarily aimed at bringing changes in the client's behaviour for better and more effective living. There are various approaches to bring about



such changes in clients by the counsellors based on how they perceive human nature and the outside world. Various philosophers, thinkers and psychologists have provided some established theories which give direction to our understanding of ourselves and the world, and the way counselling process can be organised to bring about required changes for healthy functioning of personality.

Counselling involves using established professional strategies or interventions to help people overcome their problems. These interventions are in fact action plans that are designed and based on some theoretical approaches which have been found useful to achieve short-term, specific or long-term outcomes.

There is no single or perfect counselling strategy that fits all situations, one is required to choose from strategies originating from different streams or lines of thought and schools of psychology to which the counselling psychologists belong or adhere to.



Most counselling approaches fall into four major theoretical categories, viz. Psychoanalytic, Phenomenological (affective), Cognitive and Behavioural. These have been discussed in detail in Module-3 in the Unit on “Perspectives on Nature and Development of Personality”.

Psychoanalytic approach is concerned with an in-depth search of exploring the conflicts in an individual’s unconscious mind. Affective approach is based on the emotional aspects of an individual’s personality. Cognitive components look in the thinking processes which occur in an individual’s mind. Behavioural component is based on the conditioning patterns and faulty learning which an individual might have developed over a period of time which may be causing problems in one’s behaviour. Phenomenological approach may be much closer to affective and cognitive approaches.

In this unit, you will learn about some popular techniques based on the phenomenological approach. Client-centred therapy and Gestalt therapy are two classes of counselling, which have been classified under the heading of Phenomenological Approach (Patterson, 1980). The counselling strategies based on this approach are: Person-centred technique of counselling made popular by Carl Rogers (1951), and the Gestalt technique based on Gestalt theory by Fredrick Perls (1951). We shall discuss the techniques in the context of counselling rather than psychotherapy as the latter requires you to be a trained clinical psychologist and the desired change is at a deeper level and has long-term implications.

5.1 OBJECTIVES

After going through this unit, you will be able to

- *explain* the major counselling approaches and interventions.
- *describe* the basic principles underlying Phenomenological or Person-Centred approach to counselling.
- *distinguish* between different techniques underlying the Person-Centred approach.
- *explain* the essential features of Gestalt approach and steps in using the techniques underlying the theory.
- *identify* the common features of the two techniques.

5.2 COUNSELLING INTERVENTIONS

Counselling interventions are based on the following major theoretical approaches:

- (i) Psychoanalytic Approach
- (ii) Phenomenological Approach (Person-Centred and Gestalt)
- (iii) Cognitive Approaches (Rational Emotive Therapy and Transactional Analysis)
- (iv) Behavioural Approaches
- (v) Systemic Approaches

As counselling involves dealing with client’s thoughts, feelings or actions, each of these different theoretical approaches differ with regard to emphasis on one of these three aspects, viz. thoughts, feelings and actions. For example, the cognitive interventions focus more on client’s thinking processes to bring about changes in

the client, the phenomenological approach focuses on mood states or emotions, similarly those dealing primarily with actions of the client fall in the category of behavioural interventions.

From a historical viewpoint, psychoanalytic theories were among the first to gain public recognition and acceptance. Sigmund Freud (1925/1959), the well-known psychoanalyst, was the originator of this approach. This approach is based on a medical model as the client is treated as a patient. The causes of problems are traced to the early childhood experiences. The role of therapist in the therapy is directive and authoritarian to unravel the hidden layers of personality.

As psychoanalysis requires a long-term treatment done in clinical setting, this approach does not lie in the purview of work of teacher-counsellor in a school setting, therefore, this approach is not being discussed in detail in this unit. A brief account of this approach is given in Module-III in Unit-3 on 'Perspectives on Nature and Development of Personality'.

Later approaches such as Phenomenological or the Person-centred, Behavioural and Cognitive-behavioural Approaches emerged in direct contrast to Freudian approaches and these became more popular as they were focused more on positive views of human nature and required a much shorter duration of counselling.


This unit focuses on the Phenomenological or the Affective Approach.

5.3 PHENOMENOLOGICAL APPROACH

The Phenomenological Approach emerged as a reaction to the Behavioural and Psychoanalytic Approaches to counselling/therapy. It was called the third force as it emphasised the subjectivity of personal experience as a phenomenon worthy of study. The person's perception of a given situation is his/her reality and must be accepted as such. There may be a difference between the objective event and the perception of the event but the phenomenologists accept the experience/perception as meaningful and authentic.

We shall first discuss the meaning of phenomenology. Phenomenology, according to Reber and Reber (2001), is defined as "a philosophical doctrine that advocates that the scientific study of *immediate experience* be the basis of psychology. As developed by Edmund Husserl, the focus is on events, occurrences, happenings, etc. as one experiences them, with





a minimum of regard for the external physical reality of events; rather the basic issue for the phenomenological analysis is to avoid focusing upon physical events themselves and instead to deal with how they are perceived and experienced”.

In this approach, an individual and his/her experience are given more importance than the outside physical reality. Therefore, understanding the client’s perceptions attitudes and beliefs with a focus on feelings or emotions are considered crucial.

In the following exchange between a client and a counsellor, the subjective experience is apparent to the counsellor but s/he has to work on that by accepting the experience and the emotion as a phenomenon.

“You know I was coming here in the bus and two men kept looking at me and talking to each other. I think they may be planning to follow me or attack me. Fortunately, a policemen entered and then they got off. My heart rate is still high and I am feeling anxious”.

- The subjective experience may not be real or objective but what is felt is authentic and real to the client and it is accepted.

Thus, the phenomenological approach focuses on the emotional content of a client’s perceptions, thoughts and attitudes. The role of the counsellor is to help the client clarify the underlying emotional complexes and conflicts. The techniques used under this approach, because of their focus on emotions, are often classified as affective interventions. The persons who opt for these therapies or counselling sessions are brought to confront their underlying emotions and to review their conflicts and thus possibly resolve the complexes and conflicts. Once these emotional patterns are clear to the client, then naturally the therapeutic process starts its efficacy. The task of the counsellor or therapist is to bring these clarifications.

5.4 PERSON-CENTRED APPROACH TO COUNSELLING

The person-centred approach emerged from phenomenological approach discussed above. Its emphasis is on the “positive” aspects of human psyche as given by Carl Rogers (1951) and it has become one of the most popular counselling approaches in the hands of the counsellor. It is called so, because of its emphasis on the ‘personhood’ of the client. All subsequent techniques have borrowed and utilised its principles. An emphasis on counsellor’s attitude and personality is central to this technique.

5.4.1 What is Person-centred Approach?

The basic premise of this approach is that the therapist remains non-directive and reflective, and s/he does not interpret or advise the client. The therapy assumes that client will be able to find readjustment in his/her behaviour. It necessitates that the therapist must remain non-judgemental towards the client. Against this backdrop, this approach emerged as a third force and a major transition in psychology, which looked towards a person with positive regard and goodness. It believed that a person has potential to overcome his/her adversity and there is a hidden or latent power in every person to achieve many things in life.

In fact, its main contribution was not to call a suffering person as a patient but to call him/her a client*. This was a major turning point in therapeutic approach and it still has great bearing on modern approaches to psychotherapy and counselling.

The procedure has grown and developed. The emphasis is placed on reflection of client's thoughts and feelings, listening and clarification of values and what the client verbalises. The technique emphasises that every individual has the ability to change and the change is initiated by the client himself/herself and the counsellor acts only as a facilitator.

* Term 'client' is a positive gesture that as a counsellor you are dealing with a person and do not put the label of a sick person like patient on this person. In this spirit, therapy is often interchangeably referred to as client-centered or person-centered or Rogerian in honour of its founder, Carl Rogers.

5.4.2 Important Considerations of Person-centred Techniques

The key features are:

- Client is a person, not a patient.
- Client is an acting, feeling and thinking person whose subjective experience is very meaningful and accepted in totality.

If you as a counsellor want to follow person-centred techniques, then you must take care that there are certain basic criteria to which you adhere to. In this approach, you

- accept your client “unconditionally”, which implies that you need not make any judgement of good or bad, right or wrong, proper or improper for your client. If a client has a problem, then it could be just due to numerous reasons.
- are not to put a blame on the client. Understand client's point of view. Use such conversational language that you could in a way empathise with your client and also do not express too much sympathy with the client, but give due regard to your client.

Some of the basic principles and assumptions are as follows:

1. **Human beings are experiential:** In this theory, the emphasis is on individual's own subjective experience and the emotion that arises out of a given situation and as it is experienced. For example, no one else can fully understand the experience of another who is not accepted by friends or has lost his/her job. Thus, the approach is subjective in nature and does not rely on measurement testing or objectivity of information.
2. **Unconditional acceptance:** This is a major dimension of the technique. The person is accepted whatever s/he may be. Even if one has committed a crime or is addicted or is labelled as antisocial, this approach emphasises acceptance of the person in totality. Human beings are trustworthy. It lays emphasis on the beauty and truth of human nature. Its highly trusting concept gives regard to the person irrespective of his/her shortcomings. The therapist has trust in the client and over a period of time there is mutual trust between them. This helps in positive movement of the therapeutic process as it enables the client shed off his/her defensive behaviour and come closer to the real self.





3. **Client is capable of growth:** This is a core concept of this theory. It is based on Maslow's concept of development of personality, which highlights that an individual is capable of a high level of attainment and can utilise one's potentials to the optimum. When a person's basic biological, psychological and social needs are well met, then only he/she can strive for higher attainments in life or reach the stage of self-actualisation as given by Maslow.
4. **Self-consistency and congruence:** These are the internal psychological dimensions which work in harmony and free the individual from conflict, i.e. there should be harmony or congruence between individual's real self (true self) and the perceived self. For example, a child may perceive himself/herself as not good in studies whereas in reality s/he may be good in academics. The child may think so because s/he may be striving for the first position in the class as most of the time s/he gets second and third position. This incongruence between the two selves can lead to rigidity, defensiveness and maladjustment in the child. Congruence between the two selves leads to self-consistency in an individual. Such an individual does not harbor any false belief about oneself and is not changing his/her mind every minute and is seen as a mature and a well adjusted person.
5. **Phenomenological existence:** It refers to the fact that individuals respond to a phenomenologically perceived world, i.e. the way they perceive the world, their own subjective experiences. Phenomenologists have accepted these experiences/perceptions of individuals as meaningful and authentic irrespective of objective reality.

Therefore, in the client-centred approach vital factors like *unconditional positive regard* towards client irrespective of his/her shortcomings; *empathetic understanding*, i.e. understanding the client's world from the client's point of view; and *counsellor congruence*, i.e. what the counsellor is experiencing internally be consistent with the message the counsellor is communicating to the client, are given due importance. Furthermore, for the success of counselling process, the client should be able to perceive, at least to some degree, the counsellor's positive regard and empathetic understanding.

Specifically, no labels are used for the client. Followers of this approach do not label "a person with a problem as a patient". This is the key point in this approach. The labelling hinders the client's natural ability to grow. Incidentally, this is also a reason that followers of this approach do not lay emphasis on testing procedures, because testing labels a client as inferior or superior, underachiever or high achiever and so on. All people including the client are seen as capable of growth and moving towards actualisation. From this perspective, people are viewed as fully in charge of their lives and inherently motivated to improve their lives. The responsibility for personal behaviours and the ability to choose or to change lies with an individual and s/he need not rely on other people. Thus, people can control their change if right conditions are offered.

Rogers saw all individuals as having inherent qualities that made nurturing possible; attempting to change basic personality characteristics or behaviours was not necessary as people see the world from their own unique perspective called phenomenological perspective.



Self-check Exercise 1

1. What are the basic principles of phenomenological approach?

2. State any two phenomenological approaches.

3. Write the underlying rationale to change use of the term 'patient' to 'client'.

5.4.3 How Person-centred Therapy Works

When Rogers began working on person-centred therapy, it was generally assumed that people are by nature irrational, unsocialised and destructive. Rogers rejected this and put forward the view of people as being basically rational, socialised, forward moving and realistic.

Person-centred therapy works in a systematic way. Major key features are given here. Following steps are more or less in sequence but at times there may be some changes in their sequence. This depends upon the counsellor and his/her rapport and working with the client.

- Unconditional acceptance and mutual regard for the client. Here a person who is rejected and disapproved by others gets a fair deal, of love and acceptance.
- Building a relationship is the most important stage in this approach. The problem as such is not highlighted or explored but the focus is on building the relationship between the client and the therapist. The counsellor has an important role at this stage. Gradually, the client loosens up and is encouraged to speak out his/her problem. Counsellor needs patience, as it may take 2-4 sessions to set the ball rolling.
- As a result of the counsellor communicating acceptance, regard and warmth, the client starts expressing himself/herself. There may be a lot of stuff pertaining to the past, usually regrets, sorrows, etc. But, eventually the client would be confiding, trusting, opening up, disclosing, expressing and comes out with openness. This is a significant turning point and as a therapist you must utilise this opportunity to give and receive.
- Once the client starts feeling that s/he is acceptable, despite those behaviours of the past or present, it sets the stage for therapeutic change and the client





reconstructs his/her experiences. There is a kind of “revision” of the past problems. Gradually with the growing rapport with the therapist, there is a significant change in the mental scenario of the client. The client at this point understands the inconsistencies between inner self and the outer behaviour, the intra- and inter-contradiction of his/her behaviour. Once the client starts feeling and “owning of responsibility”, things start changing for the better. It gives a new insight and a new picture of oneself. This is a positive indication in therapeutic dynamics.

- There is a stage at which client gets hold of his/her problem. There is no denial or resistance but a deeper understanding. At times, these subjective experiences take an outlet in somatic form such as tears, crying, shrieking, sobs or sighs etc. This is helpful as it gives a catharsis. It is an indicator of personality change in a person. The therapist must remain with the client at this crucial juncture. There is nothing wrong in these somatic expressions, because ultimately they bring muscular relaxation, relief and freedom from tension, which were otherwise very tightening (both psychologically and in somatic sense) for the client.

Many clients experience a new surge, zeal and new meaning in their life. They now can clearly “see” what their past was, what was weighing heavy on them and develop a clarity for their future course of action.

Thus, it can be concluded that there is an increased sense of self-acceptance that sets the stage for further growth in the client.

5.4.4 Seven Stages

In brief, the entire process of change in the personality of the client during counselling can be summarised in the following seven stages:

- Stage 1: Blocked internal communication – There is no communication with self or personal meaning. Client appears reserved, suspicious and also may view talking about the problem as dangerous.
- Stage 2: Feels accepted as he or she ‘IS’ – Communication begins to flow but is peripheral to the self. There are statements of distress but may not be accepted wholly. Contradictions may be apparent.
- Stage 3: Emergence of symbolic expressions with regard to self and others. For example, in the course of interaction with the counsellor, there are some expressions like sobbing, seriousness, pauses and body expressions which a counsellor needs to pay serious attention.
- Stage 4: Acceptance of feelings and constructs as emerging from oneself but the dimension is the past. For example, at times the client may express something of the past with great regret and sorrow. The role of the counsellor is to make the client accept whatever it was and is being felt presently.
- Stage 5: Feelings are now expressed freely in the present, the feelings are not involving the whole self. The experience of ownership of the feelings and statements of ownership are given. For example, the client speaks about all experiences, joys or sorrows, and s/he is accepting them as well.
- Stage 6: Increasing sense of self-acceptance.

Stage 7: Experience of growth gives a sense of being free. For example, this sense of new freedom emerges when a client feels “unloaded” from various emotional burdens.

The process of therapy is variable and may not be strictly same with each client. In general, these seven stages are often seen in all clients. However, there is room for individual differences.



Self-check Exercise 2

Describe in brief the process of change the client undergoes during counselling.

5.5 GESTALT APPROACH

Another interesting therapy which is based on perceptual (phenomenological) approach is called Gestalt. Gestalt therapy is a form of psychotherapy which is derived largely from the work of eminent psychologists like Fritz Perls, Laura Perls and Goodman (1951). It was during 1950s that this therapy emerged but became more known and accepted in 1970s. It is loosely based on the concept of Gestalt, i.e. unity, form and wholeness.

May be you are familiar with this German word. It is actually a theory or school in psychology which is based on Gestalt principle. ‘Gestalt’ has no exact translation in English, but in essence Gestalt means “unified wholes form complete structures, totalities, the nature of the whole is not revealed by simply analysing the several parts that make it up” (Reber and Reber). “Whole is greater than the sum of the parts”.

Following this approach, counselling can be done either in an individual setting or in a group setting. A group setting is preferred and more effective as there is sharing of experiences, emotions and memories. It also draws from some basic concepts from field theory. Field theory focuses on the whole, that is, all the elements found within the field are in relation to and influence one another, no part operates in isolation from any of the other parts in the field. When the focus is internal, the field is represented by the parts of the self such as body and mind that include person’s thoughts, feelings, senses and actions that are seen as interacting. Similarly, externally one’s family, school, workplace involves many people with whom one relates and whom one influences.

Thus, this approach is descriptive rather than interpretative.



5.5.1 Important Considerations of Gestalt Therapy

Gestalt therapy has some unique and interesting features as it emphasises the creative and expressive aspects of people. The client-centred and Gestalt therapists held that people have innate goodness and that this basic nature should be allowed to express itself. Psychological problems arise in frustrations and denial of this virtue. There may not be many parallels to this therapy as it is quite different from psychoanalytic and behaviouristic approaches. Many concepts are laid down before you, so that you can get a “feel” of this technique.

1. **“Here and Now”:** This lays emphasis on time dimension. Clinging to past is a common problem with many people; blaming and finding fault with the past, which is gone, is quite a common behaviour pattern in many clients/persons. Past is past and a client should not cling to that, otherwise further growth is not possible. The emphasis of this concept is that “Live in Present”. Focus on present puts the client in tune with the vitality of time. Your client needs to realise that there is a time dimension. There is past, present and future. ‘Awareness of the present’ gives a link between past and future.

Can you relate how people tend to live in the past? Too much brooding over the past is of no help because the time gone is gone. Past is past and the client needs to look in the present. Even the problems of childhood are brought to present, unlike classical psychoanalysis where a patient is taken back to the past. Similarly, too much preoccupation with future creates unnecessary worries and tensions. This results in apprehensions and gives rise to undue anxiety. Here and now awareness helps in overcoming many problems of the client.

2. **Owning responsibility:** Another dimension that the client should have is to own responsibility. Owning helps in numerous ways as it brings clarity. Why does an individual use avoidance? Owning helps in clarifying and having a direct confrontation with undesirable behaviour. Avoidance, thus, is not a healthy process.

Gestalt therapy emphasises the independence of the client, leaving him/her in-charge of his/her own development. The therapist neither interprets nor offers solutions and creates space for the client so that s/he can experiment in a sufficiently protected atmosphere.

3. **Topdog-underdog** dialogues are another example in which the Gestalt process creates equilibrium in any individual. These are basically dialogues in the mind of an individual; by reviewing these, one gets clarity and overcomes confused states of the mind. These roles are those of superior or commanding position (topdog) versus those of complying with or obeying type (underdog). These complex states need to be brought to awareness of a client to review one’s own state of mind.

An example would be the woman who perceives herself as weak and never fully realises that she has both strengths and weaknesses. The counsellor’s job is to help such kind of stuck-up people by removing the blocks that prevent them from standing on their feet and assume responsibility for themselves.



4. **Organismic self-regulation** is the inbuilt mechanism in which any organism learns to meet its need from the environment. This also refers to somatic process which takes place in our wishes and emotions. If the needs are met in a natural manner, then there is no serious problem. But, in reality it does not happen, especially due to social and cultural constraints. This inhibitory phenomenon robs the natural functioning of the organism. For example, since expression of aggression is generally unacceptable, people will generally tend to deny its existence and thereby lose the energy it produces.
5. **Unfinished business:** This dimension focuses on all those matters which are unresolved or keep on lingering in the mind of a person. People have “unfinished” agenda which remains like a burden on the free and relaxed thinking of the mind. In therapeutic process, the client is in a way brought to a point, where s/he can realise that, “I am carrying this, it is of no use and now I must throw it out”. This helps in unburdening the past anxieties. Gestalt is by virtue living in present and this recapitulation of unfinished task helps in living afresh.
6. **Retroflexion** is basically an organismic response to any kind of withheld behaviour. It is in fact a behaviour which is directed to somebody else, but held back and thus self-directed. It may be visible in the body posture of a person. It may be in arms, legs, neck, throat or hands etc. Usually, it is outward aggression which is put on a “hold” and appears to be excessively self-restraining. This process is basically reversal of emotional energy. For example, suicide is considered as a substitute for the murder (of the punisher). Retroflexion means that some function which originally is directed from the individual towards the world changes its direction and is sent back towards the originator. In Gestalt technique, various games are used which you would find very interesting and absorbing. Similarly, you might find shuttle technique in which basically the client shuttles back and forth to his/her dialogues and in a way listens to himself/herself again. In Gestalt therapy, there is abundance of various game-like techniques like empty chair or two-chair technique, dream work, homework, reversal roles and various forms of rehearsals, which will be discussed in the next section.
7. **“I” vs. “Thou”:** In Gestalt approach of counselling, the relationship between the client and the therapist remains more warm and humane. The therapist and the client develop a humane relationship which may even exceed beyond therapy period. To help the clients bear responsibility for their lives, the therapists will tell them to change ‘It’ language to ‘I’ language. For example, when the client says my voice sounds like ‘It is crying’ the therapist may say- can you take responsibility for that by saying, ‘I am crying’? (Levitsky and Perls, 1970). This simple change in language helps the client to assume responsibility for their feelings and behaviours, and reduces the sense of being alienated from aspects of himself/herself.

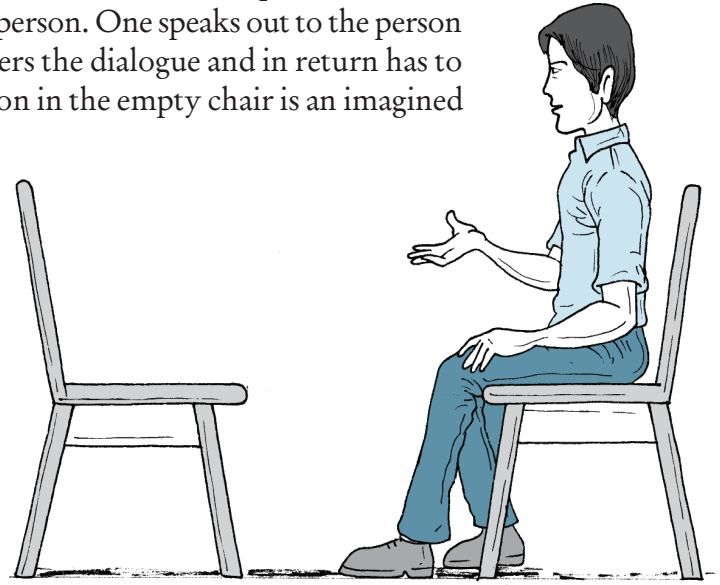
5.5.2 How Gestalt Therapy Works?

Gestalt therapy has very unique exercises and you as a counsellor may require a lot of versatility and innovation while using these therapeutic techniques.





1. **“Empty chair”** is an exercise in which the client expresses himself/herself to an imagined or real person. One speaks out to the person on the empty chair and delivers the dialogue and in return has to give back the reply. The person in the empty chair is an imagined person who had been or is a source of any trouble to the client. The client is asked to imagine that person is seated in the empty chair and to make dialogues with him/her. In fact, the client makes up for both sides of the conversation. The client plays one or more roles in addition to his/her own real self. To enact this,



necessary number of chairs are provided. The client is then asked to speak the part of each person connected with the problem by moving from chair to chair. For example, a lonely adolescent girl may be asked to respond from the perspectives of people who are part of the present problem – her parents, friends etc.–by physically moving from the designated chair. This makes the client aware of the different perspectives and see the situation from the other’s point of view.

This method is also a kind of catharsis and a way of finishing the ‘unfinished business’ as mentioned in the above section. The client can project the unresolved feelings, emotions and other psychological complexes to the imagined person seated in a chair in front of him/her. One can express all hostilities, hatred or any other form of psychological outburst and unresolved emotions by “speaking out to the person in the empty chair.” This imagined engagement in the conversation with the “person” in the empty chair has been found to be an effective and powerful technique with some clients. The dialoguing exercises are real or hypothetical in which the conversation goes on between the client and the other person.

2. **Owning responsibility:** Another exercise is that, “I (client/speaking one’s name) take the responsibility”, in which the client assumes his/her roles and does something, which s/he thinks has to do. There are many behaviours for which often people put blame on others and they try to avoid these problems by making excuses and other avoidance techniques. Purpose is to make one aware with one’s problem and accept with full knowledge what one does and what one avoids.
3. **Awareness integration:** The task of the therapist is to make the client aware about all processes happening in ‘now’. This is by asking, “How do you feel?, What is happening right now in your body?, What is going on in you?, How are you feeling now?” etc. Such kind of exercises help in cleansing the psyche of the client and to make him/her feel or accepted in one’s own self. As a matter of fact,

any past problem which bothers an individual is brought into discussion and therapist repeatedly asks, “What is happening in you now?”. This helps in resolving the problem by becoming aware and not by forgetting or suppression.

4. **Confrontation** is an effective technique in which a client who may be often frustrated, or is afraid or fearful of, must acknowledge it or own it. This is like a face-to-face situation with problem behaviour. It is to tackle escapism and to deal with inhibitions. With the help of exercises, a client learns how to be face-to-face with reality and problems, and thus through confrontation learns to resolve the problem, rather than escaping from the problem.
5. **Dream application:** Dreams, like in psychoanalysis, are also used in Gestalt therapy. The emphasis is especially given if the client puts a premium on dreams by often talking about them. Therapist should make the client to ‘re-live’ the dream. It is like bringing past into present and then feeling the force or emotion within that. Perls believed that dreams are the projection of the person, i.e. dreams reveal certain aspects of the person. For example, dreaming that a friend of yours dies indicates that some valued part of the self is dying or being lost. Thus, by re-enacting the dream in the present helps the client to come in contact with that part of self that may not be well-known or accepted. This can be coupled with “empty chair” and these can be changed as if a continuous dialogue is going on between the client and the person with whom his/her interactions are under some turmoil or emotional pressure.
6. **Role reversal:** These are games in which the client is given an opportunity to express himself/herself through expression of the roles or dialogues one would like to speak out. What one wishes to express one can do in this situation with the therapist and later in real life. For example, someone who is excessively timid might be asked to behave like an outgoing person during the therapy session. These practice sessions will help an individual to be well equipped for any future interaction.

On the whole, Gestalt therapy has proved efficacious. Though the process of change may not be very prompt as compared to some other therapies, but it enhances the overall well-being in a person. The basic features of Gestalt therapy are to some extent similar to client-centred, but it has more focus on body awareness and takes into account the present and does not meddle too much into the past.



Self-check Exercise 3

Fill-in the blanks from the following alternatives:

- | | |
|----------------------------|------------------|
| a. escapism and inhibition | b. role reversal |
| c. catharsis | d. re-live |
1. Empty chair exercise is a kind of _____.
 2. Confrontation helps to handle _____.
 3. In dream application, the client is made to _____ the dream.
 4. _____ is a technique in which the client assumes the role of the one he/she wishes.



5.5.3 Commonalities in Person-centred and Gestalt Approaches

Person-centred and Gestalt therapies by Rogers and Perls have emphasised that people are, by their very nature, good, purposive and resourceful. Some of the commonalities between two approaches are as follows :

- Both approaches are based on the concept of perceptual-phenomenological approach. The theories lay emphasis on positive view of human nature. In order to understand both theories, you need to have a good understanding of the phenomenological principles discussed earlier in the unit which lay emphasis on immediate experience.
- These theories do not give any weightage to testing and psychometric methods. Human beings live through a life process which is not always quantifiable or which cannot be broken into units as the focus is on events, occurrences, happenings, etc. This way of thinking is distinctly different from the physical, objective and quantitative dimensions. So you will find that in both these approaches, counsellors and psychologists who are adherent of these schools evaluate human behaviours in very subjective and experiential way.

5.6 Summary

This unit deals with specific counselling techniques based on two major approaches to counselling, namely, person-centred and Gestalt approach.

Person-centred approach has basic paradigm of goodness of human nature and unconditional acceptance of the client. Client lives in a phenomenological world, where s/he has lost the clarity of self. The therapy guides and paves the way for a change. It is like the process of rediscovery in which ultimately the individual seeks and gets the real self and its potentials for future growth. In Gestalt approach, there is also focus on the somatic dimension which had earlier taken the burden of psychological conflicts. With variety of games and group exercises, clients improve their behaviour for the better.

For both approaches, the unit covers characteristics of each approach, important considerations of each therapy and how each of these techniques works. Person-centred counselling is based on certain unique qualities like ability for unconditional acceptance, positive regard and genuineness towards the client. Therefore, you need to develop and incorporate these qualities in yourself. Similarly, Gestalt-based counselling is based on certain principles of 'here and now', 'owning responsibility', and acquiring expertise in the use of innovative techniques like 'empty chair', 'role reversal', etc. This unit also provides a comparative picture of the two approaches.

1. What are the basic assumptions of person-centred therapy regarding the client?
2. Give a brief description of any two games used in Gestalt therapy.
3. Compare and contrast both the counselling approaches discussed in this unit with the psychoanalytic approach.

Answer Key to Self-evaluation Exercises

1. The basic assumptions are:
 - Human beings are viewed as capable of growth who can utilise their potentials to the optimum.
 - Individual's subjective experiences and emotions are important, therefore, emphasis is on empathetic understanding.
 - There is unconditional acceptance of the client whatever s/he may be.
 - Emphasis on self-consistency and congruence which indicate a sound and harmonious mind.
 - Continuous process of change in a positive direction, therefore, no labels are used to describe the client.
2. Elaborate on any two games such as –
 - Empty chair is a kind of catharsis. The client expresses himself/herself to an imagined or real person and delivers a dialogue in return, i.e. the client makes up for both the sides of conversation.
 - In dream work, the client is made to 're-live' the dream, i.e. bringing the past into the present. This allows the therapist to help the client come into contact with oneself and accept responsibility for parts of the self that may not be well-known or accepted.
3. Elaborate on the following points:
 - Psychoanalysis is based on the premise that human behaviour is determined by biological or psychosexual drives. Problematic behaviours are the result of non-fulfillment or regression of these urges into the unconscious.
 - Both client centred approach and Gestalt therapy have emphasised the positive aspects of human psyche although people may resort to actions that demonstrate the opposite.

Answer Key to Self-check Exercises

Self-check Exercise 1

1. Emphasises the subjectivity of personal experience, i.e. the 'person's perception of a situation or a problem is his/her reality and should be accepted as such irrespective of objective reality.

2. Client-centred Approach and Gestalt Approach.
3. Since the client-centred approach emphasises the positive aspects of human psyche, the suffering person was not called a patient but rather a client. According to this approach, people are viewed as fully in charge of their lives and inherently motivated to improve their lives.

Self-check Exercise 2

Unconditional acceptance of the client sets the stage for therapeutic change; the client becomes more aware of the inconsistency between the inner self and the outer behaviour. At this stage, there is a deeper understanding, there is no denial or resistance.

Self-check Exercise 3

1. c 2. a 3. d 4. b

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6

BEHAVIOURAL INTERVENTIONS IN COUNSELLING



- 6.0 Introduction
- 6.1 Objectives
- 6.2 What is Behavioural Counselling?
 - 6.2.1 Classical Conditioning
 - 6.2.2 Operant Conditioning
 - 6.2.3 Positive and Negative Reinforcement
 - 6.2.4 Behaviour Assessment
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 - 6.2.6 Baseline Data
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Behavioural Interventions in Counselling 6

6.0 INTRODUCTION

Learning plays an important part in our day-to-day experience. This approach to counselling presumes that all behaviour is learned. Behavioural approaches cover a wide range of practices and theories. If you consider the behavioural approach as a continuum, on one extreme we have Pavlov (1927) and Skinner (1938), the radical behaviourists who described acquisition of behaviour in purely mechanical terms, and on the other hand we have cognitive behavioural researchers who emphasise the importance of mental processes (for example, perceptions) involved in human behaviour and view thoughts as a type of behaviour.

According to these approaches, right from early childhood, behaviour that is approved, reinforced or rewarded results in satisfying experiences. Such a behaviour is likely to be repeated, while behaviour that is not approved or considered undesirable will tend to disappear. Accordingly, we believe that if behaviour is acquired or learned, then behaviours can also be unlearned in a similar way. Gradually, this presumption got further modified that it is not only the mechanical acquisition of physical responses but the perceptions of the situations by the child also get associated with physical responses. This led to the emergence of cognitive behavioural approach (Ellis, 1962; Beck, 1976; Meichenbaum, 1977). According to this viewpoint, thoughts, ideas, beliefs





form an important part of behaviour which is learned. This approach, however, will be discussed in the next unit.

This unit will help you in understanding how learning theories are effective in understanding the patterns of behaviours as well as in modifying the behaviour of children and parents, and in restructuring the environment of an individual to bring about desirable changes. This unit will also help you in understanding some of the commonly used procedures and methods of behavioural counselling, especially in school situations, for treating a number of behavioural problems prevalent in school children such as phobias, anxiety, shyness, aggressiveness etc.

6.1 OBJECTIVES

After going through this unit, you will be able to

- *describe* the major concepts and principles of learning to explain the process of human learning.
- *identify* target responses which need to be changed.
- *use* behavioural assessment/analysis procedures to plan behavioural change.
- *explain* specific behavioural counselling techniques to bring about changes in human behaviour.

6.2 WHAT IS BEHAVIOURAL COUNSELLING?

Behavioural counselling is based on two types of approaches to understand learned behaviour. In this section, we will look at the classical conditioning response explanation and the operant conditioning behavioural response as the two approaches.

6.2.1 Classical Conditioning

The first type, called classical conditioning, was discovered by Pavlov in the late 1890s. He developed the principle on the basis of his experiments with animals.

In Pavlov's experiments, a bell was used to call a dog to food. The food initiated a salivation response. After few repetitions, the dog would start to salivate in response to the bell only. Thus, a neutral stimulus (bell) became a conditioned stimulus (CS) because of consistent pairing with food, the unconditioned stimulus (US). This learned relationship is called the conditioned response (CR). However, in further experiments, when there is a continuous sounding of the bell and it is not followed by food, the bell (CS) will fail to produce the salivation, the conditioned response (CR).

Initial Situation

Bell (CS) → No Salivation
Food (UCS) → Salivation (UCR)

Training Trial

Bell (CS) + Food (UCS) → Salivation

Conditioning Established

Bell (CS) → Salivation (CR)

According to this principle, fear and phobias acquired by human beings might be explained. Suppose an inflated balloon bursts in a child's hand making a loud noise; this frightens the child. The next time the child is made to hold a balloon, it becomes a signal or cue for noise and may elicit a fear response. The balloon is a conditioned stimulus (CS) and the loud noise is unconditioned stimulus (US). If the balloon is not preceded by a loud noise, the balloon will not elicit a fearful response. Thus, the behaviour becomes unlearned.

6.2.2 Operant Conditioning

The second type of learning is called operant conditioning, which is based on the law of effect. This conditioning consists of behaviour that is followed by consequences that are satisfying to the organism and so will be repeated. Behaviour that is followed by unpleasant or noxious consequences will be discouraged.

This principle was explained by Skinner in 1930s with the help of experiments with rats and pigeons. Rats were delivered a pellet of food each time a rat pressed a lever accidentally. The behaviour of pressing the lever was strengthened by the food. An operant behaviour sets the environment to produce a consequence. Thus, operant conditioning is

R (Response) → **C** (Consequence) learning
rather than
S (Stimulus) → **S** (Stimulus) learning

The consequence that strengthens an operant behaviour is called a reinforcer. For example, a child cries at night after being put to bed. Hearing the child's cries, parents come to comfort him/her. As a result, the child cries more often at bedtime. Here the child's crying is an operant behaviour. The reinforcer for child's crying is the parents' attention. Because crying results in immediate consequence (reinforcer), the child's crying is strengthened.

Experiments by Skinner indicated that the likelihood of a behaviour occurring again depends on the event immediately following it. The behaviour will recur if the event that follows the behaviour is a positive reinforcer or rewarding whereas if a behaviour is not reinforced or is punished, it will not recur and will eventually be extinguished.

A related approach is stimulus control, i.e. changing the events preceding the behaviour.

- Behaviour → Positive consequences → Recurrence of behaviour (positive reinforcement)
- Behaviour → No reward or punishment → Behaviour disappears (extinction)
- Change in antecedents (stimulus control) → Change in behaviour

Fig. 6.1: Operant Methods



6.2.3 Positive and Negative Reinforcement

The stimulus that is presented or that appears after the behaviour is called a positive reinforcer. In negative reinforcement, the stimulus that is removed or avoided after the behaviour is called an aversive stimulus. Therefore, the difference between the two is that in positive reinforcement, a response/behaviour produces a stimulus (positive reinforcer), whereas in negative reinforcement a response removes the occurrence of a stimulus (aversive stimulus). Positive reinforcement involves stimuli that have pleasant consequences. They strengthen or maintain the responses that have caused them to occur. Examples of positive reinforcers which satisfy various needs are food, water, money and status. On the other hand, negative reinforcers are unpleasant or painful stimuli that make an individual get rid of or avoid and escape from them. Thus, negative reinforcement leads to the learning of avoidance and escape responses. For instance, ignoring the child when s/he throws a tantrum or applying something bitter on the thumb to discourage thumb sucking.

Both positive and negative reinforcement are processes that strengthen behaviours; that is, there is an increased probability of the desirable behaviour occurring in future.

There is difference between negative reinforcement and punishment. Negative reinforcement (like positive reinforcement) increases or strengthens behaviours. Punishment, on the other hand, decreases or weakens the undesirable behaviour. For example, a child grabs the hot handle of a pan that results in a painful stimulation, i.e. a burnt hand. As a result, in future the child is unlikely to grab the handle of a hot pan. Punishment, thus, can be defined as a particular behaviour followed by a consequence that weakens the behaviour. As a result, the behaviour is less likely to occur again in future (the behaviour is weakened).

“In time-out” (an example of negative reinforcement), which is a popular behavioural counselling technique, the child is removed from reinforcing situation for a brief period of time after the problem behaviour occurs. Each time the child engages in the problem behaviour, s/he may have to sit in a small time-out room for some times, e.g. three minutes. As the child is separated from classmates when s/he misbehaves, the problem behaviour decreases immediately.

However, the above experiments by Pavlov and Skinner have been criticised as they took a mechanistic view of human beings, comparing them with animals, which tends to overlook the realm of consciousness and subjective experiences. Furthermore, individuals are seen as passive beings that are at the mercy of their environment. It leaves no room for the notion of free will in an individual. Still, these techniques are popularly used with children and those not having average reasoning or intellectual ability to exercise their insight to bring about changes in their own behaviour.

Behavioural counselling involves the development and encouragement of desirable behaviours and removal or reduction of undesirable behaviours by methods based on the learning and reinforcement principles as explained above. Before we discuss specific behavioural counselling strategies, it is important to understand the basic learning principles and concepts as applied to human behaviour.



6.2.4 Behaviour Assessment

In behavioural counselling, problem behaviours are analysed through a process of behaviour assessment. Behavioural analysis or assessment refers to the understanding by the counsellor of whether the behaviour and their consequences show a pattern and what are the various situational factors that cause these problem behaviours. It involves analysis of individual behaviour. The procedure is described below:

- Understanding the nature of the problem. For example, the problem of shyness expressed by a client may be understood as shyness that is associated with a particular social situation.
- Identifying the specific problem behaviour using checklists, questionnaires, interview and observation. For example, shyness behaviour associated with speaking in front of others such as sweating, stammering or restlessness can be identified through the use of checklists and questionnaires.
- Listing out and ranking all the problem behaviours in order of difficulty or importance based on immediate need of the client and significant others. For example, in the above case the first behaviour to be modified could be “not speaking in class.”
- Identifying target behaviours that specify the actions to be modified in measurable terms. For example, the child is not speaking at all, even with children of his/her age or classmates. Here, the child can be taught to speak something or initiate some minimal conversation like ask one question at least in class to begin with, followed by other more complex social situations.

Before the counselling starts, it is necessary to obtain information on the circumstances that precede the problem behaviour (*antecedents*) and those that follow it (*consequences*). The basic assumption behind this is whether there will be a change in the problem behaviour because of change in what happens before or after the behaviour. This can be explained by the ABC model of behavioural analysis, also called a functional analysis.


In the ABC model of behavioural analysis, the sequences of events occurring before and after the occurrence of any behaviour or event are identified.

- **A** (antecedent) refers to what happens just before a behaviour occurs (for example, the other boys tease the client).
- **B** (behaviour) refers to the client behaviour (hitting the teasers back).
- **C** is the consequence (punishment by teacher).

Consequences determine whether the behaviour will occur again or not. For example, when you wish a person “good morning” and the other person wishes you back, it is more likely that you will wish the person again the next time you meet. However, if the other person does not respond or turns away, you would not make an attempt to wish him/her on the next occasion.

In a similar way, another example could be the undesirable behaviour identified in a child in frequent episodes of aggressive behaviour. A functional assessment or behaviour assessment can be done to understand what precipitates and maintains the problem





behaviour. For example, a counsellor will try to find out how often the aggressive behaviour occurs, who is present, when it occurs, in what setting it occurs, what starts it, the duration of the episode (note, all are antecedents). What do parents, teachers or others present do when these behaviours occur; do nothing, give in to the wishes of the child, give a slap, or give him/her a task s/he does not like such as, “do your homework” or “clean your room” (note, these are the consequences).

The objective of behavioural assessment or functional assessment as described above is to provide a broad framework for formulating a behavioural change programme. In the absence of the behavioural assessment, it would be difficult to identify the right target behaviours or responses, to identify any change that has occurred and reformulate goals wherever needed.

The behavioural assessment is conducted in the following steps:

- Step 1. State the problem and give an example of its occurrence.
- Step 2. Specify target response in precise terms (reduction in physical aggression of child).
- Step 3. What are the excess behaviours? How often do target responses occur, for what duration and what is the intensity at any given time? Example: hitting boys in class each time they tease him/her, using a stick and causing injury to them.
- Step 4. What are the deficit behaviours? Example: unable to make friends.
- Step 5. What were the triggers or antecedents that led to the occurrence or presence of the specified target behaviour? For example, teasing.

Target behaviour is usually the focus of change. Behavioural interventions can be applied in such a way so that a behaviour is–

- newly developed
- increased or strengthened
- maintained at a particular rate or pattern of occurrence, or
- decreased or weakened or modified.

6.2.5 Response Strength

The strength of a behaviour is measured by–

- How often the behaviour occurs (i.e., frequency, for example, how many times a child is aggressive in class within one hour)?
- How long the response lasts (i.e., duration, for example, how long does the child remain disruptive)?
- How severe is the response (i.e., intensity, for example, is the child very aggressive and indulge in hitting his/her friends or not so angry and is just raising his/her voice)?

6.2.6 Baseline Data

Baseline data refers to specific information about the behaviour before starting an intervention. This data is used to set goals and formulate an intervention plan. This information is also useful to note the changes after the intervention.

Baseline information can be obtained through–

- Self-monitoring by keeping a diary. Diaries maintained by the client can measure the response strength and also provide information on antecedents or triggers for a response.
- Self-monitoring charts can be maintained on a weekly or daily basis, depending on the nature of the target behaviour.
- Observation of the client by the counsellor.
- Reports from the others who know the child such as parents, teachers and peers.
- Questionnaires.



Self-check Exercise 1

Fill in the blanks from the following alternatives:

- a. Consequences b. Problem behaviour
c. Baseline data d. Antecedent
1. According to behaviour therapy, _____ is learned in the same way as any other behaviour.
 2. _____ refers to what precedes a problem behaviour.
 3. Whether the behaviour will occur again or not will depend on the type of _____.
 4. _____ refers to specific information about the behaviour before starting interventions.

6.3 TECHNIQUES OF BEHAVIOURAL COUNSELLING

This section presents a brief discussion on some well-established and commonly used methods of behavioural counselling based on classical and operant conditioning principles. Exposure therapies that include systematic desensitisation, *in vivo* desensitisation, flooding and implosion are some of the techniques based on classical conditioning whereas social modelling, self-management strategies and assertiveness training are based on operant conditioning.

We will first discuss the techniques based on classical conditioning that involve pairing of anxiety provoking stimulus/events with a relaxation response.

6.3.1 Exposure Therapies

Exposure therapies for the reduction of anxiety, negative emotions such as fear, anger, loneliness, and phobias and tensions, consist of gradually exposing a client to fearful situations either in reality or in the imagination. This exposure is usually done in a graduated manner under safe and controlled conditions such as in the presence of a therapist or a family member or when relaxed.

Common fears encountered or seen in people include fears of heights, flying, closed spaces, examinations, public speaking, travelling by certain vehicles, specific objects, animals, insects etc. It is important that the behavioural assessment of the problem shows that the fear is irrational, inappropriate or maladaptive and not due to



the absence of required skills. For example, the fear of driving should not be because the individual has not learned to drive a car. In addition, there should also be the presence of significant avoidance behaviours or what are termed safety behaviours that serve to decrease fears or anxiety. For example, not going to a house which has a dog, not receiving phone calls in case of fear of bad news, or using the stairs by a person instead of the lift because of fear of closed spaces.

Exposure therapies can be of the following types:

- Vividly imagining the event (with visual imagery) while practising relaxation, for example, a client afraid of dogs would be asked to imagine them along with relaxation response.
- *In vivo* desensitisation, where the client actually encounters the feared event, for example, in case of a client having fear of heights s/he may be asked to climb a high rise building.

In classical conditioning techniques like systematic desensitisation and *in vivo* desensitisation, anxiety provoking events are paired with a relaxation response. These are commonly used with children to reduce anxiety resulting from negative emotions. Since negative thoughts and emotions such as fear, giving up easily, laziness and shyness etc. may lead to excessive anxiety in some children and cause various physical changes such as breathing difficulties, excessive sweating, increased heart rate (pounding heart), aches and pains, trembling, headaches etc., it becomes very necessary to reduce anxiety by pairing negative thoughts and emotions with relaxation.

Systematic Desensitisation (SD)

The client is asked to imagine a fearful situation while in a state of deep relaxation. It involves the following steps:

1. **Training in muscle relaxation** : This consists of training the client in deep muscle relaxation. Relaxation can be induced by different methods as practised by psychologists and yogic experts. Relaxation therapy is described below.

Different kinds of relaxation methods help people when they are practised regularly. There are methods available which include both eastern and western methods of relaxation.

- Jacobson's progressive muscular relaxation introduced by American physician Edmund Jacobson in the early 1920s is a popular method and has proved effective in anxiety management. It is based on the principle that muscular tension and relaxation are incompatible. Therefore, you can reduce anxiety by

learning how to relax muscular tension. The client is trained to alternatively tense and then relax the specific group of muscles. For example, for relaxing shoulders, first pull them back to create tension and then relax them by bringing them



forward. Similarly, one can relax different parts of the body such as hands, neck and back by loosening the specific group of muscles.

- *Shavasana* (maintaining a corpse like posture with instructions for the body to become increasingly relaxed from toe to head) is an eastern method of relaxation.
- *Vipassana*, another eastern meditation technique with origins in Buddhist philosophy, involves being aware of your breathing and surroundings, allowing thoughts of all kinds to come and go, while adopting a passive attitude and being non-evaluative and non-judgmental. This method has been found to help in reduction of anxiety.
- Deep breathing or *pranayama* is when you breathe in and out a few times in succession and while stretching yourself out on a bed or chair to relax.

All relaxation techniques should always be used in a quiet environment, free from any distractions, making use of a comfortable couch or a reclining chair or even a bed. The techniques have been found to be very effective for general anxiety and stress, headaches, pains, insomnia and chronic illnesses such as diabetes and hypertension.

Teachers and students can be trained in simple relaxation methods that can be used in simple settings such as sitting in a classroom, under a tree in a playground etc. The technique involves placing the feet flat on the ground, stretching arms and hands away from the body, dropping the shoulders, relaxing each of the muscles, and then repeating the movements of stretching and relaxing.

Given below is an example of a child experiencing anxiety in the class because of which his/her performance has gone down.

Case Example 1

Sunita is a 13-year-old girl studying in Class VIII. She is the only child of her parents and comes from an urban middle-class family. Sunita experienced problems of–

- being tense in the class,
- increased heartbeat and sweating, and
- poor concentration.

She was described as a shy girl, with few friends. Her parents often punished her for her poor performance in examinations and for not studying. Both parents were highly educated and very strict.

After a detailed interview, it was found that Sunita remained anxious throughout the day and experienced physiological reactions such as increased heart rate, sweating as well as worrisome thoughts. Hence, a choice to use muscular relaxation techniques was made.

Sunita was trained in daily sessions to contract or tighten her body muscles and then alternately relax them. In this manner, the muscles of hands, face, shoulders, neck, back, abdomen, chest and legs were tensed for a few seconds and released or relaxed. Over a period of 15-20 sessions, she was able to experience relaxation by practising to relax her body when she felt anxious.





2. **Constructing an anxiety hierarchy:** This consists of listing all the situations, objects or events that evoke fear in a client. Place them in a rank order by arranging the items of hierarchy from the least to the most anxiety provoking. The client is asked to rate each item from 0 -100 units of discomfort experienced when exposed to it. This rating is called the *Subjective Unit of Distress* (SUD). Usually 5-10 units of difference separate each item on the hierarchy. Preparing an anxiety hierarchy is an important step in systematic desensitisation. For example, a student who has fear of examinations may create his/her event list as follows:
 - one month before the examinations, reading the announcement for examinations
 - 25 days before the examinations, preparing notes for studying
 - 20 days before the examinations, friends are discussing strategies for the examinations
 - 15 days, before the examination going to college to collect the admission ticket
 - 10 days before the examinations, people asking about the examinations programme
 - one week to go, revising lessons
 - 5 days before the examinations, revising topics
 - the night before the examinations, sitting alone to study
 - morning of the examinations, outside the hall
 - sitting down to answer the paper
3. The last step in conducting a SUD consists of presenting the items one by one while the client is relaxed. The presentation starts from the lowest item to the most anxiety provoking item with one or two items being presented in each session and interspersed with relaxation. The client is to indicate by raising the finger when the anxiety is too high. S/he then may be asked to imagine a less anxiety provoking item, e.g. in the above example of hierarchy, a client may experience anxiety when s/he reaches the item – 10 days before the examinations. Here the therapist may introduce a new item between 15 days and 10 days before the examinations, such as 13 days before the examinations. Each scene is to be imagined or visualised for at least 20-30 seconds.

SUD helps in allowing the client to approach situations previously avoided.

Another method often used with children is using an eating response as relaxation while gradually presenting the feared object or situation. This is done with very young children when it may not be possible to use relaxation therapy and so food, which is an incompatible response to anxiety, is used. The same technique could be applied to allow the child to sit on the lap of a parent (the incompatible response situation) while presented with a fear-inducing situation.

Given below is an example of a 14-year-old boy who was helped in overcoming his fear with the help of systematic desensitisation.

Case Example 2

Joy is a 14-year-old boy studying in Class X. He reported fear of public speaking, that is, he felt difficulty in participating in class discussion or make a speech in front of an audience. His behaviour was analysed as–

- feeling tense and fearful at the thought of speaking in front of others or making a speech.
- avoiding putting up his hand to speak in class or volunteering to participate in debate.
- falling ill before any such event.

A behavioural assessment showed that whenever Joy spoke in class or in the assembly, he faltered and others laughed; his teachers and parents also scolded him for this. Often he would experience tension in his body even as the teacher required the students to ask questions in class or participate in debate. Behavioural management for this boy began with training him in deep muscle relaxation (refer case illustration for relaxation). Following this, a list of situations that created fear in him were written such as –

- imagining that the teacher is asking a question in class.
- Joy is raising his hand.
- the teacher is asking him to speak.
- the child is able to speak well and is being praised.

Each situation was presented and paired with instructions to relax. After about 25 sessions, Joy was able to overcome anxiety related to speaking in public and also did not experience bodily tension.

Activity 1



Think of something that makes you anxious. Develop a list of events or situations starting from the least fearful to the most anxiety provoking situation. Examine the list and then begin a routine of relaxation techniques associated with just a few of the least anxiety related situations. Practice the techniques and check to see if you have been able to reduce your anxiety for that situation. You may want to try the entire list but not in one session.

In vivo Desensitisation

If the results of systematic desensitisation do not generalise to real life setting, then *in vivo* desensitisation may be used. *In vivo* desensitisation is similar to systematic desensitisation, except that the client gradually approaches or is gradually exposed to the actual fear-producing stimulus or event.

After learning relaxation responses, the client and the therapist develop a hierarchy of fear-producing stimulus or event similar to systematic desensitisation. Then, the client experiences each situation in actual life while maintaining relaxation. However, relaxation training may not always be used in such desensitisation. The therapist may simply provide positive reinforcement in terms of praise.



6.3.2 Flooding and Implosion

When methods like systematic desensitisation and *in vivo* desensitisation fail, other techniques can be used such as **flooding** and **implosion**. The basic principle behind this technique is that initially the person may experience heightened anxiety, but over time, the anxiety would decrease.

In these methods, exaggerated scenes are presented to the client. These scenes may be imaginary or they are actual and exposure to the fearful stimulus or event is done to allow the client to get habituated to the stimulus or event evoking the fear.

Implosion requires that the clients be asked to imagine and relive aversive scenes associated with their anxiety. However, instead of trying to remove anxiety from treatment sessions, the counsellor deliberately attempts to elicit a massive “implosion” of anxiety. It is assumed that with repeated exposure in a ‘safe’ setting, the stimulus loses its power to elicit anxiety and the avoidance behaviour is extinguished.

Flooding is a *in vivo* procedure in which an individual is placed in a real life anxiety provoking situation as opposed to therapeutic setting. It may be used with individuals who cannot imagine scenes realistically. For example, a client with phobia of heights may be taken to the top of a tall building or bridge. It is assumed that prolonged exposure *in vivo* is far more superior to simple reliance on imagination.



Self-check Exercise 2

Fill-in the blanks from the following alternatives:

- | | |
|-----------------------------------|---------------------------|
| a. <i>in vivo</i> desensitisation | b. classical conditioning |
| c. implosion, flooding | d. relaxation response |
1. Exposure therapies draw from _____.
 2. Classical conditioning involves pairing of anxiety provoking stimulus or events with a _____.
 3. _____ is used when the results of systematic desensitisation do not generalise to real life setting.
 4. _____ involves clients imagining fearful stimulus or events and _____ involves placing clients in real life anxiety provoking situations.

We will now discuss some of the operant methods based on the principle of systematic use of reinforcers and punishers, and stimulus control.

Let us first understand the concept of stimulus control.

Stimulus control generally focuses on events prior to the occurrence of the behaviour called the antecedent conditions. For example, when a child is positively reinforced for discussing school related problems with the mother, but not with the father as the father may scold the child, s/he learns to discriminate who to discuss problems with. The frequency of discussing problems with the father is, thus, gradually

extinguished. The behaviour continues to occur in the situation in which it was reinforced and no longer occurs in the situation in which it was not reinforced. Mother's presence is an antecedent to the child's behaviour of discussing his/her problems or we can say that mother's presence is serving as 'stimulus control' for child's behaviour of discussing his/her problems.

The concept of reinforcement as explained in the beginning of this unit can be understood in terms of immediate result and future outcomes. Take a case of a child or a client who is exercising or running to reduce weight. Initially, the child or the client may have to put in increased effort; s/he may also experience sore muscles. The positive impact, weight loss, will be seen only in the future. However, other behaviour like eating snacks in between meals, watching TV etc. serve as immediate reinforcers as they provide instantaneous gratification. Thus, the desirable behaviour (exercise) does not occur because it is not reinforced immediately (weight loss) and other behaviour that is immediately reinforced (eating snacks) interferes with its occurrence.

In another example of behaviour excess, a teenage child indulges in smoking. Although it will have negative outcome in future like increased risk for heart disease, lung damage etc., the behaviour may still continue as it is immediately reinforced as a child may feel relaxed immediately after smoking a cigarette.

It is clear from the above examples that immediate reinforcement is influencing the occurrence of a behaviour and not the delayed future positive or negative outcome. Self-control is said to occur when actions are not met by immediate reinforcement.

We shall now discuss the other methods, viz. Social Modelling, Self-Management and Assertiveness Training.

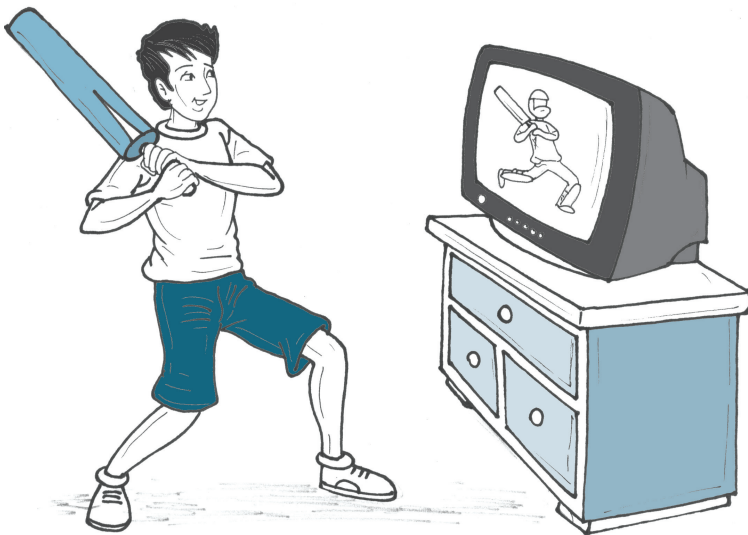
6.3.3 Social Modelling


The anxiety reduction models just discussed do not provide adequate explanations for how most human learning occurs. According to Bandura (1969), most people learn in a "safe" way by observing other people learning and then imitating their behaviour.

He called this "social learning". It is also referred to as observational learning, vicarious learning or imitation learning.

What are modelling and imitation?

All of us, children, parents and teachers learn new behaviours through observation of others. Behaviours, particularly in children, are acquired through modelling and imitation of others. For example, learning to speak clearly and fluently can be





done by listening to teachers reading in the class. This is called overt social modelling. The overt model can be live such as teachers or newsreaders.

In symbolic modelling, one makes use of animated cartoons or fantasy characters, schematics, narratives, slides etc. (Rosenthal and Steffek, 1991).

Learning can also occur through role play. Here the counsellor and client take on specified roles and enact a problem situation. To begin with, the counsellor plays the role of the client and the client, that of a specified person (e.g., parent, shopkeeper and so on). Following this, the client and the counsellor exchange roles and the client plays his/her own role, incorporating what s/he has learned from the counsellor. Here the counsellor is a model for the client, showing him/her the appropriate way to behave. Modelling can be done through adults, peer group and media.

- guided modelling where the therapist assists the client,
- modelling with reinforcement,
- peer modelling,
- participant and non-participant modelling.

Modelling can be helpful in not only learning new behaviours but it can also be used to decrease or suppress other undesirable behaviours. For example, reducing a child's fear of entering a darkened room. Modelling is used by making the child observe another child perform a behaviour. In case of fear of darkness, showing another child entering a dark room without any fear or negative consequences will induce the fearful child to perform the same behaviour. Modelling can also be used to strengthen the behaviours that would otherwise occur infrequently. For example, responding to someone wishing good morning (as explained earlier in this unit).

For modelling to be effective, certain conditions or prerequisites must be met.

- Normal attention and memory capacity of the person who is to learn.
- The ability to perform or physically reproduce behaviours after repeated practice of the target behaviours.
- The motivation to perform the behaviours.
- Sufficient reinforcement or reward upon performance of the behaviour.
- Model to have a status or authority, e.g. a movie star, a sports hero, politician, teachers, respected peers, older siblings etc.
- The individual enjoys the rewards for performing the behaviour and therefore s/he repeats the behaviour until it becomes a habit.
- The model should preferably be of the same age and gender, should have an attractive and pleasing personality, which makes learning of behaviours far easier.

A child's maladaptive behaviour can be modified over a period of time. Social modelling will involve the following steps:

- Identification of a suitable model for the child to model and imitate.
- Implementing the modelling plan and reinforcing the behaviour.

Given below is an example of a shy child who was helped using the technique of modelling.

Case Example 3

Rahul is a child of around 12 years studying in Class IV. He was brought with the problems of–

- Remaining extremely quiet and shy in school.
- When forced to speak, used to weep and tremble.
- When teachers made him speak, he would get tongue-tied.

Interview with the parents revealed that he was a shy child. At home and in social situations, like play and gatherings, he would keep aloof and never participate in jokes or quarrels.

On much coaxing and patient listening, he expressed that he was feeling shy and fearful of any type of verbal interaction with anybody. He was the only child of his parents and was often overprotected in various situations. Parents used to yield to his ‘silences’ and never tried to adequately prompt him to learn appropriate and desirable social interactions. Adding to this, he used to get praises from extended family members, friends and neighbours for his quiet behaviour. They used to tell other children that they should learn from him how to be sober and quiet.

The behavioural counselling might include the following:

- Parents were given counselling to consistently practise noticing whenever he talked and rewarding him for it.
- Teachers were trained to adopt “peer modelling” (asking another child to speak out and praise the child for the same). Subsequently, asking the quiet child to imitate the way the model child answered.
- When the index child imitated the way the model child enacted, he was also rewarded with either praise or some material rewards like a pen or a pencil.
- In the playground, one or two of his friends were told to talk to him and give him feedback through praise that “he is talking well”.
- In the classroom and home, he was gradually asked to recite poems and the whole class would clap when he would do so.
- Parents were told to ask him to recite prayers loudly at home and talk to near and dear ones as and when situations arose in real or an arranged situation.

Activity 2



Think of a person whom you consider as your role model. It could be your teacher, parent or sibling. List which of the aspects of that person you would like to imitate.

6.3.4 Self-management Techniques

Self-management refers to the use of behaviour modification procedures to manage or change problem behaviours by the client himself/herself. Here the client is trained to observe, monitor, record and bring changes in his/her own behaviour. For changes



in behaviour, systematic use of stimulus control and use of reinforcers and punishers is done.

In self-management, a person, with the help of a counsellor, identifies the behaviour to be modified and uses one or more of the following self-management strategies that make use of stimulus control, reinforcers and punishers to modify the undesirable behaviour.

1. *Goal Setting and Self-monitoring*

Goal setting involves writing down the criterion level of the target behaviour and the time decided for the occurrence of the behaviour. For example, the goal identified is to run 5 miles a day for 6 days a week. For this, an individual can maintain a data sheet (Fig. 6.1) to record the time and distance that s/he ran each day of the week. The data sheet could also have space to record a goal for the day. After each run, the individual can note down the actual time and distance of run on the data sheet. S/he then can provide himself/herself with reinforcement like going to a movie with friends, may be after achieving the goal of running 3 miles for some days. Gradually, there may be increase in the distance and the individual is finally able to achieve his/her goal of running 5 miles each day for 6 days a week. The data sheet is kept in a prominent place so that it is noticed frequently, which is another form of reinforcement.

Day	Date	Time	Distance (in miles)	Goal (distance) (in miles)
Mon	7-4-2016	06:00 a.m.	1½	5
Tue	8-4-2016	06:00 a.m.	2	5
Wed	9-4-2016	06:00 a.m.	2	5
Thu	10-4-2016	06:00 a.m.	2½	5
Fri	11-4-2016	06:00 a.m.	3	5
Sat	12-4-2016	06:00 a.m.	3	5
Sun				

Fig. 6.2: *Goal Setting Data Sheet*

In self-monitoring, the individual records each instance of the target behaviour as it occurs. In this way, s/he is able to evaluate his/her progress which brings beneficial change in the target behaviour that will probably be maintained or increased. However, it should be noted that the goal setting should be realistic and achievable so that the individual is motivated enough to monitor and improve his/her behaviour. Thus, self-monitoring is motivational, non-judgmental and based on improvement or bringing about behavioural change.

2. *Antecedent Manipulation*

This refers to modifying the environment in some way before the behaviour occurs. Changing the environment evokes a desired behaviour or makes an undesirable behaviour less likely. There are six types of antecedent manipulations.

a) *Presenting/removing the cues for desired behaviour*: A desired behaviour will occur or is more likely to occur if the appropriate cues for the desired behaviour are present in an individual's environment. In the above example of running, an individual can provide himself/herself with appropriate cues like new sports shoes or tracksuit to encourage a positive feeling about running; to encourage eating healthy food, cues could be keeping such food in the kitchen, buying healthy food from the market, packing healthy food for school lunch and making a list of healthy food when going for shopping.

Furthermore, if the cues for an undesirable behaviour are not present, it is less likely that such behaviour will occur. For example, getting rid or removing all the junk food from the kitchen or fridge.

b) *Arranging/removing an established operation for desirable behaviour*: Established operation is an environmental event that increases the strength of a particular reinforcer at a particular time. Going without food for few hours is establishing an operation that makes the food more reinforcing and, therefore, strengthens the behaviour of eating food. Similarly, if one increases the reinforcing value of the consequence of a behaviour, it is more likely that the behaviour will occur. In the above example, if an individual buys and uses a cooking book s/he increases the reinforcing value of healthy food and makes it more likely that s/he will eat healthy food.

Similarly, removing established operations for undesirable behaviour will weaken the undesirable behaviour. If one makes the outcome of the undesirable behaviour less reinforcing, s/he is less likely to engage in undesirable behaviour. For example, take a case of a child who misbehaves or throws a tantrum to seek adult attention. Here, ignoring the child when s/he misbehaves is removing established operations for undesirable behaviours.

c) *Decreasing/increasing the response effort for desirable behaviour*: Another strategy to make desirable behaviour more likely to occur is to arrange conditions occurring before the behaviour in such a way that less effort is required to engage in the desired behaviour. For example, arranging for healthy food in advance makes it easier to eat healthy food and requires decreased effort on the part of an individual. *Increasing the response effort for an undesirable behaviour*: One can increase the amount of effort, force or exertion involved in undertaking an undesirable behaviour. For example, with all the junk food eliminated from the house, a child would be forced to go to a store that is far away from the house. There is an increase in response effort for eating unhealthy food resulting in less desire to consume junk food.

3. *Use of Reinforcers and Punishers*

One might arrange a reinforcement or punishment contingency with oneself, e.g. you will have dinner only after you have studied for two hours in the evening. Eating dinner is a reinforcer for studying. Take another example of a student who is trying to quit smoking. S/he might have to pay Rs.10 to his/her roommate (punishment), agree to clean all the dishes if s/he smokes more than two cigarettes in a day.



4. *Social Support*

It refers to a condition when significant others in a person's life naturally provide reinforcing consequences for the occurrence of the desired behaviour. For example, a child may schedule to run or exercise with friends. The commitment and social aspect of the exercise reinforce the individual's achievement of the goal. Furthermore, loss of a few kgs will further reinforce the child to keep on running. In another example of reducing an undesirable behaviour, a person trying to quit drinking will spend more time with non-drinking friends. Improved health will further reinforce him/her to spend more time with non-drinking friends.

5. *Self-instructions and Self-praise*

People can influence their own behaviour by talking to themselves in a particular way. For example, with self instruction, you are telling yourself what to do or how to do it in situations that call for a particular target or desired behaviour.

Immediately after the desired behaviour occurs, you recite a self-praise statement. For example, a child shy in nature may say to himself/herself: "I will try to take part in classroom discussions; make more frequent eye contact". Once the desired behaviour occurs, the child may say: "Oh, wow, I did it". Self-praise serves as a kind of reinforcement that encourages the child to move on to the next desirable goal. Self-instruction is likely to be more effective when it is followed by self praise. It is also done with people who can be aware of their thought processes and action, and can observe and monitor it.



6. *Behavioural Contract*

A behavioural contract is a written agreement between two parties in which one or both the parties agree to engage in a target or desirable behaviour. The contract will clearly state the consequences that will be administered contingent (dependent) on the occurrence (or non-occurrence) of the behaviour.

Although another person may apply the consequences, a behavioural contract is considered a self-management strategy as a mature client can reinforce himself/herself by going out for shopping or a movie after successful completion of a task. However, in case of children, another party like the parent or the teacher may be required. For example, a child is required to finish his/her holiday homework in four subjects in four weeks. For this s/he requires to finish homework in one subject per week. If the target is achieved, it will be reinforced by parents, for example, taking him/her out on Sundays and if the child is not able to complete the homework s/he may not be allowed to watch his/her favorite TV show etc.

You have now understood that-

- Self-management procedures aim at controlling the antecedents or consequences of a particular behaviour and thereby reduce/increase their occurrence.
- Self-observation, self-reward and self-punishment are the methods used by the individuals to bring about changes in their own behaviours.

Activity 3



Identify situations or events when you experience aggression or lose your temper in school, home or any other social setting. Suggest any one self-management technique you would use by making use of behaviour modification principles like reinforcement and punishment.

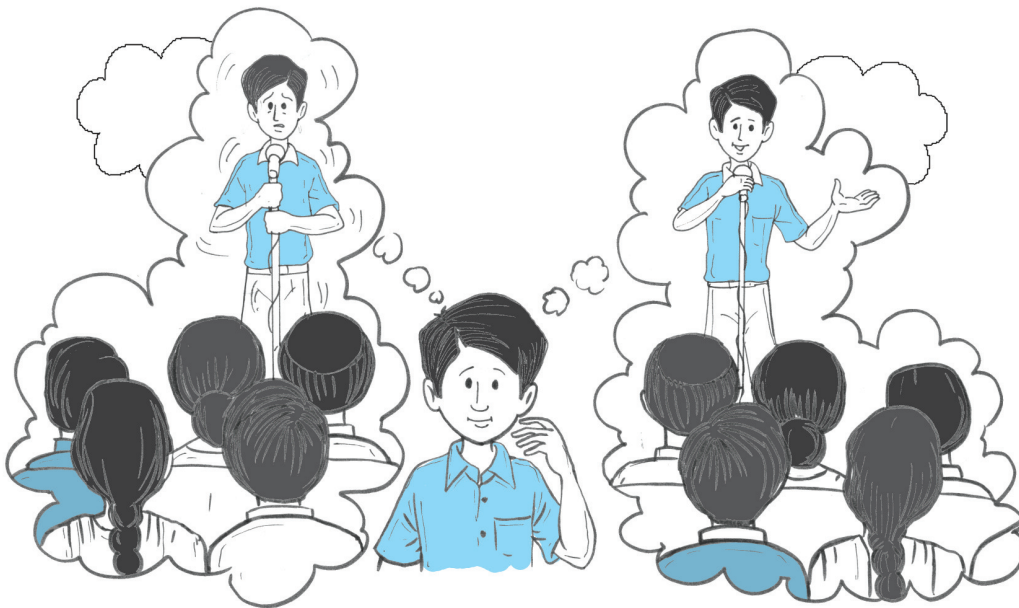
Self-check Exercise 3


State whether the following statements are true (T) or false (F).

1. Exposure therapies prove better than modelling techniques to help children learn appropriate behaviour.
2. The models used for portraying the desired behaviour should not be similar in age and background to the target group.
3. Stimulus control procedure involves the modification of events prior to the occurrence of a behaviour and after it.
4. Self-management procedures do not require much effort on the part of an individual.

6.3.5 Assertiveness Training

Assertiveness is the ability to express yourself and your rights without being aggressive or without violating the rights of others. It can be described as direct, open and honest communication. Acting assertively will allow you to feel self-confident and will generally get you the respect of your peers and friends. It can increase your chances for honest relationships. It will help you to feel better about yourself and exercise self-control in everyday situations. This, in turn, will improve your decision making ability and possibly your chances of getting what you really want from life.





The approach was initially introduced in 1970s to encourage and empower women to stand up for themselves. Today, assertiveness training is used for all as a part of communication training in school settings, psychiatric hospitals, vocational programmes, social skills training etc. It is a broad approach that can be applied to different personal, academic, health care and work situations. The technique is described below.

6.3.5.1 *Specific Techniques for Assertiveness*

The purpose of assertiveness training is to teach persons appropriate strategies for expressing their opinion based on their desires and needs while remaining respectful to others. For example, a client may be facing the problem of not being able to express opinion among friends; such a person can be taught to express his/her thoughts and feelings without hurting the sentiments of others.

Training in assertive behaviours involves modelling, relaxation training and role plays (sometimes role play can be done just to relive the experience). Assertiveness training can be carried out in groups, however, it is basically a process for changing behaviour of an individual.

Assessment of under- and over-assertive behaviour is important to determine the type of intervention, which includes both verbal and non-verbal behaviour (i.e., speech, body movements, gestures, facial expressions and voice). For example, over-assertive behaviour is often identified as aggressive behaviour which is manifested by verbal and non-verbal cues such as harsh voice or red face. On the other hand, under-assertive behaviour is manifested in timidity in the person, by verbal cues such as low voice and non-verbal cues such as pale face.

The first step in a therapeutic session would be modelling the desired behaviour, that is, 'expressing opinion' and preparing the client for role play.

The counsellor will model the desired behaviour and then ask the client to role play. Following instructions given by the counsellor before the modelling and role play can be helpful.

- Be as specific and clear as possible about what you want, think and feel. 'I want to...', 'I do not want you to...', 'Would you...?', 'I liked it when you did that', 'I have a different opinion; I think that...', 'I have mixed reactions. I agree with these aspects for these reasons, but I am disturbed about these aspects for these reasons.'
- It is helpful to say exactly what you mean and exactly what you do not mean, such as 'I do not want to fight over this, but I would like to talk about it and see if we can prevent it from happening again.'
- One should be direct and specific in delivering the message to the person for whom it is intended. If you want to tell Ram something, only tell Ram. Do not tell everyone else even if Ram happens to be a member of that group.
- Your message should come from your frame of reference, your conception of good vs. bad or right vs. wrong, your perceptions. Use of statements such as "I do not agree with you" (as compared to "You are wrong") and "I would like you to cook the meal" (as compared to "You really should cook the meal, you know"). Suggesting that someone should change for his or her own benefit, only fosters resentment and resistance rather than understanding and cooperation.

- Take a feedback. Am I being clear? How do you see this situation? What do you want to do? Asking for feedback can encourage and help the client realise that you are expressing an opinion, feeling, or desire rather than a demand. Encourage the client to be clear, direct and specific in their feedback.

The requirements in assertiveness training are as follows:

- Level of assertiveness will differ from situation to situation, for example, situations which involve danger to your life, job, prestige, law and order, assertiveness will be of little use.
- Expression of aggression or humiliating others is not assertion.
- Assertion means giving expression to your feelings and emotions in a rational manner, without bottling it up or keeping it to yourself.
- Assertion should accompany proper gestures, posture, volume, clarity in voice and eye contact.
- Assertiveness is not selfishness or aggression.

6.3.5.2 Effectiveness, Advantages and Dangers in Assertiveness Training

There is convincing evidence that assertiveness training is effective in changing behaviours in shy, anxious, depressed, stressed, aggressive and other kinds of people (Buell and Snyder, 1981). However, the need for assertiveness varies across cultures. Thus, what is applicable in Western culture need not always be applicable in India or some of the Asian countries which are conservative as compared to Western countries. Also, it sounds convincing that a pleasant, considerate, fair but assertive person would make a good partner, but perhaps what seems considerate and fair to one person may seem aggressive to another person. Therefore, the counsellor has to keep in mind the cultural context of the client.

Activity 4



Think of three situations when you could not say “no.” After using a self-assertive methodology, now frame statements that you could now use to say “no” in those situations.

Given below is an example of a girl who was taught to be assertive in her school setting.

Case Example 4

Anita was a 10-year-old girl studying in Class V. She was the youngest of the three children in her family.

She came with complaints of–

- being bullied by her classmates.
- often given work by her friends without being able to say “no”.

Anita was described as being a shy child, sensitive to what others thought of her and also very particular about not hurting others.





Behavioural counselling sessions focused on changing the client. She was given information about the differences between hurting others and expressing her own opinion. Using her favourite cartoon character, several imaginary scenes were written. In these, the character with which the client identified herself was described as being firm and dealing effectively with friends' requests. The character was shown as being rewarded for this behaviour and not meeting with any negative consequences. Through imagery, the client was asked to visualise herself behaving in the same way as the cartoon character. In addition, several assertive behavioural rehearsals were done in which she practised, along with the counsellor, to say "no" and to express her anger appropriately.

Over a period of two months, she began to express herself adequately and family members reported that she was able to assert herself at school as well.

In brief, assertiveness training is a part of social skills training and lack of assertion refers to behavioural deficits in those interpersonal skills. Assertive behaviour means expression of feelings, opinions and rights without hurting the rights of others.



Self-check Exercise 4


State whether the following statements are true (T) or false (F).

1. Assertiveness is the ability to express oneself and one's rights without being rude.
2. Assertiveness means giving expression to aggression.
3. Assertiveness training has been effectively used with shy, depressed, stressed and aggressive people.
4. The need for assertiveness varies from culture to culture.

6.4 Summary


This unit gives some insight into how behavioural counselling is used on school-going population. Behavioural counselling procedures based on two types of learning approaches to understand learned behaviour have been discussed. The first type is classical conditioning which was given by Pavlov in late 1890s in which a neutral or conditioned stimulus associated with an unconditioned stimulus evokes the same response as a natural stimulus would evoke. This is called S(S) → R learning (Stimulus + Stimulus → Response). The second type is operant conditioning which was discovered by Skinner in the 1930s. This is called the R → C learning (Response → Consequence).

Various methods of behaviour modification based on classical conditioning and four models of behaviour modification, viz.



systematic desensitisation, *in vivo* desensitisation, flooding and implosion, were discussed. Methods of behaviour modification based on operant conditioning have also been presented such as social modelling, self-management techniques and assertiveness training. Procedure of behaviour analysis or assessment has been explained to show how to identify antecedents and consequences of behaviour to bring about changes in problematic behaviours.

A detailed account of anxiety reduction and self-management techniques and procedures, and steps for using these techniques, concepts of positive and negative reinforcement and punishment have also been presented in this unit.

- 
- Self-Evaluation Exercises**
1. What is the ABC model of behavioural analysis?
 2. Describe any two methods of behavioural counselling, one based on classical conditioning and another based on operant conditioning.
 3. Based on your classroom observations, identify children with problems like aggressiveness and shyness. Describe the techniques that you would employ with one such child.
 4. What is being assertive and what precautions should you take while exercising assertiveness?

Answer Key to Self-evaluation Exercises

1. Your answer should contain the following points:
In the ABC model, the sequence of events occurring before and after the occurrence of any behaviour or event are identified. The basic assumption behind it is that there will be a change in behaviour because of what happens before (antecedents) or after (consequences). Behaviour changes can be brought about by breaking the sequence of antecedents and consequences.
This can be explained with an example of aggressive behaviour in a child. Here, one can identify the events that precede the aggressive episode and the consequences that follow the behaviour.
2. Elaborate on techniques like–
 - i) Exposure therapies (based on classical conditioning)
 - ii) Social modelling (based on operant conditioning)
 - Exposure therapies:
They consist of gradual exposure of the client to fearful situations either in reality or in imagination. They are very effective in reducing anxiety, phobias and other negative emotions. Exposure therapies can be of two types:



1. Imagining the fearful event as in systematic desensitisation.
2. *In vivo* or actually encountering the feared event.

Examples:

(a) Systematic desensitisation

- Exposure is done usually in a graduated manner in safe and controlled conditions in the presence of a therapist.
- The person first learns relaxation. Then s/he is asked to develop a hierarchy of fear producing situations. Then the person is asked to use the relaxation procedure as s/he imagines each situation in the hierarchy, starting with the least fear producing situation and gradually going to the most fear producing situation.

In case of dog phobia, a child may be asked to imagine small dogs and then large dogs while practising relaxation. Once the child is able to maintain the relaxation response while imagining all the scenes from the hierarchy, the process is complete.


However, if the results of systematic desensitisation do not generalise to real life setting, *in vivo* desensitisation is used.

(b) *In vivo desensitisation*

- The client makes actual contact with the feared stimulus, e.g. in dog phobia, after learning relaxation response, the child will be exposed to small dogs and then large dogs in reality (hierarchy of fearful stimulus/situation).
- The client is taught to experience each situation in the hierarchy while maintaining relaxation until s/he is relaxed in all the situations, i.e. starting from the least feared (small dogs) to the most feared (large dogs).

- Social modelling

- It occurs by directly observing a model or through symbolic methods such as through tapes or films. For example, a child afraid of darkness can be shown a model entering a dark room without any negative consequences.
- It is helpful in learning new behaviours and also helpful to decrease or suppress other undesirable behaviours.


- 
3. Your answer should contain the following points:
 - Procedures used for observing children in the classroom.
 - Number of times observation was made and the number of children identified with problems like aggressiveness and shyness.
 - Select one such child and elaborate on how you would use technique of reinforcement or peer modelling.
 4. Elaborate on the following points:
 - Assertiveness is the ability to express oneself and one's right without being aggressive and without violating the rights of others.
 - Need for assertiveness varies across cultures and persons; what may be applicable in one culture may not be applicable in other settings. Explain this with an example.

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7

COGNITIVE INTERVENTIONS IN COUNSELLING

- 7.0 Introduction
 - 7.1 Objectives
 - 7.2 What is Cognitive Therapy?
 - 7.3 Cognitive Behaviour Therapy
 - 7.4 Rational Emotive Behavioural Therapy
 - 7.4.1 Disputing Irrational Beliefs
 - 7.5 Self-instructional Training and Stress Inoculation Training
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- Self-evaluation Exercises
Answer Key to Self-evaluation Exercises
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References
Suggested Readings





Cognitive Interventions in Counselling 7

7.0 INTRODUCTION

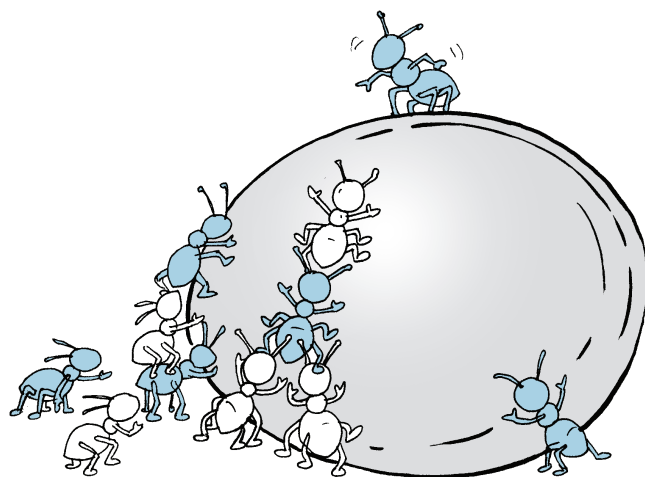
You have already learned something about phenomenological and behavioural approaches to counselling. In this unit, you will learn another approach known as the cognitive approach, which has been a recent development as compared to some of the other approaches. The word “cognition” refers to people’s thoughts, beliefs and attitude toward themselves and others and their perceptions of the world around them.

Cognitive therapists regard their approach to be primarily that of helping a client overcome difficulties by getting rid of unproductive thoughts or beliefs, and replacing them with constructive ones. Thoughts, behaviours and emotions are said to interact in a complex way; one may cause the other. All three play a very important role in the functioning of an individual.

A person’s affect (emotion) and behaviour are largely products of cognitions (thought processes). Therefore, according to this principle, giving attention to and altering the cognitions of an individual can bring about a psychological change.

Some of the popular cognitive interventions given in this unit are— Cognitive Therapy given by Aaron Beck (1950, 1976), Albert Ellis’s Rational Emotive Therapy (1960), and Meichenbaum’s Self-instructional and Stress Inoculation Training (1977). Another intervention, Eric Berne’s Transactional Analysis (1964) is given in Unit-8 of this Module. This unit provides you an insight into some of the concepts used to explain these theories and the procedures used in applying the cognitive strategies.

A cognitive approach is based on the premise that people experiencing negative emotions such as anger or depression etc. have negative beliefs about themselves, the world and the future. Therefore, the aim of cognitive therapy is to provide the client



Positivity helps overcome obstacles

with experiences, both in and outside the counselling room, which would alter their negative beliefs in a favourable way.

The unit would help the teachers and counsellors use some of these strategies with students who may be facing problems in school such as low achievement, failure, poor self-esteem etc. due to negative or unproductive ways of thinking.

7.1 OBJECTIVES

After going through this unit, you will be able to

- *describe* the cognitive aspects that affect a person's interaction with the environment.
- *understand* the implications of various dysfunctional thoughts and beliefs.
- *elaborate* on various methods of cognitive change.
- *describe* the methods of cognitive restructuring and stress inoculation.
- *discuss* the problem-solving methods of cognitive therapy.

7.2 WHAT IS COGNITIVE THERAPY?

According to cognitive therapy, individuals react to situations or events according to their cognitions (thought processes) in terms of what they believe, expect and the attitudes they have. Therefore, the therapy focuses on changing an individual's thoughts in order to change his/her behaviour and emotions. The therapy assumes that maladaptive behaviours and disturbed mood or emotions are due to irrational cognition or thinking patterns. So, instead of reacting to the reality of a situation, an individual reacts to his/her distorted view of the situation. For example, a person may think that s/he is "worthless" simply because s/he failed in an examination. The therapist here could try to make the client aware of his/her distorted or faulty thinking pattern and change them (cognitive restructuring). Thus, this intervention or therapy focuses on changing an individual's thoughts in order to change his/her behaviour and emotions. It is assumed that if you monitor your cognition then you can also monitor your reaction to the environment.

As thoughts influence the behaviour or action of people, cognitive approaches are based on the behaviouristic models of counselling. Therefore, this approach is also known as Cognitive Behaviour Therapy (CBT) which deals with the behaviour or ways of thinking in the present (i.e., "here and now"). As with behavioural approaches, goals are clearly defined and active exchange takes place between the counsellor and counsellee/client. The therapist/counsellor does not try to persuade the counsellee/client that their views are illogical or inconsistent with the reality; rather, the counsellor assists the client in discovering this for him/herself.

Clients who benefit from cognitive interventions generally are (Cormier and Hackney, 2005)—

- people of average to above average intelligence
- people with moderate to high levels of functional distress
- people with the ability to identify feelings and thoughts



- people not in a state of crisis, psychotic or with other severe problems
- people possessing an adequate repertoire of skills or behavioural responses
- people able to process information – visual or auditory
- people who are analytical.

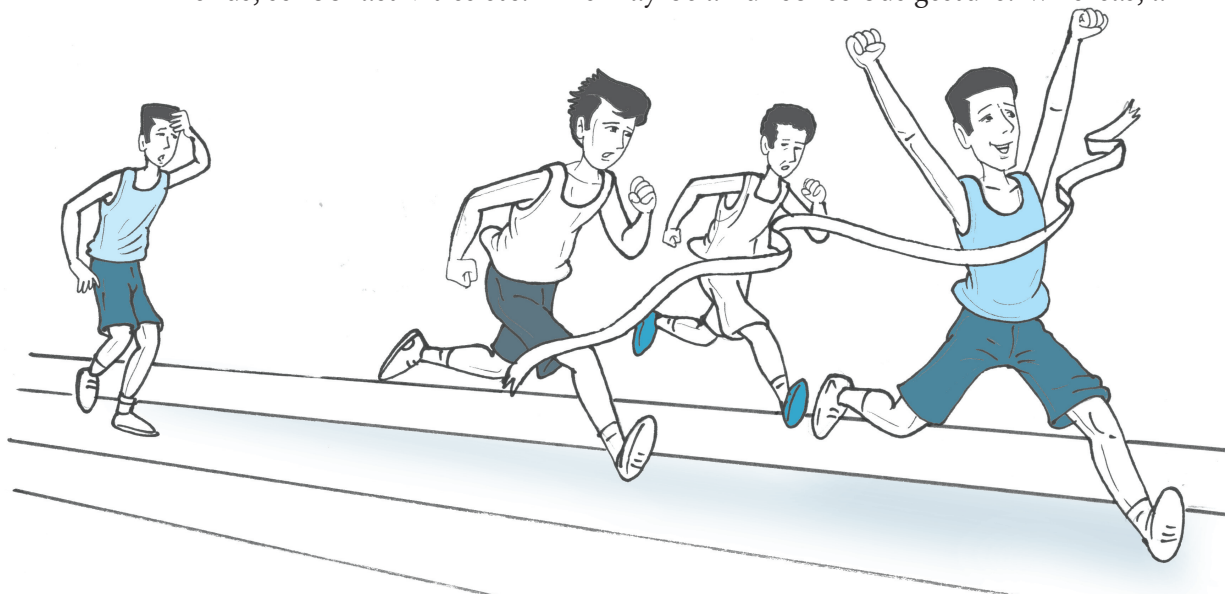
Psychologists have analysed common patterns or ways in which people engage in irrational thinking. Below is a list of some very common self-defeating thought patterns as given by Beck (1976) and Burns (1980).

- (i) **Dichotomous or all or none thinking:** This means thinking in the extreme; seeing everything in black and white. For example, a student may think either s/he is a success or a failure. There is no half way. A student, who gets grade A most of the time, if once gets a grade B, will start thinking that s/he is a total failure. Such a situation will disappoint or frustrate one endlessly. Whatever one does will never be according to one's expectation.
- (ii) **Arbitrary inference:** This refers to drawing of an unjustified or a negative conclusion on the basis of inadequate evidence. For example, misinterpreting a frown on the face of a passerby to mean that the passerby disapproves of him/her. A second example might be a child of divorced parents thinking that people are only happy when their parents live together, therefore, s/he can never be happy. It is like seeing situations through a special lens that filters out everything positive. According to Burns, "You soon conclude that every thing is negative."
- (iii) **Overgeneralisation:** This means to draw an exaggerated conclusion; sometimes such conclusions are drawn on the basis of a single incident. For example, a father discovers that his son has been smoking. He concludes that his son has picked up this habit from bad company. He further concludes that his son is probably taking drugs as well. He starts thinking of his son as untrustworthy. However, he fails to take into account that his son, like many other youngsters of his age, is merely experimenting with the experience.
- (iv) **Magnification and minimisation:** Magnification refers to exaggerating the intensity, stressfulness or significance of an event i.e. making a mountain out of a molehill. If a student fails in an exam, it is an unhappy event, but it is not the end of the world. A sensible student would grieve briefly and begin studying again, whereas the magnifier would be so depressed that s/he might not begin to overcome this negative perception. On the other hand, minimisation is an under evaluation of positive traits. For example, a woman may have low self-esteem because she is not well off, minimising the respect she gets for being a good teacher, a good mother and a good friend.



I knew it will be like that


- (v) **Selective abstraction:** This is focusing of attention on one detail without regard for the larger picture. For example, a boy may feel low because he does not have a bike, s/he begins to feel that girls will not be attracted to him, ignoring the fact that he has several assets such as intelligence and a pleasing personality that might appeal to girls.
- (vi) **Self-fulfilling prophecy:** This refers to making predictions about the outcome of an event and then acting in ways that ensure it will come true. A student stating “I am probably going to have a bad day at school” might act in such a way that the prediction is fulfilled by his/her actions such as s/he will avoid friends, school activities etc. This may be an unconscious gesture. Whereas, a



student who says, “I am going to have a great day,” might act in ways that make his/her prediction true. For example, he/she will mingle with friends, will take part in school activities etc.

- (vii) **Automatic discounting:** This is the way we often brush aside a compliment because of negative self-perceptions. S/he is just “being nice” is a destructive way of thinking or perceiving oneself. Burns noted that usually a depressive hypothesis will dominate a person’s thinking; it is a version of “I am second rate.”
- (viii) **Jumping to conclusions:** Two examples of this are “mind reading” and the “fortune-teller error.” In the first, you assume that others look down on you without sufficient evidence to prove it. In the second, you look into the future and see only disaster.
- (ix) **Emotional reasoning:** “I felt guilty, therefore I must have done something bad” is a prime example. Your emotion seems to be evidence for the thought. It rarely occurs to a depressed person to challenge this pattern of distorted reasoning.
- (x) **Should statements:** “I should do this” or “I must do that,” are examples of the kind of thinking that makes you feel guilty rather than motivate you to do something.



- 
- (xi) *Personalisation*: You think, “whatever happens, whatever others do, it’s my fault” says Burns. You suffer a paralysing sense of bogus guilt. What another person does is ultimately that other person’s responsibility, not yours.

Such distortions in thinking can be corrected if a counsellor helps a person become aware of these errors in thinking and perceiving.

Now let us discuss some of the cognitive therapy approaches that have been found helpful in bringing about changes in a person’s erroneous ways of thinking. The three approaches that are covered in this unit are:

- Cognitive Behaviour Therapy (CBT) (Aaron Beck, 1950).
- Rational Emotive Behavioural Therapy (Albert Ellis, 1960).
- Self-instructional and Stress Inoculation Training (Donald Meichenbaum, 1977).

7.3 COGNITIVE BEHAVIOUR THERAPY

Here, we shall discuss the cognitive behaviour therapy given by Aaron Beck (1950, 1976). Aaron Beck was a pioneer in cognitive therapy. The therapy assumes that an individual’s emotions and behaviour are the outcome of the way in which s/he thinks (cognitions) about the world. According to Beck, people experience emotional problems or disorders when they engage excessively in fallacious or dysfunctional thinking similar to what was just presented above. According to him the goals of therapy are—

- to make clients aware of their cognitive distortions
- to help the client in understanding how these distortions in thinking or perceptions is leading to depression (initially Beck’s theory was developed for the treatment of depression)
- to bring about changes through correction of these disturbances in thinking.

Once these distortions, dysfunctional thoughts or beliefs have been identified, several methods are used in counteracting them. One such method used by Beck is “reality testing” or “hypothesis testing.” After the client has identified negative beliefs or thoughts and has learned to distinguish it as not reality, s/he is then in a position to test it experimentally.

Take an example of a parent who is told by the teacher of the child’s violent behaviour in the school and starts thinking, “what a bad parent I am” (automatic thought) and starts feeling blue. The therapist helps the client (parent) monitor such thoughts and together they examine their validity. Why should your child’s problems at school mean that you are a bad parent? What else can affect your child’s behaviour at school? In this way, the client is taught to analyse the hypothesis (reality testing) that might attribute the child’s misbehaviour on factors other than having a bad parent.

This phase is followed by a subtler phase of identifying the underlying dysfunctional assumptions or beliefs. The parent may come to realise that s/he has taken on responsibility for the happiness and welfare of the entire family, including how good a student the child is. The therapist can then examine the implications of the worst possible situation and the fact that the evidence does indeed indicate that s/he is not responsible for every problem in the family.

In addition, clients are encouraged to behave in a way inconsistent with their dysfunctional assumptions. For example, a reserved child who is bullied by his/her friends can decline their next unreasonable command and see what happens.

The process of modifying maladaptive thinking makes use of both cognitive and behavioural techniques. For example, in cognitive rehearsals, the client is asked to imagine a difficult situation; keep a detailed diary recounting their thoughts, feelings and actions etc. Take an example of a 16-year-old girl who is feeling low because she is not doing well in studies. During counselling it is revealed that she is highly self-critical, feels guilty, views the world as unsupportive and unfair, and has no hope that things will improve in future. The following techniques might be used to help her in overcoming her negative thinking.

1. Identifying automatic thoughts – that occur before or during any negative experience, for example, “a child who scores low in school examinations begins to think, I can’t do anything right”.
2. Examining the reality or accuracy of these thoughts by challenging their validity (e.g. “So you don’t think there is anything you can do right?”, “Is there nothing you can do well?”)
3. Teaching the client to shift the “blame” for negative results or consequences to the actual source like being not clear about subject matter or not having studied enough. Depressed clients have a tendency to blame themselves for negative outcomes, even when they are not to be blamed and counselling involves shifting the focus or attention on thoughts from self to the other aspects in the situation.
4. Helping the client search for alternative solutions to problems instead of feeling that the problem is not solvable at all, such as taking help from peers, teachers or arranging for extra coaching.
5. Activities to divert his/her inactivity and tendency to focus on depressive feelings like listening to music or going for a walk or any other activities that are pleasurable as well as those s/he could perform well.
6. Cognitive rehearsal: the client is given practice to visualise or imagine each successive step leading to the completion of the task, such as talking to someone to find names of persons, giving tuition, working hard at study before attending an extra class, so that potential obstacles can be identified, anticipated and changed. It is a way of planning in mind as to how will one go about it.

Activity 1



Suppose four to five students in your class score very low in the subject you teach. As a teacher, you immediately start to feel blue and start to blame yourself for this. Try to identify your negative thinking pattern (automatic thoughts) associated with your low mood.





Self-check Exercise 1

Fill-in the blanks from the following alternatives:

- a. Self-fulfilling prophecy
 - b. Dichotomous thinking
 - c. Arbitrary inference
 - d. Overgeneralisation
 - e. Magnification
1. _____ is thinking in extreme i.e., either you are a success or a failure.
 2. _____ is drawing unjustified conclusions on the basis of inadequate evidence.
 3. _____ is drawing a conclusion on the basis of a single event or detail.
 4. Making a mountain out of a molehill or exaggerating the intensity of an event is called _____ .
 5. Making predictions about outcomes of events and then acting in ways that make them come true is called _____ .

7.4 RATIONAL EMOTIVE BEHAVIOURAL THERAPY

Albert Ellis is the founder of the Rational Emotive Behavioural Therapy (REBT). Rational emotive behavioural therapy maintains that our emotional problems and non-productive behaviours are largely the result of “crooked” unhelpful thinking. It is not events that cause our problems but the way we think about them. Ellis calls our unhelpful thoughts “irrational beliefs” and says that they are the core of emotional disturbance. Rational beliefs on the other hand are flexible, helpful ways of thinking and enable us to be psychologically healthy.

Ellis maintains that we consciously or unconsciously “choose” to disturb ourselves by having irrational beliefs. If we take responsibility for our problems, work hard to change the “crooked” thinking to more rational ways of thinking, we improve our chances of resolving our difficulties. For example: A woman is travelling by train for an important meeting. The train is delayed. If she has the unhelpful irrational thoughts, “I must not be late for this meeting, it will be awful if I am, I am stupid, I should have left earlier.” she is likely to end up feeling very anxious and will probably not function well in the meeting. Alternatively, if she thinks to herself, “I would prefer to be on time, but I don’t have to be, it’s not the end of the world.” she will just feel concerned and thus will be more able to deal with the meeting. The railways may be responsible for her late arrival but they are not responsible for her anxiety.

According to Ellis, the eleven common irrational beliefs are—

1. It is essential to be loved and approved by every significant person in one’s life.
2. To be worthwhile, a person must be competent, adequate and achieving in everything attempted.
3. Some people are wicked, bad, villainous, and should be blamed or punished.
4. It is terrible and disastrous whenever events do not occur as one hopes.
5. Unhappiness is the result of outside events and a person has no control over such despair.

6. Something potentially dangerous or harmful should be a cause of great concern and should always be kept in mind.
7. Running away from difficulties or responsibilities is easier than facing them.
8. A person must depend on others and must have someone stronger on whom to rely.
9. The past determines one's present behaviour and thus it cannot be changed.
10. A person should get upset over the problems and difficulties of others.
11. There is always a right answer to every problem, and a failure to find this answer is a disaster.

These beliefs can be expressed in person's thinking or behaviour in some of the ways given below—

- Awful
- Damnation
- Jumping to conclusions
- Focussing on the negative
- Minimisation
- Labelling and overgeneralising
- Perfectionism
- I-can't-stand-it
- All-or-none thinking
- Fortune telling
- Disqualifying the positive
- Emotional reasoning
- Personalising

These are called “mustubatory” disturbances/distortions as they all have a **MUST** in their belief system. Thus, all irrational beliefs are related to self, others and the world. They are irrational because —

- they are rigid,
- are not based on facts,
- they prevent us from reaching our goals.

The main goal of REBT is to help people to minimise their emotional disturbance and self-defeating behaviour by identifying their irrational beliefs. They are helped to think more rationally and act effectively in order to achieve their goals and purposes, and to feel healthier.

To meet this goal the counsellor plays a more active and a directive role although a lot of emphasis is still given to establishing rapport with the client by extending warmth, caring, genuineness and unconditional positive regard.

REBT stresses on ‘now’, it is more objective, logical, scientific and systematic. It can be used with people who have the language fluency to express themselves and have the intelligence to see the irrationality or rationality in their thinking.

The technique also has its limitations. It is directional, rigid and assertive. REBT can work for the clients who would totally agree and follow the directions of the counsellor, otherwise it is not effective.

REBT has been used quite successfully with a wide variety of problems such as depression, extreme fears, lack of confidence etc.

REBT consists of a number of the following processes:

- Assessment of the client's problem
- Teaching the theory or rationale of REBT



- Disputing the client's irrational thoughts and replacing them with rational alternatives.

Ellis emphasised the important role that behaviour plays in the maintenance and removal of psychological problems. He believed that we cannot simply change our attitudes and beliefs just by talking about them; we need to put changes into practice.

The ABCD Model of REBT

The REBT is best explained using Ellis's now famous ABCD model that explains the relationship between thinking, emotion and behaviour.

The "A" stands for the *activating events*, i.e. which events or situations are causing the distorted thinking. As we work towards achieving the goals and purposes of our life, we constantly experience external or internal events. The "B" stands for the evaluative *beliefs* we hold about the activating event. These can be rational or irrational. The "C" stands for the emotional, behavioural, and cognitive *consequences* of those beliefs that are used by us to explain a situation.

- A. Activating events - external or internal
- B. Beliefs (evaluations) - rational or irrational
- C. Consequences - emotional, behavioural, cognitive

Activating events (A) and beliefs (B) can be understood on the basis of four types of cognitions.

Descriptions: They are the most basic types of cognition. We describe what we see, taste, touch or hear without adding anything to it. The description can be accurate or inaccurate. For example, the lady in front is wearing a red frock or it has been raining since morning.

Interpretations: They add something to what our senses are telling us; they go beyond the available data. They can be accurate or inaccurate. For example, the lady is wearing a red frock because she likes this colour or she failed in mathematics because she does not like the subject.

Inferences: This type of thought goes beyond what our senses tell us, but here emotions are involved and the thought is partly evaluative. For example, she looks happy as she is going on a holiday to the hill station.

As mentioned earlier, the above three, fall under 'A' i.e., the activating events that could be external or internal. The fourth one (given below) i.e., the evaluative beliefs explains 'B', rational or irrational.

Evaluations: Evaluation of beliefs usually involves the person making some kind of judgement about the activating event. They can be either rational (helpful) or irrational (unhelpful), and account for the precise emotions experienced. For example, "how awful that the lady likes red colour, she always does things which make me mad".

Whether a belief is rational or irrational can be assessed on four dimensions as illustrated on next page –



Rational Beliefs	Irrational Beliefs
Flexible and often expressed as references, desires, wishes, likes or wants. Consistent with reality Logical — the second part of the belief follows logically from the first. Pragmatic — they help the person achieve their goals.	Rigid and dogmatic, doubtful and often expressed as ‘musts’, ‘shoulds’, ‘oughts’. Not consistent with reality Illogical—the second part of the belief does not follow logically from the first. Not pragmatic — they usually interfere with the person’s goals in life.

The changes in thinking are brought about by emphasising three main aspects —

- (a) Outside events or people do not cause our feelings. It means that an activating event (A) does not lead to a consequence (C). Myth or false belief that A leads to C can be seen in terms of: My failure in one grade does not make me a failure for life.
- (b) Our beliefs (interpretation and evaluation about events or people) cause our feelings. Example: My perception of rejection by my parents makes me feel upset. This feeling leads to the conclusion “no one loves me”. The conclusion leads to depression and to avoid this I take to drinking.
- (c) By changing our beliefs we can change our feelings and therefore our behaviour. Example: My parent’s disapproval of my behaviour is not a disapproval of me. It is okay to be reprimanded for one’s behaviour.

Let us take another example to explain the ABCD model.

While walking on the pavement, John sees a dog.

A – Activating event. It can be from the present, past or from imagination. For example, The dog on the pavement is “A” and you can recognise it as:

- Present : Ferocious dog or
- Past : Ferocious looking dog bit you
- Imagination : Movie where a ferocious dog bit the actor and it will bite me.

C – Consequence or response: It can be physiological (sweating, increase in heart beat, inability to move) or psychological (fear, anxiety).

Thus, it looks like A caused C but according to REBT the main cause is–

B – Belief or an idea one considers to be true or the self-talk one indulges in. A ferocious dog bites, therefore one must cross the road to avoid this or a ferocious dog bites, stay where you are.

Thus, beliefs influence how we perceive things around us.

A – Dog on the pavement, B – thought that the dog is ferocious and might bite, C – fear resulting in cross over.

Emotion: In the ABCD model, the C often stands for emotional consequences. The feelings we experience are largely determined by the beliefs we hold and therefore are under our control. REBT theory distinguishes between healthy and unhealthy emotions.



Emotions can also be negative and positive. Most positive emotions, such as happiness, are seen as healthy. Negative emotions are also regarded as healthy although they can be intense and unpleasant. For example, it would be healthy and appropriate to experience intense sadness on the death of a parent. Healthy negative emotions enable us to change what can be changed and adjust to events that cannot be changed.

The “C” in the ABCD model can also stand for behavioural consequences. REBT theory holds that a person’s behaviour is largely determined by the beliefs they hold about themselves, others and the world. Useful behaviour tends to result from rational beliefs, unproductive behaviour from irrational beliefs.

Our behaviour usually has some purpose. For example, we might act in a certain way to change the unpleasant feelings we are experiencing. Or we might act in a certain way to elicit a desired response from someone else.

Thus, our sensing, behaving, thinking or feeling occur together or interact with each other in complex ways. When we sense something, have thoughts about it and experience feelings, we have the tendency to do something.

REBT counsellors encourage their clients to take responsibility for their thoughts and help them to stand back and view these thoughts/belief constructions and change them when they are clearly illogical and self-defeating.

Once the cognitive errors have been identified, the counsellor moves on to the therapeutic intervention, which involves disputation (D) of the irrational belief.

This is the most important stage in the counselling process. This is done by sentence-by-sentence examination of irrational thoughts that are causing anxiety or distress. The client is first taught to identify them and then challenge the rationality of these thoughts and replace them by a more rational one.

The disputation is of three kinds:

- cognitive: based on one’s thoughts;
- imaginal: based on one’s fantasies or imagination of what life is;
- behavioural: based on things that happen to client.

We shall now discuss in detail some of the ways of disputation.

7.4.1 Disputing Irrational Beliefs



Cognitive

Cognitive disputation makes use of persuasion, direct questioning and logical reasoning to help clients in disputing their irrational beliefs. Some examples of questions suggested for cognitive disputation as given by Walen, DiGuiseppe and Dryden (1992) are —

- Is that logical?
- Is that true? Why not?

Can you prove it?

Why is that so?

Explain to me why...(e.g., you are stupid as you could not clear your exams).

Where is that written?

Where is the evidence?

What would happen if...?

However, it is very important to remember that many clients may experience difficulty with the disputation process if they are unable to discriminate between irrational belief and rational belief. In such a situation, counsellor may give examples showing the difference between an irrational belief and rational belief.

Imaginal

Here you rely on client's imagery assuming that the emotional consequences of imagined stimuli are similar to those produced by real stimuli. There are two ways in which this interaction can be applied.

First, clients imagine themselves in the problem situation (the A) and then they are made to experience their usual emotional distress (the C) and focus on the internal sentences they are saying to themselves, usually the irrational beliefs. Next, the counsellor asks them to change their feelings from extreme to moderate i.e., if the client is feeling furious, s/he is asked to reduce the feeling and be only mildly upset. This would help in making the cognitive shift they need to make in real life.

In the second application of rational-emotive imagery, clients are instructed to imagine themselves feeling or behaving differently in this situation. The counsellor then asks them to notice what they were saying or thinking to themselves in order to produce different feelings and responses. The counsellor then points out that these are the kinds of sentences or beliefs they need to use in real-life situations to produce different effects.

According to Maultsby (1984), production of images is not an important factor for success of the technique. What is more important is that clients are able to focus on their rational self-talk and on new feelings and behaviours as intensely as possible during their practice sessions.


Behavioural

In behavioural disputation, the client is asked to challenge the irrational beliefs by behaving in different ways or in an opposite way from the previous way of responding. Behavioural disputation usually involves reading books and self-help manuals, and doing homework assignments that involve both written and *in vivo* practice. Two specific ways of behavioural disputation are desibels (Ellis, 1971) and countering (McMullin and Giles, 1981).

Desibels

The desibels technique (desensitising irrational beliefs) helps client in becoming aware of disturbances in thinking and simultaneously eliminates consequent distressing feelings. The clients are assigned daily homework such as spending 10 minutes everyday asking themselves the following five questions and writing or recording their responses.



- 
1. What beliefs do I want to desensitise or eliminate?
 2. What is the evidence for the falseness of this belief?
 3. What is the evidence for the truthfulness of this belief?
 4. What are the worst possible things that could happen to me if I don't get what I think I must get (or if I get what I think I must not get)?
 5. What good things could I can make happen if I don't get what I think I must (or if I get what I think I must not)?

The above desibels intervention is more effective if, after doing the assignment, client is taught to use some form of self-reinforcement, such as engaging in some enjoyable activity after the assignment is completed.

Countering

Countering involves the selection and application of thoughts that argue against other thoughts i.e., thinking or behaving in an opposite direction, arguing in a very assertive fashion and convincing oneself of the falsity of a belief (McMullin and Giles, 1981). After counters are developed, clients practice them in counselling and at home until they convince themselves of the wisdom of the counter. When this has occurred, their thinking pattern would have changed from an irrational and dysfunctional thought to a rational and highly functional thought.

The countering technique is somewhat similar to desible technique. Clients are asked to identify, both orally and in writing, counter arguments for each of their irrational belief using the following six rules (McMullin and Giles, 1981).

1. Counters must be framed to contradict the false belief. For example, if the irrational belief is 'I am a failure if my friend leaves me,' a contradicting counter could be, 'my friend's behaviour is independent of my success or accomplishments.'
2. Counters should be believable or realistic statements. For example, 'I don't have to score 91% all the time to get a good job,' or 'I don't have to do engineering to get a good job' are not reasonable .
3. Develop increased number or as many as possible counters for counteracting the effects that irrational beliefs have produced.
4. Counters are to be created by the client himself/herself. The counsellor's role is limited here as the counters produced by the client are going to be more effective and specific.
5. Counters must be concise and not lengthy.
6. Counters must be practised with assertion and emotional intensity. If clients begin countering without any feeling it may be of no use. It is very important to counter with vigour and feeling.



Self-check Exercise 2

Interpret the following using the ABCD Model —

Your mother scolds you for not being responsible for your work and says you always enjoy watching T.V. or talking on the phone with friends.

What is the 'C' you show? What is 'B' – belief system leading to such 'C' – consequence and what D do you use?



Self-check Exercise 3

Fill-in the blanks from the following alternatives:

- a. rational beliefs
 - b. cognitive, imaginal and behavioural
 - c. irrational beliefs
 - d. activating events
1. The REBT helps identify the _____ .
 2. Descriptions, interpretations and inferences in the ABCD model explain the _____ .
 3. _____ are expressed as references, desires, wishes, likes or wants.
 4. The types of disputations in the ABCD model are _____ .

7.5 SELF-INSTRUCTIONAL TRAINING AND STRESS INOCULATION TRAINING

We shall now discuss another approach to cognitive change which is given by Donald Meichenbaum (1977) who developed the self-instructional or “Self-talk” approach to cognitive behavioural therapy. This method focuses on changing what people say to themselves, both internally and loudly. It is based on the belief that an individual’s actions follow directly from this self-talk.

Meichenbaum began his work on self-talk by studying schizophrenia. He trained individuals with schizophrenia to use ‘healthy self-talk’ (self statements) such as ‘be relevant’. They were then asked to repeat these phrases. It was found that they started to behave in appropriate ways. He then continued to use the role of self-statements in his work with impulsive children (Meichenbaum and Goodmen, 1969) and developed the procedures for self-instructional training which was published in a manual in 1977.


In self-instructional training (Meichenbaum, 1977), the clients are taught to keep track of self-statements that are destructive or confidence eroding, and are then asked to try to substitute them with more adaptive ones through homework assignments and practice in non stressful situations, and later in stressful situations, to deal with their anxiety or phobia.

The above mentioned cognitive restructuring is based on the premise that faulty and irrational thinking can produce emotions and other psychological disorders. By changing the internal or verbal sentences that people say to themselves they can reduce or eliminate negative emotional responses. By identifying and modifying these negative verbalisations and replacing them with more positive statements, anxiety can be reduced.

Thus, cognitive restructuring is used for a range of conditions such as fear, anxiety, eating habits, compulsive behaviours, communication problems, self esteem, addiction etc.

Stress Inoculation Training (SIT) as given by Meichenbaum (1985) is a complete cognitive behavioural intervention package that makes use of cognitive restructuring, problem solving, relaxation training, self monitoring, self-instruction etc. It aims at helping individuals develop new coping skills and make full use of the coping strategies that already exist. The title highlights the emphasis on stress as the problem, inoculation





to develop “psychological immunities” to cope with the stress and training as part of the technique. Positive self statements or self-talk is part of the training to bring about psychological immunity.

Stress Inoculation Training (SIT) consists of three overlapping phases:

Conceptualisation phase: This phase is educational (Meichenbaum and Deffenbacher, 1988). The client is taught how certain thinking or ways of judging the events in life lead to stress, emotional disturbances and inappropriate behaviour. The client is taught how to identify stressful thought processes which are a threat to mental functioning and behaviour.

Skill acquisition and rehearsal phase: The client practises coping skills, for example, relaxation training, emotional self-regulation (checking and monitoring one’s own emotions), cognitive restructuring (new ways of thinking) and using social support systems during counselling sessions. They then gradually learn to apply the same in the ‘real world’ when they are confronted with the stressors.

Application and follow-through phase: Additional opportunities arise for the client to apply a variety of coping skills for a range of stressful conditions. In order to teach these skills, the client may be asked to help others who are experiencing similar conditions. After the counselling is over, the counsellor can organise booster sessions to review the client’s performance.

Example of Stress Inoculation Training (SIT)

Conceptualisation

Coming to a realisation such as “I am most stressed in social situations and I always react by thinking, ‘I won’t be able to handle it’ or ‘I am going to make a fool of myself’”.

Skill acquisition and rehearsal phase

Practise thinking rationally i.e., cognitive restructuring: ‘I am in control, I can handle it’, relaxation training: ‘I must take slow deep breaths and make sure my muscles are relaxed’.

Application phase

Try a simple social situation first, for example, decide to chat with friends in the lunch break, when one is confident doing this, try something more difficult e.g. joining a club or an evening class where one talks to strangers.



Self-check Exercise 4

State whether the following statements are True or False.

1. Initial work on self-talk was done on schizophrenics.
2. Self-instructional training aims at learning to keep track of destructive statements and substituting them with adaptive ones.
3. Stress inoculation training aims to develop biological immunities.
4. Stress inoculation training can be used for dealing with problems of depression, aggression, anxiety, addiction etc. in school going children.

7.6 SOME OTHER COGNITIVE TECHNIQUES

Some of the other cognitive techniques that help people overcome their faulty cognitions and replace them with positive ones are given below.

7.6.1 Thought Blocking

Thought blocking is a variation of restructuring or reconstruction of thoughts. Here the client is made to concentrate on specific thoughts which are interrupted by a sudden shock word “stop” by the counsellor; after several such interruptions, the control is shifted to the client’s learning to emit a sub vocal “stop” at any time s/he begins to engage in self-defeating thoughts. In another technique, the client snaps a rubber band worn on the wrist when such self-defeating thoughts occur. Although this has a slight punishing effect, it does serve to provide an impressive “stop” signal and interrupts the destructive thinking. Thought stopping procedures are especially effective with clients having difficulty in controlling distressing obsessive thoughts. Cognitive restructuring mentioned above can be effective in helping clients cope with psychological stresses that are linked to creating physical symptoms.


7.6.2 Problem Solving Methods

Problem solving methods focus on correcting faulty reasoning. This method teaches people how to proceed through logical reasoning to satisfactory solutions to their personal problems.

D’Zurilla and Goldfried (1971) outlined the following five general steps for rational problem solving:

1. **General orientation:** The client is encouraged and helped to recognise that it is possible to deal with their problems by analysing them systematically rather than impulsively. For example, the client might be taught to make such statements as “I know I can work this out if I just proceed step-by-step” or “let me see how I can rephrase this as a problem to be solved”.
2. **Problem definition:** When asked to explain the problem, most clients reply vaguely, for example, “I’ve been very upset lately.” By giving the history of the problem and the factors that seem to be controlling it, generally it is possible to explain the problem more specifically. For example, a close analysis might indicate that what upsets the client is that she shares a room in the hostel with a room-mate who keeps the room “in a mess” and she feels dejected about it.
3. **Generation of alternatives:** After defining the problem precisely, the client is instructed to brainstorm for possible solutions, that is to “let his/her mind run free” and to think of as many solutions as she can. For example, possible solutions may be (a) to ask for a change of room; (b) desensitise herself to shabbiness; (c) speak openly to her room-mate about keeping the place neat; (d) try to change her room-mate’s behaviour; (e) throws her room-mate’s things out of the window; and (f) asks her room-mate to leave.



- 
4. **Decision making:** The next step is to examine the alternatives carefully, eliminating those that are obviously unacceptable, such as the solutions 'e' and 'f'. She should then consider the likely consequences of the remaining alternatives, writing out the positives and negatives of various alternatives that are likely to prove satisfactory, and lead to more productive choices and fewer regrets. On the basis of these considerations, she should select the alternative that seems most likely to provide the best possible solution and think of a plan for carrying it out.
 5. **Verification:** When the plan is put into effect, the client is encouraged to keep track of the progress to ensure that it solves the problem. If it does not solve the problem, the problem must be re-stated and another solution attempted.


Thus, it can be concluded on the basis of the above strategies that a lot of homework or effort is required to bring about a cognitive shift or change in the thinking processes of the client. The counsellor, most of the time, only assists in identifying and overcoming the negative cognitions and it is only the client who can bring the real change in his/her ways of thinking.

Activity 2



Suppose, you always postpone an activity i.e., writing a paper or assignment till the last date and it has become a big problem for you as you cannot complete the assignment on time and lose marks. Plan and devise a problem solving method using the five steps described above.

7.7 Summary



This unit gives a detailed account of the cognitive therapies that are in use and are effective. Various types of dysfunctional thought processes are described and how different cognitive therapies deal with such thoughts are explained. There are three prominent therapeutic techniques which have been described.

1. Aaron Beck's Cognitive Behaviour Therapy explains that negative beliefs can be altered to ones that are more favourable.
2. Albert Ellis' Rational Emotive Therapy teaches how irrational beliefs can be identified and turned into rational beliefs.
3. Meichenbaum's Stress Inoculation Training aims to prevent problems by inoculating individuals to ongoing and future stressors.

The common techniques used in all the therapies are that of imagery, homework assignments and disputation of the irrational thoughts.

Cognitive therapies in combination with behaviour modification techniques can be best used for many stressful and maladaptive behaviours like phobias, anxieties, depression, lack of self-confidence etc.

Thought blocking and problem solving methods have also been described. With the help of the cognitive techniques, an individual can remove the irrational and negative thoughts, and develop rational, positive ones, which help him/her to act more effectively, solve problems and feel better about themselves.

1. What is cognitive therapy? Give a list of common self-defeating patterns.
2. Briefly explain Beck's cognitive behaviour therapy in 250 words.
3. Briefly explain Ellis' rational emotive therapy in 250 words
4. Briefly explain the three phases of Meichenbaum's stress inoculation training in 150 words.

Answer Key to Self-evaluation Exercises

1. Elaborate on the following points:
 - Cognitive therapy assumes that individuals react to situations or events according to their cognitions. Therefore, the therapy focuses on changing the individual's thoughts in order to change the behaviour. Explain this with an example.
 - Elaborate on self-defeating patterns given by Burns & Beck with examples.
2. Elaborate on the following points:
 - Beck's therapy holds that numerous disorders, particularly depression, are caused by negative beliefs that individuals have about themselves, the world and the future.
 - Therapist and client work together to uncover maladaptive interpretations that an individual holds. It also involves homework such as maintaining a diary for recording thoughts, feelings and actions. The therapy aims to provide experiences that alter the negative belief in a favourable way.
3. Elaborate on the following:
 - The principle thesis of Ellis' Rational Emotive Therapy is that our emotional problems and non-productive behaviour are caused by irrational beliefs that people hold about themselves.
 - The aim of the therapy is to eliminate these self-defeating beliefs through a rational examination and replacing them with rational alternatives.
4. Elaborate on the following:
 - Meichenbaum's stress inoculation training aims at preventing individuals from ongoing and future stress.
 - It proceeds in three overlapping phases:



- (i) Conceptualisation phase: Identifying the stressor and the self-defeating internal dialogue.
- (ii) Skill acquisition and rehearsal phase: Practising positive coping statements and use of other techniques such as relaxation, reinforcement etc.
- (iii) Application phase: Applying the newly acquired skills to real world. The therapist provides support and further training when necessary.

Answer Key to Self-check Exercises

Self-check Exercise 1

1. b 2. c 3. d 4. e 5.a

Self-check Exercise 2

B – belief that my mother does not love me and always scolds me or nobody loves me.

C – you start to feel low or very sad.

D – is that true, where is the evidence? There are many other instances that show that my mother loves me.

Self-check Exercise 3

1. c 2. d 3. a 4. b

Self-check Exercise 4

1. True 2. True 3. False 4. True



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TRANSACTIONAL ANALYSIS

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Transactional Analysis

8.0 INTRODUCTION


Transactional Analysis (TA) gives you tools to analyse the content of communication and its impact on different parts of personality. The words spoken between people have the power to make or break the other. Messages spoken to children can turn them into winners or losers. TA gives positive ways to express feelings and needs, and so to celebrate life and nurture relationships. It is therefore easily applied to the counselling scene and towards a person in distress.

TA helps to facilitate counselees to heal past hurts, to love and be loved, to identify abuse and reject it, to turn childhood traumas into learning experiences and to move from failure into success. At the societal level, TA teaches the basics of teamwork and can develop a person's courage to stand for justice. TA has been effectively applied in schools, hospitals, psychiatric clinics, social welfare and public health programmes, addiction counselling, child development clinics, career guidance projects and spiritual formation.

Important topics in TA, which are relevant to counselling skills and which will be covered in this Unit are –

- Strokes, i.e. units of communication such as love and appreciation or criticism and rejection;
- Ego states, i.e. the theory of the human personality, the origins of our present behaviours and how to change old patterns to achieve life goals;
- Transactions, i.e. the identification of the dynamics of spoken and ulterior communication, viz. what is said and what is implied;
- Permissions and injunctions, i.e. the positive messages needed to replace the negative messages in parenting, self-development, guidance and empowerment; and
- Life positions, i.e. the attitudes to self and others that underlie all relationships.

Strokes are the foundation of TA as they build the supplies of life energy for positive communication, loving relationships and inner peace. By using them in



conjunction with the different parts of personality, called ego states, one can guide family and group culture from hostility to a caring community.

The analysis of which ego state in one person is addressing which ego state in another is called transaction analysis proper and this helps to chart the course of a relationship over weeks and even over years to ensure positive outcomes.

Permission analysis is an intensive and focused use of positive strokes aimed at empowering the core of all ego states in a person re-building a lost childhood. Finally, the self is rejuvenated by ensuring a positive life position through an overarching feeling of well-being that TA calls *okayness*. The perception of self as OK and acceptable, combined with the perception of the other as OK and acceptable, is the basis of faithfulness in friendships and co-operation in the workplace. OK-OK attitudes are therefore vital for a counsellee's recovery and empowerment.

8.1 OBJECTIVES

After going through this unit, you will be able to

- *understand* the concepts of TA.
- *identify* the ego states exhibited by a counsellee.
- *analyse* the issues and problems of a counsellee in terms of strokes.
- *apply* permission-giving to a counsellee's problems.
- *develop* your skills in responding to a counsellee.

8.2 ORIGIN AND SCOPE OF TRANSACTIONAL ANALYSIS (TA)

The founder of Transactional Analysis (TA) was Dr. Eric Berne, a Canadian psychiatrist, who developed this science in California in the 1960s and 1970s. He called TA a social psychiatry.

Transactional Analysis (TA) can be thought of as a set of psychological tools for healing personal problems, improving interpersonal communication, resolving conflict and building supportive relationships. You can use TA as an effective counselling method to work with broken marriages, dysfunctional families and emotional conflict. It has been used to deal with examination stress, restrictive cultural messages, suicidal tendencies, depression and post de-addiction recovery. Making use of TA, you will learn additional ways of responding to your counsellees.

TA counselling and therapy are primarily done in group situations. In Asian and Middle East countries as well as in Africa, TA is focused on parenting issues, teacher-student relationships, building family unity, and also on community cohesion, cultural transformation and ecological protection.

The word counsellee in this Unit indicates the person in distress or in need of help who comes to a counsellor for relief, support and solutions.

8.3 APPLICATION OF TA TO YOUR PERSONAL LIFE

The theories and methods of TA can also be applied to your personal life. Your ability to help your counsellees will improve as you continue to use TA for your own self-development.

In order to be helpful to others, you need to know yourself and to have control over the way you speak and react to others. If you first use TA skills to change your inner world and your use of language in your own everyday personal life, you will find it easier to use TA skills effectively in your counselling sessions.

TA helps you to put a microscope to the hidden levels of everyday conversation and how they can enhance or destroy relationships. Its strategies encourage qualities that bring love and harmony into your relationships and consequently make you a wholesome counsellor. You will get a clear perception of your strengths and talents in sustaining relationships. You will receive energy for care-giving.

Using the tools of TA you can come face-to-face with your true self, become aware of your intimate psycho-history, discover why you feel sad, scared or angry, and become emotionally literate. The aim of TA is to help you make your life autonomous, meaningful and loving. Your private lifestyle will then be consistent with your counselling attitudes. You will be practising what you are promoting, and breathing into your professional practice the power of personal conviction. You will be inviting your counselees along a path that you have already chosen and which you have found to be successful and invigorating.

If you use TA to improve your own personal and family life you are likely to develop deep humility as a counsellor. You will be slow to give labels and diagnostic terms of pathology to a counsellee's problems. The joy of the changes you have made in yourself will give you energy to persevere with resistant counselees and you will be more tolerant of their rebellion.


TA brings mutuality between those who need help and those who give help. You will develop an attitude of partnership and equality with your counsellee which does not preclude the fact that as a counsellor you have skills and competencies to help the counsellee. You will understand that both counsellors and counselees have problems, that both can increase their potential and improve their communication skills.

8.4 STROKES

“Strokes” in Transactional Analysis vocabulary refers to a unit of social interaction. According to Dr. Eric Berne, the founder of Transactional Analysis, “stroking” may be employed to denote any act implying recognition of another's presence. At the heart of positive communication is the art of positive stroking. Positive strokes are essential for good teaching, healthy parenting and effective counselling. The need for being stroked is also connected with the need for bonding in a group and TA specialises in methods of group cohesion and group counselling using stroke patterns.

Every child needs love and this is given in many ways such as hugging and affirming. A hug is a positive physical stroke. Positive strokes are the acknowledgments in word or deed that students and counselees need for what they have done and for the successes they have achieved, for the co-operation and creativity they have shown, for their initiatives and talents. You can improve the communication and outcomes of your counselling sessions by learning the art of giving positive strokes. You can





also help your counselees solve many of their problems by teaching them to do the same and improving their stroking patterns. This is the topic of the next section.

8.4.1 Types of Strokes

There are two categories of strokes: non-verbal strokes and verbal strokes. Non-verbal strokes can be tactile or non-tactile. Strokes can be sub-divided into four qualities: positive or negative, and conditional or unconditional strokes. Each type carries its own reinforcement of feelings and behaviours when experienced by the recipient.

Below are examples of each type of stroke.

Non-verbal and Verbal Strokes; Positive and Negative Strokes

Strokes can be verbal or non-verbal. Non-verbal strokes can be with touch (tactile) and without touch (non-tactile). This section will deal with positive and negative strokes that are verbal or non-verbal strokes and are non-physical.

Non-verbal strokes can be positive or negative. If someone smiles at you when you offer your seat on the bus, the smile is a positive stroke expressing approval and gratitude. If someone frowns at you when you drop a box, the frown is a negative stroke of displeasure and disapproval. The frown and the smile are both non-verbal strokes.

A friendly wave of the hand, a warm hug, a massage, lowering the eyes with apology, a look of joyful surprise, a smile, a thumbs-up signal, a victory signal with two fingers in V shape, a kind look, applause, a glance of concern, are some examples of non-verbal, non-tactile positive strokes.

A pout, sticking the tongue out to tease, eyes filling with tears, hands on hips, pointing a finger angrily, gesticulating with a fist, a pinch, a whack, beating, a contemptuous look, are examples of non-verbal, non-tactile negative strokes.

Verbal strokes are spoken words, phrases, sentences, and speeches said face-to-face, in writing, or on the telephone. Examples of verbal positive strokes are: "I like you," "What a lovely voice you have," "I enjoy chatting with you," "How good of you to return my book so promptly". These verbal communications express positive feelings such as love, affirmation and support towards the person being spoken to.

"I do not want you in my class," "What a stupid thing to do," "You are a bad specimen of the human race," "Shut up," "Your head is filled with straw," "I will never go out with you again," are examples of verbal negative strokes. Though they may not be intended to hurt, the impact on the receiver is harsh and such words are likely to lead to humiliation, self-doubt and sadness. The recipient ends up feeling not-OK and rejected.

Some kinds of negative strokes such as "I do not want to see you taking such risks," or "Stop that right now," "I would prefer you to speak to me kindly," "What a yuk movie; it is too violent for kids" are required for honesty in communication. Negative strokes, whether non-verbal or verbal, are unpleasant. If given in heavy doses or given unjustly, or if they express extreme hatred or repulsion, they can be life

destructive. A negative stroke combined with a positive one can help prevent harm or give protection from abuse. For example, “I love you and so I do not like seeing you waste your time.”

In the next section, you will learn about non-verbal strokes that involve touch. While these are not usually recommended in counselling sessions, it is important to find out if your counsellee gets a regular diet of positive physical strokes from the family.

Non-verbal Physical Strokes

The human need for physical contact and physical bonding is highest at birth and in infancy. However, a hunger for physical strokes remains in different intensities beyond the stage of childhood, and may even increase in certain phases of grown-up life.

Children need a constant diet of non-verbal positive strokes involving touch such as a loving hug, a caress, a cuddle, a massage or a prolonged embrace.

Taking a warm bath or shower, going for a swim, playing a sport which involves grappling with others, surfing, white-water rafting, boating, team dancing, cycling etc. are healthy forms of getting physical stroke needs satisfied.

A hit, a pinch, a poke, a slap, a kick, twisting the ear, dragging by the arm or beating are examples of physical strokes that are negative and these are particularly harmful when delivered with a mean temperament.


Teasing by water-spraying or throwing ice-cream in someone’s face are ambiguous physical strokes and even when the intention is to have fun, they are usually perceived as negative and such strokes are not recommended.

Starving a child as punishment is a negative physical stroke that has extremely harmful consequences. Locking a child in a room, tying up hands or feet, knocking the palm with a ruler, putting the child out at the front door, threatening a child with pain, standing a student outside class are kinds of negative physical strokes that can have lifetime consequences for the child. A counsellor needs to identify such negative strokes in a counsellee’s life and help to heal them by dissolving the anger, hurt and withdrawal that may be attached to these memories. If this is going on currently in the counsellee’s life then the counsellee needs to be taught skills to avoid such strokes or to seek protection from other authorities against the person giving such harmful strokes.

Student counsellees who have received many negative strokes need special handling to help them recover from the emotional effects of such physical abuse before they solve study or exam problems. If there is regular bruising, welts or broken skin on the child’s body, the counsellor is ethically bound to report the matter to appropriate authorities in a way that does not cause more harm to the child, and stops the abuse immediately. Such children need to be given the following strokes: “You are not to blame,” “You do not deserve this,” “It is not your fault.”

If the child is fearful that an investigation will lead to the parents or family members getting more violent, then take such fears of the child seriously and get the child to approach a family elder who could be sympathetic and overpower the abusers with





psychological authority. At times, physical separation of the child from the family is required. In cases of sexual abuse, criminal charges have to be filed with the police and this has to be done in conjunction with the school authorities. Corporal punishment involves harsh negative physical strokes and must be prohibited for children.

Unconditional and Conditional Strokes

Strokes can have the quality of being unconditional or conditional. An unconditional stroke is for existence, while a conditional stroke is for an action, behaviour, talent or attribute. “I love you,” “I like you,” “I can not do without you,” “I respect you,” “I am so happy to see you,” are examples of unconditional strokes. “I like to see you get good marks,” “I rely on you to solve my problems,” “Please bake me a cake because you bake so well,” are examples of conditional strokes. Unconditional strokes are for “being” while conditional strokes are for “doing” or “having.”

When parents and teachers give only conditional strokes, they express satisfaction only when the child performs at a high level of excellence. If a teacher smiles only when the child is obedient, the child picks up the message, “I am loved for my actions, not for who I am.”

The unconditional caring of the counsellor is the strongest tool of positive influence on the counsellee. When a student or counsellee comes to see you, your welcome words and gestures are the first unconditional positive strokes that he or she will receive. You are creating the foundation of a loving relationship by indicating messages of “You are welcome,” “I am glad to see you,” “I am interested in you,” “I am here for you,” “I am concerned about your welfare”. These positive strokes given to your counsellee will create an atmosphere of trust and support and help your counsellee to open up at a deep level.

The appropriate time to use unconditional strokes is in the beginning of the session and at the end, and the appropriate time to use conditional strokes is when the counsellee has achieved goals, made positive changes, used assertive action to protect self or other, controlled anger or depression, nurtured self, or stopped destructive behaviour patterns. Stroking gives encouragement and positive reinforcement of positive behaviours and helps a person sustain the changes made through counselling. It is important to teach the counsellee how to ask for positive strokes from the counsellor and from significant others who are likely to give them rather than sit back and expect them to come on tap.

8.4.2 Importance of Strokes

Having understood what strokes are and how they are used at home and at school you will further learn how vital they are to the life and growth of your counsellee. By recognising when your counsellee is starved of unconditional strokes you will be able to identify the deprivations of the past and help to heal them. Conditional strokes are also very important for the children to know what is expected of them. The combination of unconditional and conditional strokes can be used effectively for parenting, disciplining, motivating, affirming and protecting children.

Importance of Positive Unconditional Strokes

Unconditional positive strokes are needed by children right from the time of inception. According to TA, the foetus in the womb needs the warmth of unconditional acceptance in order to survive and flourish. Affective bonding between mother and infant requires constant physical connectedness that arises from genuine love and attentiveness. As the child develops, the need for touch is replaced by the need for recognition, hence the importance of greeting rituals. A child knows that he or she is loved and accepted when unconditional strokes are freely given and offered in plenty.

Many counsellees come to a counsellor for strokes. This is legitimate if the counsellee is taught by the counsellor to recognise her need for strokes, to openly ask the counsellor for strokes and to ask family members, teachers, friends for healthy strokes. The counsellor needs to stop strokes of sympathy for situations in which the counsellee is a victim as such strokes can lead to a continuation of stress in order to get sympathy strokes from the counsellor. TA calls this process racketeering and stops a person from breaking out of the cycle of depression. Also the counsellor needs to adhere to the professional ethics and codes of conduct prevalent in the country when creating a policy for unconditional tactile strokes such as hugs, putting a hand on the shoulder or arm, etc.

Importance of Positive Conditional Strokes

Conditional strokes are no less important than unconditional strokes for personal growth and for relationships.

The conditional stroke acts as an encouragement for learning, for obedient and co-operative behaviours and for reinforcing correct behaviour. It is also a cue to learn information and to apply moral and social decisions. “What a clever child,” “Yes, you are doing it right,” “You can do it yourself,” “Wow, you ate all your food today,” are needed for a child to explore and experiment, to succeed and to feel confident.

Children need a special good dose of positive strokes about the way they look in order to grow to maturity. Today kids are especially concerned about their appearance and in order to preserve them from entering the rat race of fashion, cosmetics and body shaping technologies, they need to be told how beautiful or handsome they are without the external trappings. Eric Berne puts this metaphorically when he talks about conditional appreciation from parents: “Beauty shines in the eyes of a girl when the father smiles at her.”

Summerton's Stroking Combinations

Oswald Summerton has combined the four major kinds of strokes, viz. unconditional, conditional, positive and negative to create the stroking combinations, which are important for personality development and for emotional healing. There are four stroking combinations. The first two are based on unconditional positive strokes and are life empowering. The second two are based on unconditional negative strokes and are life destructive. Here is a brief revision of the four kinds of strokes with their codes.

A positive unconditional stroke is coded +U

For example, “I love you,” “I miss you” are +U strokes.





A negative unconditional stroke is coded – U

For example, “I hate you,” “Get out” are – U strokes.

A positive conditional stroke is coded + C

For example, “I like your collar,” “I appreciate you coming on time” are positive conditional strokes.

A negative conditional stroke is coded – C.

For example, “I do not like your abusive language,” “I am disappointed at your bad report” are negative conditional strokes.

Summerton’s four stroking combinations are:

+U+C = I like you and I like what you do

+U-C = I like you and I do not like what you do

-U-C = I do not like you and I do not like what you do

-U+C = I do not like you but i do like what you do

Application of Stroking Combinations

The first combination is the most powerful and necessary of all the combinations. The second is important for integral personality development, but parents, teachers, and caretakers need to ensure that the unconditional positive part of the combination is sufficiently emphasised, as a person is more likely to hear the – C stroke as implying a –U stroke.

Some parents do not give negative strokes to their children but at the same time they withhold positive strokes for fear that their children will not make efforts to improve and study. Such parents are stroke withholders and the effect of their indifference is as negative as if they were giving –U-C strokes.

The absence of parents when the child returns home can also be taken as a –U-C stroking combination. Studies show that when parents do give their love with quality time, and shower +U+C strokes on the children, the latter may mature early and learn to appreciate their parents’ work and professional commitments.

Conditional strokes are good for all, but if they are given without unconditional strokes, children tend to think that they are wanted for their excellent performance and not for themselves. In the example of Anita given below, we see that the positive conditional strokes she received for her doing things well and for learning were effective because she also received hugs and love.

Children take a deep positive unconditional and conditional stroke when they are taught something new in a loving way. “I will show you how to turn this key,” “Let me take up your spellings tonight,” “I will teach you a new poem today, just for you,” are examples of a mixture of unconditional and conditional strokes. The section below shows the need for combination of conditional and unconditional strokes.

Example

Twelve-year-old Anita was always shy in class and would not take part in theatre or recite a poem in public. The teacher discovered that at home her younger sister was regularly praised for her looks while Anita was ignored. “How pretty she is” the

neighbours and relatives would say of her sister. Anita would be teased for her plump legs and hands.

Anita's teacher observed the situation and decided to counsel her parents. She taught them how to give Anita lots of hugs combined with strong positive strokes for her face, her hair and her figure. "Tell her how much you love her, how lovely she is, how elegantly she walks, how charming her smile is, how beautiful her eyes are, and take her out for a walk and a chat whenever you can."

Anita's Mum and Dad decided to follow her teacher's advice and to express their love through hugs and words. They took special notice of Anita and took her without her sister for shopping and treats. They got her to recite poems to her grandparents, to start singing lessons and to be in charge of making the family photo albums. They also kept praising her and brought her special new clothes, while not neglecting their younger daughter. Within six weeks of the new stroke-filled interactions in the family Anita's personality blossomed and the following year she gladly took up the role of class monitor and debating champion.

In this example, Anita had been receiving negative strokes due to the comparisons with her younger sister, and as a result she had low energy and low self-esteem. When her teacher discovered her stroke deficit she alerted her parents to fill the vacuum and they began stroke bombardment, using both unconditional and conditional strokes designed to give Anita full attention for her being, her looks, her talents. As a result Anita felt wonderful inside and overcame her sense of inferiority and her withdrawal tendencies.

Steiner's Warm Fuzzy Tale

Steiner's fable of the warm fuzzies and cold pricklies which are metaphors for positive and negative strokes is very popular in the TA community and a wonderful way of introducing strokes through story-telling. This tale demonstrates the application of strokes to the family and society, to issues of generosity, jealousy, miserliness and marketing. It shows how strokes are related to health and to the inter-personal economy. Steiner's healthy stroke economy emphasises that we need to —

1. Give strokes
2. Receive strokes
3. Reject negative strokes
4. Ask for strokes
5. Stroke ourselves

Conclusion

Now that you know about strokes and their importance not only to daily living but to the counselling process, you will learn in the next section how they can be used from different parts of your personality. With the knowledge of ego states you can plan your stroke, decide from which ego state you will give it and to which ego state in the other person you will direct your stroke. Strokes are useful for filling up vacuums in ego state development. Later you will learn how to combine strokes and ego states for effective counselling.





Self-check Exercise 1

1. Read each of the statements below and then:
 - (a) Identify if it is a positive stroke or a negative stroke.
 - (b) Go through each statement again and use the codes below to identify if it is
Unconditional positive (+ U) Conditional positive (+ C)
Unconditional negative (- U) Conditional negative (- C)
2. After coding the statements, analyse the stroke content of each statement showing:
 - (a) what the person is expressing through the statement, and
 - (b) what impact the statement is likely to have on the person being addressed.Example: You are special to me.
 - (a) Positive stroke
 - (b) U+
 - (c) The person giving the message is expressing how important and dear the other is and that of all the people known, the other is unique. The statement builds self-esteem and an emotional bond between the giver and the receiver.

Statements

1. You are an amazing child.
2. If only you had treated me better in the past.
3. I love the colour of your eyes.
4. I hate the sight of you.
5. Your handwriting leaves much to be desired.
6. Another word from you and I shall throw you out of class.
7. It is so good to see you.
8. Never speak to me again.

8.5 THEORY OF PERSONALITY: EGO STATES

You have learned about the general approach of TA and about strokes. In this section, you will learn about the composition of human personality. The founder of TA, Dr. Eric Berne, proposed three parts of the human personality and he termed them Parent, Child and Adult ego states. They are often diagrammed as three circles stacked one over the other. The Parent represents the “collection of borrowed ego states”. It is the reproduction of parental attitudes. It is the rule maker and guidance giver. The Child aspect of personality is a collection of early attitudes and experiences. The Adult ego state handles data, links the Child and Parent, monitors inner and outer realities, and draws conclusions based on factual data or rational conjecture. Below is a diagram of the three ego states.

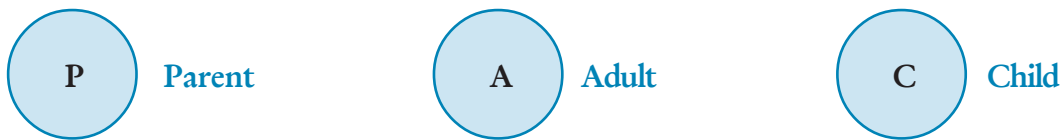


Fig. 8.1: *The three ego states of personality*

Every normal individual has three ego states but one may be more dominant in different situations and at different stages of life. If the ego state boundaries are overlapping, confusion can result. This is called contamination. Low self-esteem, a belief that success is unattainable, a feeling that no one is trustworthy, are examples of contaminations of the Adult of reality awareness of a person. TA counselling therefore focuses on the repair and reconstruction of the counsellee’s ego state contents and ego state boundaries, namely the false beliefs and destructive behaviours within the personality. Below is a diagram of contamination.

In the following sections, you will learn the details about each ego state, how to identify it and how to use it in daily living to improve authenticity, success and relationships, especially your counselling practice.

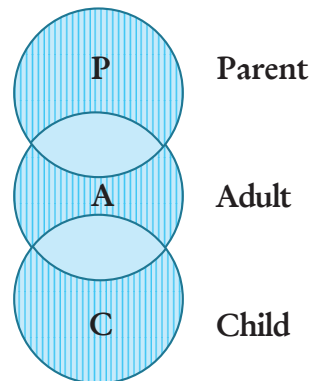
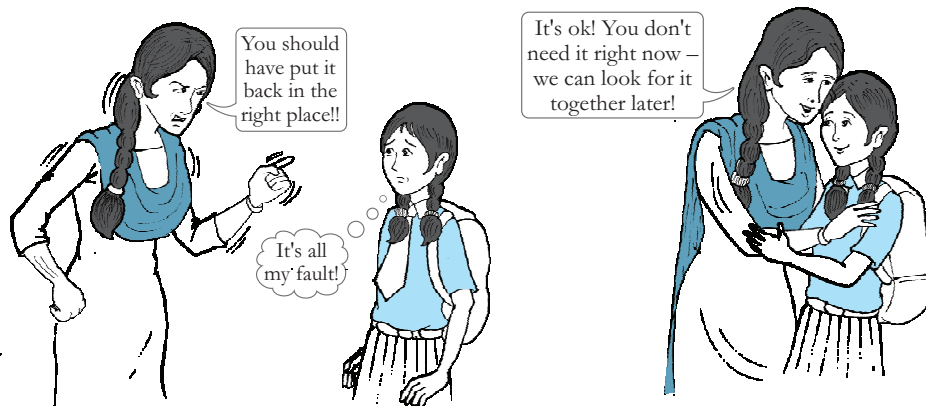



Fig. 8.2: *Contamination of ego states before counselling*

8.5.1 The Parent Ego State

The Parent ego state is analogous to a series of digital recordings in the head. These are borrowed from parental figures and incorporated into one’s personality during childhood. A child’s caretakers have a deep impact on the child. Their beliefs and prejudices, their ways of behaving and interacting are replayed within the child’s inner self. This borrowed part of personality is called “The Parent”. It is experienced by us through the judgements and “should” statements we make in our inner thoughts and outer communications.

In searching for something that you have lost or misplaced, do you not say to yourself, words such as, “Why did I not keep it in the right place,” “It is my fault,” “I





should have put it back where I usually keep it.” Such voices within are expressions of the Parent ego state.

This set of inner voice recordings can also take a more positive turn such as, “Stop hassling yourself, you do not need it just now,” or “You were too busy to realise what you were doing, it is not your fault.” At other times, this same ego state may direct itself outside of you to another person and shout saying, “Who took my red pen?” “I know I left it here, and you must have misplaced it after using it, go at once and find it.” This kind of blaming from the Parent ego state is often the cause of a lot of problems for your counselees if the internal Parent is persistently controlling and criticising.

8.5.2 The Child Ego State

The Child ego state is the network of experiences we have generated from our own personal existence since birth. It is the identity of being, of wanting to be loved, accepted, well-fed, happy and content in the core of self. By asking your counsellee to remember the house in which she lived when she was small, she can become aware of childhood joys, fears, traumas, losses, criticisms and consolations. By doing such a recall the counsellee will get a feeling of the child she once was and will identify how similar she feels in certain situations of her current life. This is one way of accessing the Child ego state. Another way of accessing the Child is to look at certain behavioural indicators such as having feelings of hurt or anxiety, childlike reactions of fear, anger, jealousy or rebellion, actions for pleasure and enjoyment, receiving of strokes, being naughty, etc.

Your counsellee is most probably in the Child ego state when–

- feeling afraid to attend an interview,
- feeling angry because someone is late to meet him/her,
- feeling rejected when a relative gives a cousin a very expensive gift,
- feeling nervous before an examination,
- being disobedient and watching TV instead of preparing for an examination,
- feeling upset about being teased,
- stubbornly refusing to eat,
- feeling satisfaction on licking an ice cream cone,
- feeling loved while being hugged by dad.

As the Child is a storehouse of energy, enlisting the support of this part of personality in the counselling process is important. The TA counsellor aims at supporting the counsellee to heal the Child ego state, to pull it out of depression or despair, guide it out of panic or confusion, and encourage it to live with joy. Counselees can learn how the Child can sabotage their conscious goals by attracting failure and abuse. Instead of following Parent guidance the Child may take decisions such as, “I will do it later,” “I want to pass my examinations, but I do not want to miss this movie festival,” “I know I need to complete my project instead of attending this wedding, but then I can not miss the fun.” Helping a counsellee to identify the Child sabotage and change to the Adult is an important part of training a person to have successful outcomes.

8.5.3 The Adult Ego State

The third ego state is the Adult ego state. The Adult ego state has been compared to a computer which records and processes data. It makes assumptions and conclusions based on facts and past experiences. The Adult also deals with reality on a day-to-day basis. The Adult is in action when playing chess or backgammon, when doing mathematics, when planning a project or party, when assessing the pros and cons of a particular action, when understanding other people's problems and looking for alternative ways of proceeding.

It is not to be confused with being a grown-up or an adult. Children also have Adult ego states in which they learn the alphabet, learn to read and write, learn how to cross the road safely, keep away from fire and other dangers; in which they know what makes parents mad, and what makes them glad, in which they take decisions to win or lose, etc.

The term "contamination" is used to describe what happens when ego states are not balanced and when the Adult ego state needs to be freed from "flooding" by the Parent and Child as shown in Fig. 8.2. The Adult may be flooded by Parental prejudice or by Child desire. Instead of rationally assessing a person's reliability, an Adult ego state that is flooded, i.e. contaminated by the Parent will make a sweeping judgement on the basis of caste, religion or even ethnic group. Counsellors need to have uncontaminated Adult ego and deal with the counsellee without social prejudice. It is also possible for the Child ego of the counsellor to be attracted to the counsellee and this can flood the counsellor's Adult with feelings that stop the counsellor from letting the counsellee achieve independence and closure to the sessions.

Conclusion

TA uses ego states and their formation in childhood as the basis for its methods of counselling. Transactional analysis views the counsellee and counsellor as each relating to the other from three different ego states: Parent, Child and Adult. Ego states are ways of speaking about our personality and they are real in the sense that they can be experienced and changed. The practical interventions of the counsellor are based on the assessment of the original causes of the current problems and the source of psychological turbulence as different ego states struggle with each other and create internal as well as interpersonal conflict. Ego states are the source of self-talk within and talk with others outside. TA counselling therefore has a two-pronged approach — dealing with the world of inner ego state experiences and the world of outer ego state communications with others.

In the following sections you will have activities to understand ego states and identify the behaviours typical of each, you will learn how to improve the quality of each ego state for effective living and harmonious relationships, and you will learn the application of ego state self-development to counselling interventions.

8.6 UPDATING OF EGO STATES IN SCHOOL COUNSELLING

The purpose of understanding the ego states of your school counsellee is to help her or him identify which ego state needs repair, reconstruction, strengthening or reduction.





Sometimes there are contradictions within the Parent ego state that need to be resolved, especially for those students who tend to flip from one extreme to another. There are negative messages that have a direct influence on the student’s study patterns. Harsh messages such as “You are no good unless you get 100%” need to be cleaned out and updated. Sometimes there are unfinished development tasks in the Child ego state because of which the student seems to regress to uncontrollable infantile reactions. Here the use of strokes is vital to the development of each ego state.

You can assess the progress of your counselling sessions by noting how your counsellee continues the updating and integrating of each ego state with unconditional and conditional stroking. This is a process of achieving inner harmony and altruistic attitudes towards the rest of the world. This will make the current or contemporary ego states of the person fully aware and stroke-empowered as follows —

Parent potent and full of energy for affectionate caretaking and protection of self and others.

Adult responsible and committed to goals, changes and relationships that are healing and friendly.

Child feeling secure and confident in being and doing, so as to be out-going with love.

The counsellor and counsellee can plot the development of the counselling changes in terms of the integration and cleansing of each ego state through enlightened stroking. This is the core of TA personality updating, i.e., making the person’s inner resources relevant to coping with problems being faced in life and so increasing the power to give and receive love. Each ego state needs its fragmented and contradictory parts to be confronted and worked into a consistent whole of thinking, feeling and behaving. Below is a diagram of the end result of the ego states of a counsellee who is now an altruistic, enthusiastic, stroke-filled and stroke-giving power.

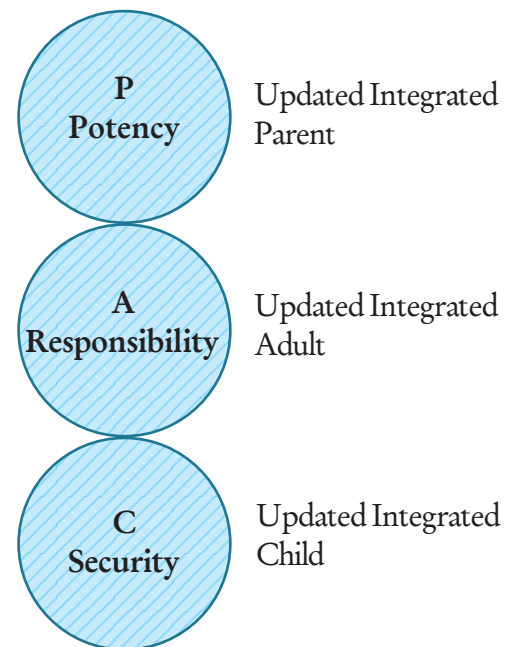


Fig. 8.3: *Counselling goal of altruistic ego states*

8.6.1 Updating and Integrating the Parent

The Parent contains values, morality, guidance systems, judgments and social norms. It is a part of personality that needs to be handled with skill as the act of challenging values of a person can bring about negative reactions and arguments. Students need to learn to acknowledge when they are wrong and to be ready to change behaviours such as teasing, bossiness towards peers and younger ones, ostracising friends, not returning what has been borrowed, being impolite and rude, refusing to help in the

home, refusing to let younger siblings play with them, talking against other children and gossiping about them, being cruel to animals, wasting food or water, using abusive language, neglecting to help those in need, refusing to own up to wrong-doing, etc.

Children usually develop a Parent ego state based upon the behaviours and teachings of their own parents, teachers, relatives, community elders and spiritual leaders. It is the part of personality that is borrowed, usually when the child is young and it cannot be changed easily.

A caring attitude is especially needed for updating the Parent ego state with values of gender equality, sharing, social justice and sensitivity. The Parent of your student, or child or counsellee also needs strengthening with the norms of self-defence and self-protection or s/he will tend to be pushed around by peer group pressure or succumb to ragging under threat of rejection. A strong Parent brings self-protection and self-endurance with a fountain-head of energy for positive stroking.

Unlike certain open-ended methods of counselling, TA gives importance to forming a set of healthy values for living. In a later section on Permissions you will get a list of messages that need to be incorporated into the Parent ego state. Young counsellees need to be encouraged to bring out their grievances and problems in the open rather than take the law into their hands or go into silent depressed moods.

The TA counsellor understands the pitfalls of using only the Parent ego state to guide or control the counselling process and works to get a contract with the Adult of the counsellee. The TA counsellor aims at a level-headed Adult to Adult discussion, respecting the views and opinions of the counsellee, giving Adult reasons rather than Parent suggestions, giving inspirations rather than ready-made solutions. The counsellor's Parent supports the Adult of the counsellee to take responsibility for change.


8.6.2 Updating and Integrating the Adult

The Adult part of personality needs to be cultivated and encouraged by counsellors by respecting the views and observations, questions and conclusions of children. It is the Adult that can sort out whether the problems a counsellee is facing are self-caused, or caused by loved ones who are emotionally insensitive, or by unjust social practices, or by extraneous forces like earthquakes, riots, wars, diseases etc. The solutions arrived at in counselling are likely to be more potent if assessed and concluded by an updated cohesive Adult ego state of the counsellee which has been put in touch with co-operative and altruistic attitudes through the counselling process.

The Adult ego state of your counsellee needs to be the final clearing house for handling —

- (a) complaints and stubbornness of the counsellee's Child Ego State,
- (b) pressures and pulls of the counsellee's Parent Ego State, and
- (c) internal tug-of-wars between the counsellee's parent and child.





The Adult of the counsellee needs to receive back-up support from you as counsellor. If in childhood, the parents and elders of the counsellee did not give validation of data perceived and validation of interpretation of data, the Adult will be reduced. You will need to encourage your counsellee to get strokes for what she sees and hears and interprets. This will help to build an Adult that is updated about the inner world of the self, the world of the senses, and the social world of family, friends and society, an ego state that is committed to a contemporary ecological perspective.

8.6.3 Updating and Integrating the Child

The Child part of personality is a powerful source of energy, affection, drive, ambition and human warmth. It is spontaneous and can be selfish at times and generous at times. It is the Child of the counsellee that usually comes into the session looking for help, needing reassurance and comfort. Fear of failure, loss of friends, rejection from parents, shame, low self-esteem are felt primarily in the Child. Therefore, part of the goals of TA counselling is to assist the counsellee to updating the Child to live in the here-and-now, to let go of the past, and to bring security and energy into the body, as well as releasing the power of love.

Clients usually are unaware that their internal Parent is criticising their internal Child. They are often unaware of picking up unhealthy political and social views from the net, from peers and from prejudiced media propaganda. The TA process of permission-giving to the Child requires cleaning out negative messages that are outdated or destructive and replacing these with messages that are life-giving and wholesome. Many children have stroke-deficits in their Child ego states and by filling up on unconditional strokes and healthy self-love, the Child becomes dynamically transformative for society. Endless possibilities for change are also provided by the technique of updating and integrating the three ego states with each other so that they are co-ordinated and in harmony. A child can learn to talk to the ego states and let them talk to each other, as in the example below, using the gestalt technique of internal dialogue.

8.6.4 Counselling Technique of Self-talk

Using two chair and three chair dialogues to externalise the dialogue between the Parent and Child or between the Parent, Adult and Child ego states of the counsellee are standard TA techniques to access the contents of a counsellee's ego states, to locate where the conflict lies and bring about an internal compromise. This is especially useful when a counsellee is faced with a dilemma. She or he may want to do something and actually not do it as, for example, a student wishing to stop excess TV watching and yet not able to fulfil this new year resolution as it comes from a rigid Parent. The three-chair dialogue given below shows where the conflict is and how it can be resolved with ego state internal negotiations with a few interventions by the counsellor to remove the internal resistance to change.

Example

Three chairs (or cushions) are placed facing each other, each one representing Parent, Adult and Child of the counsellee. When in the Parent chair the counsellee expresses the talk of her Parent, when in the Adult chair, expresses the view of her Adult, and in the Child chair expresses the needs and feelings of her Child.

Counsellor to Bela: Sit in the chair assigned to your Parent ego state and speaks about TV watching from Parent to the empty chair assigned to your Child ego state as though your Child is sitting there in that chair and listening to the Parent voice.

Parent to Child: You should not watch TV, it is bad for your studies.

Counsellor to Bela: Now sit in the chair assigned to your Child ego state, look at your Parent chair in which you just sat and reply to your Parent order. Then return to your Parent chair and reply to your Child.

Child to Parent: But I need a bit of fun. How can I discuss the serials with my friends if I don't watch them ?

Parent to Child: You know you spend too much time on TV and not enough on your homework.

Child to Parent: That is true but life is boring without TV.

Parent to Child: You should stop wasting your time and do your duty.

Counsellor to Bela: Now sit in your Adult chair and speak on behalf of your Child to your Parent. Then let your Parent reply.

Adult to Parent: I think you are being too hard on Child.

Parent to Adult: What do you want me to do?

Adult to Parent: Be kind and tell the Child she can watch TV after an hour of study and stop watching TV after 9.00 p.m.

Parent to Child: You can watch some TV as a reward for finishing your homework and watch it till 9.00 p.m. I want you to get the sleep you need.

Child to Parent: Can I watch some before my homework as well?

Counsellor to Bela: You can support your Child to study first and watch TV as a reward.

Parent to Child: No, do your homework first and watch TV as a reward.

Child to Parent: Alright and I want you to check my homework and give me appreciation for doing it.

Parent to Child: Agreed.

Counsellor to Bela: Your Adult has helped your Child to strike a bargain with your Parent. Strokes to your Parent for being flexible and to your Adult for standing up for your Child. Give me a report of your TV viewing when we meet next. I like you changing and getting your ego states to support each other.

8.6.5 How to Identify Your Ego States

Before you go further you need to study methods of diagnosing ego states, namely how to identify an ego state and how to distinguish one ego state from another. Eric



Berne gave four ways by which one can identify if a particular behaviour or attitude is an expression of the Parent, Adult or Child. The four ways are, phenomenological, historical, behavioural and social.

Identify Your Ego State through Experience

Eric Berne used the term phenomenological diagnosis to emphasise the identification of an ego state through inner experience and introspective intuition.

Example

Shailja was sent to the counsellor by her teacher as she was unable to answer her exam papers correctly even though she knew the material and could answer the teacher's questions verbally. However, she would not open up to the counsellor. When she learnt about ego states she reported that she was obeying a voice in her head which said,

“You can't tell this counsellor about your sufferings at home because she will think your parents are bad.”

Similar thoughts would come into her mind and she would feel so uncomfortable before the counsellor that she wanted to run away out of the school.

Shailja identified the voice as Parent ego state and the feeling of wanting to run away as Child ego state. She also reported that another part of her decided, “I want to pass my exams with high marks and this counsellor looks like a kind person and I really need someone to help me.” She identified this part of herself as the Adult. Using inner awareness or the phenomenological diagnosis she identified her contemporary here-and-now experiences into three categories —

- her Phenomenological Parent, the self consisting of an inner network of voices guiding her parentally,
- her Phenomenological Adult, the here and now decision-making self continuing to identify problems, fix goals and make changes with the help of the counsellor
- her Phenomenological Child, the uncomfortable little self wanting to run away and hide.

What was important for her in the process of counselling was that she could let these three categories talk to each other as though they were three selves. This internal dialogue helped her stop watching TV during exams. She made changes in each ego state through—negotiation: Adult to Child (1); persuasion: Child to Adult (2); control: Parent to Child (3); and appeal: Child to Parent (4).

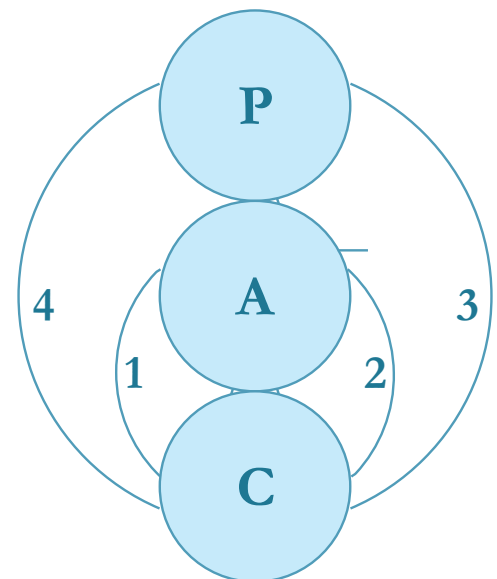


Fig.8.4: A phenomenological model of ego state internal dialogue

Identify Your Ego State through Memory

By using memory of the past and recalling the behaviours of ancestral figures, a person can discover the Historical Parent and so clean up unwanted ego states. The historical diagnosis is made on the basis of factual data from the individual's past. It is a very important method of going into early childhood memories so as to clean out bad Parent tapes and deconfuse a traumatised Child ego state. According to Berne, the Parent ego state can be divided into Father Parent and Mother Parent, which in advanced analysis can be further subdivided into Grandmother Parent and Grandfather Parent on father's side and Grandmother Parent and Grandfather Parent on mother's side.

In Fig. 8.5, the Parent is divided into MP and FP, i.e. Mother Parent and Father Parent, the Child is divided into P₁, A₁ and C₁, which stand for the Little Parent, the Little Adult and the Little Child that the counsellee once was. The Little Parent may contain sub-conscious negative messages that prohibit life-constructive behavior, that need to be unveiled and cleaned out. The Little Adult has magical ways of thinking that can be obtuse and out of kilter with rational thinking, while the Little Child may have accumulated turmoil, panic and rage from past stroke deprivations.

Example

Historical Parent: Shailja realised that when she was small, her mother had often said to her, "Don't betray us by talking about family matters to outsiders": she was able to diagnose her Mother Parent.

Historical Child: Shailja later remembered times when she wished she could run away from the conflicts at home and hide in her little cave on the hillside of her village. With this historical memory she confirmed the diagnosis of the part of her wanting to run away from the counsellor as being her Child ego state of four years of age.

Historical Adult: In her contemporary ego state she was using practical common sense to continue with the counsellor. In this she was neither following her mother, nor her four-year-old impulses. She was therefore in her Adult ego state.

Identify Your Ego State through Behaviour

An easy way to identify an ego state is to use observable behaviour such as a person's facial expressions and voice tones, actions and vocabulary, body position and gestures. This is called behavioural diagnosis. In his book *Structure and Dynamics of Organisations and Groups*, Berne focuses on Demeanor, Gestures, Voice and Vocabulary.

1. **Demeanor:** The sternly paternal uprightness, sometimes with extended finger, and the gracious mothering flexion of the neck are typical Parental attitudes. Thoughtful

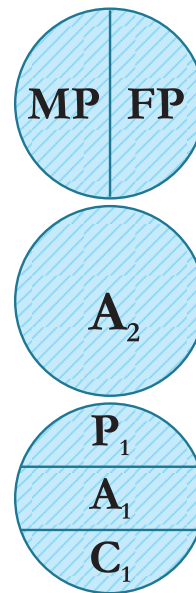


Fig. 8.5: A historical model of ego state structure





concentration is typical of the Adult. Coyness or cuteness, cringing or plaintively appealing are expressions of the Child.

2. *Gestures*: Standing with hands on hips is likely to be Parent, while being cool and relaxed is Adult, waving with enthusiasm is Child.
3. *Voice*: A dominating tone is a sign of the Parent, an even tone a sign of the Adult, a petulant tone or a resentful tone or a jubilant tone are expressions of the Child.
4. *Vocabulary*: Words that the Parent uses are judgemental and authoritative such as always, never, you must, make sure that, don't ever, disgusting, ridiculous etc. Adult words and phrases are: I think that, maybe if you look at another view point, I understand you saying that etc. Child words and phrases are: fantastic, wow, I'm scared, if only, please help me etc.

The behavioural model will be taken up in detail in the next section.

Identify Your Ego State through Social Interaction

Another form of diagnosis is made by observing which ego state is being addressed or provoked in the other person. As such a conclusion is made from the relationship being established in the interaction; it is called the social diagnosis. If the person being addressed begins to feel fatherly compassion or motherly care towards the person initiating an action, then the behaviour at that moment of the latter can be diagnosed as that of Child while the other person's behaviour can be diagnosed as Parental.

The counsellor can so monitor the communication and structure a question so that the Adult of the counsellee rather than the Child or Parent is likely to respond. In the diagram below a vector from the Parent of the counsellee goes to the Child of the counsellee because the counsellor has perceived that the counsellee is trying to dominate the session by criticising the counsellor, saying, "I thought you would give me suggestion of how to convince my dad to send me to the movies."

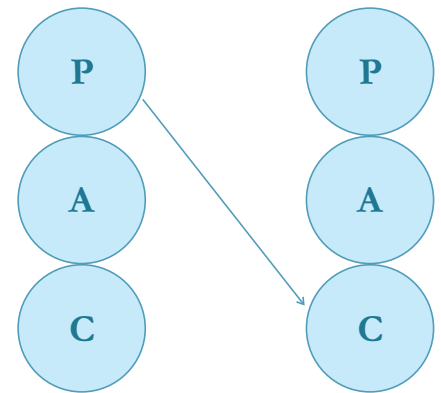


Fig. 8.6: A social model of ego state communication

Conclusion

Each method of diagnosis gives a different dimension of ego states and so generates a model of Berne's personality structure. Having learned the four ways of diagnosing ego states you can use them to diagram the ego state you are operating from, then decide to move away from unwanted use of Parent or Child and so increase your use of the Adult ego state.

Rainbow Colours of Ego State Descriptions

In this section you will learn how each ego state can be subdivided into different qualities or descriptions for use in your work of counselling. The various subdivisions of ego state function have seven different descriptions or qualities of behaviour and

their colour codes are given below. The behavioural model of ego states in its comprehensive presentation contains—

- (a) two descriptions of Parent–Nurturing Parent (NP) and Controlling Parent (CP)
- (b) two descriptions of Adult–Photographic Adult (PA) and Combining Adult (CA)
- (c) three descriptions of Child–Free Child (FC), Adapted Child (AC) and Rebellious Child (RC).

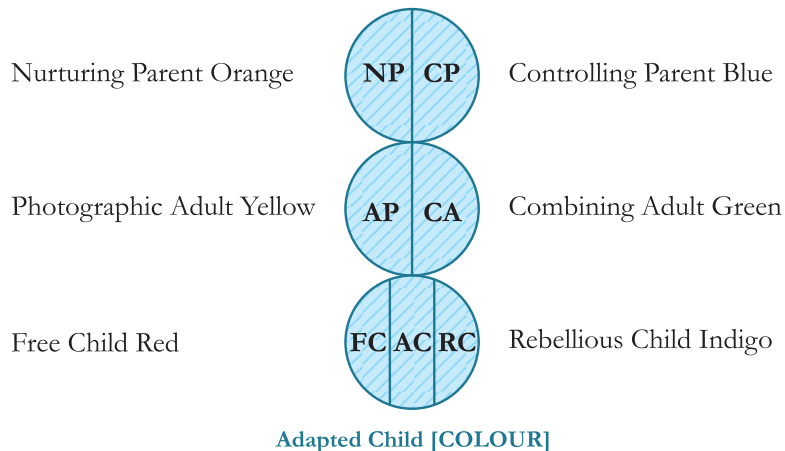


Fig. 8.7: A behavioural model of ego state qualities or descriptions

These seven descriptions or seven qualities of human behaviour have been coded with the seven colours of the rainbow so that children can easily talk about them and change ego states by reporting changes from one colour to another, or requesting a grown-up to change from one colour to another to make communication smooth and harmonious. Your counsellee may solve problems by shifting from Controlling Parent to Nurturing Parent, or from Rebellious Child to Photographic Adult ego state. Examples related to school studies are given to illustrate the use of the behavioural model in counselling.


Application of Rainbow Colours to School Studies

In this section you will get examples of how to use the rainbow colours to help your counsellee to study well. The colours indicate how ego states involve feelings, thoughts and actions with regard to effective learning.

The blue colour ego state is for steady and regular timetables, and values, the orange colour for being caring to others, including animals and trees, the yellow for attention, good memory and accuracy of reporting events, the green colour ego stands for creativity and problem-solving, the indigo for recognising rebellion and changing it, the violet for co-operation and the red for unconditional strokes and satisfaction. In this way you have a concrete yardstick for the self-development of your counsellee. Below are the colour-coded sentences that your counsellee needs to update each ego state quality.

The positive Controlling Parent or blue self is needed for a person to have a routine with a guidance system such as: “It is important for me to study regularly.”





The negative Controlling Parent would put pressure and threat with a message such as, “You are not studying as thoroughly as you should and that will get you bad results.” Your counsellee with exam preparation problems is likely rebel and not study on hearing the negative Controlling Parent and is likely to study with the help of the positive Controlling Parent messages. The positive Controlling Parent would say, “I support you studying. Tell me what you need.” The positive Nurturing Parent or orange self says, “I care about your studies and love your dedication to you work.” The negative Nurturing Parent says, “Don’t take things too seriously because you’ll do well anyway.”

The positive Photographic Adult or yellow self is geared to the target of study while the negative Photographic Adult is likely to include unwanted though relevant material. The positive Combining Adult or green self will make educated guesses as to what is likely to appear in the examination while the negative Combining Adult may subtract important data.

The positive Rebellious Child or indigo self will use defiance to protect study time from invasion by friends and family, while the negative Rebellious Child is likely to get disgusted with regular study routines. The positive Adapted Child or violet self will cooperate with timetables, complete assignments and follow the rules of exam preparation while the negative Adapted Child will be overanxious, sleep less and overdo revision routines. The positive Free Child or red self will enjoy the success of finishing portions of study and rejoice as the student gets control over the material to be covered, while the negative Free Child will cause interruptions and distractions to study.

Conclusion

Having learnt the various dimensions of ego states and how to sort them into various categories so as to prefer sets of behaviours over another, you have developed a set of criteria for encouraging your counsellee in a particular direction or discouraging your counsellee from indulging in certain attitudes. The behaviours represented by the colour codes help a child to know what kind of action is healthy and life-giving, and what action is harmful to self or others. They contain a set of values for living in a useful way and sustaining warm loving relationships.

By teaching your counsellee the three ego states you are teaching self-reliance, helping the counsellee make sense of what is going on in her life and helping her become the agent of self change. The counsellor is the facilitator, not the controller of the change. The relationship of the counsellor and counsellee is built on Adult to Adult communication, giving clarification, sorting out issues, getting ideas and coming to a self-chosen outcome. The counsellor gives support and encouragement to the counsellee. The actual choice, implementation and recording of changes is made by the counsellee.



Self-check Exercise 2

1. Read the following situations and for each situation list two positive strokes that you would recommend from the Nurturing Parent ego state or orange self.
 - a. 5-year-old Seema took part in the annual parents' day concert and played the part of the heroine in one of the skits.
 - b. 12-year-old Karishma won three silver medals in the school sports.
 - c. 17-year-old Joseph looked after the home and his two younger sisters when his mother was away for two weeks looking after his father in hospital.
 - d. 6-year-old David was sick during Christmas but he did not complain when his parents told him he could not sing in the choir.
 - e. Teenage Shaila had to go to a friend's birthday party but when she learnt that her mother had lost her best friend in an accident she stayed at home to comfort her mother.



Activity 1

The Rainbow Colours in Counselling

Ask your counsellee to sit back quietly and think of some problem that she has to solve with regard to her studies, examinations, memorising, study timetable etc. and get her to write down a description of that problem. Now spend ten minutes teaching her the seven colours and their typical behaviours using the material above.

Give her the following questions and then get her to write down the solutions that come to her mind after the exercise.

1. How can you solve the problem when you are in your blue self?
Be in your Controlling Parent state and think of what you should do, the values you must uphold, and the avoidance of any harm or mishap to all concerned.
2. How can you solve the problem when you are in your orange self?
Be in your Nurturing Parent state and ask yourself how you can solve the problem if you do so in a kindly, nurturing way that is caring of all the persons concerned, including yourself.
3. How can you solve the problem when you are in your yellow self?
Be in your Photographic Adult ego state and gather all the facts you can regarding the history of the problem and the opportunities before you, as well as the persons affected or impacting the issues.
4. How can you solve the problem when you are in your green self?
Be in your Combining Adult ego state and process the data you have in your yellow ego states, by comparing what you have with your previous experience, and design outcomes for various options that you have and decisions you can make.





5. How can you solve the problem when you are in your red self?
How can you solve the problem if you allow yourself to feel full of fun and free about it, and even a bit irresponsible though creative?
6. How can you solve the problem when you are in your indigo self?
How can you solve the problem if you get yourself into a rebellious mood so that you do the opposite to what would be expected of you?
7. How can you solve the problem when you are in your violet self?
How can you solve the problem by thinking that you will be compliant and obedient and do what the authority figures think is best or what they want?

This exercise will open up several perspectives of a given issue, problem or relationship your counsellee needs to address. New aspects of her personality are likely to be revealed. New thoughts may come to her and pent up emotions may be released in the process. Look for those areas where there is more intensity of feeling and get your counsellee to identify if this is helpful or unhelpful for solving the problem. You may find that the problem is no longer what it seems and that there is another issue that is the real problem for her. In the end, ask your counsellee to make a decision to utilise the Adult ego state energy to come to peace with the issues or chose a specific course of action.

8.7 STROKES AND EGO STATES IN COUNSELLING

As a counsellor, you can design positive outcomes to replace your own negative responses. Now that you know the theory and use of ego states and strokes you can use them with confidence in your counselling sessions. You can follow the TA counselling strategies given below.

1. Identify the negative strokes that the counsellee is getting from others or provoking from others, and support him/her to reject the negative from positive Rebellious Child ego state and give back positive instead to the other person.
2. Identify the negative strokes the counsellee is giving self and get your counsellee to make a list of positive strokes to give self, such as, "I am a capable person," "I can manage my life," "I can solve my problems," "I like myself" etc. Ask the counsellee to place two chairs or cushions opposite each other, one chair representing Nurturing Parent ego state and the other representing Free Child ego state. The counsellee sits in the Nurturing Parent chair and imagines that his/her Free Child is sitting in the other chair. From the Parent chair the counsellee speaks aloud the positive strokes to the Child. Next the counsellee sits in the Child chair, and with eyes closed receives the strokes and increases self-confidence. Ask the counsellee to give a report of feelings and experiences when receiving the strokes and suggest that the counsellee make a chart, put it up in a private space and give strokes to self on a regular basis.

3. You can give your counsellee positive strokes as part of the closing routine of your counselling sessions. This is an effective way to appreciate your counsellee unconditionally and to give recognition for changes made. Begin by first making a contract. Ask from your Adult ego state, “Are you ready to receive positive strokes from me?” If the counsellee agrees, ask, “What strokes would you like to receive from me?” When you write down the list, you may add some strokes relevant to this counsellee. Then invite the counsellee to be in Free Child ego state and read the positive strokes to the counsellee from your Nurturing Parent ego state.
4. Get the counsellee to be an ardent stroke-giver in relation to family members and also in relation to anyone the counsellee is having problems with. Get the counsellee to give regular reports about how he/she planned the strokes to suit the person, gave the strokes, how the strokes were received and what the counsellee felt at the end. Train the counsellee to make a contract as in strategy number 3 above.
5. Ask the counsellee, “From whom are you wanting positive strokes, but not getting them?” When you get the answer to this question, support the counsellee to ask for positive strokes and work to remove hesitation or embarrassment in asking for positive strokes. Give the counsellee permission such as, “You have a right to get positive strokes and you have a right to ask for them, receive them and retain them. If others refuse or give grudgingly, you can find ways to get them from those who will happily give them to you. Positive strokes are life-giving and will give you energy to stay peaceful and solve your problems; they act like a buffer against bad feelings and negative experiences. Stay away from those who tease you or abuse you. Build a positive stroking environment in your family and classroom and among your group of friends.” You may need to check that the counsellee is not making a mere pretense of receiving positive strokes and is genuinely digesting them into the Adult and Child ego states.

Examples

The following examples show changes that counsellees make by changing ego states in order to improve communication.

Example 1

Before TA

When Seema told her TA counsellor that she was losing all her friends, the counsellor made her write out the kind of arguments she would have with them. The counsellor explained to her that she had given Katie a negative push off by saying she did not want to play with her. The real issue was that Katie had been eating up part of Seema’s lunch everyday which Seema did not have the courage to refuse. The counsellor taught her how to say “No” from the Adult ego state and to express her real feelings openly rather than make a dead-end transaction from her Rebellious Child. Later Seema reported the following conversation which helped her keep her friendship with Katie and also give up her fearful Adapted Child by which she let others eat up her lunch. Instead of accusing Katie and giving negative strokes she focused on her own feelings which gave Katie a chance to make amends.



Seema discovered that when she shifted from Child to Adult to express her real feelings the other person was more understanding and adjusted to her needs. This way she found her friendships deepening rather than disappearing.

Example 2

Before TA

Teacher : Khan, where is your homework?

Khan : I forgot to bring it.

Teacher : You are such a disgrace, I'll punish you again because you are totally irresponsible and never do what you are told.

The teacher came in for counselling because she found herself getting very irritated with those students who were not doing their homework. On learning about the controlling Parent and how it hooked the Rebellious Child in students she realised that she needed to function from a different part of personality. The TA counsellor got her to practise responding to counselees without negative strokes and without threats from a punishing Parent ego state.

Before TA

Teacher : Khan, show me your homework?

Khan : I have not done it.

Teacher : Khan, tell me, what is your problem?

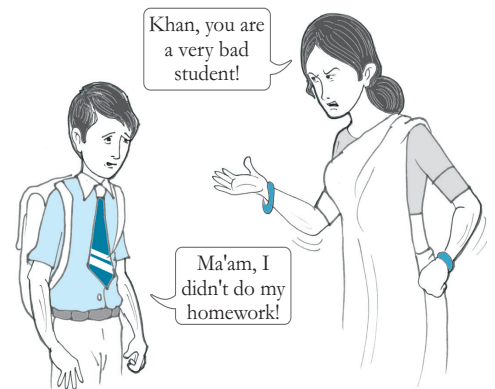
Are there difficulties at home?

Is there no one to help you? You did such a good assignment last month and I am sure you can do well this year. Tell me your difficulties and ask me for help.

After a month the teacher reported to the counsellor that after she had used her Adult and Nurturing Parent with Khan he had poured out his troubles to her, how his father was abroad and his uncle was very strict and how he was feeling about his life. He took help and was now scoring among the toppers. By linking with Khan's lost Child ego state she was able to build his trust, gain his confidence and give loving and nurturing support which helped his Adult energy to study, memorise and do well in his studies.

Conclusion

You can use transactional analysis to coach your counsellee in communication that is open, straight, honest, rather than communication that has a hidden agenda, devious intentions, or dishonesty. Ego state cum stroke analysis helps you develop counselling communication that is healing rather than revengeful, negotiable rather than rigid, open-ended rather than a push-off.



8.8 ANALYSE YOUR TRANSACTIONS

In order to be an effective counsellor, you need to increase your own self-awareness, understand your own reactions and analyse your communication with others. You are learning a theory in action. The following sections will help you become aware of your ego state transactions in order to gain skills that will be useful in responding to your counsellees.

8.8.1 The Spoken Level of Communication

Transactional analysis focuses on the conversation that takes place between human beings. What others say to us has an impact on our thoughts and emotions and ultimately on our personality. As the spoken word is the strongest instrument for a counsellor to be effective, the analysis of words, phrases, tones of voice and the body gestures accompanying these are useful for becoming a potent healer and guide. Using the behavioural model of ego states you make sure that your expression matches your inner feelings.

8.8.2 The Hidden Level of Communication

Transactional Analysis (TA) helps you probe the hidden level of your statements and reactions, so that you are conscious of the empowering or destructive impact it has on others. You can decide to change your way of being, talking, feeling and relating by using the techniques of TA. If you ask yourself certain typical TA questions such as “What do I really mean to say?” or “What is she really saying to me?” or “What is he really wanting from me?” you will be able to figure out the deeper levels of interaction and the hidden agendas of the transaction.

8.8.3 Three Kinds of Transactions

Transaction diagrams draw arrows between two pairs of ego states to indicate which ego state of one person is addressing which ego state of another. The response of the second person is also diagrammed with a corresponding arrow.

There are three kinds of transactions:

- (a) Complementary transactions in which the vectors are parallel (only one ego state is used by each person).

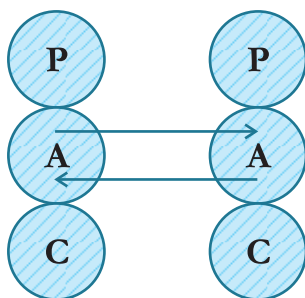


Fig. 8.8: Sample of a complementary transaction

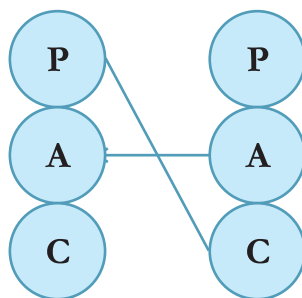


Fig. 8.9: Sample of a crossed transaction

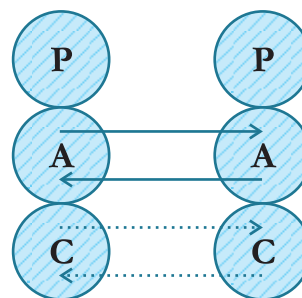


Fig. 8.10: Sample of a complex transaction





- (b) Crossed transactions in which the vectors are crossed (only one ego state is used by each person).
- (c) Complex transactions in which there are two levels of communication, one open and one hidden. The hidden level is shown by dotted lines.

By making diagrams of your interactions with your counsellor and vice versa you will get an in-depth view of the relationship. You can then decide, if necessary, to make changes by changing the ego state from which you are habitually responding to your counsellor.

8.9 LIFE POSITIONS

TA is well known for its catchphrase “I’m OK, You’re OK” which capsules an attitude to self and others that is cultivated by its methods. This is called Life Position, as it expresses the foundational position a person takes in relation to the significant others in her or his life.

The healthy position is that of “I’m OK, You’re OK.” This means that I give myself importance and feel my dignity and worth as a human being. “I am OK” can be described as a feeling of wellbeing, an attitude of positive selfhood. This attitude carries with it a sense of optimism and a bouncing spirit of joy in everyday living. “You are OK” is the complementary positive attitude of “I am OK”. This implies that others are given respect and are dealt with in a peaceful, non-exploitative way. Those who do not feel “I’m OK, You’re OK” may feel “I’m not OK, You’re not OK” which is an attitude of futility, confusion, as though facing a dead end. The other combinations are “I’m OK, You’re not OK” which is a position of arrogance and self-indulgence, and “I’m not OK, You’re OK”, which is an attitude of servility, insecurity and fearfulness. The four possibilities are:

1. “I’m OK, You’re OK” (I + U +)
2. “I’m OK, You’re not OK” (I + U -)
3. “I’m not OK, You’re OK” (I - U +)
4. “I’m not OK, You’re not OK” (I - U -)

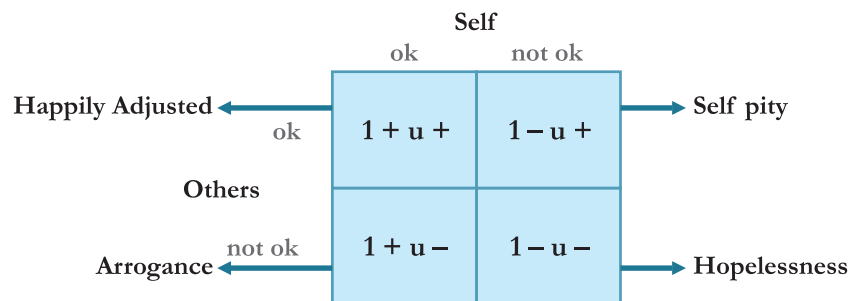


Fig. 8.11: Life positions

A counsellor who feels “I’m OK, You’re OK” will help a counsellor reach the “I’m OK, You’re OK” attitudes from which the counsellor will understand the point of view of elders and authorities without having to submit to their unfair or unjust rules or behaviors. Students who find an “I’m OK, You’re OK” attitude modelled in

the counsellor's behaviour will be able to detach from harsh expectations of their parents and still feel love towards them.

Students usually come to a counsellor with "I'm not OK" feelings and attitudes because of the hurt, helplessness or humiliations they have experienced. They also tend to feel "You're not OK" towards teachers and parents. The attitude of the TA counsellor should not be one of "I am better than you," nor "I am going to cure you," but rather one of "I am OK and so are you," "I am here to be with you as you solve your problems". The "I'm OK, You're OK" life position of the TA counsellor facilitates a life-giving attitude towards the groups the counsellor works with.

Activity 2



Ask yourself which of the above four attitudes you feel when

- a. You have a conflict with your mother, your father.
- b. You cannot get what you deserve.

If you feel

1. "I'm OK, You're OK"
2. "I'm OK, You're not OK"
3. "I'm not OK, You're OK"
4. "I'm not OK, You're not OK"

How can you change so as to end up feeling "I'm OK, You're OK?"

8.10 PERMISSION-GIVING AND INJUNCTIONS

The skills of permission-giving are central to transactional analysis. You have learnt how negative strokes and negative Parent messages are harmful for personal growth and wellbeing. Your clients need to be aware of the permissions they need to dissolve these negative messages. Permission-giving is important for follow-up of counselling sessions as it helps a counsellee to become self-reliant and to continue empowering the Child ego state.

A permission is a positive message from the Parent ego state to the Child ego state. They are powerful unconditional and conditional strokes that are directed at specific positive attitudes and behaviours necessary for developing altruistic, secure, responsible and dynamic integrated ego states for personality development. Permission-giving is a cognitive-affective-behavioural intervention as these messages help the counsellee to think positively, to acknowledge feelings, needs and emotions, and to take action for positive outcomes in daily living. Permissions are the core of parenting and cover the developmental issues of childhood. They should be given in the family by parents and elders as well as by teachers and those in positions of care-giving and authority. Because families and teachers neglect to give these permissions for the child's health and sanity, permission can be given in a formalised way on a one to one basis, or in a group setting with parents, or in a group setting with other students. The counsellor can give permissions within a counselling session or form permission-giving social units through one family, a group of families or a group of students.



Such permission-ritual groups or permission-giving social units can more easily undo the damage done to children by the negative strokes, impossible expectations, criticism and neglect of parents and elders. Permissions especially undo the effect of injunctions. A negative message or attribution is called an injunction. The injunctions were discovered by Claude Steiner, a close follower of Eric Berne, and systematised by Robert and Mary Goulding into twelve major negative messages. Pearl Drego has added the last two injunctions 13 and 14 in keeping with the ethos of India and Asia.

8.10.1 The Fourteen Permissions and Fourteen Injunctions

You can use the fourteen permissions to facilitate change in the individual and in the psycho-history of the family. In the next section you will learn how to use the permission in the family, at school and in the counselling sessions.

No.	Permission	Injunction	Examples of Injunction
1.	You have a right to exist	Don't exist	"You are such a nuisance, it would have been better that you were not born".
2.	You are OK to be you	Don't be you	"You are too fat", "You are not as clever as your cousin".
3.	You are OK to be a child	Don't be a child	A child who is not allowed to play and have fun.
4.	You are growing up fine	Don't grow up	A child who is treated as the baby of the family.
5.	You can succeed	Don't succeed	A child who is always told, "What's the use of getting 8 on 10, you must get 10 on 10"?
6.	You are important	Don't be important	"Do what we want, not what you want."
7.	You can be close	Don't be close	A family that does not give hugs and kisses, puts too much emphasis on performance and school results, does not express affection and allows members to be mean to each other.
8.	You belong to us	Don't belong	"Everyone in our family is so tall, why are you so short?" or "You will get married and belong to another family someday".

9.	You are healthy	Don't be healthy	"You are always falling sick," "Don't go in the rain or you will catch a chill," "Be careful that you don't catch germs".
10.	You are sane	Don't be sane	A child given contradictory messages, or accustomed to hysterical outbursts over small mistakes, or has to live with extreme fear, anger or abuse.
11.	You can think	Don't think	A child who is not allowed to ask questions, who is called stupid, whose reasoning is not accepted, who does not get explanations or whose views are always contradicted.
12.	You can feel feelings	Don't feel feelings	A child who is not allowed to acknowledge or express feelings safely.
13.	You are holy	Don't be holy	If a child is given a feeling that the body is filthy and to be used like a horse-cart, if he or she is not given a taste for spiritual experience and faith in divine intervention, and not told about closeness to God.
14.	You can help others	Don't help others	When children are told not to interfere with others, ignore the problems of others, only take care of themselves and their loved ones, exploit the goodness of others, be silent about injustice and withhold from sharing and caring.

8.10.2 Permissions Messages

You will now get an analysis of the fourteen permissions, how they are given in natural ways within the family. You can then use them in the counselling process to empower your clients by using the language of the permission with the prefix, "You are OK to ..." at appropriate and negotiated moments during the sessions. Permissions given gratis are also very effective, or when a student has done something well or attempted new good behaviours. Permissions are the crowning glory of strokes and can change the course of a person's life for the better.

You have a right to exist: The permission to Be is related to the fundamental choice for life and living. It encompasses an unconditional acceptance of being versus non-being, life versus death.





You are OK to be who you are: The permission to Be Oneself is related to self-identity, the acceptance of conditional being, the acceptance of one's womanhood or manhood, the self-congruence that enables a person to say, "I am glad to be who I am." This permission includes sexual identity, "You are OK to be a girl," "You are OK to be a boy." It is also related to the person's whole selfhood, talents, quirks, looks, preferences, career, etc.

You are OK to be a child: The permission to Be a Child is permission to be dependent in a healthy way, to be interdependent, to be able to have fun, to receive, to relax like a child, and to accept being looked after.

You can grow up: The permission to Grow Up is permission to be independent, to be responsible for others, to exercise autonomy, and to be the age one is.

You can succeed: The permission to Succeed is the sense of achievement in fulfilling goals and feeling satisfied about what one has accomplished.

You are important: The permission to Be Important brings an inner sense of worth and self-esteem. Importance is communicated when a child feels that it is special in the eyes of parents, when its needs are given priority.

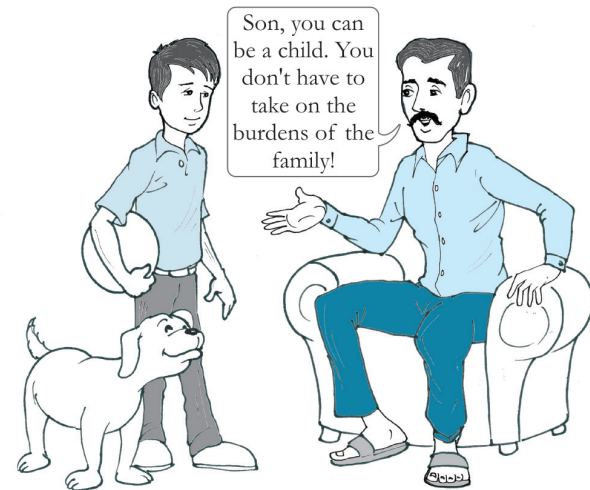
You can be close: The permission to Be Close gives the ability to experience unconditional trust in appropriate relationships, to have the capacity to be affectionate, loving and intimate in healthy ways.

You belong to us: The permission to Belong is the sense of rootedness and security in a group, be it a partnership, a family, a school or a nation. The experiences of being rooted, belonging to and with others in a group is an important source of life and energy.

You can be healthy: The permission to Be Well supports the experience of physical well-being together with a sense of strength in the body to handle physical changes and climatic extremes.

You can be sane: The permission to Be Sane is the experience of mental and emotional integration, stability and flexibility. It is the source of sanity, of coherence in thought and action.

You can think: The permission to Think is the ability to trust one's thoughts, to process information in a healthy way, to communicate, discriminate and make assessments.



You can have feelings: The permission to Feel is the ability to feel one's feelings and sensations, to express one's feelings and have control over the expression. Feelings have bodily and behavioural components and need to be taught and validated.

You are holy: The permission to Be Holy relates to children's ability to acknowledge the spiritual depth of their existence and their spiritual interconnectedness with nature and other human beings.

You can help others, or You can fight for justice

The permission to Fight for Justice is the conviction that one cannot remain an idle witness of another's suffering. It empowers a child to take active part in the creation of a new social order.



Self-check Exercise 3

1. Read the statements given below and identify the likely underlying injunction and the permission that the person needs.
 - a. Get out of my life and never come back.
 - b. You are the odd one out.
 - c. You are oversensitive.
 - d. You should be strong and inflexible.
 - e. What's wrong with you?
 - f. Stop interfering in other's problems; it's none of your business.


8.10.3 Using Ego States and Permission-giving in Counselling

The goal of TA counselling is to strengthen the quality of the Parent, Adult and Child ego states of the counsellee and to solve the conflicts between them.

The Parent ego state is the part of personality that gives values, strength, compassion, caring, and specific dos and don'ts. By using ego state diagnosis you can help your counsellee to search for the contents of her or his Parent ego state and find out if the Parent is misguiding the counsellee's Child or pressurising it wrongly. You can help the counsellee to identify the inner messages impelling certain behaviours and change any negative messages into permissions. A counsellee may not have permission to express anger safely, nor permission to ask for what she wants, nor permission to live safely, nor permission to identify stroke hunger and satisfy it. The Parent may need to give permission to the Child of the counsellee to succeed and to be important and so handle difficult scenes with dignity and composure. Knowing about the Parent is therefore helpful in your counselling sessions.

By assessing the Adult of your counsellee you can plan what information the counsellee needs and what personal choices are to be made. You help the Adult of the counsellee to deal with reality and to distinguish what is true and untrue, what is possible and impossible to change, what is fair and unfair in the situation being analysed and what alternative actions/feelings can be explored. You can help the Adult of the counsellee to identify causes and solutions, to generate ideas for resolving the problem, to make choices and keep written records of learning from the sessions. By





using TA you can focus on the Adult ego state of the counsellee in such a way that the counsellee finally takes responsibility for change and for solving her problems. An Adult choice is different from a new year resolution. A resolution is usually made under pressure of the Parent, while an Adult choice is a commitment made with the support of the Parent.

When you are counselling your students from the TA perspective you will easily recognise that the student is probably in the Child ego state, suffering, complaining, or insecure, scared, frustrated, or confused, etc. This is the vulnerable part of personality which is a reproduction of attitudes from infancy and childhood. The Child ego state of your counsellee is probably looking to your, (the counsellor's) Parent ego state for guidance and support, for approval and direction, reassurance and validation of its feelings. However, the counsellee may be unaware that this is her or his expectation. You can facilitate her to take responsibility in the Adult for the needs of the Child and for getting them met in an appropriate way.

If as a counsellor you quickly give support and consolation to the client from your Parent, without first exploring the facts and issues involved, you are not giving time for the Adult ego state of the client to develop and take charge of the situation. If you quickly offer solutions or try to stop the counsellee looking sad and miserable, you may be forcing your agenda on the counsellee. The counsellee may replace the inner critical voices with your pressures. This may create more problems for the counsellee. Therefore, using the ego states in the counselling process gives you a set of norms by which to assess the growth and success of the sessions.

8.10.4 Handling the Rebellious Child in the Counsellee

Knowing about the rebellious aspect of ego state behaviours is a special benefit to counsellors. Children can learn to identify the note of sarcasm or criticism in what they are saying and learn to avoid responding in ways that are likely to escalate to a fight, an argument, scolding, or other negative event. Instead of saying, "I'll never do this," "I won't," "I'll show you," "I refuse to obey you," a child can be taught to give information in a co-operative manner by saying, "I really don't want to do this now and I feel terrible when you force me to do it," or "I don't know how to do it and I find myself feeling helpless," "I am feeling very tired and angry, please don't ask me to do this now, I need to have a break." You can teach your counsellees to express anger and feelings of unjust treatment in positive ways by which both parties end up feeling good about what has been discussed. TA techniques are built on increasing positive communication.

Counsellees often increase the problems they have by rebelling and reacting negatively to others. You can teach counsellees to be positive and open in their communication and so advance towards solving their problems. When a child is tired, or angry, is denied an emotional need, hurt by a past offense, the child is vulnerable to more hurt. If the child is agitated he or she may respond in a way that increases the agitation of parents or teachers. If the child is a perfectionist then the child will keep finding fault with others and be dissatisfied with everyone. Some children are over

polite and the negativity of their response can be underground, hiding their real animosity or rebellion.

Familiarity with transactional analysis helps counsellees become aware of the hidden levels of their communication and the negative impact on others. There may be a hidden retaliation or passive aggression in the way they respond to parents, teachers, family members or friends which in turn brings them negative strokes and persecution.

Through the self-awareness brought about by ego state analysis, counsellees learn to speak straight and disagree with authorities in an agreeable manner. They learn to openly express negative feelings in a way that is not blaming or offensive. Counsellees learn to avoid responses that seem like a jibe or insult, an outright rejection, an uncompromising attitude or an act of disobedience. They learn to keep a positive relationship to authority figures and resist criticism without increasing the anger of the person criticising or disciplining.

The case study below gives you an example of TA counselling interventions.

Case Study (Demonstration Counselling)

A student once came to her teacher and said,

Student: "I am torn between studying for my examination and helping my mother with getting the upholstery done. I am so confused that I feel guilty when I sit with my books."

The teacher quickly gave her consolation and a solution, saying, "I understand your problem, but you must study for the examination."

The student obediently said, "Yes, thank you ma'am" and went home but still could not study.

She went to another teacher and described the same problem. The second teacher used TA in the following way.

Teacher : What are you thinking inside yourself ?

Student : I think I should study, but then a voice keeps saying 'How selfish you are, see how sickly your mum is and you are not helping her'.

Teacher : You are being pulled in two opposite directions.

Student : Yes, it is tearing me up.

Teacher : What do you want to do ?

Student : I want to stop feeling guilty when I study.

Teacher : How do you want to feel ?

Student : I want to feel powerful when I am studying.

Teacher : What message will you give yourself to feel powerful ?

Student : I will tell myself, "When I study my mother will feel that I am doing what she wants me to do."

Teacher : Are you doing what you want to do ?

Student : No, I want to enjoy myself.

Teacher : So your desire to help your mother may be a way to not do your task as a student. Do you want to succeed in your exams for your sake or for mother's sake?





Student : Yes, for my sake.

Teacher : Do you think that is being selfish ?

Student : Actually no, when I see it honestly, I realise that I need to study because I want to do well.

Teacher : Will you commit yourself to your success ?

Student : Yes.

Teacher : Meet me next time and give me a report of your study. Would you like to hear a positive message about your right to study?

Student : Yes.

Teacher : You have a right to your success and you belong with your books and notes.

Student : I feel so good and strong to hear those words.

Teacher : Will you repeat them to yourself twice a day ? And tell yourself that mom will manage during this time.


Student : I will. Thanks a lot for your help.

The next day, the student reported that she had begun her studies and that her mother had actually told her she did not need her help, but now she was studying and feeling energised. The teacher explained to her about TA permissions and gave her the permission to succeed once again, telling her that from then on she could give the permissions to her own inner Child from her inner Parent each time she sat to study, saying, “You can succeed, I believe in you, You can do it. Your mother is being looked after. This time is for you.”

8.11 Summary



You are now equipped with an important and impactful set of theories and tools for use in your counselling sessions. Transactional analysis has provided you with a framework for understanding the different feelings and behaviours of your counselees and a method for assessing their needs. With the knowledge of ego states you have a scheme to approach the counsellee and a goal to bring new experiences that are potent and empowering for self-care as well as altruistic love for others. The goal of problem-solving is to balance the needs of self with the needs of others so that the counsellee does not merely end up doing “whatever I feel like doing for me” but has a value system of give and take, of I am trustworthy and needing love from you who are trustworthy and needing love. TA teaches rights of the self and rights of others. Ego state analysis also gives you a tool with which to monitor the quality of your interactions and the nature of your relationship to you counsellee so that neither dominates or manipulates the other. Stroke theory has given you guidelines for giving appreciation and



warmth as well as giving confrontation and negative feeding with compassion and respect. With strokes you help each ego state of your counsellee to develop energy for self and for making the world a place for harmony and intimacy.

The analysis of transactions gives you a sense of how to change ego states when your counsellee is stuck in rebellious mode or in controlling mode. The movement to more Adult to Adult communication is a reasonable goal for counselling and puts the responsibility for changing on the counsellee, so that the credit of success goes to the counsellee. When transactions are enfolded in OK-OK attitudes the outcomes of the counselling process is increased two-fold and the counsellee is very likely to heal and emerge with light-footed joyful power.

Finally, the permission-giving reaches down into the caverns of early childhood conditioning, cleansing and empowering so that each part of personality is glowing with vigour and love. The most painful situations can then be overcome and new horizons emerge for a future.

1. Use the analysis of ego states and strokes to change the following negative responses marked b. to positive ones.

Example

- (a) Daughter: Mom, I need to sleep a little longer this morning. I am so tired.
- (b) Response of mother: You lazy girl, you watch movies at night and then complain you are tired. You don't deserve any extra rest.

The mother is harsh towards her daughter from negative controlling parent and giving conditional negative strokes. She is punishing her daughter by refusing the extra rest. In the new response she uses positive controlling parent and nurturing parent to get her child to keep a timetable for bedtime.

Positive response: Alright, I will allow you an extra ten minutes today with the condition that from today you will not watch moves after nine at night. I want you to have all the sleep you need and awake fresh in the morning.

- (i) (a) Schoolgirl A: Will you come to my birthday party?
(b) Response of schoolgirl B: Sorry, I'll be out of town.
- (ii) (a) Husband: I shall be home late tomorrow night.
(b) Response of wife: As though that's something new!
- (iii) (a) Employee: Sir, my child is ill and I need to take two days leave.
(b) Response of boss: What the hell, you know that we are under pressure till next month!



- (iv) (a) Student: Ma'am I don't understand this theory, please explain.
 - (b) Response of teacher: Stupid girl, I have already explained it twice, why can't you get it?
 - (v) (a) Teacher: Have you done your homework today?
 - (b) Response of student: Which homework are you taking about?
2. For the Question No.1, create a permission for the person giving the positive response.

Example

- (a) You have permission to success with your daughter and to enjoy her success in keeping a timetable. You and your daughter have permission to be a child and have a satisfied sleep. You can be sane (consistent) and use your parent effectively.

Answer Key to Self-evaluation Exercises

- (i) Schoolgirl B is responding from the rebellious child to the adult of schoolgirl A. B can learn to be aware of her negative feelings. In the new response she makes a decision from controlling parent to keep these feelings aside and focus only on the invitation from a warm free child using positive unconditional strokes.
Positive response: I would have loved to come, but we have to go out of town! I have a small present for you and will bring it over when we get back. Thanks for the invitation and Happy Birthday to you.
- (ii) The wife is expressing frustration at the husband's regular late coming from her negative adapted child, accepting the situation with resentment. In the new response she allows herself to feel annoyed at his late coming while accepting from her adult that he has given her information in advance. She responds and adult and child with positive strokes.
Positive response: You know how upset I feel about your late coming which is on the increase, but thank you for telling me. I shall keep myself entertained and wait for you. I feel upset because I miss you so much.
- (iii) The boss lacks a humane approach from nurturing parent and is in his angry rebellious child possibly feeling let down in a crisis. In the new response he supports the family responsibilities of his employees from a positive controlling parent ethical system and negotiates a bargain from adult.
Positive response: I feel worried about this. Of course you must look after your child. Can you put in some extra hours next week in case we are behind the deadline?



- (iv) The teacher is abusive towards the student from her negative controlling parent. In the new response she moves to nurturing parent and understands that some students are not as quick as others and need personal attention. She uses her adult to find out what the specific difficulties are and respond to them in class or after class.

Positive response: Which part do you not understand? Meet me in the staff room during the break and I will identify what you need and help you.

- (v) The student is being insolent and responding from negative rebellious child to the adult question of the teacher. In giving the new response she has made the decision to be in positive adapted child and say a truthful 'no' rather than use an angry defensive cop out. She has decided to succeed and be responsible.

Positive response: No Ma'am, I am sorry. Please give me a chance to do it by tomorrow.

2.

- (i) You have permission to keep your friends even though you may be angry with them. You can say no and be loving at the same time. You can feel your feelings safely.
- (ii) You can express your anger and disappointment in a straightforward way and make a positive outcome from a difficult situation. You can be close.
- (iii) You can work out options so that others get their needs met and you can fulfill your goals. You can think.
- (iv) You have permission to let others be imperfect, slow and difficult. You can live with joy and separate your success from the success of your students.
- (v) You can follow instructions and feel happy to do what other want you to do. It is OK to follow the rules and to take responsibility when you don't. You can grow up fine.

Answer Key to Self-check Exercises

Statements

1. You are an amazing child.
- (a) Positive stroke
- (b) +U
- (c) The person giving the message is expressing her appreciation of the child's extraordinary qualities without defining the qualities. The receiver of the stroke feels good about her self and receives recognition for herself. An emotional bond is built between the giver and the receiver of the stroke.





2. If only you had treated me better in the past.
 - (a) Negative stroke
 - (b) -C
 - (c) The person giving the stroke is expressing regret, disappointment and hurt collected by her from the treatment she has received from the person the statement is directed to. The receiver of the statement will collect bad feelings and may feel inclined to justify her previous actions. This could be the breaking point or the turning point of the relationship between the two depending on how they take the discussion further.
3. I love the colour of your eyes.
 - (a) Positive stroke
 - (b) +C
 - (c) The person giving the message is appreciating the colour of the other person's eyes. The receiver feels good about it and may feel that the person giving the stroke loves more than just the colour of the eyes. There are a lot of unsaid messages and undercurrents in this statement. There is a level of deception from the giver of the strokes as love is only expressed for the colour of eyes and there are heightened expectations from the receiver as there is hope that there is much more to it than just loving the colour of the eyes.
4. I hate the sight of you.
 - (a) Negative stroke
 - (b) -U
 - (c) The person giving the stroke is expressing unqualified rejection of the person the statement is directed to. The person receiving the stroke will collect very bad feelings. This will lead to mutual rejection of each other, along with anger and resentment on both sides.
5. Your handwriting leaves much to be desired.
 - (a) Negative stroke
 - (b) -C
 - (c) The person making the statement is giving a strong comment of dissatisfaction on the bad handwriting of the receiver. The person receiving the stroke collects bad feelings and in rebellion may decide to continue to write in the same untidy manner. He will take it as a rejection of not only his writing, but also as a rejection of himself.
6. Another word from you and I shall throw you out of class.
 - (a) Negative stroke
 - (b) -C
 - (c) The person making the statement is expressing anger at the talkativeness of the student and is threatening the student with punishment. The student will collect bad feelings at being spoken to like this and may feel afraid of the teacher. He will also feel defiant and will express it sooner or later. He does not see it as a simple issue of him talking too much or of making noise in class, where all he needs to do is to be quiet.

7. It is so good to see you.
 - (a) Positive stroke
 - (b) +U
 - (c) Expression of warmth and joy by the person making the statement. The receiver feels good and wanted; the emotional bond between the two gets strengthened.
8. Never speak to me again.
 - (a) Negative stroke
 - (b) -U
 - (c) Unqualified rejection by the person making the statement. The receiver collects bad feelings and rejection. The statement is designed to break down all communication between the two, leaving no room for further conversation. On the other hand, it may even hook the receiver to try to begin conversation all over again.

Self-check Exercise 2

1.
 - (a) Stroke 1: Seema, you really played your part well and shone in your role in the play. I was thrilled to see you on stage.
Stroke 2: Seema, I saw you had great fun on stage playing your role! I am proud of you.
 - (b) Stroke 1: Wonderful Karishma! What lovely medals you have! How beautifully they are glistening in the light! Put them on and show me!
Stroke 2: Karishma, three silver medals! I am proud of you! I saw you run your races, you are really good, and you took the start so well!
 - (c) Stroke 1: Joseph! You were a wonderful support to not only to you mother and father, but to the entire family! God bless you!
Stroke 2: Joseph, you have shared the responsibility of your father's hospitalisation with a lot of sincere support to not only him but also your mother and sisters. You have truly grown up well!
 - (d) Stroke 1: David, you have co-operated very well with you body to get well! I am really proud of you for you have learnt to be friends with your body.
Stroke 2: David, I stroke you for listening to your body and taking rest instead of doing what you wanted to do so much! You are growing up fine!
 - (e) Stroke 1: Shaila, you have grown into a compassionate young woman. I respect the way you chose to spend time with your mother in the time of her grief.
Stroke 2: Shaila, I appreciate the way you stayed with your mother to comfort her, even though missing the party would have been hard. I am sure you will catch up your time with your friends.

Self-check Exercise 3

1.
 - (a) Get out of my life and never come back.
 - (i) Likely underlying Injunction: Don't exist, don't belong



- (ii) Permissions needed: Permission to exist, permission to belong
- (b) You are the odd one out.
 - (i) Likely underlying Injunction: Don't belong.
 - (ii) Permissions needed: Permission to belong
- (c) You are oversensitive.
 - (i) Likely underlying Injunction: Don't feel feelings
 - (ii) Permissions needed: Permission to feel feelings
- (d) You should be strong and inflexible.
 - (i) Likely underlying Injunction: Don't be a child
 - (ii) Permissions needed: Permission to be a child
- (e) What's wrong with you?
 - (i) Likely underlying Injunction: Don't be you
 - (ii) Permissions needed: Permission to be you
- (f) Stop interfering in other's problems; it's none of your business.
 - (i) Likely underlying Injunction: Don't help others, don't be close, and don't be sane
 - (ii) Permissions needed: Permission to help others, permission to be close and permission to be sane

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Suggested Readings

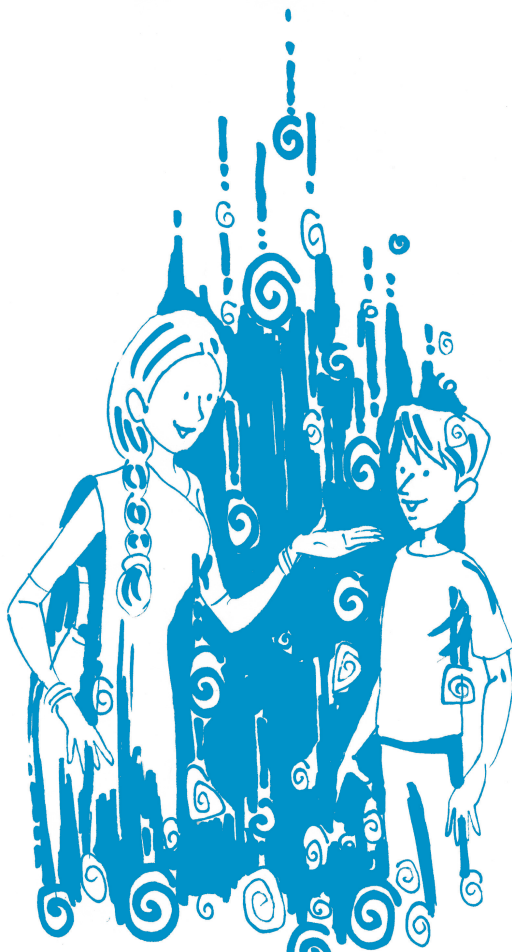
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9

FAMILY COUNSELLING AND FAMILY THERAPY

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- 9.2 Family Counselling and Family Therapy
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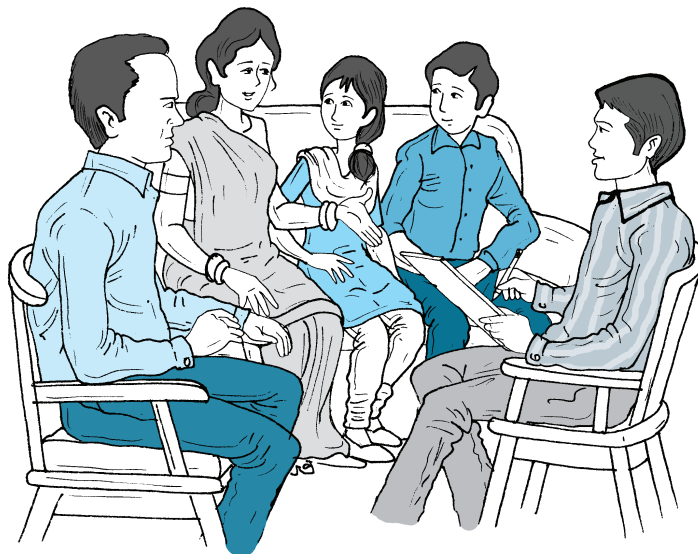
Family Counselling and Family Therapy


9.0 INTRODUCTION

Family plays an important role in nurturing the child. Patterns of interaction, communication and adjustment in the family system affect the physical, psychological as well as social development of the child. As a teacher, you might have come across students who are academically lagging behind, not because they are not intelligent enough but because they are not provided enough impetus at home to perform well or the family resources are limited which may be coming in the way of the child's achievement. For example, poverty in the family may lead to malnourishment of the child, which in turn will affect his/her physical growth and development. Similarly, overprotection or rejection of the child by the parents has a profound impact on the psychological development of the child.

It was Sigmund Freud, who recognised the influence of family as a likely cause of mental illness in the child. Prior to Freud, mental illness was considered a product of brain pathology and the treatment was medical. Freud used the concept called functional illness and conceptualised it as a product of disturbed *parent-child relationship*. After Freud, various other groups emerged, however they all agreed on two basic ideas—

- emotional illness develops in relationships with others.
- therapeutic relationship is the universal basis of all treatment.





As the understanding and conceptualisation of the psycho-social development of the individual and causes of mental illness evolved, emphasis on the involvement of the family in the process of therapy also went through changes. During the early phases of child and adult psychiatry, a child or an adult client was studied in isolation. Later the mother, then the father and finally the whole family was involved in the process of therapy. Today the need to involve the family in the process of therapy is well recognised. Individual sessions with various members are minimised and the whole family is seen together, which can be called family group sessions. During family group sessions it can be seen that functioning of each member is integrally tied to that of every other member. Family works as a unit, having sub-systems and patterns of interaction. This has led to a conceptual shift in the understanding of the problem and the therapy process, which is called Family Therapy.

Clinical practices and research have come to the conclusion that the family produces as well as maintains symptoms. Thus, intervention will have to be done at the family level. In this unit, you will be introduced to various concepts of family therapy and family counselling so that you can use them in appropriate situations.

9.1 OBJECTIVES

After going through this unit, you will be able to

- *explain* the factors leading to the emergence of family therapy approach.
- *describe* the concept of family as a system, its roles and relationships.
- *describe* the patterns of interaction in the family system that may give rise to problems.
- *identify* characteristics of a healthy family.
- *understand* the application of various therapeutic approaches that may help bring about changes in the family functioning to resolve a problem or crisis faced by an individual.

9.2 FAMILY COUNSELLING AND FAMILY THERAPY

The terms family counselling and family therapy are used interchangeably, although there are subtle differences between family counselling and family therapy. One way of conceptualising the difference between family counselling and family therapy could be in terms of the nature of problems dealt with and the type of interventions made.

The term ‘family counselling’ is usually used to describe the simple experience of sharing as done in welfare organisations. In such cases, the family members present their own views about their situation, or problems that are affecting the family. In other family counselling interventions where the problem is largely organic, such as epilepsy, mental retardation etc., the family simply requires guidance to handle the situation. The goals of family counselling are to provide help in solving problems, to help make decisions regarding vocational, educational and developmental concerns, to help increase self-awareness and to enhance family relationships.

‘Family therapy’ is an umbrella term for therapeutic approaches where the whole family is the unit of treatment and interventions are done using a variety of frameworks

(Reber, 1986). It is based on the premise that human problems are not based in the individual, but rather in the system in which the individual functions. The patient or the client is the family and the individual is the symptom bearer. A symptom is being created and maintained by internal and structural problems within the family system. Symptoms are viewed as an expression of a dysfunction within a family. The structure of the family may need to be re-ordered and restructured. Here is an example to explain this concept. Take the case of a child who is overly aggressive. In family therapy, the problem is seen as being affected by factors such as relationship between father and mother, authority structures etc. If the mother is looking after the child in a hostile environment, she may be highly protective. The mother's and child's behaviours will also be influenced by their relationship with others, e.g., supportive or non-supportive husband, relationship with in-laws, whether the child is an only child or if there are other siblings and family members to look after. It is important to understand whether the individual presents a symptom which is a manifestation of a dysfunctional family. The goal of family therapy is to help reorganise the family structure and function.

9.3 APPLICABILITY OF FAMILY THERAPY

Family therapy has evolved over the last fifty years. It has provided a framework for understanding and tackling a wide variety of problems. It is important to keep in mind the context in which problems occur and the resources within families and communities that can help in the management and resolution of those problems. Family therapy has proved useful for problems as diverse as—

- Childhood behavioural problems, i.e. temper tantrums, bullying, fighting etc.
- Childhood developmental problems, i.e. poor health, crying, not playing with friends.
- School-based problems, i.e. study related issues and decisions.
- Career related issues.
- Violence between family members, marital discord etc.
- Delinquency, substance abuse and alcoholism in young people and adults.
- Suicidal behaviour.

Family therapy can deal with a variety of psychiatric disorders including phobias and anxiety states, obsessions, depression and mood disorders.

9.4 KEY CONCEPTS IN FAMILY THERAPY


The concepts discussed below will help you to understand how the behaviour of an individual is affected by or is related to the family functioning as a whole.

9.4.1 Family as a System

A family system is a social system built by the repeated interactions of family members. These interactions establish patterns of how, when and to whom family members relate (Sauber, L'Abate, Weeks and Buchanan, 1993).

In order to understand the role of family in moulding an individual's behaviour, you first have to understand the structure of the family, its roles and relationships. In





family therapy, the family is seen as a system and the patient's problem behaviour is viewed as a manifestation of malfunctioning of the *family system*. But first, understand the meaning of the word 'system'.

The word 'system' refers to a whole comprising of several parts, interacting dynamically with each other having some consistent relationship to one another, and having internal systemic rules. The total system includes interrelationships of parts, which are not summative. The set of parts once combined form a specific entity, a whole, which is greater than the sum of its parts.

Problems do not result from the behaviour of just one person but are connected with the way family members relate to one another. Therefore, no one individual in the family can be understood in isolation. Thus, family therapy is a systemic therapy that is based on the assumption that an individual is a part of the system and is affected by the systemic forces. A counsellor intervenes to understand the family system rather than only an individual. Also, the roles and functions of the family and their influences on the family functioning are given due importance. Typical family functions are health care, socialisation, economic needs, love and care etc. Any change in the family, for example, the arrival of a child into a family will influence the family's identity. It will increase economic demands and can reduce its earning capacity. It also constricts their recreational and social activities, and affects career decisions. Some families are able to adapt to the changes, others have to be helped to adapt or make changes for healthy family functioning. The families that are able to make healthy adaptation are called functional and others that can not adapt successfully are called dysfunctional.

Family Sub-system

The family system can be further divided into sub-systems that are determined by interaction patterns, roles and alliances. There are sub-systems such as parental sub-system, the spouse sub-system, the sibling sub-system, extra familial-extended family sub-system etc. These sub-systems are not permanent, they are free flowing, thus evolving and changing.

Take an example of the change in spouse sub-system – arrival of the child in a family is likely to disturb the spouse sub-system unless the parents make required changes to accept the child's responsibility. Quality of marital relationship before the arrival of the child affects how well they will be able to adjust with the arrival of the child in the family. For example, if there is understanding between husband and wife or they share a loving relationship, they will accept the change and be adjusted even after the arrival of the child. Husband/ wife would be willing to share the additional responsibilities and compromise on the changed lifestyle.

Take another example of a family parent-child sub-system with several children and one who is disabled.

1. Mother – disabled child: You have to see how well the mother has been able to deal with her feelings of shock, anger and depression. This decides how involved (enmeshed) or indifferent (disengaged) she will be with the child. In therapeutic

work, you have to examine if there is an enmeshment or disengagement in the mother-child relationship.

2. Mother – non-disabled child: How much attention does the non-disabled child receive from the mother? Is he/she neglected because of the presence of a disabled child? Is the child given excessive responsibility for the disabled sibling?
3. Father – disabled child: Is the father withdrawn or is he psychologically and physically available?
4. Father-non-disabled child: Same as above.

Sibling sub-system and other supporting sub-systems: Disabled child evokes ambivalent feelings in the non-disabled child. Is there fear, shame, overprotection, rejection of the disabled child by the normal sibling or extrafamilial system, i.e. grandparents and other members, neighbourhood and the larger community that constitute the suprasystem? Do the parents feel supported by their extended families and friends? The concept of suprasystem is also explained later in this unit.

The Systems Concept

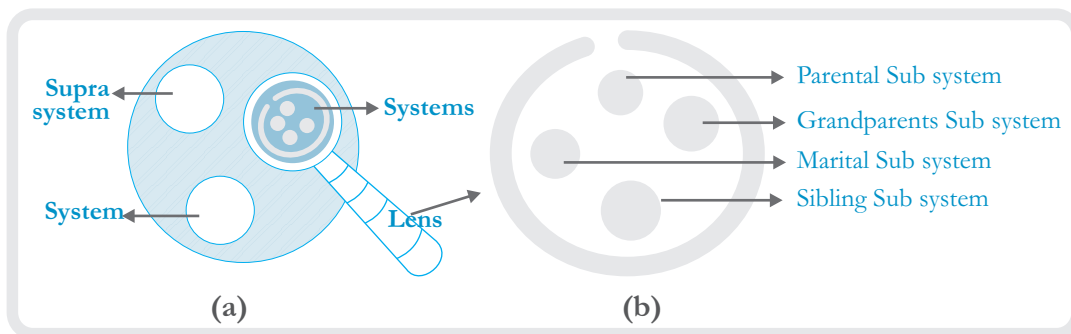


Fig. 9.1: (a) Suprasystem, and (b) Family System

Boundaries

The subsystems are differentiated from one another by boundaries. The term denotes the explicit and implicit rules within a family system that govern how family members are expected to relate to one another and own family members (Barker, 1995). The boundaries define the degree of physical, emotional and social interaction, which is permitted between the subsystems. Thus, the family has a structure consisting of interrelated parts which function as a whole.

In a family system, boundaries are of three types—

- open boundary, which is clear and permeable (most healthy);
- diffused or enmeshed, where members are tightly interlocked, there is no personal identity, and disagreements are rare and conflicts are seen as signs of disloyalty;
- closed (rigid boundary) or disengaged where family ties are weak and members are isolated and disconnected from each other. There is no communication between family members. The distance between members gives a wrong impression of independence and harmony.



Problems arise when boundaries are too diffused (enmeshment) or too rigid (disengagement). Family members often align with each other to fulfill some function. There could be healthy alliance or unhealthy coalition, wherein two members ally with each other against a third person e.g., the mother and a child ally against the father. Also intrinsic to family structure is hierarchy. This refers to differential degree of decision-making power for various individuals and subsystems. For example, in a family decision making power may lie with the grandparents or with the father or mother or both.

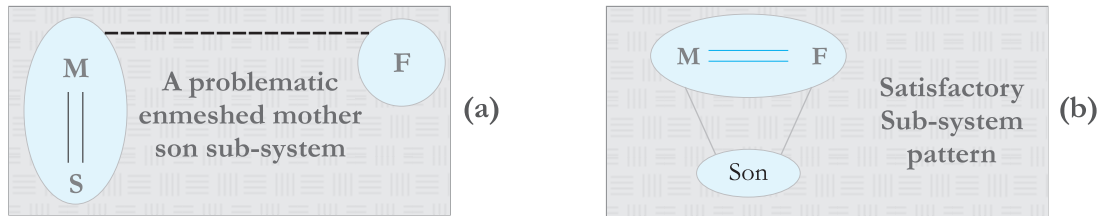
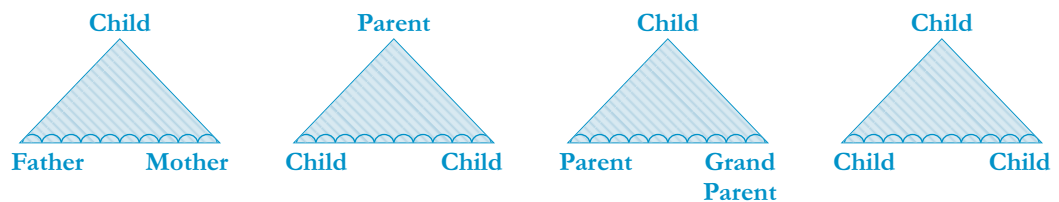


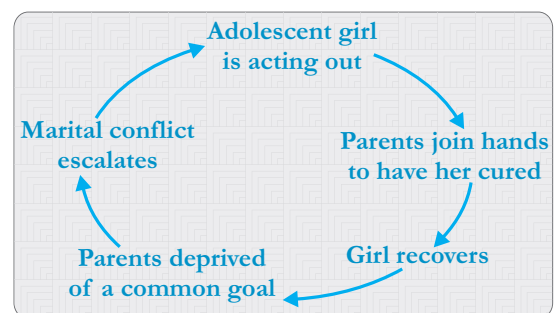
Fig. 9.2: (a) Enmeshment, and (b) Disengagement

Coalitions : Structural Alignment of two or more family members against a third one. **Triangulation**: Emotional relationships in families are usually triangular. Wherever any two persons in the family system, say the married couple, have problems with each other, they will triangle in or ‘pull in’ a third member as a way of stabilising their own relationship. The triangles in a family system usually interlock in a way that maintains family homeostasis. Common family triangles include: a) a child and his parents, b) children and one parent, c) a parent, a child and grandparent, and d) siblings.



Common Triangles

Let us take the example of an adolescent girl who acts out and is argumentative with her parents. Now when we analyse the family dynamics in this situation, it is revealed that the father and mother have personality differences, which has led to a marital problem between them. Now by acting out and being argumentative, the girl ensures her parents’ marriage will remain intact. If she “recovers fully” or is removed from the family, either the marital conflicts will lead to an end of the marital relationship, or someone else in the family might develop symptoms to balance the system. Hence, the symptoms of family form a fit.



Other components that you need to be aware of are: intergenerational information, growth and evolution, homeostasis and suprasystem. Each of these is described below.

- ***Intergenerational information***

The experiences of the parents in their own families-of-origin and the continuing influences of grandparents on the second and third generations, may also be used to see the way in which family-of-origin influences have shaped the present family. This may be in the form of genetic make-up that is inherited and also some interwoven myths, traditions, ways of interacting between family members that is passed on from generation to generation in a family. This is further discussed under Section 9.5 of this Unit, “The Family Within Us”.

- ***Growth and Evolution***

All living systems are in constant evolution. Growth and evolution are possible and change can occur in the family system. Communication and feedback mechanisms between parts of the family system are important in the growth of the family. Each part of the family system continually influences all other parts and is influenced in turn. Each family member’s behaviour is caused by and causes the behaviour of other family members. They are each impacting the other, in a circular manner.

Therefore, the behaviour of an individual is better understood as an example of circular causality rather than linear causality.

The concept of circular causality is derived from the general systems theory given by Bertalanffy (1968) who used this approach to show the interaction and interdependence across various disciplines such as sciences and social sciences, and the importance of interaction and exchange for better understanding of these disciplines.

According to general systems theory, a system is an assembly of parts which are interdependent on each other. Hence, all living organisms, including families, is composed of interacting components, that is, people mutually affect one another. Minuchin (1974) applied systems approach to detect the dysfunctional pattern of interaction among family members and to restructure the family organisation for better family functioning. The family members mutually affecting one another are shown in the Fig. 9.3.

Take an example of the anxious boy and his mother. The mother becomes anxious at the boy’s increased anxiety, which further worsened the situation as the boy refused to go to school. The mother turned to her husband with greater force, who got even angrier with the boy, and so the circular process continued.

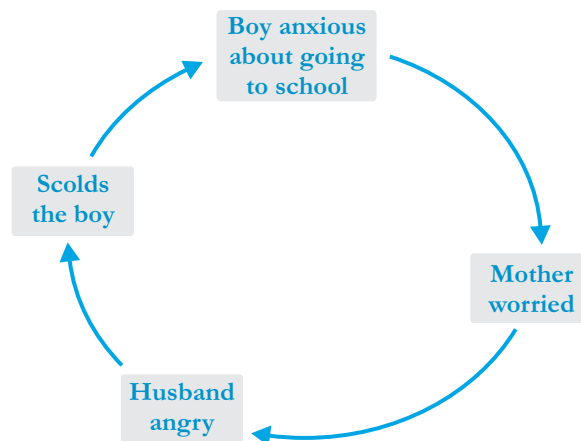


Fig. 9.3: Circular Causality



In this case, who was causing the problem? Was it the boy's refusal to go to school? Was it the father's unsympathetic and angry behaviour? Family systems theory sees this question similar to the question: "What came first? The chicken or the egg. Just as the "chicken and the egg?" question is impossible to answer, it may be impossible to say what causes the other.

- **Homeostasis**

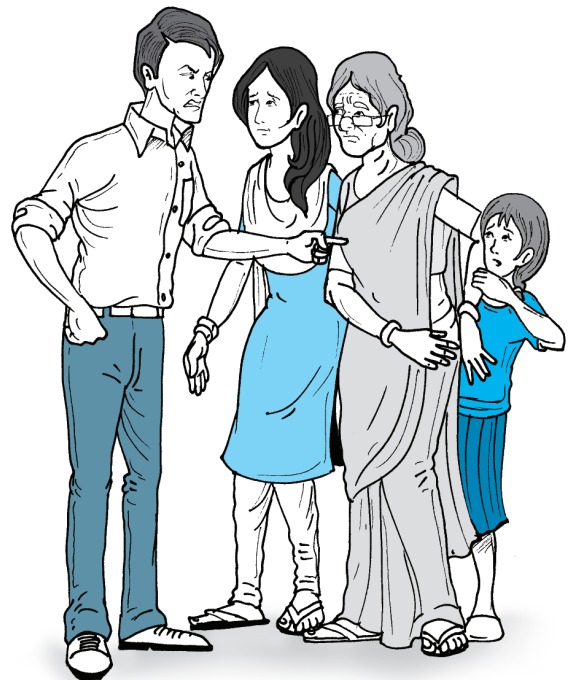
Families, like other systems, maintain their homeostasis or equilibrium of the family (Sauber et al., 1993). Symptoms have the function to attempt to maintain family homeostasis in the face of stress. Thus, the development of dysfunction is the product of family striving to remain the same despite the need for change. When parental conflict is marked, a child may become symptomatic and deflect action from the marital problem to unite the parents as given in the previous example.

- **Suprasystem**

The family is a part of a larger system, i.e., for a family the larger system is the extended family, neighbourhood, minority group, people from the same caste etc. This is called the suprasystem. The quality of relationship of the family with the external world (supra system) is defined by the external boundary. The nature of boundary will define the quality of relationship. For example, there may be a rigid boundary between family and neighbourhood if parents would not send their children to play outside with the children of the neighbourhood or do not socialise much.

Suprasystem can be seen as a kind of support system that helps in the process of adjustment. The therapist has to examine the social support at three levels, (a) relationships (spouse and grandparent), (b) friends and (c) neighbourhood and community. If the husband and wife's parents and in-laws are supportive, the stress becomes less. Research has shown that mothers with greater support are more positive in their behaviour and attitude toward their infants.

The concepts explained so far help to understand interdependence within the family system and subsystem, the interactional patterns which determine the boundaries within and outside the family and intergenerational influences to understand the family functioning. Now we will discuss some more concepts which explain the type of family structure, communication





Self-check Exercise 1

Fill-in the blanks from the following alternatives:

- | | |
|----------------|-----------------------|
| a. suprasystem | b. sub-system |
| c. boundaries | d. circular causality |
1. Various parts in the family system are called _____ .
 2. _____ differentiate sub-systems from one another.
 3. _____ refers to the concept of how each family member's behaviour is caused by and causes the behaviour of the other family members.
 4. The extended family, neighborhood, minority group, people of same caste form the _____ .

patterns, mode of adaptability, rules and roles which also influence the family functioning and its capability for adjustment.

Family Structure

The family's physical structure, beliefs and ideological systems help in understanding its interaction patterns and functional priorities. For example, a mother tells her child to pick up his socks and he obeys. This interaction defines who she is in relation to her son by establishing the power structure. Thus, structure can be seen as the *proximity* and *distance* between members in a system, the functionality determined on the basis of the *developmental stage* of the family members. The mother telling her child to pick up his socks is appropriate at three, but not when the child is 20 years old. Another example could be studying the *interaction patterns*, which would be different for different kinds of family systems such as single-parent families, extended families and families with unemployed fathers. Similarly, *social* and *religious beliefs* also affect the manner of family interaction. If a husband believes that it is not necessary for him to accompany his wife when she goes out with children, it is because the family believes that it is the mother's job to look after children. Religious beliefs and value system influences the *coping mechanisms* and can change the perceived meaning of the situation. A family which is guided by religious beliefs and values that parents have to be obeyed and respected will see less of conflict between parents and children.

It is also important to look at the family interaction or communication patterns in addition to family structure, i.e. who interacts with whom and how.

Family Interaction System

The four components of an interaction system are (a) sub-system, (b) cohesion, (c) adaptability, and (d) communication. We shall explain each of these below—

- (a) Sub-systems are determined by interaction patterns roles and alliances. For example, there are parental sub-system, sibling sub-system etc. as explained earlier in Section Family Sub-system.
- (b) Cohesion: Associated with the concept of sub-systems is the concept of cohesion. Cohesion is characterised by the concepts of enmeshment and disengagement





(tight cohesion = highly enmeshed; loose cohesion = disengagement). Highly enmeshed families have weak boundaries and are overprotective, overinvolved. Family is cohesive as individual identity is given low priority and family as a unit is given high priority. But such families experience a lot of anxiety in letting the child grow. On the other hand, in disengaged families the rules would be very rigid to the point of not allowing the child to enjoy any movement and creating considerable tension for the child. Similarly, sibling systems can be either of companionship or rigid such as older sibling dominating the younger one. The relationship between husband and wife can be as friends and companions or of one spouse dominating the other. The family ties in disengaged families are weak, and members are isolated and disconnected from each other hence there is less cohesion.

- (c) **Adaptability:** Adaptability refers to the family's ability to change their response to stressful situations (Olson, Russell and Sprenkle, 1980). Rigid families do not change in response to stress, therefore they have low adaptability. For example, if the wife starts to work, the husband may not help with the domestic chores or assist in childcare, thereby placing more of a burden on the mother. Whereas, in a chaotic family there may be endless negotiations and frequent role changes leading to instability, imbalance and overemotionality.
- (d) **Communication:** Family members sometimes believe that a particular member is responsible for the problem they are experiencing. However, difficulty usually resides in faulty communication patterns. Thus, the emphasis is on changing the patterns of interaction and not changing individuals. For example, after the arrival of a child if the mother is burdened with too much household work along with taking care of the child but she cannot communicate this to her husband and ask for his help, it might lead to problem and stress between the couple.

The above given concepts give a detailed understanding of influence of family structure, lack of cohesion and the problems of faulty communication between members which may determine the family's ability to adapt to changing situations. Just as an individual goes through stages of development and requires smooth transition from one stage to another for healthy growth, similarly a family goes through different phases of development.

Given below is an account of a family life cycle, i.e. sequential, predictable stages that a family goes through.

9.4.2 The Family Life Cycle

Just as an individual goes through a life cycle, so does a family go through a life cycle. Every family goes through different phases in life cycle and the transition to each new phase is potentially stressful because it requires adaptation to new developmental demands. The family life cycle stages are well defined and predictable. Being aware of where a family is located in the family life cycle helps to generate hypotheses about likely sources of family stress, which could potentially lead to dysfunction (Asen et. al., 1992) (see Table 9.1).

Each family life cycle stage has specific developmental tasks requiring certain changes in family organisation and roles of the individual members. For example, when a child is born, the dad becomes a granpa, the son becomes a father and the mother-in-law, a grandmother. All these role changes require plenty of adjustments to be made. While each member needs to grow into a new role, the family as a whole also enters into a new phase. The successful adaptation in each life cycle stage is necessary for growth to continue in the family. The family's ability to shift from one phase of its development to another is governed by its success or failure in the preceding phases. When the family is unable to adapt to a new situation, one of its members may become symptomatic. For example, if the new mother finds it hard to stay at home all the time to attend to the newborn, it may lead to her irritable behaviour and tension in the family.

You need to understand that family stress often occurs at transition points from one stage of the family life to another. Symptoms are most likely to appear when there is a block or interruption in the unfolding of the cycle. One example maybe the difficulties in a marriage that may reflect a failure to differentiate from family-of-origin and achieve autonomy from one's parents. A man too much attached to his own parents, siblings will not be able to lead an independent life or will not devote himself fully to his wife and children.

Understanding of the life cycle stage the family is undergoing allows the counsellor to help the family to take preventative action. The counsellor helps the family to become aware of the developmental issues and problems likely to be faced by the family, in order to provide guidance about the challenges to be faced based on the knowledge of family resources and success in managing previous life cycle stages.

The framework of the family life cycle stage is necessarily culture-bound. For example, age at which young people usually get married will differ from culture to culture. Similarly, facing adolescence, entry into job, child bearing and retirement age may also differ from culture to culture. Moreover, even in the same culture there may

be enormous variation, based on class differences, social norms and other factors. The concept of family life cycle stage can be a useful clinical tool only if it is examined and modified according to the context to which it is applied.

Table 9.1 describes the different phases of the Family Life Cycle along with the problems that are commonly presented to the counsellor. It also outlines the developmental tasks, the changes that families are required to make at each specific phase.



Table 9.1: Family Life Cycle Phases and Related Problems

Phases	Roles	Developmental Goals	Problems
Becoming a couple	Becoming part of new system	Agreeing to new roles and goals, dealing with intimacy, adjustment to new relationships (extended family, friends) forming mutually agreeable relationships	Sexual and infertility problems, emotional problems
Becoming parents	Welcoming new member	Adjusting to becoming threesome, accepting parental roles wife, woman or mother, husband or father. social Restricting life, changes in relationships with grandparental generation	Crying, feeding and sleeping problems, marital tensions, child neglect/abuse, body changes etc.
Growing children	Nurturing and caring	Balancing home and outside life, preparing for entry to school, promoting healthy sibling sub-system	Childhood behavioural problems, enuresis, soiling, competitiveness and fighting, school problems, physical ailments like abdominal pain/headaches, parental communication problems
Overcoming adolescence blues	Creating flexible boundaries	Balancing discipline vs. independence, encouraging otherness or experimentation	Staying out late and friendships with opposite sex, sexual problems, running away, domestic violence, parental pressures and stress related to study, achievement and career choice, truancy, eating disorders.
Settling children	Leaving/letting go	Parents start 'new' relationships, filling the 'emptiness', adjusting to different child/parent relationship	Marital disagreements and discord, mid-life crisis, inappropriate communication with outsiders



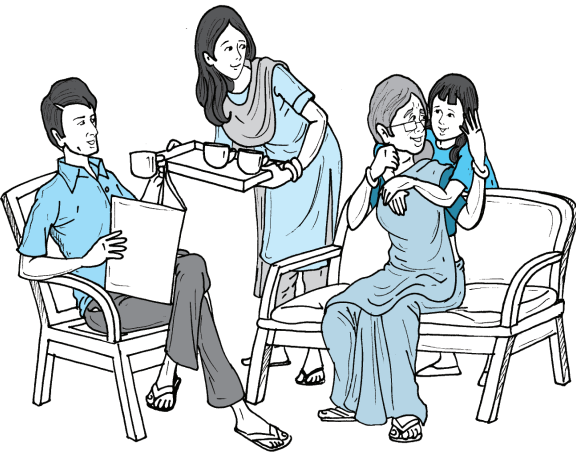
The family in old age	Accepting the shifting of roles and generation gap	Dealing with illness and death of (grand) parents, coping with grandchildren, dealing with loss of job and friends, adjusting to widowhood	Bereavement and prolonged grief, depression, dementia; physical illness and compliance problems
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The above given table explains the different stages a typical family goes through and the tasks to be accomplished at each stage, required family changes to be made and common problems faced at each stage. It can be concluded that the family has to adapt to demands of each stage and have flexibility to perform changing roles to make necessary adjustment for healthy and normal living. Given below are some suggested ways to make such changes and criteria for judging the health of a family.

9.4.3 The Healthy Family

It is not easy to arrive at a consensus on the elements constituting a healthy family. Most counsellors agree on major criteria of a healthy, fully functioning family which includes—

- Communication and sharing of feelings in a non-accusatory manner
- Respect for all members and their views
- Acceptance of individual differences
- Cooperation and sharing of responsibilities
- Nurturing behaviour
- Effective child rearing
- Stable rule system
- Sense of humor
- Survival and safety needs met
- Non-competitive problem solving attitudes and approaches, e.g. decision making through consultation, sharing, and team work etc.
- Overall philosophy or religious inclinations etc.



Self-check Exercise 2

Match the following:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. The family's physical structure, beliefs and ideology help in understanding 2. The major components of interaction system are 3. Each family life cycle stage represents | <ol style="list-style-type: none"> a. developmental tasks requiring changes in family organisation and roles of the individual members. b. roles and relationships; interactional patterns and priorities. c. sub-system, cohesion, adaptability and communication. |
|---|--|





Activity 1

Think of which life cycle stage your family is currently in. What kind of developmental tasks or demands are you required to fulfill for successful adjustment in your current stage? How might this affect the advice you give to others who are in similar phase?

9.5 THE FAMILY WITHIN US

Every family carries with it norms, traditions and style of living that is transmitted from one generation to another. It will also include the genetic characteristics that are inherited e.g., facial characteristics, skin colour, height, body build, likelihood of diseases etc. The customs, family myths, patterns of relationship are also transmitted from family of origin. It may be deliberate or it may be unconscious.

Families have their myths, some of them open and some woven in the tapestry of roles of men and women. They may contain 'legends', 'stories', sometimes disputed and sometimes shared, that are told repeatedly. Certain standards and norms of behaviour, often learned over years are called family scripts. Examples of family scripts are: how particular style of parenting, cooking meals, celebrating festivals, marriage customs etc. are adopted and continued from one generation to next. Sometimes family scripts need to be adapted or changed because some members do not want to follow them causing conflicts, therefore origin of such scripts needs to be understood. The counsellor helps in opening communication channels between family members to modify or adapt or change the family scripts which lay down the code of conduct.

Origin of certain ways of behaviours, norms, myths can be understood by drawing a family tree, which shows significant events/persons in the family, known as *Genogram*. The above given concept of family within us can be easily depicted in a genogram explained below.

9.6 GENOGRAM

A genogram or a family tree is a way of understanding family relationships, communication patterns, exploring family scripts etc. It allows you to look at family drama, beliefs and fantasies that underlie a current problem (Asen et. al., 1992; McGoldrick et. al., 1999).

A genogram gives a concise and graphic summary of a family's current composition and structure. It also shows the extended family network, the ages of the family members, the dates of the parents' marriage, and any divorces or separations. It indicates how all the family members are related especially the relationship to the client.

- Family tree is a convenient way of structuring a family on paper and exploring patterns of relationships and major events in the current and previous generations in a diagrammatic form.

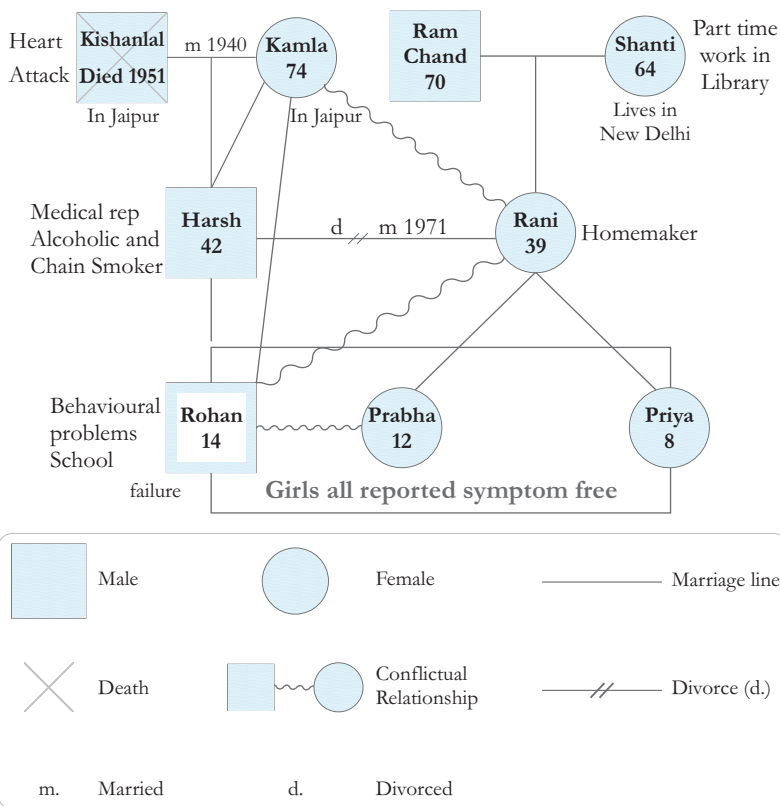


- It helps clarify transgenerational patterns of problem behaviour. For example, it helps in understanding whether any behaviour or emotional problem has been going on in the family and is inherited.
- It allows the counsellor and client to explore family myths and change family script if required. For example, making a rigid family structure more open and healthy.
- It places the presenting problem in a historical context by explaining the family of origin or trans-generational patterns.
- It not only has diagnostic but also therapeutic value as talking about family members, significant events helps in release of emotions and better understanding of relationships in the family. It helps the counsellor in planning interventions suitable to family's needs.

A simple example of a family genogram and explanation are given below.

To analyse a genogram it is important to understand the symbols first. Harsh (alcoholic and a chain smoker) and Rani are a divorced couple (a line with two slashes shows divorced couple). Harsh's father died when Harsh was a child (cross on the square for father); Harsh is very close to his mother (as shown by the bold straight line between Harsh and mother), who lived with the couple, his wife Rani did not get along with her mother-in-law because of her interference which was too much (as shown by the distorted line). Rani now, after divorce, lives with her parents.

The Sharma Family 1985



Harsh and Rani's first child Rohan is having behavioural problems and low academic performance and has been referred for counselling. Study of the genogram shows that Rohan is close to his father (as shown by the bold straight line) and the girls are close to the mother (as shown by the bold straight lines). As the parents are separated, Rohan lives with father and paternal grandmother and the two girls Prabha and Priya live with their mother and maternal grandparents. Relationships between the siblings show the boy being closer to the younger sister and missing her (as shown



by the bold straight line) and has a conflicted relationship with elder sister Prabha (as shown by distorted line).

Thus, it can be concluded that a genogram helps a counsellor gain insight into the family functioning to help the client (in this case Rohan).



Activity 2

Draw your own genogram and map your family relationships. Include the extended family network, the ages of the family members, the dates of the parents, marriage. Also include any school related and health related problem of your sibling or your own or any other important past event such as illnesses, accidents etc.

9.7 USING THE KEY CONCEPTS OF FAMILY THERAPY

With the help of key concepts and approaches discussed in the above sections, the counsellor can get information on the following areas, which would help formulate the problem and the course of interventions.

- What is the family structure and life cycle stage? Which relationships are entering or undergoing a transition or change? (Help identify possible sources of stress).
- Assess any sources of external stress.
- Identify family patterns and issues carried over by the families. What is their source of origin, for example, rigid and complementary roles of parents.
- Take note of repetitive patterns, e.g. two members constantly aligning against the third member.
- What is the problem? Ask questions to determine the sequence of events around the problem.
- Look at the function served by the symptom, for example, a child's illness may be used to prevent his parents from separating.



Activity 3

Identify a personal problem. Using your genogram you drew earlier, try to answer the above six questions. Did the genogram help you identify and clarify your problem?

A counsellor can also identify the problem faced by the family and plan an appropriate intervention by using any one of the approaches or different approaches in combination as explained below.

9.8 MAJOR APPROACHES TO FAMILY THERAPY

There are several approaches to family therapy used by counsellors today. The major ones are—

- **Psychodynamic Family Therapy:** Counsellors use the psychodynamic theoretical framework to obtain insight and help family resolve family-of-origin conflicts or

losses, eliminate distorted projections, reconstruct relationships and promote individual and family growth. Prominent therapists associated with this approach are Nathan Ackerman (1966) and James Framo (1970).

By making use of various psychodynamic techniques such as free association, the family members may be encouraged to allow their thoughts to flow freely without censorship and verbalise them which may help trace the origin of family problems.

- Behavioural Family Therapy : Behavioural counsellors focus on modifying dysfunctional behaviour patterns such as temper tantrums, non-compliance etc. through direct teaching, modeling, punishment, and reinforcement of new behaviours. Many counsellors propagated this approach (Patterson and Gullion, 1968; Patterson, 1971).


Behavioural therapists tend to be more precise as they analyse each problem behaviour and define criteria of success as compared to therapists of other schools (For more details, see Unit-6 on “Behavioural Interventions in Counselling” in Module-II).

- Structural Family Therapy : Salvador Minuchin and his colleagues (1974) at the Philadelphia Child Guidance Clinic were mainly responsible for development of the structural approach to family therapy. It is one of the most influential theories that focuses on advocating structural changes in the organisation of the family unit, e.g. change in the family structure (family roles and relationships), and increase in flexibility to reduce rigidity that may be existing in the present structure of a particular family to promote healthy environment or relationships.
- Strategic Family Therapy : Advocated by Jay Haley (1973) and The Milan Group (Selvini-Palazzoli, Boscolo, Cecchin and Prata, 1978) this approach also takes a systemic view of problem behaviours, focusing on the process rather than on the context of dysfunctional family interactions. The approach is called the problem solving approach as it aims to solve the family problems using specific strategies that are an indirect attempt to produce change in the family. Strategic or indirect methods are used only after direct methods, such as use of directives, have proven ineffective.

Some of the strategic methods could be reframing the context or content (Bandler and Grinder, 1982). In context reframing, a very quiet child’s behaviour, which is cause of concern to parents at home, may be reframed as useful in class, as it is appreciated by teachers whereas in content reframing, the meaning of the behaviour or stimulus is changed, for example, quietness may be interpreted as a sign of obedience, respect and seriousness at work and not problematic in terms of shyness as interpreted by parents. The therapists belonging to this school also make use of metaphors (stories, parables etc.) to communicate ideas and information for bringing changes.

- Experiential Family Therapy : This approach has been propagated by Virginia Satir (1967) and Carl Whitaker (1976). Satir stresses the importance of teaching family members to express personal feelings clearly, listen to one another, provide feedback and negotiate differences when they arise. Primary focus of this theory





is on communication skills. Communication patterns of the members are identified and they are helped to improve them through the experiential exercises. For example, Satir taught families to improve their communication through a series of interactions that concretely show people what happens when they do not look, touch or speak congruently. The interactions encourage a deeper examination of the ways family members suffer and feel inadequate when engaged in incongruent communication patterns. Family is then helped to develop trust and use their interactions to have a better understanding of each other (Satir, 1983).

It is not within the scope of this course to provide a detailed account of each of these approaches. Students interested in any of these approaches may further consult references and suggested readings given at the end.

9.9 ILLUSTRATIONS OF FAMILY THERAPY IN CASES OF CHILDREN WITH BEHAVIOURAL PROBLEMS

Given below are two case studies which show how systemic perspective helped in understanding and dealing with a child's problem.

Case Study 1

Manjit (6 years old) is a mentally retarded boy. He is aggressive and throws tantrums in his class. Manjit has three elder brothers (20, 18 and 16). His mother is a housewife and father is a scooter driver, who is not emotionally and financially supportive to his wife. Manjit's parents were requested to come to the school clinic as Manjit's behaviour had deteriorated. Only the mother came. She was almost in tears. She reported that her husband abused her verbally and kept making allegations that she was having extra marital relationships. If she tried to earn some money by sewing he did not like it. According to the mother, the father was close to his own mother, who did not accept the daughter-in-law because she came from a poor family. Manjit's father worked when he needed money, otherwise he remained at home. He is suspicious and demanding regarding food and sex. He complained that the sons did not respect him or talk to him. The school made a second effort to involve the father. The authorities wanted to meet him to discuss Manjit's progress in school but he did not show up. The goal in therapy therefore, had to be to empower the mother so that she could deal with the stress, feelings and fulfill her responsibility. The second goal was to increase the connectedness among the family members. It was believed that it would automatically help Manjit. In the second session the mother came on her own. She expressed her helplessness and lack of hope. The therapist asked her to think about what gives her strength. She said if she listens to *Gurubani* it helps her. She was encouraged to do so. It was also explored how the relationship between husband and wife can be improved. The question was raised: if she took some extra care about food and came physically close to her husband, would it help? Although she was angry towards him, she said she would try. She was also encouraged to take steps to have control over her own life, irrespective of her husband's help. She was not hopeful about getting her husband's

support, but stated that her sons were helpful. She had never asked for help from them as they were studying and because “it was her duty to provide”. Then in the later sessions the sons were invited. The aim was to encourage them to relate to each other and create a support system for the mother. They were asked about their worries. Did they talk about their problems to anyone? How could they be supportive to each other, especially in taking care of the younger brother and helping in running the household? This helped. They realised that they were feeling isolated. The sons could acknowledge their mother’s condition and create physical and emotional support for her. This was done by creating a support system by involving her three older sons in taking care of the younger brother and giving help in running the household. The father’s behaviour indicated that he might have been feeling lonely due to the strenuous relationship with his wife and the sons keeping away from him on account of his bad temper. The eldest son who was more confident of himself was encouraged to seek help from the father in his business so that some relationship could be created between the two. When he approached his father he responded positively. As the father started feeling little more connected there was less tension in the family and the fights between the mother and the father were reduced. Manjit’s teacher worked out a behaviour modification programme for Manjit. The mother was put in touch with the local parents’ association for disabled children. Avenues for self-employment were explored, to make her economically independent. The systemic intervention kept in view the various subsystems and their interrelationships. The emotional and physical support provided by the sons made the mother feel stronger and less lonely. The father also felt more connected and happier. The mother later reported that she felt less tense and her fights with her husband were less frequent. As the family tensions diminished, Manjit’s problems in school also reduced. It is possible that if there is a stressful situation again the problem may reappear. This point was discussed with the mother to help her find ways of coping if the situation reoccurred.

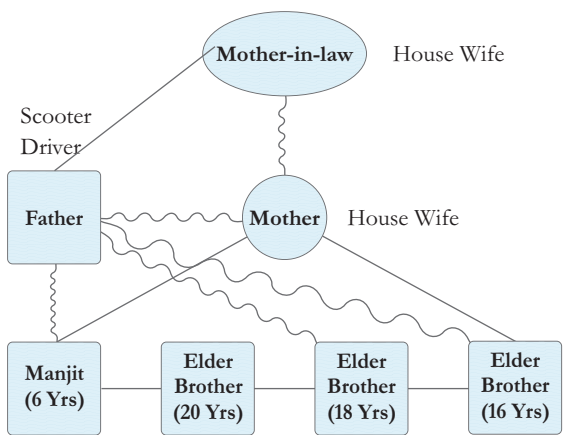


Fig. 9.4: Genogram of Manjit’s Family

Case Analysis

The above case study shows the problem of Manjit, a mentally retarded child and that of the family. The school counsellor collects information about the family members, the pattern of relationships, alliances and boundaries, and conflicts permeating the family. If the counsellor draws a genogram (shown below), it will further help him/her to understand clearly who is aligned with whom (alliances and coalitions), sibling subsystem, communication patterns and influences of family or origin (grandparents) etc.





The distorted line shows strained or conflictual relationship between father, two elder sons and Manjit. There is normal relationship between the children and with mother (straight bold line shows the normal relationship).

The case details presented above also show that the power structure is with the father, he is of the dominating kind, ill treats his wife, children keep away from him because of his bad temper. Thus, there is alliance between mother and children and between father and his mother who did not like her daughter-in-law and provided no support.

The aim of counselling would be to alter the family structure, improve lines of communication in the family and create a support system for mother and Manjit. To empower the mother to deal with her feelings and responsibility or to normalise family situation, she is asked to take extra care of her husband irrespective of his bad behaviour. Changes in sibling subsystem are also brought about by asking elder brothers to get involved in taking care of the younger brother Manjit, thus, making the mother feel strong and supported.

Furthermore, she has to be in touch with Manjit's teacher for his behavioural management. She can join a local parent association for disabled children and look for some kind of self-employment.

The sons are also asked to help in running the household as the father does not earn much. The elder son is encouraged to take help from his father in running his business to improve the lines of communication between father and son and bring them close, thus, reducing tension in the relationship. This way father was also made to feel connected to the family and create less of fights and tensions.

Thus, alterations in the family's structure, communication and relationships helped to improve family situation which would further help to reduce Manjit's problems in school.

Case Study 2 (Presenting Problem)

S was having severe vomiting. He was suffering from excessive allergies and coughs. Medical examination revealed that there was nothing wrong with the child. His parents were advised to see a psychologist.

S's parents reported:

- His physical problems were worrying them.
- Until the IX grade S used to get 60/70% marks. In X, he found studies to be too difficult. He refused to go to school. S's mother (M) arranged tuitions at home for him – 10 hours per day. In Xth Board exam S did not do well. His results were due and possibly because of it he was showing physical symptoms.
- According to the parents, specifically the father (F), S is arrogant, has the wrong values and interests. He does not behave properly with servants. His interests are not genuine, he is imitating his maternal grandfather (MGF) who is very rich and has similar interests.

First Session: (With parents)

Identification of the problems and relationship patterns:

- History of conflicts in couple's relationships over two generations.
- M over involved with S and there is a conflict between F and S relationship.

- F and S's sister are close and MGF and M also have a close relationship.
- M's brother and F's brother had breakdowns. Over expectations from their fathers and they were unable to fulfill their expectations.

S's behaviour and attitude were the major concerns of the parents. M is over involved and has spoiled the son. Initially both the parents were over involved. M stated that her temperament contributed to her over-involvement with the son. When S was very young F also spoiled him. He used to buy a lot of things for him. F had felt deprived in his own childhood, hence he did not want S to have similar feelings.

At a later stage when F felt that S was being spoiled he tried to intervene and stop M, but she did not allow him to do it. Her ego came in the way. She was too proud of her wealth and was a topper in her school and also a go-getter. Thus F withdrew, resulting in creating distance in the couple's relationship. M continued protecting the son.

The family spends a lot of time with MGF, who also has a strong influence in shaping S's personality. M stated that her father has also

spoiled S. He has told him, how wealthy his mother is and also suggested that there

is no need for him to work.

Issues which emerged and which need to be explored further:

- It was observed that there is a tension in parental relationship.
- Did M feel disappointed with her husband? Was that the reason why she allowed the son to brag about their wealth?

Second and Third Session: (Family was seen together)

Everyone's perception of the problem and assessment of the family relationship was done through questions regarding roles, experience of various emotions, e.g. what makes them feel happy, sad, angry etc.

S stated that he is not good at anything. He is worried about his results. M and F both reacted saying that his study habits are wrong. S also said that he worries about his M. If something happens to her he will put an end to his life (S stated this openly without any probe.)

M. said that she takes responsibility for everyone and so feels over-burdened.

F reacted, stating that S is not taking responsibility because she is not encouraging him to do so.

M feels that if her husband gets more involved in bringing up children it will help. However, at the same time she feels that he is too rough with S. She said that he





also interacted roughly with his own father and brother. The result is the M over protects and defends her son, which makes F angry.

The daughter feels that the problem is in the relationship of F and her brother. She feels upset when they fight.

S feels upset when F and M fight with each other. (According to the F 20 to 30 % of their fights are related to S's behaviour.)

The children said that they are all very close to each other. They spend a lot of time in their parents, bedroom. On the other hand M questions: why have their children not learnt to take responsibility? For Example: S takes pride regarding his dependency on his mother. He does not see anything wrong in it.

F feels closer to his daughter and says that M is partial to S and ignores the daughter. M denies it. The daughter did not react to F's comment.

Conclusion: Both the parents are feeling upset regarding their son's attitude. Father feels that the mother has encouraged and supported the son. But he feels angry and very irritated especially when S behaves like MGF.

- Questions raised: (needs to be explored further)
- Is F angry only with S or also with M?

Fourth Session: (only with M; At her request)

M discussed her relationship with her Father and how has that affected her marriage. She also talked about what she can do to change the situation.

She feels happy that she was sent away to a boarding school during her childhood because her parents used to fight. She attended a reputed college to study Economics and stood first. During this period she met F, who was also in a reputed College. She fell in love and decided to marry him at the age of 21 years. She did not give any choice to her F. He was afraid that she would run away so he accepted her decision. M worked for her Father for 10 years. She travelled everywhere with him and entertained business associates. (at this stage her parents were not living together). MGF was ill and she went with him to US and stayed there for 4 months. When they returned her husband came to receive her with his girlfriend. Till this time she did not realise what it was doing to her marital relationship.

M is given a large property by her Father. The rent of the property gives her a big income. When she worked for her father she was not given any salary because she was given the property.

Even now M is required to give a call to her F everyday. She visits him frequently and does all his shopping. She is still required to entertain his guests. Although she does not like it she finds it difficult to say 'no' to him.

MGF presents himself as helpless and depressed. M feels guilty if she does not take care of him, especially when he had done so much for her.

M's relationship with her mother and brother is strained. Her brother feels that MGF has been partial to his sister, does not respect his feelings and has not involved him in the business.

Fifth Session: (The whole family)

She did discuss as to what she can do to set boundaries in her relationship with her father as well as her son.

The next session began with F and M expressing their frustration regarding S's attitude and behaviour. A couple of incidences of the previous week had triggered this reaction. It helped in making both the parents decide about a common stand, which they need to take regarding their children. They worked out the rules about their daily routine, time to sleep, wake up etc.

F and S's relationship was also discussed. The daughter was asked, what should F and S do to improve their relationship. She said that F should be gentler and S should take initiative. (This point was discussed in the context of various incidences, which had created the conflict).

Sixth Session: (with M)

M concentrated on her relationship with her F and S. She realised that she should give priority to her husband and not her father, but she struggles to work out the way she can say 'no' to her father.

With regard to S she said that she needs to change herself and decided that in future she should be firm and not give in to his demands. The question why does F behave angrily with S, was also discussed.

Therapy sessions had to be stopped at this point because the family was going for summer holidays. They said that they would like to continue the work and will get in touch after they returned. However, they did not continue. M asked for an individual appointment but that too was cancelled.

The therapist contacted the mother after a year and half as part of a research study that she was doing. A question was put forward, whether the sessions with the family were useful or not and how were they doing after one and a half years?

Therapist: We had discussed various issues and your son's problem; did you get any help from our sessions?

M: Of course, the whole truth came out. As a family we were able to come together and could speak truthfully. Being able to come as a family was the most useful thing.

Therapist: You could have also talked about these issues on your own as a family.

M: No, it was important to come to you. We would not have been able to talk so frankly. You gave us a sympathetic ear and asked us questions, which helped us realise some of our issues.

Therapist: What else?

M: Seeing my son traumatised and to see him cry helped me to understand him better. He passed his Xth Board with 75%. He is now in XIIth.


Therapist: Did he go to school?

M: Not very regularly. The system is so bad that I did have to keep tuitions for him.

Therapist: What about the fights between the father and S?

M: They have better relations. They do keep on having conflicts, but they are part of life.





Therapist: How did your husband feel about the therapy?

M: He was also very happy. He felt that we should have done more sessions. The best thing was we could come together as a family.

Activity 3




Taking the case of S,

1. Draw a genogram of their family.
2. Map family relationships.
3. Identify sub-systems.
4. Identify repetitive pattern in relationships across generation.
5. Make a hypothesis, what functions the symptom is serving.

In conclusion, it can be seen that each family has strengths and weaknesses. Each family also has the capacity to restore its balance and stability. Factors that influence the family's capacity to cope are—

- Type and severity of problem or dysfunctionality.
- Family structure, functioning and life cycle stage.

9.10 Summary



You have been introduced to the concept that the family is a system in itself. Functioning of each member is tied with the other members and behaviour of a child should be understood in its context and not in isolation. Each member has a role and limitations that often go through changes. This may happen when new members join or separate from the family. In such phases of stress the family has to maintain a balance (homeostasis) in its functioning. The developmental dysfunction in a child is usually a result of the family's inability to cope with such stressors or transitions.

In order to explore how the family functions, a genogram can be constructed. It helps in exploring the family's beliefs, ways of coping with stress and its fantasies that might have caused the problem. The counsellor should try to collect information about the family and help the client in understanding and dealing with the problem situations. Various models of family counselling have been discussed and techniques of helping have been highlighted with the help of case studies.

1. Explain the terms 'family counselling' and 'family therapy'. How do they differ?
2. Examine some of the key concepts of family therapy.
3. Discuss the basic features of any one approach to family therapy.

Answer Key to Self-evaluation Exercises

1. Elaborate on the following:
 - Family counselling is usually used for simple experience sharing done in welfare organisations. It can be done to take decisions regarding vocational, educational and developmental concerns, to help increase self-awareness and to enhance family relationships or in other organic cases such as mental retardation, epilepsy etc.
 - Family therapy refers to therapeutic approaches where the family unit is covered using variety of frameworks such as psychodynamic, behaviourism etc. for a number of behaviour problems such as temper tantrums, developmental problems such as poor health, problems related to studies and career, suicidal behaviour, substance abuse and alcoholism, marital discord etc.
2. Elaborate on the following:

<ul style="list-style-type: none"> • Family as a system • Family sub-system • Boundaries • Intergenerational information 	<ul style="list-style-type: none"> • Growth and evolution • Circular causality • Homeostasis • Suprasystem
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3. You can select any one of the therapies from the following:
 - Psychodynamic family therapy
 - Behavioural family therapy
 - Structural family therapy
 - Strategic family therapy
 - Experiential family therapy

Elaborate any one of the approaches mentioned above such as behavioural family therapy as propagated by Patterson.

Elaborate on how the therapy makes use of various behaviour modification techniques such as modelling, direct teaching, punishment, use of reinforcement etc. to teach desirable behaviour.

Answer Key to Self-check Exercises

Self-check Exercise 1

1. b 2. c 3. d 4. a

Self-check Exercise 2

1. b 2. c 3. a





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Weblinks

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<http://www.ifta-familytherapy.org>

<http://www.familyprocess.org>



NOTES



List of Course Material

1. Course Guide

Major inputs include objectives, scope, rules, syllabi as well as procedures for admission, transaction and evaluation for all the three phases of the course.

2. Course Modules*

- i. Module- I : Introduction to Guidance
- ii. Module-II : Counselling Process and Strategies
- iii. Module-III : Guidance for Human Development and Adjustment
- iv. Module-IV : Career Development-I
- v. Module V : Career Information in Guidance and Counselling-I
- vi. Module VI : Assessment and Appraisal in Guidance and Counselling-I
- vii. Module VII : Basic Statistics in Guidance and Counselling-I
- viii. Module VIII : Guidance in Action
- ix. Module IX : Special Concerns in Counselling
- x. Module X : Developing Mental Health and Coping Skills
- xi. Module-XI : Career Development-II
- xii. Module XII : Career Information in Guidance and Counselling-II
- xiii. Module XIII : Assessment and Appraisal in Guidance and Counselling-II
- xiv. Module XIV : Basic Statistics in Guidance and Counselling-II

* Each module consists of number of self-learning units.

3. Practical Handbook

Provides areas and strategies for conducting and undergoing practicum, field experience and internship.

4. Tutor Guide

Lists guidelines for tutors, supervisors for course transaction and evaluation during all the three phases of the course.



