

## Module 9

# Special Concerns in Counselling



DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND  
FOUNDATIONS OF EDUCATION  
NATIONAL COUNCIL OF EDUCATIONAL RESEARCH AND TRAINING

*“No one could have foreseen that children had concealed within themselves a vital secret capable of lifting the veil that covered the human soul, that they carried within themselves something which, if discovered, would help adults to solve their own individual and social problem.”*

— MARIA MONTESSORI



# Special Concerns in Counselling

## Module 9



शिक्षण ५ मूलभूत



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NCERT

राष्ट्रीय शैक्षिक अनुसंधान और प्रशिक्षण परिषद्  
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## About the Module

You have already gone through Module-2 which focussed on the skills and process of counselling in a one-to-one relationship to deal with normal day-to-day problems of educational, personal-social nature.

Based on the concept that guidance and counselling are needed by all, this module discusses strategies to provide counselling to as many students as possible in small and large groups. Unit 1 of this module discusses one such strategy known as group counselling which has emerged as a popular therapeutic technique to meet the immediate needs and concerns common to a group of students. The skills of the counsellor lie in empowering the group to use its own resources for problem solving.

Counselling is generally understood as a therapeutic strategy to deal with issues and concerns of emotional and social nature. Career counselling has emerged as a specialised intervention to help clients deal with career choice related issues. In a fast growing and competitive world, such interventions can help in facilitating self and occupational awareness, exploring opportunities, developing career planning skills and making career related decisions etc. Unit 2 on 'Career Counselling' addresses issues related to helping students develop career planning and career management skills.

In view of limited time and resources and scarcity of fully trained counsellors, training peer group to perform some counselling functions is another viable strategy to fulfill counselling needs of large number of students. Unit 3 on 'Peer Counselling' provides guidelines to train peer helpers in schools.

Unit 4 on 'Alternative Therapies' provides an insight into age old healing practices originating from Asian Eastern cultures which are still being practiced successfully and can be utilised for counselling students in schools who have faith in such traditions.

Unit 5 is a special section on 'Counselling in Crisis Situations' as the counsellor requires additional skills to deal with a person in crisis. Most counselling situations require the counsellor to focus on first building a relationship with a client but here dealing with a crisis becomes the primary preoccupation to prevent the client from harming his/her own self or others. This unit has four sections, in some situations, source of crisis is external such as child abuse, HIV/AIDS and in others, it is internal such as attempted suicide, drug abuse etc. The contents under each section present some preventive and rehabilitative measures which can be introduced right from school stage.





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# Contents

	About the Module	<i>iii</i>
Unit 1	Group Counselling	1
Unit 2	Career Counselling	22
Unit 3	Peer Counselling	49
Unit 4	Alternative Therapies	61
Unit 5	Crisis Counselling	83
	Part I Counselling for Prevention of Child Abuse	84
	Part II Substance Abuse Prevention Counselling	99
	Part III Counselling for HIV/AIDS Awareness	116
	Part IV Counselling for Suicide Prevention	131





# 1

## Group Counselling



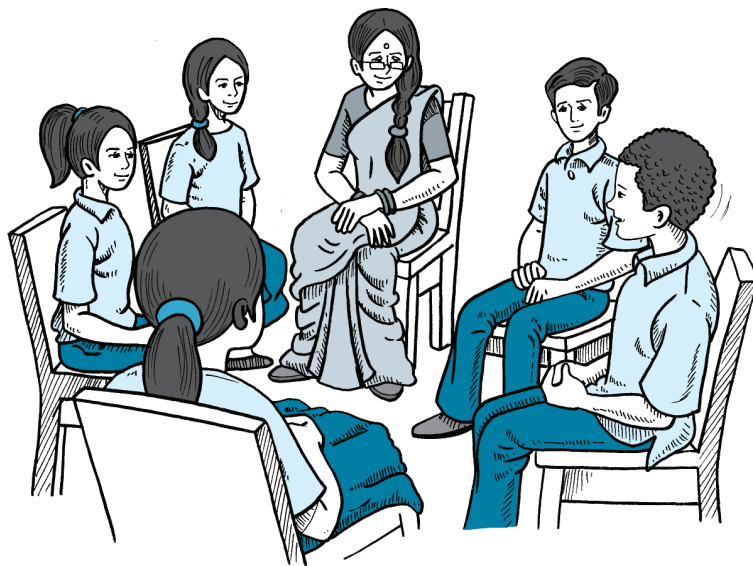
- 1.0 Introduction
- 1.1 Objectives
- 1.2 The Main Features of Group Counselling
- 1.3 Group Procedures
  - 1.3.1 Group Guidance
  - 1.3.2 Group Counselling
  - 1.3.3 Group Psychotherapy
  - 1.3.4 Group Leadership
- 1.4 Kinds of Groups
  - 1.4.1 Support Group
  - 1.4.2 Education Group
  - 1.4.3 Discussion Group
  - 1.4.4 Task Group
  - 1.4.5 Growth and Experiential Group
  - 1.4.6 Therapy Group
  - 1.4.7 Self-help Group
- 1.5 Steps and Skills in Group Counselling Process
  - 1.5.1 Planning the Group in the Counselling Process
  - 1.5.2 Selection of Members
  - 1.5.3 Stages of Group Processes
  - 1.5.4 How to Run Group Counselling Sessions
  - 1.5.5 Example of a Group Counselling Session
- 1.6 Summary
  - Self-evaluation Exercises
  - Answer Key to Self-evaluation Exercises
  - Answer Key to Self-check Exercises
  - Reference
  - Suggested Readings



# Group Counselling 1

## 1.0 INTRODUCTION

In Module 2, you have learnt about counselling principles and processes, and how counselling is done at an individual level in a face-to-face situation. The unit on group guidance techniques (Module 1, Unit 6), aimed at explaining the usefulness of



group procedures to deal with common concerns and issues of students. Group procedures have proved to be an important part of guidance and counselling work, in all types of settings e.g., schools, institutions, community and special groups. This unit focusses on the use of counselling principles and processes within a group setting.

As a counsellor, educator or a helping professional, you will find group procedures valuable for a variety of reasons. This unit will help you understand various ways in which group procedures are helpful and how groups are useful for their therapeutic effects as mutual sharing and discussions lead to resolution of conflict. The unit discusses usefulness of a caring group to help solve problems and sort out relationships. Groups help in developing trust and self-reliance amongst its members. It is also a time saving procedure as many members benefit by learning from the problem-solving of other members.

This unit would provide an understanding about different purposes for which groups can be formed and the processes involved in group action. It also clarifies the difference between group guidance, group counselling and group psychotherapy.

You will also learn how to plan the formation of a group, keeping the goals of counselling in view, work out a plan for various stages of counselling process following ground rules necessary for creating a cohesive group climate.

## 1.1 OBJECTIVES

After going through this unit, you will be able to: –

- *describe* the features of group counselling.
- *differentiate* between guidance, counselling, and psychotherapy.
- *explain* the different purposes for which groups can be brought together.
- *discuss* the steps in a group counselling process.
- *conduct* a follow-up of a group counselling procedure.

## 1.2 THE MAIN FEATURES OF GROUP COUNSELLING

The group approach is beneficial as it provides opportunity for presenting a variety of viewpoints and using the resources of the entire group for resolving difficulties or helping growth of members. This occurs when the participants experience commonality with other group members and develop a sense of belonging. They get an opportunity to practice skills and share feedback while playing simulated games and activities from real life situations conducted by the leader. Relationships are formed among group members as they absorb new skills by watching the behavioural changes in others.

However, group procedures are most effective when members have similar needs. For example, it is useful in situations where a number of people have a common need for some information, experiential learning, support, and a platform for expressing and sharing experiences. Group counselling especially provides opportunity for catharsis and individual healing as it fosters warm relationships among students who have come together for support. Group methods are especially helpful for rehabilitation and recovery of students who are facing crisis situations or problems such as alcoholism, drug abuse, single or divorced parents, disaster, diseases like HIV/AIDS, and cancer, etc.

Significant features of group counselling are:

- acceptance of each other by group members,
- confidence among its members,
- respect between the members,
- tolerance for individual differences, and
- insight into different solutions and perspectives to similar problems.

The quality of interaction helps members to drop their social façade and develop faith in the therapeutic value of giving honest expression to their fears and sufferings. It motivates the counselees to exchange information, share their successes and failures with other group members. They learn to accept responsibility for their own growth. In brief, as the group counselling proceeds, counselees experience greater opportunity to:

- express in safe and empathic atmosphere,
- have more than one empathetic response to their pain,
- compare their situation with others and learn about causes of their problems by listening to others,
- get suggestions and ideas from others,



- identify the goals for bringing change,
- plan strategies to achieve the goals,
- have others witness their decisions to change,
- practice the skills within a safe, structured setting, be inspired by the changes made by others, and
- report their successes and get reinforcement for positive behaviours

The process involves review of the problems and exploration of solutions by the group. It is a dynamic interpersonal process that involves conscious thinking, planning and action on the part of the group members. The process begins with creating basic conditions of mutual trust, care, acceptance and support within an atmosphere based on the attitude, “We accept you as you are.” These conditions are created and nurtured in a small group through the sharing of personal concerns with other members and the counsellor. A person trained in group-procedures helps the group by demonstrating empathy and facilitates discussion on issues and concerns faced by the group.

### 1.3 GROUP PROCEDURES

Group processes can be used for organising Group Guidance, Group Counselling, or Group Psychotherapy. You will now see how each of these procedures differ in terms of goals, roles played by members, and certain expected outcomes in terms of behavioural changes. Further, you will learn how to conduct group sessions and what may be expected of you as a group leader.

#### 1.3.1 Group Guidance

Group Guidance is a method of initiating attitudinal change through the sharing of information, ideas, thoughts, and perceptions. It aims at the prevention of the problems and seeks to provide information addressing the educational, vocational, and personal-social needs. It aims at growth and development of its members and is preventative in focus. Some examples of topics for group guidance are:

- health/fitness education and counselling,
- adolescent concerns,
- life skills training,
- choosing and planning a career, and
- developing study skills.

Group guidance can be used in a variety of settings and modes, such as:

- schools,
- colleges,
- institutions for training nurses, social workers, and teachers,
- adult education centers, and
- child guidance centers.

#### 1.3.2 Group Counselling

Group counselling is therapeutic in approach as it aims at the release of emotions and perceptions through sharing. It is aimed at modifying attitudes and behaviours with



emphasis on total involvement. It provides the participants with incentives and motivation to make changes that are in their own best interests. It may also be prevention-oriented for counselees who are otherwise capable of functioning in society but may be experiencing some rough spots, which can be resolved through counselling. Group counselling could be used for resolving problems related to:

- inadequate understanding of oneself or lack of self-awareness,
- self-defeating beliefs and behaviours e.g., not aware of harmful effects of faulty habits,
- managing crisis to enhance personal well being e.g., learning use of relaxation techniques,
- solving relationship problems e.g., learning communication skills,
- learning social skills e.g., improving family ties,
- resolving sexuality issues such as getting information on sex and sexuality,
- handling rebellion, depression, rage, or grief, etc., and
- dealing with rejection or abuse.

### 1.3.3 Group Psychotherapy

This procedure is largely remedial, supportive, and reconstructive. It focuses on unconscious, or subconscious, and even conscious aspects of the personality of an individual. It handles severe emotional problems as well as the problems associated with mentally challenged. Many of these problems can only be resolved or mediated over a long period of therapy. Group psychotherapy is not discussed in any detail in this unit.

### 1.3.4 Group Leadership

Whatever the group, it is the leader who has a major role to play. Counsellors, as group leaders, require relevant training in interpersonal skills, including communication of warmth and empathy to conduct group procedures effectively. The group leader must also be flexible and aware of diversity within the group such as the cultural or religious backgrounds of its members. Some other skills are discussed in Unit 3 of this module. These are:

- initial interviewing skills,
- attending behaviours and active listening,
- observational skills,
- skills in asking open and closed questions,
- skills in paraphrasing, reflecting, and summarising,
- skill of using non-verbal cues such as eye-contact and voice tone,
- understanding communication with members,
- attention to relevant details,
- influencing or enhancing skills, and
- confrontation skills.

You have already read about the skills used by the helper or counsellor for creating trust or rapport building with the client in an individual one to one situation. The



group leader uses the skills of attending, listening and communicating warmth and friendliness towards all the group members as mentioned above. The counsellor thus sets the tone for creating a positive group climate which facilitates opening up of the members and willingness to freely share. The group leader has to be competent in using these skills.



### Self-check Exercise 1

Which group process will be relevant for the following- (indicate your answers by using GG for Group Guidance, GC for Group Counselling and GP for Group Psychotherapy)

Giving information to a large group on prevention of AIDS. (\_\_\_\_\_)

Discussing problems of child abuse where the child shows no significant debilitating symptoms. (\_\_\_\_\_)

Dealing with severe emotional distress and trauma or crisis with neurotic symptoms. (\_\_\_\_\_)

## 1.4 KINDS OF GROUPS

Groups are often formed for a variety of purposes and more often a counsellor will facilitate those groups. The groups may not be specifically formed to deal with the emotional or psychological problems of participants but perhaps something just for the well being of its members. Let's look at some groups that are common in schools and your role as the group leader for each type of group. Support groups, education groups, discussion groups, task groups, growth and experiential groups, therapy groups, and self-help groups are all common in a school. Each will have its own specific goals, tasks, timings, agendas, dates and participants.

Consider each of the above groups and your role as a counsellor, leader and facilitator in it.

### 1.4.1 Support Group

Participants in a support group are meant to encourage members to share thoughts and feelings about themselves. They share differing viewpoints on a common issue. The group develops a feeling of commonality knowing that other people also deal with same issues, and experience common emotions, and thoughts and a common purpose. The number of members participating could range from four to twelve. A smaller number is always better for good interaction and maintenance of confidentiality. Support groups are especially helpful for groups who may be victims of a tragedy e.g., children from broken homes who talk about their problems of adjustment, children with various kinds of disabilities coming together to share their feelings and fears, survivors of natural disasters who have lost their family members, adolescents having communication problems with the friends or family members etc. Generally, interactions are personal and group members speak directly to one another.

Group leader's role is that of a facilitator who encourages all members to speak and share their personal experiences. But as a leader, you need to create an environment of trust, sharing, commitment and care. Creating an atmosphere where all members feel that they will get the opportunity to share their ideas and concerns with the group is important. No member is allowed to dominate or give solutions or come to the rescue of others.

In some support groups the members' needs may be at different levels. This poses a challenge for the group leader to create an understanding environment.

### 1.4.2 Education Group

This kind of group aims to provide information to clients e.g., effective learning/study skills to a student group, health related information about such topics as diabetics, heart ailments, sex education, drug addiction, and life skill issues such as time management, etc., to adolescents.

The leader's role is both as a facilitator and active participant. You will have to facilitate group interactions among members to enhance learning as well as provide information at the level of the group understanding. You might also encourage members to collect information on their own and share it with others in the group. Because of the educational nature of this group you may find that you must do research on the discussion topic and fully participate in the discussions. The members may look to you to provide more expertise and direction for their discussions and activities.



### 1.4.3 Discussion Group

A discussion group focusses on general interest areas and is formed to discuss information and ideas on social and political issues and share viewpoints to gain a better insight and understanding. Some examples of such group issues are value education, threat of war, women and gender issues, etc.

Your leadership role is to facilitate the discussions. It is also important for the leader to have some knowledge of the subject being discussed. At times, the information needed by the group members can be collected by the leader later, some members may also volunteer to do so and share it with the group. Further more, as facilitator, the counsellor would need to ensure equal opportunity for all participants, maintaining order, timing for discussion and mediation of opposing views.

### 1.4.4 Task Group

A task group is very focused and usually formed for a very specific purpose. It aims to accomplish specific tasks as it works for a clear purpose, e.g., it has to resolve conflicts and work to reach a consensus on policies or rules, etc. This type of group may meet just once or perhaps a few times and then is terminated when the task is accomplished.





The group leader holds staff/faculty meetings, does organisational work, plans sessions, etc., to complete the task.

The leader's role is that of a team builder. By allowing every member to participate equally in accomplishing the task, the leader builds a team spirit. The leader must maintain the focus of the meeting, facilitate the discussion, ensure that the group does not lose sight of the main issue and resolve any conflicts that could break out during discussions. The leader also has to deal with disruptive members. The success of a group is ensured if the members' interactions focus on accomplishment of goals, internal satisfaction, and positive outcomes.

### 1.4.5 Growth and Experiential Group

In this kind of group, the members want to experience being in a group and are motivated to explore their feelings. They get an opportunity to explore their inner self and develop personal goals in a group setting. Often their goals, concern changes in lifestyle, awareness about feelings, improvement in interpersonal communication and assessment of values and ideals, etc. The members are receptive to share their feelings and listen in an honest atmosphere. Awareness-raising groups, anger control groups, self-esteem groups, spirituality groups, and body movement groups are some examples of these kinds of groups.

A leader's role includes observation, listening, and facilitating. Depending on the goal of the group, the leader should have knowledge about diverse issues such as rights of children, sex, parenting, religion etc., and in other area of managing anger, guilt, anxiety, self esteem etc. The main purpose is self-exploration for the clarification of values, or underlying feelings, etc. The leader maintains the focus on issues that are relevant to the majority in the group even if the needs and expectations of the members vary. Some members may require individual counselling following intensive sessions outside of the group.

In the experiential group, the leader conducts experiential activities, which may make some members experience deep feelings or ideas in relation to the issues under discussion. The leader teaches new skills or conducts outdoor activities involving the members' active participation. It is expected that the counsellor has the requisite skills to bring changes in thoughts, feelings, attitudes and behaviours. He/she can demonstrate desired behaviours through role plays, games, written exercises etc.

### 1.4.6 Therapy Group

In a therapy group, like in growth and support groups, the goal is to make each member take on the responsibility to promote her/his own growth through sharing of personal concerns and listening to the concerns of others. There is, however, a great variation in the needs and style of participation of members, the leader's role, the tone of proceedings, depending on the theoretical basis of each therapy group. This is largely determined by the theoretical orientation of the leader. Some groups provide more opportunity for expression of thoughts, ideas, and perceptions; other groups may put more emphasis on emotions while still others combine these two dimensions

along with behavioural changes. A typical example is a therapy group in which clients with emotional overload, depression, anxiety, meet a professional therapist for solution of their problems and to bring changes in their personal attitudes, behaviour and feelings. Therapy group may also cater to students with problems such as attention deficit, relationship problems and adjustment between parents and children. Marital and employment problems are also handled in therapy groups. Therapy groups could also aim at healing, achieving personal autonomy, and confidence building, etc.

The leader's role is to be supportive and encouraging. Members may vary in their degree of mental health and the leader may introduce a variety of therapeutic interventions.

Some leaders may follow particular theoretical models such as CBT (Cognitive Behavioural Therapy), RET (Rational Emotive Therapy), Transactional Analysis Therapy, or Psychoanalytic Therapy, which have already been discussed in Module 2. For a couple of sessions from the beginning stage to the working stage, the leader may initiate discussion or conduct exercises on certain relevant themes or issues. Since it is a self-disclosing process, members need to be willing to share their feelings and experiences. But if there were lack of trust in the group, then the group can only function at a superficial level. The leader has to sometimes play an authoritative role to prevent complex destructive dynamics from overtaking the group. At times transference issues (attachment or dependence on the group leader) can emerge within the group. Hostility towards the group leader is also not uncommon in these sessions.

It is preferable if the leader of a therapy group is trained and certified by an authorised body. In many countries, the leader of a therapy group has to have special training and certification, sometimes even a state licence to practice as a therapist or group therapist is required. Some leaders may use none of the counselling theories as their base and emphasise on group interactions, sharing, involvement, belongingness etc., as the main agent for change (Yalom, 1985).

### 1.4.7 Self-help Group

Self-help groups are formed by interested individuals that come together to deal with a common problem. Many of the self-help groups have attained an almost professional status. There may not be a permanent leader. The group is formed for addressing issues such as alcoholism, HIV/AIDS, food addiction, or quitting smoking, etc. Examples of such groups are: Alcoholic Anonymous, Overeaters Anonymous, Sexaholics Anonymous, Smokers Anonymous, Co-dependency Anonymous, and Women's empowerment, etc. These groups are also very helpful and productive. But the group may encounter trouble when members become aggressive or form cliques but there are usually ways by which the senior members of the group handle conflicts by following certain rules or values or traditions for clarifying feelings and making peace. The community feeling generated is an important part of the healing process and members support each other outside the meetings in their personal difficulties.

The leader's role is usually determined by rotation so that each member in turn gets a chance to chair a session, initiate the topic of the day, and facilitate the meeting



which has a set pattern of sharing and discussion. Some leaders become sponsors for individual members and give them personal counselling and guidance.



### Activity 1

Under each column: list 3 different issues which you would address in the given group situation.

	Issue Support Group	Discussion Group	Therapy Group	Task Group	Growth and Experiential
1					
2					
3					

## 1.5 STEPS AND SKILLS IN GROUP COUNSELLING PROCESS

Group counselling process follows a sequence of steps and needs specific skills to make the process effective. These are detailed in this section.

### 1.5.1 Planning the Group in the Counselling Process

In planning a group you may go through the following steps:

- (i) **Purpose:** Identification and clarification of a purpose for using the group procedure is the first step in planning. Often group members and leaders may lose focus of the main purpose if it is not clearly defined. The goal should be relevant to the members of the group to be of maximum therapeutic value.
- (ii) **Size:** Group size is determined by the purpose it seeks to fulfill, the duration of each session, the available space and the experience of the leader. A very large group may inhibit the participation of its members due to lack of time and the size of the group. On the other hand a small group can cause members to feel pressure; forcing their participation even when they may not wish to contribute at that time thereby creating a negative force.

An average group size has five to eight members. Educational groups could have 4-15 members, and discussion groups, therapy groups, personal growth groups, and support groups, about 5-8 members. The minimum size could be 3 and the maximum 12.

- (iii) **Length and frequency:** The duration of the session has to be decided too. If the group session is not long enough, members will not be able to share their concerns and experiences, which will be anti-therapeutic.

In education, discussion, and task groups the duration of each session could extend for one to two hours or more. For children's groups, the length of time may be shorter upto 45 minutes. Therapy, support, and growth groups generally are of duration of one and half hours to 3 hours. However, at times, the leader and group members may plan to continue for more time. There are support groups that may continue over an entire weekend.

- (iv) **Time of the day:** For undisturbed, relaxed and complete participation, members must be free of other commitments, relaxed and fresh to participate in a group activity. The leader determines the time of the group meeting after taking a general consensus on the matter.
- (v) **The place and setting:** The location of the meetings must be convenient for its members in terms of proximity. A group session is best conducted in a room where there is no disturbance. The arrangements include comfortable seating, lighting, minimum noise, and the correct ambience. The type of seating must not completely relax the members to hamper active participation nor should it be uncomfortable to disrupt opening up of all members. Sitting around a table will be appropriate for educational or task groups but for therapeutic effects to be maximised, there should be no barriers between members. Sitting around in a circle is good but the extent of the circular formation must be comfortable and not too close. No member from the group should feel blocked from the other due to faulty seating. Everyone must feel comfortable to participate.
- (vi) **Closed or open group:** A closed group does not permit any new members after the group is established. This is particularly appropriate for therapy and support groups since the success of the group depends on feeling of comfort with each other, trust and caring among members. Closed groups are time bound and goal oriented. However, if the proceedings need the introduction of a new member who can rejuvenate the group function, the group may allow a new member.

An open group allows members to join and leave and is particularly useful in hospital-like settings, when general issues of relevance are discussed. The leader spends considerable time introducing and orienting new members. The group proceedings, however, should not get detracted, just because new members are introduced to the group.



### Self-check Exercise 2

State whether the following statements are true or false.

1. The purpose or the goal of the group counselling session should be clearly defined in the beginning.
2. For counselling to be effective the group size should neither be too big nor too small.
3. The duration of counselling session for children is usually less as compared to therapy or support groups.
4. The physical setting where the counselling session is held has no impact on to its effectiveness.

## 1.5.2 Selection of Members

Selection of participants of a certain group is based on the purpose the group procedure aims to fulfill. Some groups are formed through volunteer clients and for the others members have to be selected. The leader may have to set some guidelines for enrollment considering the functionality of the group. Screening of members is an important





function. The group leader must essentially check for the desirable attitude of members for a proposed group. The following aspects must be considered.

***Voluntary or non-voluntary membership:*** The group's dynamics is influenced by the nature of preparedness of group members to participate. An ideal group is when all its members are voluntary participants. It is, however, common to find that all members are not participating voluntarily. Negative attitudes about being in a group can be transformed by the leader's ability to prepare members of the group. The leader can enhance the preparedness of group members by explaining the purpose of the group and ways in which the group participation will be useful to members. The leader should not ignore the members who are not willing to participate and should make efforts to increase their motivation.

***Member's level of readiness:*** Many groups are disrupted due to resistance or hostility, on the part of some members. The group leader must assess the member's goodwill, or their willingness. By observing the members, the leader will know about the feelings of its members, the interest they exhibit for the group process. It is also possible to ask direct questions to ascertain the willingness. It may be easy to identify members who are interested because they want their presence felt by talking freely.

***Member's level of commitment:*** It assures the smooth flow of business in the group. Uncommitted members disrupt the functioning, argue aimlessly, show no interest or respect, get off the track and create disharmony.

***Level of trust:*** The group leader has to ensure that the group members share a trusting relationship important for optimizing the flow of positive therapeutic force in the group. The trust level increases or decreases as the group progresses and this is influenced by the way in which members react to each other.

Problems arise when members have a relationship outside the group. Typical examples are students from the same class, people from neighbourhood, workplace, and family, etc. When sensitive issues generate negative statements from some members the trust level is reduced. The leader must ensure that any negative comments made are clarified. Struggle for leadership and a tendency to form cliques, expression of anger or aggression on the part of members should also be checked.

***Acceptance of the leader:*** Members who have negative feelings for the group leader disturb positive group dynamics. The leader must tackle this situation before the onset of group activity.

The following procedures may be followed to screen members.

***Interview:*** The suitability of group members can be determined by interviewing them, giving information to them and making contacts with potential participants. The leader can assess the needs and goals of the individual, the knowledge level for an education group or the mind set for a support group.

***Written format:*** Biographical data such as age, sex, marital status, diagnosis, length of illness, etc., give valuable inputs to the leader.

***Direct questioning:*** Such questions as, "Why do you want to be in this group?" or "What are your expectations from the group?" are good starting questions to screen membership into a group.

Another method is grouping of members based on information from referral sources.

### Activity 2



List the criteria on the basis of above section to identify members for a discussion group.

## 1.5.3 Stages of Group Processes

There are three stages of group processes. These are the beginning stage, working stage and the closing stage. Look at each stage separately but remember that all groups go through the stages at different rates.

### Beginning Stage

During the beginning stage, introductions are made, the purpose of the group is outlined, goals set, rules and inhibitions clarified. Members are helped to check out by talking about their comfort levels and understand the comfort levels of other members. In education/discussion groups, even the agenda for the group may have to be determined.

There are no ground rules for the time spent on the beginning stage. This stage must make the members feel comfortable to proceed to the real issues. Sometimes the duration is brief particularly when a death, suicide, or such issues are being discussed. In some situations, the group may take longer; perhaps a couple of sessions or more to develop trust for working in a sharing environment. The leader may ask the members to devote sometime in talking about themselves or introducing each other after they have been together for a few sessions. The leader, who provides inadequate structure or unclear purpose, may find the group stuck on the beginning stage for an extended period. In some groups members require no time to get started, they are ready to talk, share, but when the purpose of the group is not clear or the session is not well planned, such a group will have a bad start.

### Activity 3



Think of a “warming up” exercise and explain in about 200 words in writing how you will conduct it in a counselling group of tenth grade students who have come together to discuss the problems of adjustment with working parents.

### Working Stage

This stage is the core of the group process. Members focus on the main purpose of the group. They discuss various topics, complete tasks, or engage in personal sharing and therapeutic work. The stage may be initiated with a transition phase when members are still not ready to share on a highly personal level. Members do not expect to get pushed at this stage. They would prefer to check out before contributing at a very personal level. The leader has to pay attention to interaction patterns and attitudes of the members



to each other and the leader. If a session is not very interactive, it is important to identify what went wrong and interaction could be improved in future sessions.

Planning for active middle phase will depend on the purpose for which the group is meeting. For example, in an education group, the leader may distribute some written material and show a film before initiating discussion on the topic by the members. The leader can restate the purpose for which the group has met. For example the leader may say, "The purpose for which the group has now met is to give each one of you opportunity to express difficulties you are facing in studies at school. I would like to ask each one of you to share the problems you are facing. Please feel free to share your feelings." To ensure that members speak freely the leader himself/herself might start by sharing similar problems with the group members that he/she may have also faced.

You may ask the group to note on a scale from 1 to 10, the comfort level experienced by them. This will allow them to examine whether they feel motivated to participate and share actively.

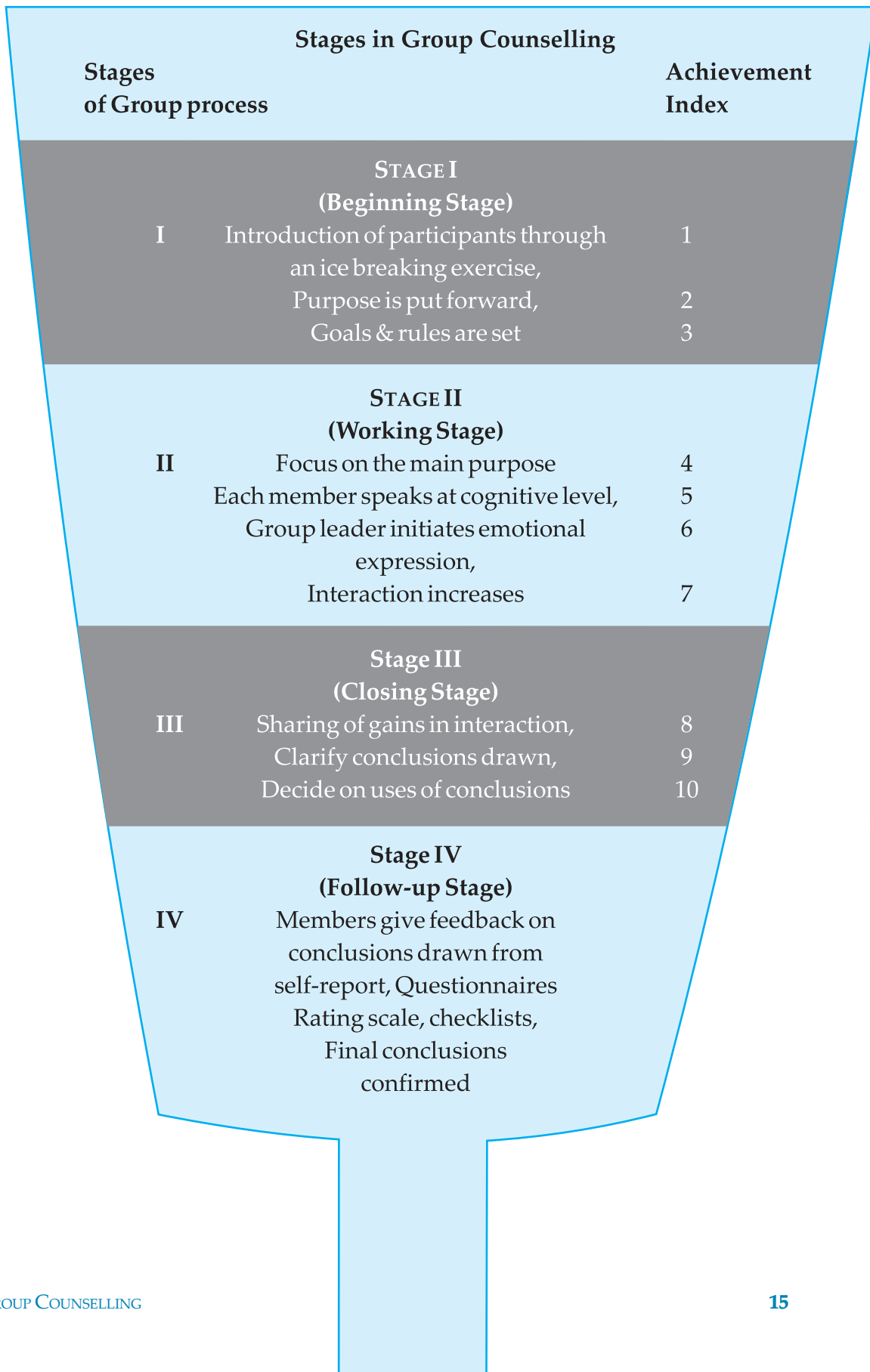
### **Closing Stage**

The closing stage of a group process is when members share what they have learned or gained from the group and how they plan to use what they have learned. The leader may also summarise the outcomes. This stage generally takes one session. The session duration depends on the time the group has worked together. Members might become emotional at this point as during the group process generally they come close to each other since all of them were facing the same problem and they may form bonds because of sharing personal experiences and feelings and the help received from the members. If the purpose of group work has been achieved, it may be a simple winding up.

### **Follow-up**

A follow-up depends on the kind of group activity and the purpose of the group. This enables the group members keep in touch and also to find out the need for the follow-up or remedial session for further therapy. It helps the group leader/counsellor to evaluate the benefits of the group processes. The method involved could be personal feedback from members through the use of an evaluation tool e.g. questionnaire, a kind of proforma, checklist etc. The group could be called again to share their feelings about the procedure they have gone through. A follow-up plan could be discussed with the group before group counselling is terminated.

The depth chart on the next page illustrates the various stages of the group process and the functions performed in each stage. The achievement index helps to identify the stage at which the group is functioning.



### 1.5.4 How to Run Group Counselling Sessions

You can form a core committee of potential members to make decisions on the number of participants, the place, timing and frequency of meetings. It is important to have members who have certain similarity of interest or life-experience and for young people, similarity of age can facilitate the group solidarity process. Permission from the authorities, parents/family concerned is necessary. It is preferable not to have teachers or any elders present in the group, which can be a hindrance to open sharing.

For example, to strengthen study and exam preparation practices, you can invite a class of thirty students to form five groups of six students each. Prepare a poster inviting them to get to know each other and form support groups to help each other feel a sense of belonging, and to share their worries and fears. Get one teacher-counsellor to lead each group. Prepare the teachers beforehand with a session on how to lead a group with gentle care and firmness.

Give them the following norms:

- Allow each member time to share. If one member takes too much time, the leader may exercise the option of saying, “What you are sharing is important, would you tell it briefly so others get their chance?” or “This is an important sharing, do you agree to give up your own time so that other members can finish their sharing?”
- Participation by all members is a sign of the health of the group. However members should not be forced to share and may remain silent if they wish. If this silence continues over several sessions, the member can be asked to tell the reasons for not sharing and express the feelings of hesitation, shyness, inadequacy etc.
- If the problems are too serious, then personal counselling should be used as a follow-up.
- Keep to the time as much as possible, and if there is any extension needed, get the group to agree.  
Ask the group for ideas on how to increase trust and love.
- “How are you feeling after the session” is a good way to bring closure to the group. You can add, “You don’t have to finish solving all problems, but you can keep this one for next time.”
- Be kind to each one and treat everyone with respectful attention.
- Do not use comparisons or say anything that is shaming to the person.
- Non-attendance, or disruption of the group process by any member or members needs to be dealt with firmly and caringly. “What is going on that you are not attending sessions, nor explaining your reasons? We need to know.”
- Get the teachers/ members to prepare the room before hand, with comfortable chairs, cushions, posters and soft music in order to create a positive, calm and uplifting atmosphere.

Structure the time in the following way:

10 minutes for ice-breaking exercises, for example:



- a) 5 minutes each one tells the members of the group the story of “the saddest moment in my life” and then “the happiest moment in my life.
- b) 3 minutes for each member to tell some difficulty they are facing in their current life.
- c) 2 minutes to give appreciation to each member of the group.
- Give the group members opportunities to make joint decisions about timing, frequency of meetings and topics they would like to take up in their sharings.

### **Rules that the group must follow:**

- a) Each member needs to listen attentively to the one who is speaking and be positive in responding, show respect to every opinion by listening attentively and considering it.
- b) Nobody will be judgmental or make any negative comments or remarks to any other member.
- c) Each member needs to be given a chance to speak but no one should be forced to speak.
- d) Sometimes one member will need more group time because of a particular problem being faced. But no one’s needs are left unattended during the session.
- e) Members take an oath of confidentiality, i.e., not to tell the sharing to anyone and not to discuss the sharing between themselves, outside the group sessions to build up the trust in the group,
- f) If anyone feels hurt by another member’s responses, this should be cleared up then and there, rather than be carried over to future meetings. The members can agree or disagree but there should be no condemnations. Disagreements can be phrased in the following ways:  
 “When you said that you could have sorted things differently ...”, “Your remark sounded as though you disapproved of my actions, is that so?”
- g) Giving positive reinforcement to each member builds up the confidence in the group. The members will grow if they receive responses such as:  
 “You really did a good thing,” “I appreciate your efforts and wish you all success.”  
 “I admire what you have achieved.” “That was not easy, but you did it and you can do it again.”  
 “I acknowledge the new behaviour you have started and I like your enthusiasm.”
- h) Bring closure to each session by getting each member to answer the question;  
 “What did I receive from the group session today?”

### **1.5.5 Example of a Group Counselling Session**


Although the module discusses many type of groups but an example that explains group counselling is being presented as this unit mainly discusses group counselling.

#### ***Goal – Handling academic problems of poor achievers***

Some students approached the counsellor for help in improving academic performance. The counsellor put up a notice for the students she identified. The notice read-

The following students of Class VII will assemble in room no. 10 at 11.00 am. on 12<sup>th</sup> January (On the scheduled date and time)





The Group Counsellor welcomed the group warmly and took them to the room where group counselling would take place. After initial introduction and explaining the purpose, a warming up (getting to know each other) exercise was introduced. This is how she started...

We are going to do an exercise. Let's all move to a place in the room we like, stand and wait for a signal. Here is our leader (she introduces a facilitator). We shall all follow his signals and instructions. We will first do a 'getting to know each other' exercise.

On first signal, each one of you will start moving in whatever direction you please. On second signal, you will stop walking and turn around and start telling to the nearest person about your demographic details.

The leader reassembles the group after this exercise and may ask members to introduce each other. The exercise is expected to make the members familiar and comfortable with each other.

It is also preferable to ensure the confidentiality issue right in the first session by asking each member to take an oath to maintain confidentiality. Second day and on subsequent days, the group goes through encouraging members to discuss the issue or the problem for which the group has come together.

On the second day, the leader may give opportunity to each member to briefly share their experiences and related ideas and then their feelings related to the problem of low achievement. Initially the problem is seen cognitively. For example, first the attempt would be made to understand the causes or reasons for low achievement e.g. aptitude, interest, study habits etc. Later participants may talk about emotional experiences or feelings they are having related to the issue of poor or good achievement.

The next step is to enumerate methods to counter the causal factors which would emerge from each member's sharing with others, the strategies they use to overcome their difficulties.

In subsequent sessions, some time is devoted to summarising learnings of past day and decide on next session's agenda with respect to purpose of the group work.

All the contributory suggestions would be evaluated by the whole group and a conclusion would be drawn on a few (mostly agreed upon by the members) methods.

The participants were asked to follow the suggestions and report after one month, two months and three months period as a follow-up exercise to ensure that the conclusions were realistic and such that participation in a group has been useful in solving the problem of under achievers?

#### Activity 4



Prepare a set of five questions to follow up the school leavers regarding usefulness of a support group for help in coping with stress related to studies and examination.

## 1.6 Summary

This unit covers counselling in small group with individuals having a common concern. The process, however, was distinguished from psychotherapy and group guidance, which are also group procedures. The unit describes the other kinds of groups and situations for which groups' counselling can be used and the skills in the group counselling process.

It explains the steps in organising group counselling such as; how to plan the session, how to form a group, how members are selected and prepared for group work and the stages of group process from the beginning stage, to working stage, to closing stage through to follow-up stage.

The unit explains the procedure of running a group counselling session, enumerates rules that the group must follow and concludes with an example. The skills of the group leader, to create a cohesive climate to facilitate interaction between members for sharing of experiences were discussed.

### Self-evaluation Exercises

1. Distinguish between group counselling, group guidance, and group psychotherapy.
2. What are the three stages of group counselling? What is the purpose of each?
3. Describe a) the different group types and b) the difference in the leadership role in each.
4. Give the essential steps for planning group-counselling sessions.

### Answer Key to Self-evaluation Exercises

1. Elaborate on the following points :
  - Group guidance aims to prevent the problems by providing information in the area of educational, vocational and personal social needs.
  - Group counselling is therapeutic in approach. The emphasis is on release of emotions and perceptions through sharing of problems such as lack of self awareness, having self defeating beliefs about oneself, problems in relationship, social skills, depression, rage, abuse etc.
  - Group psychotherapy is remedial, supportive and reconstructive as it deals with severe emotional problems as well as problems of mentally challenged.



2. Elaborate on the following points:
  - Beginning stage — where introductions are made, the purpose of the group is outlined, goals are set, rules are clarified.
  - Working stage — where the focus is on the free expression and sharing of difficulties that members may be facing or how these are resolved by members.
  - Closing stage — where members share what they have learned from each other or the group and how it can be applied.
3. Elaborate on the following points:
  - a) Support groups, education groups, discussion groups, task groups, growth and experiential groups, therapy groups, self help groups.
  - b)
    - Support group — the role of the leader is of facilitator who encourages all the members to speak freely and discuss their problems by creating an environment of trust. The leader does not dominate discussion.
    - Education group — the leader's role is mainly that of an educator who provides information and then elicits reactions and comments from the group members. The leader is an active participant.
    - Discussion group — the leader acts as a facilitator and is generally proficient in the variety of subjects to be discussed.
    - Task group — the leaders' role is of team builder who builds and maintain the team spirit.
    - Growth and experiential group — the leader is generally an observer, listener who acts as a facilitator.
    - Therapy group — the leader is directly involved in various therapeutic interventions and acts as a supporter, encourager and facilitator.
    - Self help group — the leader's role is mainly that of an organiser and a listener.
4. Elaborate on the following points:
  - Identifying the members.
  - Determining size of the group, length, frequency, place, setting and time for the sessions.
  - Clarifying the purpose or goal of the group.

## Answer Key to Self-check Exercises

### Self-check Exercise 1

1. GG      2. GC      3. GP

### Self-check Exercise 2

1. T      2. T      3. T      4. F

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### Weblinks

<http://www.school-counselor.org/topics/group-counseling.html>

<http://www.p12.nysed.gov/sss/expandedlearningopps/esd-svp/DyanamicsAndSkillsofGroupCounseling2.pdf>



# 2

## Career Counselling

- 2.0 Introduction
- 2.1 Objectives
- 2.2 What is Career Counselling?
  - 2.2.1 Vocational Guidance and Career Guidance
  - 2.2.2 Career Guidance and Career Counselling
  - 2.2.3 Career Development
  - 2.2.4 Career Education
  - 2.2.5 Personal-social Counselling and Career Counselling
- 2.3 Need and Importance of Career Counselling
- 2.4 How to Conduct Career Counselling
  - 2.4.1 Screening
  - 2.4.2 Clarifying Phase
  - 2.4.3 Contracting
  - 2.4.4 Exploration
  - 2.4.5 Insight Building
  - 2.4.6 Decision Making
  - 2.4.7 Action Stage
  - 2.4.8 Reviewing Progress
  - 2.4.9 Termination
  - 2.4.10 Follow-up
- 2.5 Tools and Techniques Used in Career Counselling
  - 2.5.1 Homework Assignments
  - 2.5.2 Psychological Tests and Questionnaires
  - 2.5.3 Mock Interview /Role Play
  - 2.5.4 Computer Aided Guidance Systems (CAGS)
  - 2.5.5 Occupational Information
  - 2.5.6 Identifying and Analysing Life Career Themes
    - 2.5.7 Worker Role
    - 2.5.8 Learner Role
    - 2.5.9 Personal Role
- 2.6 Life Career Assessment (LCA)/ Structured Interview Schedule
  - 2.6.1 Occupational Card Sorts
- 2.7 Summary
  - Self-evaluation Exercises
  - Answer Key to Self-evaluation Exercises
  - Answer Key to Self-check Exercises
  - References
  - Suggested Readings

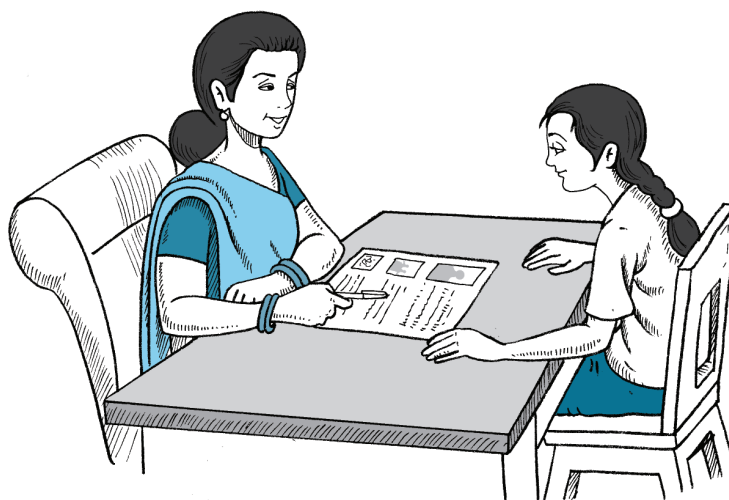




## Career Counselling 2

### 2.0 INTRODUCTION

This module has explained how counselling is a holistic concept that views various dimensions of a person's life as a totality of experiences. There is interdependence in personal, social, educational and career related areas.



However, need-based career-specific focus within this holistic approach helps in shaping career attitudes and skills related to future careers. In developed and developing societies, the complex social and economic structure poses many challenges to career aspirants who are equipped with a variety of skills, competencies, interests, values etc., that make them suitable for a variety of jobs and work situations. Also, personality and cognitive traits are a developmental phenomenon which calls for identification, exposure and conducive learning facilities to grow maximally. Whether we view entry into career as a matching process or a developmental process, the person and the work situation in which s/he finally enters need to have a positive relationship to provide stability, success and satisfaction on the job. Career counselling, through its specialised methods and techniques, takes care of such needs of the students and helps them develop an adequate and integrated picture of themselves as future workers, citizens, and homemakers. This unit will give you an understanding of the nature and process of career counselling.

### 2.1 OBJECTIVES

After going through this unit, you will be able to –

- *acquire* an understanding of the meaning of career counselling and of methods used in helping to resolve career related issues.

- *appreciate* the growing need and importance of career counselling in order to render assistance in choosing and planning for future.
- *use* the tools and methods required to assist those seeking help in knowing themselves and the world of work at various stages in career counselling
- *use* various given models of career counselling to help students choose and enter suitable careers.

## 2.2 WHAT IS CAREER COUNSELLING?

Let us first understand the meaning of the terms ‘career’ and ‘counselling’ separately. The Oxford Dictionary defines ‘career’ as a course of progression through life. It is understood as ‘the sequence of employment related positions, roles, activities encountered by a person’ (Arnold, 1997). Various definitions available in the related literature show that career is a long-term goal in a person’s life. It consists of an integrated lifelong planning of activities covering both education and employment. New understanding of the concept points to the unfolding of the sequence of an individual’s work history over time. The traditional meaning focussed more on what you do, i.e., the job titles you hold, while the new meaning focusses more on who you are and the skills you bring with you, from one kind of work situation to another. ‘Career’ is dynamic and unfolding throughout life. It includes not only occupational but also pre-vocational and post-vocational concerns, as well as integration of work with other roles such as family, community and leisure. Hence, the term career is better referred to as ‘life career’.

‘Career counselling’ refers to counselling processes directed at assisting an individual to mature on dimensions of career choice and development, and make the most appropriate and sequentially connected life-career decisions and adjustment. It includes help offered to an individual for choosing and preparing for an occupation as well as entering and functioning effectively in the type of work chosen. Briefly, career counselling may be defined as a set of communication skills, techniques and attitudes used in helping people to choose and adjust on the career effectively. This process of one’s entry into a career and making later adjustment is facilitated through enhancing self-understanding on personal, psychological characteristics and relating it with information about the world of work more meaningfully.

There are many alternative terms used in the context of career counselling. It is important to understand the specific meaning associated with these terms to have clarity about the specific roles performed by a career counsellor. We shall now acquaint you with some of the most frequently used terms and concepts.

### 2.2.1 Vocational Guidance and Career Guidance

Guidance as a discipline, when it emerged in the U.S.A. (1909) with Frank Parson’s efforts, and subsequently developed on similar lines (Williamson, 1939, 1965), relied upon the term ‘Vocation’ and ‘Vocational’ which referred to the world of work and occupational opportunities. Over the decades, with the emergence of personality theories and concepts, understanding of career choice phenomenon has expanded to



include 'persons in search of job' rather than the 'job itself'. Hence, the term occupational choice/vocational choice has been replaced by 'career choice/development' to include the personal aspects important in progression through a work life-factors such as life roles, events and situations. The concepts of career guidance/counselling have thus been established to focus more on a person who enters a career rather than the career itself.

### 2.2.2 Career Guidance and Career Counselling

Although the terms career guidance and career counselling are used interchangeably, these do not mean the same thing. The suffix 'guidance' creates a different meaning from that of 'counselling'. Career guidance involves assisting persons in their continuous preparation for selection, entry and progression in a career. This preparation has two dimensions viz., meeting the educational requirements for entry into the career as well as meeting the job requirements. The person acquires the requisite education, training, skills and attitudes for taking up a career. Guidance imparted in such a manner can only aim at helping people to be placed in the careers for which they may have potential. Usually, guidance means providing assistance to empower the person for making choices about his/her educational training and employment. It is used in a broader sense than counselling and is likely to encompass a larger range or series of activities such as informing, coaching, teaching, assessment and advocacy than the term counselling. Indeed, counselling is frequently seen as just one of the functions by which guidance objectives are met. Guidance is also a term that has been historically identified with schools rather than with community agencies, private practitioners or work places. As the provision of career guidance services has moved from a primary locus in the schools to non-educational settings with increasing frequency, the term career counselling is now being used more commonly.

### 2.2.3 Career Development

This concept was given by Super (1957), the well-known vocational psychologist (see Module 4, Unit 2). Career development refers to a series of qualitative as well as progressive changes in a career. It starts with acquiring awareness about the meaning and importance of career through making progression on the path of entering a career to settling down in the career. It consists of dealing with psychological, sociological, educational, physical, economic and chance factors that combine to shape the career over the life span. Career development proceeds whether or not career guidance or career counselling exists. As such, career development is not an intervention but the object of an intervention and the ultimate goal, as far as the work of a counsellor with the client goes.

### 2.2.4 Career Education

Career education refers to the totality of experiences by which persons acquire knowledge and attitudes about self and work, and the skills by which they identify, choose, plan, and prepare for work and other life options. It is a process of infusing career-related



experiences into instructional content and method. The application of academic subject matter of any kind can be related to work or to self-exploration through these inputs. It prepares students to understand the linkages between personal characteristics, educational opportunities, and the implications of these in work choice and work adjustment. It also helps students to understand the relationship between education and work.

### 2.2.5 Personal-social Counselling and Career Counselling

Personal-social counselling is the assistance provided in dealing with developmental and crisis situations in the family, school, peer group etc. Issues such as the sibling relationships, adjustment with parents, making friends, coping up with studies, examination anxiety and problems associated with growing up during teenage years are taken up in personal-social counselling. However personal, social development and career development are interdependent and cut across various concerns. So, too, are the counselling strategies used in dealing with them.

Career development, as you saw in Module 4, Units 1 & 2, is a global/holistic concept. So, too, is career counselling. It is neither desirable nor possible to conduct career counselling in isolation from other growth dimensions such as personal-social and emotional. There is a great deal of interconnectedness among all these areas. Career counselling aims at preparing individuals for various roles, events, situations encountered



#### Self-check Exercise 1

State whether the following statements are true or false.

True/False

1. Career counselling involves dealing with social issues.
2. Career counselling and career guidance refer to the same activity.
3. Career development suggests progressive movement.
4. Career education in school helps in bridging the gap between education and work place.

by them, keeping in mind how changes and movements in one will affect the economic and psycho-social dynamics of the rest of them (refer to Module 4, Unit 1 & 2). Career counselling takes into account the complete context of the client in which s/he has been nurtured and educated, inclusive of family values, aspirations and economic resources etc.

In the next section, you will learn more about the interdependence of personal-social and career counselling.

## 2.3 NEED AND IMPORTANCE OF CAREER COUNSELLING

In defining career counselling, we have seen how it facilitates one's choosing, planning and entry into careers. Its importance can be further understood on some personal and social dimensions discussed below.

- **Reducing unemployment and dissatisfaction**

A great deal of unemployment in any social structure occurs due to a failure to inform career aspirants about the availability of career opportunities, shortage occupations (where trained workers are not available) and surplus occupations (where trained persons outnumber the opportunities). Absence of guidance can worsen the unemployment situation leading to financial and psychological problems. If, having acquired education and training, people do not find proper placement and end up with jobs in entirely unsuitable fields, it may lead to frustration, dissatisfaction and mental health problems.

- **Coping with a competitive future**

In the 21<sup>st</sup> century work scenario, employment/jobs are likely to be available for people who have the specialised skills needed to survive in the globalised job market. Candidates with specialised skills will be more in demand and would be appropriately rewarded if they exhibit competencies, abilities and skills required for the job. Career counselling is expected to identify one's potential and interests to facilitate choosing the suitable and specialised education and training.

- **Fulfillment of needs and life goals**

In addition to fulfilling the basic needs, career counselling is also instrumental in fulfilling other personal-social needs like need for recognition, approval, self-esteem and self-actualisation by helping people find jobs suited to their potentials and aspirations.

- **Opening up new career avenues**

Today there are a myriad of career options available. Revolution in information has opened up career opportunities in many new areas, especially in advertising, information technology, engineering, fashion technology, communications, biotechnology, entertainment etc. Almost every career today requires highly specialised skills, which may need investment of time, money and energy. Career counselling enables people to choose from a much wider field of options.

- **Utilisation of human resources**

Career education and career counselling can help in the proper utilisation of human potential. Research in career psychology has shown that professionally trained personnel can nurture the hidden and inherent talents in children and youth through proper identification and channelisation.

- **Bridging the gap between education and work**

As career guidance/counselling has yet to gather momentum in many countries, provisions for career-related education in the school curriculum are still lacking. Education should have applicability of what is being learnt to life and work. To achieve this, we need to link education to the realities of work and life in general. Career counselling inputs can be integrated sequentially with the school curricula at various stages of school to inculcate right work attitudes, information and skills. Such a programme is termed as career education. The process of career counselling, thus, facilitates implementation of career education effectively and helps students to acquire an early orientation and planning attitudes required for effective entry into a career.





### Activity 1

Recall and record your memories on how you planned your career, what kind of information about the career did you have, what kind of difficulties did you face during entry and progress in your career. Share this information with others during a counselling seminar being organised some time during the course. Try to relate your situation with how things could have been better if you had received career counselling.

## 2.4 HOW TO CONDUCT CAREER COUNSELLING

So far, we have discussed the concept of career counselling, its need and importance. How is career counselling conducted? What is the process like?

You saw in Module 4 that career development proceeds through specific stages. Each stage places some demands on the individual and when successfully met, it acts as a precursor for the next stage. The process reflects mastery of successive career developmental tasks. Career counselling aids one's successful mastery of these developmental tasks in order to finally enter the 'appropriate career'.

Since the beginning of the career guidance movement, a number of approaches have been suggested by vocational/career psychologists. Williamson (1965), following a traditional matching approach, suggests a six-step strategy consisting of analysis, synthesis, diagnosis prognosis, counselling and follow-up. Later, Crites (1981) described the process of career counselling as involving diagnoses, problem clarification, problem specification and problem resolution. Super (1983), to counteract the weaknesses of the traditional models, recommended a developmental assessment model which, along with the traditional methods, brings into focus Career Maturity (see Module 11, Unit 1). Subsequently, Gysbers and Moore (1987) came out with major steps consisting of (i) client goal identification, clarification and specification, and (ii) client goal or problem resolution. The major steps involved—relationship building, information gathering, understanding information, making diagnoses, taking action and evaluation of the impact of counselling.

In the following sections, you can familiarise yourself with a largely accepted framework of various steps and phases of the career counselling process.

### 2.4.1 Screening

It is important to plan for what happens at the first counselling session because it can have a profound effect on the counselling relationship. Screening is the process that enables both the counsellor and the prospective client to gather information about each other and about the services provided. Such information can assist both to decide whether to proceed further. Screening can be done in various ways. The information provided to a client, no matter which screening process you use, should be : the counsellor's background and summary of their expertise, a general account of what happens in individual counselling sessions, what roles are expected and an explanation of what the counselling services can provide to the client.

- Prepare a leaflet for prospective clients explaining what career counselling services can offer and the expected role of the counsellor.
- Make telephone contact with the client to provide details of the counselling process and what it can offer. The client's concerns and questions can be dealt with prior to commitment to any meeting.
- Have a face-to-face introductory meeting with one or a number of potential clients. Such open meetings are economical, more personal and real. Clients can be asked to complete a background questionnaire comprising their biodata, education, career details, hobbies, and their strengths and weaknesses, etc., to plan for sessions to follow.

Following the screening process, the counsellor should set up a regular session date for the client. All the next eight steps will take place within the counselling sessions.

### 2.4.2 Clarifying Phase

It starts with the rapport building process in which the generic counselling skills are used to create a facilitative and friendly environment. The counsellor displays empathy and acceptance to help the client come up with his/her concerns (see Module 2, Unit 3). Apart from building a healthy rapport, information is gathered about the relevant issues and the client's background, achievements and disappointments. On the basis of such information, an initial assessment is made regarding the client's background and the extent and depth of his/her basic awareness and preparedness to take certain career decisions (see Module 2, Unit 4). The career maturity of the candidate is determined in terms of the extent and depth of his/her self-knowledge, job knowledge, and decision making skills (see Module 11, Unit 1).

### 2.4.3 Contracting

Contracting is a process whereby the client, as well as the counsellor, come to a clear understanding about the working methods and their respective roles in career counselling. In a counselling relationship, the responsibility for decision making rests on the client himself/herself. However, he may not be prepared or ready to undertake this responsibility. It is, therefore, important to enter into a contract to ensure maximum readiness to work. The contract addresses a number of relevant issues such as the money involved and who will pay, the confidentiality, the expected roles of both the client and the counsellor, the number, length and frequency of meetings. At the contracting stage, it is very important to frame some objectives which provide a structure to the whole process and become a basis for subsequent review of progress. However, the objectives framed must be flexible. Apart from this, the client's psychometric data, if already available,

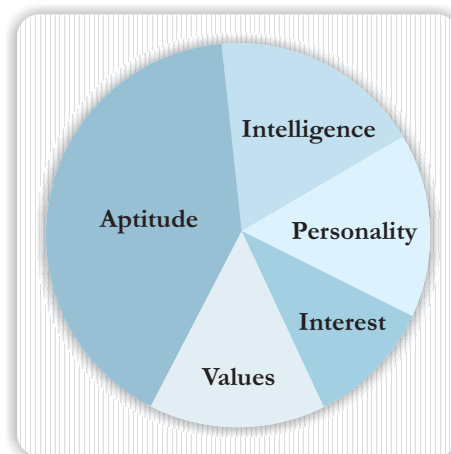



Figure 2.1: Psychological test areas to be tapped, in desired proportions





needs to be explored during contracting. This data can be gathered in detail with the help of psychological tests in the following areas as graphically depicted in Fig. 2.1.

#### 2.4.4 Exploration

Exploration forms part of the early stages of career development. Exploring how the client has made career decisions in the past at major choice points helps the counsellor to understand the degree to which the client has taken responsibility for decision-making and whether there was evidence of appropriate career attitudes such as whether s/he has shown any signs of planning behaviour in the way s/he has planned his/her career, and what specific decision-making skills s/he acquired. Such decisions may have been related to selecting options at school, choosing the first job, (part time/full time) or decisions about changing jobs, if any. Exploring any early ideas the client may have had as a child or adolescent about his/her future career and what happened to them could be helpful. It is also very important for the counsellor to take note of ways in which clients deal with the emotional, attitudinal, and behavioural developmental tasks. Clients may not express these things directly but they often manifest them in the way they behave. Clients also reveal something of their personalities and problems through the way they make and keep appointments.

#### 2.4.5 Insight Building

At this stage, the clients are helped to develop a more objective and accurate self-understanding and deepen the insight into their situation. The aim is to enable clients to move towards a new and more constructive perspective which can form a basis for decision and action.

This stage negotiates three major concerns viz.,

- Who am I?
- What do I want in life?
- What is stopping me from moving on?

**Who am I?** The clients may need to develop self-understanding in the following areas—

- Aptitudes (What are my abilities or what kind of potential do I have?)
- Skills (What kinds of competencies do I have?)
- Values (What are important to me?)
- Occupational interests (What are my career interests?)
- Personal attributes (What are my strengths and weaknesses that influence the work I do?)

The clients can be helped to assess themselves systematically through the use of written assignments, through use of psychometric tests and through non-testing methods such as inventories and questionnaires. The wealth of information provided by these tools helps the client to gain a better self-understanding and provides a springboard for thinking about options for the future.

**What do I want?** It is very important that the client achieves an awareness of his/her occupational and related ambitions and aspirations in the process of planning for the future. It is important at this stage to encourage clients to use their imagination.

However, it is also important to pay due attention to the constraints of the real world, objective realities of life and practical limitations they may face.

**What is stopping me from moving on?** At this stage, aspirations, optimism and positive feelings about the future are often held in check by uncertainties and negative emotions. The constraints may be internal as well as external. Mostly, clients have a tendency to see external constraints. Here if they are made to realise internal constraints such as low self-esteem, high anxiety, anger, frustration, self defeating beliefs and ambivalence about the future, they could be helped to overcome them.

### 2.4.6 Decision Making

The counsellor helps identify the gaps and inconsistencies in planning, which are slowly brought out into the open. Pros and cons associated with each angle are discussed to facilitate the decision-making process. Based on self-awareness, a vocational self-concept and insight about the world of work, the client is helped to prioritise his/her options. In a supportive manner and through problem-solving techniques, the counsellor helps to evaluate the options and priorities in accordance with the potentialities of the client. The clients may not be fully aware of the possibilities and opportunities available to them. Help in enhancing information and understanding of the self and world of work prompts greater awareness and a more creative approach to thinking and planning about the future.

### 2.4.7 Action Stage

After the decision has been made, the client is encouraged to formulate an appropriate and systematic plan of action. The action plan will have the tasks to be performed in smaller achievable action points, to achieve progress and to gain confidence, keeping in mind the candidate's ability, motivation etc. Action planning essentially follows formulating SMART goals i.e., goals which are–

- Specific,
- Measurable,
- Attractive,
- Realistic, and
- Time bound

and it is all about enabling clients to work towards achieving short term and ultimate longer term goals.

Clients may show anxiety when a decision has to be made. They may worry that their choice may not meet with the approval of significant others or they may fear competition in the job market or may fear that the action plan will not work. Further counselling may be necessary before clients are ready to implement their action plans.

### 2.4.8 Reviewing Progress

Towards the end of career counselling, a review enables both the client and counsellor to look back at what has been achieved. Such a review serves many purposes.

- It paves the way for ending the relationship and prepares clients to continue without the counsellor.
- It strengthens the clients' confidence by highlighting the progress made.
- It underlines the clients' continuing responsibility for their own development.



The review process also gives useful feedback to the counsellor about his/her work. It is helpful to ask clients to recall the objectives with which they began career counselling, although these objectives may change as the clients progress through the stages.

### 2.4.9 Termination

In career counselling, the termination of the relationship between client and counsellor is not as big an issue as in the case of personal counselling. However, the ending should have a positive effect for both client and counsellor. The end result should be a summarisation of the key points discussed and the proposed action by the candidate.

### 2.4.10 Follow-up

By the end of the final session with the career counsellor, clients often feel that they are in a position to move forward. However, there is always a danger of relapsing into the old pattern. A number of techniques may be used to encourage and support clients for putting their action plan into practice. These may include using reminders, building support network, arranging a follow-up meeting and providing rewards when progress is indicated.



#### Self-check Exercise 2

Explain briefly (about five lines each) the steps involved in career counselling.

## 2.5 TOOLS AND TECHNIQUES USED IN CAREER COUNSELLING

In Section 2.4, you were acquainted with the various stages of the process of career counselling. During the process, a variety of generic and action-oriented skills are employed by the professional career counsellor. As you have seen, the initial phases of screening, clarifying and contracting rely more on generic communication skills; phases like exploration, insight-building, decision-making, etc., involve more of action and intervention towards helping clients know themselves, set their own counselling goals and work towards achieving these goals. A number of simple as well as specialised techniques such as homework assignments, testing, career themes identification, occupational card sort, Life Career Assessment, etc., help in achieving diagnostic goals and making progress in counselling.

In the following paragraphs, you will take a closer look at some of the more commonly used techniques.

### 2.5.1 Homework Assignments

These assignments include the preparatory work the clients undertake before the first meeting and the mental exercises for exploration and understanding in between the meetings. They serve a variety of purposes, such as acting as a bridge between meetings, as an opportunity for in-depth self-exploration, and putting the client in an active participatory role by placing responsibility on them. For example, while the client is

being helped by the counsellor to arrive at small and big decisions in the process of counselling, the ultimate responsibility for taking the decision rests on the client himself/herself. Exercises and assignments may include meeting people and finding out roles and responsibilities, reading career literature, self-awareness exercises such as self-assessment on his/her personal assets, feedback from peers, elders, and exercises on “Who Am I?”, “What are my strengths and weaknesses?”, etc. Sensitisation exercises such as closing eyes and forming visual images of one or more than one imagined future careers will create awareness of feelings associated with these careers and provide comparisons to help take considered decisions.

### 2.5.2 Psychological Tests and Questionnaires

Tests form an integral part of the career counselling process. Timely and sensitive use of psychometric tests and questionnaires can significantly assist the process of career counselling. Use of questionnaires and check-lists provides a framework for dialogue between the counsellor and the client. The client is able to check his/her self perception on a variety of personal qualities and is able to make confident statements about self. Test results may also provoke new personal insights within the clients. And most importantly, the systematic and comprehensive matrix of test results in different areas of significance can be used to help clients to make a comparative study of various areas of strengths and weaknesses.


However, before administering any test, it is imperative that all the myths, doubts, and misconceptions of the client about the tests and their results be cleared (as discussed in detail in Module 6, Unit 3). Here you will have a glimpse of various kinds of tests.

**Intelligence tests** provide measures of global intelligence and on a number of dimensions and specific abilities (discussed in detail in Module 6, Unit 3).

**Aptitude tests** provide separate scores on specific abilities and aptitudes. The typical areas measured by aptitude tests include abstract, verbal, numerical, mechanical reasoning, space relations, musical aptitude, clerical speed and accuracy, language usage, etc. A person’s performance on the tests is compared to his/her expressed strengths and weaknesses. (Module 13)

**Interests, values, and personality questionnaires** – Questionnaires provide an opportunity for self assessment. They also serve as structured interview schedules. The questionnaire may provide some clues to the way the candidate would like to shape his/her career or the type of work he/she may like. Many occupational interest





questionnaires are available based upon different career choice theories such as Holland's six personality types and model environments discussed in the units on Career Development, Module 4. Such questionnaires are generally normative in nature i.e., they compare the client's scores with a general or particular population (interest, aptitude and personality assessment are discussed in Unit 1, Module 13).

Questionnaires focussing on personality or other personal qualities may address a variety of dimensions such as extraversion – introversion, imaginative–practical, etc. Tests to assess personality qualities, like Cattell's 16 PF Test, Eysenck's Personality Inventory, Murray's Thematic Apperception Test (TAT), Allport Vernon's study of Values, etc., can also be used (discussed in Module 13, Unit 2).

Though tests provide extremely important information for career counselling and form an integral part of the whole process, these should be used with great caution. An excessive emphasis on test interpretation encourages passivity in the client. Also the choice of tests should be made very carefully, keeping in mind their psychometric properties as well as the client needs. After the tests are administered, care has to be taken in communicating high and low scores without the counsellor's personal bias.

### Activity 2



Prepare an inventory of questions to be answered by you on self-awareness. Cross-check the contents with requirements of such an inventory based on material obtained from the textbook and other resource material, if any. Then rate your performance regarding the quality of the inventory on a five-point scale.

## 2.5.3 MOCK INTERVIEW /ROLE PLAY

This is a powerful tool and useful when the candidate wants to prepare for an interview, or wants to find out why he/she is failing in interviews. It may also be used to provide a simulated experience of the desired kind to the client, e.g. working with people, dealing with social crisis, etc. The candidate may be over confident, less confident or may underestimate/overestimate his/her abilities. Role play will give him/her a realistic picture.

Thus the unique feature of this tool is that it provides a simulated situation to the client to experience the situation to be tackled. In this process he/she also reveals his/her real behaviour to the counsellor and to self, too. During the role play/mock interviews, audio/video recording may also be obtained and used to give a feedback to the client.

## 2.5.4 Computer Aided Guidance Systems (CAGS)

A Computer Aided Guidance System (CAGS) is a set of activities, delivered by a computer, which has been developed to assist with career planning. Among various functions fulfilled by CAGS (Offer, 1997) is self-assessment, matching individuals to occupations, information retrieval, games and simulations, decision aids, dedicated word processors, computer-based training and psychometric testing. Examples of

such computer-based guidance systems are Career Builder (U.K.) and Prospect Planner. These systems provide classification of values in relation to occupations.

CAGS are specially useful when the candidate finds difficulty in talking about himself/herself, or is unsure of his/her needs, or when s/he has fixed and unrealistic ideas about the future and a limited knowledge about the world of work. Such a system helps the client to make an objective and systematic self-assessment with respect to the situation.

### 2.5.5 Occupational Information

In order to make an informed career decision, the client needs information about options in education and training opportunities, related careers options, job opportunities, career pathways within an organisation, alternatives to traditional careers etc. In fact, career counselling will be incomplete if the necessary career information is not provided to the candidate.

Career counsellors are required to be equipped with knowledge of sources of information and at least a general knowledge of careers, for example, of job areas, level of entry and the types of training and education which are available. As knowing about every course available is not possible, career counsellors may familiarise themselves with types of training and educational opportunities. At times it is required to refer clients to primary sources of information such as the worker or the employer. Also it is helpful to consider information which the client may already possess. Career information can also be obtained from internet. The counsellor can also access information from a range of sources like print media, audio/video films, compact discs, cassettes etc. But the information has to be updated and reviewed from time to time. Various Units on Career Information in other Modules discuss these methods.

### 2.5.6 Identifying and Analysing Life Career Themes

Recent trends in career counselling are grounded in the application of career development concepts towards understanding the career choice process. It is based on the concept of 'Life Career Development' which takes into account the development of self over the life span through the integration of roles, settings, and events of a person's life. There is a developmental focus in the process of career counselling in which the career counsellor not only matches an individual to available occupations, but also understands the various attitudes and competencies acquired by the individual to cope with life tasks. Hence, it is necessary to understand the person's perceptions about self and the world and related life themes which influence career decision making. This can be made possible by identifying one's life career themes.

'Life Career Themes' are what clients say to themselves about themselves, others, and the world in which they live and the language they choose to represent their views. Life career themes provide the counsellor crucial means of understanding and interpreting client information. These themes emerge from various life roles that one is playing in the life process and the tasks that one chooses to perform. More on defining and illustrating life career themes has been presented in Unit 3 of Module 4.



To identify major themes, the counsellor translates the client's expressions about his/her self-images displayed during counselling in terms of preferences and behaviours of some kind. A structure (Gysbers and Moore, 1987) to identify and interpret life consisting of life roles and model career themes expressed by the client is presented in Table 2.1 which can be used as a guide to further exploring and interpreting the information presented by the client.

**Table 2.1** Suggested Models (Gysbers and Moore, 1987)

Life Role	Models
Worker	Data-ideas-people-things Vocational personalities and work environments
Learner	Learner styles Learning styles
Personal	Life-style Hemispheric functioning

Brief explanation of this framework using six models and how to apply it to conduct life career theme analysis follows under sections titled Worker Role, Learner Role and Personal Role.

### 2.5.7 Worker Role

- **Data-Ideas-People-Things:** According to Prediger (1976), “The dimensions on which a client’s worker role is analysed is concerned with whether s/he prefers to deal with data or ideas or with things or people. The work task dimension of data versus ideas and things versus people are the primary dimensions for analysing occupations and interests.”

We shall take a closer look at these now.

- **Data:** Facts, records, files, numbers are systematic procedures for acquiring goods/services for consumption by people. Data tasks involve recording, verifying, transmitting, and organising facts or data representing goods and services. Such tasks are performed by purchasing agents, accountants, air traffic controllers, etc.
- **Ideas:** Abstractions, theories, knowledge, insights, and new ways of expressing something, for example, with words, equations, or music etc., can be regarded as ideas. Idea tasks involve intrapersonal processes, such as creating, discovering, interpreting, synthesising and abstractions or implementing applications of abstractions. Scientists, musicians and philosophers work mainly with ideas.
- **People:** People tasks involve interpersonal processes, such as helping, serving, persuading, entertaining, motivating and directing—in general, for producing a change in human behaviour. Occupations such as teachers, salespersons, nurses etc., involve work mainly with people.
- **Things:** (machines, mechanisms, materials, tools, physical and biological processes). Such tasks involve non-personal processes, such as producing,



transporting, servicing and repairing. Bricklayers, farmers, engineers, etc., work mainly with things. The following examples show the application of theme analysis using work-task approach:

Client dialogue	Component Description	Theme statements
“All my friends come to me for help. I talk to them and encourage them”	People	Likes counselling and helping others; influencing others
“I like to meet new and different people”	People	Likes to learn more about people Likes to socialise
“I can take care of my car, change its oil, change its tyres etc.	Things	Likes to do physical things.
“I repair things at home, in fact I am good at it”	Things	Likes repairing, handling physical work, is aware of his/her capacities.
“I like languages, history, geography which make me think about life, enjoy reading such books”	Ideas	Enjoys discovering, Is speculative, Has aesthetic sense.
“ I can manage people in my life and house efficiently”	People	Enjoys relationships, Is aware of his ability to manage people.
“I can really decorate my house or my room well.”	Ideas	Uses situations for self-expression.

### Activity 3




Ask some of your students what they usually like to do and then classify the responses in terms of data, ideas, people and things.

## Vocational, Personalities and Work Environments

Holland’s (1985) Occupational Classification categorising personalities and work environments is another important framework widely used for work-task approach to theme analysis.

In Holland’s words, “The choice of an occupation is an expressive act which reflects the person’s motivation, knowledge, personality and ability. Occupations represent a way of life and environment rather than a set of isolated work functions or skills”(also refer to Module 4, Unit 2).





Holland classifies personalities into six types and environments into six model environments as Realistic (R), Investigative (I), Artistic (A), Social (S), Enterprising (E) and Conventional (C). Descriptions appearing below are brief portraits of each type. Look at each one.

The **Realistic** (R) type usually has mechanical and athletic abilities, enjoys working outdoor, and likes to work with tools and machines. The R type generally prefers to work with things rather than people. The R type is usually described as being conforming, frank, genuine, humble, modest, practical, natural, persistent and thrifty.

The Realistic environment is the one that encourages and rewards success in the use of one's hands and in manipulation of things. It is a world of the tangible and predictable, which rewards and values money, possessions and power.

Realistic individual prefers realistic careers such as : Mechanical Engineer, Production Planner, Building Inspector, Safety Engineer, Marine Surveyor, to name a few.

The **Investigative** (I) type usually has predominance of mathematical and scientific abilities, enjoys working alone, enjoys research and likes to solve problems. The I type generally favours working with ideas rather than with people or things. They are analytical, curious, methodical, rational, cautious, independent, precise, reserved, complex, intellectual and modest.

The Investigative environment is one that encourages and rewards success in the use of the intellect and in the manipulation of the abstract. It is a world of observing, investigating and theorising, and it values and rewards status and recognition.

Investigative individuals prefer investigative careers such as Biochemist, Orthodontist, Anthropologist, Economist, Researcher and Management Analyst.

The **Artistic** (A) type usually has artistic skills, enjoys creative original work and is imaginative. The A type usually enjoys working with ideas rather than things. They are open, imaginative, original, intuitive, emotional, independent, idealistic and unconventional.

The Artistic environment is one that encourages and rewards the display of the above-mentioned values. It is a world of the abstract, aesthetic and original. The rewards are: recognition, status and increasing freedom to create in one's own way.

Artistic individual prefers artistic careers such as Architect, Copy Writer, Technical Editor, Story Editor, Composer, Stage Director, Interior Decorator, Commercial Designer.

The **Social** (S) type usually has social skills, is interested in human relationships, and likes to help others with problems. The S type likes to work with people rather than with things. People describe the S type as being helpful, responsible, warm, cooperative, idealistic, sociable, tactful, friendly, kind, sympathetic, generous, patient and understanding.

The Social environment is one that encourages and rewards success in the above-mentioned values and tends to promote social activities. It is a world of people and relationships that is often changing, and it values social skills and the ability to promote

change in others. It tends to reward with recognition and approval from peers and those being taught and helped.

Social individual prefers social careers such as Teacher, Clinical Psychologist, Personnel Manager, Legal Assistant, Speech Therapist.

The **Enterprising (E)** type usually has leadership and speaking abilities, is interested in Economics and Politics and likes to be influential. These types like to work with people and ideas rather than things. People describe the E type as adventurous, energetic, optimistic, agreeable, extroverted, popular, sociable, self-confident and ambitious.

The Enterprising environment is one that encourages and rewards success in the above. It is a world of continual new challenges to be overcome, valuing and rewarding power, status and money.

Enterprising individual prefers enterprising career such as Public Relations Officer, Financial Planner, Real Estate Agent, Sales Representative, Stockbroker, Attorney.

The **Conventional (C)** types enjoy working with words and numbers. People describe the C type as being conforming, practical, careful, obedient, thrifty, efficient, orderly, conscientious and persistent.

The Conventional environment is one that encourages and rewards exacting management of data and details. It is a world of facts that is practical and organised, where dependability and attention to detail are rewarded. Rewards tend to be in the area of economic success and status involving material possessions and recognition of superiors and peers.

Conventional individuals prefer conventional careers such as Accountant, Bank Teller, Budget Analyst, Business Programmer, Librarian and Secretary.

Holland's tools known as Vocational Preference Inventory (1977) and Self Directed Search (1979) can be used to determine the personality type of the client. Since very few people can be categorised as one type, the tools give a three-letter code, which indicates the dominant personality type of the client. A person might have the code IES demonstrating that this person resembles the investigative type the most and the enterprising and social type to a lesser extent.

Holland, on the basis of his empirical studies, placed the six types/environments on a hexagon with the configuration amounting to RIASEC, wherein types/environments adjacent to each other resemble the most and the types/environments opposite to each other are the most dissimilar.

## 2.5.8 Learner Role

### Learner Styles – Kolb

Another model which may serve the purpose of identifying important themes in client's life relates to the manner in which people perceive and process information. Kolb (1976) developed such a model to describe learning styles. Here both perception and processes are represented by continuums with perception ranging from concrete experience to abstract conceptualisation and process ranging from active experimentation to reflective observation.

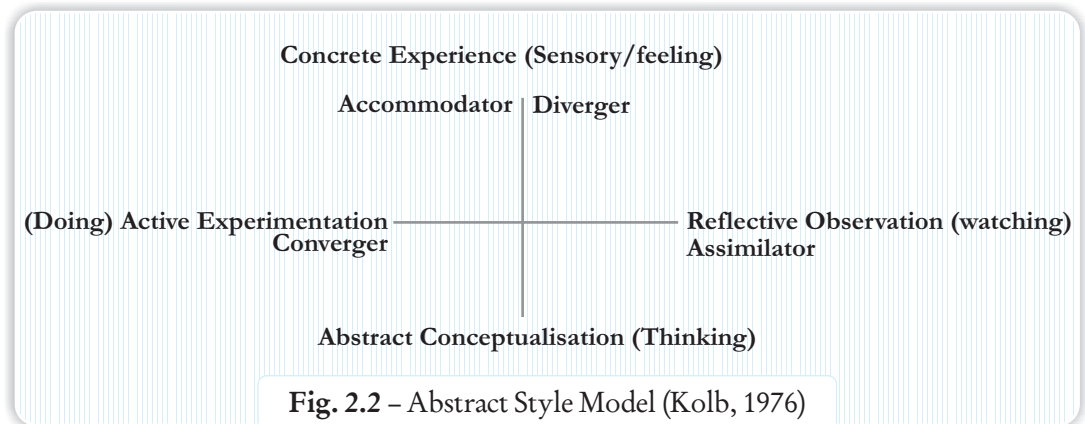


Day-to-day decision making involves the use of these learning modes. These range from 'sensory or feeling' to 'thinking' modes on one dimension and from 'doing' to 'watching' modes on the other. Kolb also described characteristics of persons with these learning styles. He placed these characteristics in four cells of the diagram as—

- Accommodator – Assimilator
- Converger – Diverger

As can be seen in Fig. 2.2, each of these styles, for example, converger, is a combination of at least one kind of perception (e.g. concrete experience) and one kind of process (e.g. active experimentation), the two are adjacent to each other.

We shall now look at the characteristics of the persons with these learning styles. **Convergers' dominant learning abilities are Abstract Conceptualisation (AC) and Active Experimentation (AE).** Convergers' strong point is the practical application of ideas. Their learning style predisposes them to organise their knowledge base in a manner that is conducive to hypothetic-deductive reasoning and assists them to focus on specific problems. Convergers are practical, and prefer to deal with



things rather than people, have narrow interests and like to specialise in physical sciences, such as engineering, technology, space research, etc.

*Divergers'* learning strengths are Concrete Experience (CE) and Reflective Observation (RO). Their strength lies in their imaginative ability and the skill to view situations from many perspectives and have the vision of the whole. Divergers are comfortable in situations that require generation of ideas to reach a solution. They like to be around people and are creative and emotional. They have a variety of interests and generally specialise in arts. Counsellors, human resource development managers and personnel managers are characterised by this style of learning.

*Assimilators'* primary learning abilities are Abstract Conceptualisation (AC) and Reflective Observation (RO). They excel in creating theoretical models, inductive reasoning, and integrating unrelated observations into a meaningful explanation. They are comfortable with abstract concepts and are not concerned with the practical application of theories. Persons closest to this style of learning are found in basic sciences, mathematics, and research and planning departments.

*Accommodators'* strengths are Concrete Experience (CE) and Active Experimentation (AE). They do extremely well in carrying out plans and experiments,

and are open to new experiences. They are risk takers and possess the ability to adapt to precise immediate circumstances, discarding the plan or theory if it does not fit into facts. They solve problems in an intuitive, trial and error manner. They rely on other people for information and are generally at ease with them though they may seem aggressive and pushy on occasions. People possessing this learning style are in action-oriented jobs such as marketing or sales.

Kolb (1976) developed a self-descriptive inventory called the Learning Styles Inventory to measure the learning styles discussed above.

Other models making use of a client's learning styles for career counselling are available such as Canfield, 1977; Wolfe & Kolb, 1980.

## 2.5.9 Personal Role

### Life-Style (Adler)

Personal role perspective using life-style and personality type approach has been used by a number of psychologists. Career applications of life-styles and roles using Adler's concepts of individual psychology are well known. The construct of life-style, as Gysbers and Moore (1987) put it, is based on the theory that one develops preferred ways of responding to one's environment. These preferences develop into habits, interests and skills during normal growth. Self-understanding resulting from knowledge about one's personal life-style should be helpful in career planning and decision-making, and in dealing with other events and relationships in one's life. The framework is helpful in arriving at themes by which an individual lives i.e., thinks, perceives and acts.

Adler lists work, society and sex as the three major life tasks in an individual's life. Solving problems and coping with these life task areas is a lifelong process. All three of them are linked and problems in any one of the life tasks also creates problems in the other two. Growth in one life task contributes positively to the other two.

How people react to problems in these life tasks depends on how they approach life and the efforts they make to find their own place within their environment. Understanding a person's fundamental approach towards problems of life and helping to see underlying consistencies as well as contradictions serves to clarify self-images and acquire self-understanding.

Adler's basic premise is that the family being the smallest unit of the society is a microcosm of society. It is here that an individual's personality formation takes place. The evolution of the personality in this framework is determined by an individual's interpretation of his/her social environment, which is his/her family, and his/her reactions to it. Every member of the family influences other family members and is in turn influenced by them. All members of the family establish a distinct place for themselves. They perceive and react differently to the same situation. Each individual's experiences in the family determine his/her frame of reference for perceiving, interpreting and evaluating the world outside of the family. The knowledge, habits and skills that the individual acquires in the home largely determine his/her capacity for dealing with outside situations and using coping mechanisms. The important factor contributing to it in a big way is the position of the child in the family. The birth order of the child in





the family contributes to the formation of attitude towards life in general. Thus, the ordinal position of an individual in relation to his/her siblings adds certain dimensions to his/her personality. For example, the single child enjoys a position as the centre of interest or, s/he may be over dependent on adults. The middle child may have a challenge to catch up with a child who was pampered and sufficiently provided for as long as he/she enjoyed the privileges of being the only child. Relationship of birth order to career decisions has been researched, for example, by Bradley (1982), who found a positive correlation between the two. Another way to look at life-styles (a person's way of acting, thinking and perceiving) and hence the themes by which an individual lives, is to look at types of behaviour. Gysbers and Moore (1987) have presented some life-style themes such as 'getter', 'controller', 'victim', 'martyr' 'inadequate', etc., which may be derived from observation of client's behaviour and the language he/she uses in counselling interview situations. For more details please see Gysbers & Moore (1987 & 1995).



### Self-check Exercise 3

1. What do you understand by 'Life Career Themes'?

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2. What is the relevance of life-style approach of Adler in career counselling?

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## 2.6 LIFE CAREER ASSESSMENT (LCA)/ STRUCTURED INTERVIEW SCHEDULE

The LCA is a structured interview technique which is designed to cover client functioning in different life roles including the worker, learner, and in personal roles as well as yielding information on their style of dealing with the environment and generating 'Life Career Themes.' The Life Career Themes were described as the way people express ideas, beliefs, attitudes, and values about themselves, others and the world in general. LCA helps in developing a positive rapport with the client in a non-threatening and non-judgmental environment.

LCA can be a comprehensive information gathering technique, which could offer information and career themes related to the clients' strengths, weaknesses, preferences, obstacles faced, as well as provide suggestions for establishing and reaching goals. On the whole it enhances the clients' career planning abilities by helping them gain a better understanding of their own life themes and increasing the insight about their goals.

The client's life career themes are picked up from his/her dialogues and expressions in the course of using structured interview schedule based on structure of the LCA. Recurring themes on likes/dislikes for situations, type of educational courses, work, persons, things, etc. emerge and suggest the manner in which the client negotiates with the surroundings in family, school and work.

A suggested format of the LCA is given below. However, a counsellor can develop his/her own style and format of conducting the LCA. A typical structure covers: career assessment, a typical day, strengths and obstacles, and summary. The schedule may contain hints for guided discussion on (1) educational achievement and work experience; (2) estimations of the skills and competencies, possessed; (3) estimations of interests, values, aspirations; (4) counsellor's clinical estimations of the skills and abilities of the client; and (5) client's opinions of his/her awareness of self, the world of work, and his/her personal economic resources. It is desirable to make the structured interview as meaningful as possible. Different aspects and dimensions of school/courses, any work experience, recreation/hobbies, etc., should be the focus of questioning and probing.

In the following schedule, an outline suggested by Gysbers and Moore (1987) and some additional ideas on probing are given.

### Career Assessment

1. Work experience (part/ full-time, paid/ unpaid)
  - Last job
  - Liked best about
  - Disliked most about
  - Same procedure with another job, if any.
2. Education or training progress and concerns
  - General appraisal – important factual information, level or type of educational/ training courses
  - Liked best about
  - Disliked most about
  - Repeat for various levels or types as per information provided
3. Recreation
  - Leisure-time activities
  - Friends (within leisure context)
  - Social life (within leisure context)

### Typical Day

1. Dependent-independent
  - Relies on others
  - Insists on someone else making decisions
2. Systematic-spontaneous
  - Stable routine
  - Persistent and attentive

### Strengths and Obstacles

1. Two main strengths
  - Resources at own disposal
  - What resources do for clients



- 
2. Two main obstacles
    - Related to strengths
    - Related to themes

### Summary

1. Agree on life themes
2. Use client's own words
3. Relate to goal setting

The contents of the discussion should be used for identifying crucial themes related to life-style in general as well as career aspirations, likes/dislikes/preferences, limitations, apprehensions, strengths/weaknesses, etc. Goal setting may follow, based on these themes and targets, and strategies towards achieving these goals may be related to the personal styles.

### 2.6.1 Occupational Card Sorts

Another way of helping clients to think about and express their life career themes is to use occupational titles to elicit this information. This method is known as Occupational Card Sorts. It uses occupational titles, their job responsibilities, educational qualifications required, as stimuli to explore the client's themes about self, others and the world.

You can either buy an Occupational Card Sort such as intelligent Career Card sort (Parker, 2002) or develop one yourself. If you decide to develop it yourself, the cards could be made either according to education required, or according to different personality types, different subject combinations e.g. commerce, science, humanities etc. You may also keep in mind other variables depending on geographic or economic conditions. Major goal of a Card Sort is to explore the theme system of your client rather than be a job selection tool, although it may perform that function with some clients. All cards in a deck should have the same format. Each card contains the information related to the occupation.

The 'types' of people are supposed to be working in similar environment, and hence career counselling in this approach culminates in facilitating person's entry into a matching work environment. Job profiles or descriptions of jobs/career/occupations are available e.g., in Dictionary of Occupational titles of U.S. Department of Labour. Job profiles can also be developed using some standard procedures. Other national level classifications of occupations, if available, in respective countries can also be used.

The front side of an occupational card carries the occupational title such as 'Economist'. The backside of the card carries information on educational qualification and training required such as - Ph.D Economics, or Post Graduate degree in Economics, or B.A. Economics Honours, etc., as well as information on nature of work and worker responsibilities in brief, and skills, abilities and other qualities required such as interpersonal skills, analytical ability, computer proficiency, perseverance, etc.

### Using an Occupational Card Sort

Whether you have developed your own card sort or bought one commercially available, it is not appropriate to show all the cards to a client. Determine the need of the client and choose cards from the main deck accordingly. Fifty to sixty cards are enough for one client.

Before you give the cards to your client, emphasise that the focus of the exercise is to know the client's life career themes. Ask him/her to sort the cards into three groups namely, Like, Dislike and Undecided. "Like" group should contain occupational titles that he/she is interested in, would like to do or seem appropriate for him/her. Similarly "Dislike" group should contain occupational titles that s/he is disinterested in, would not like to do or do not seem appropriate for him/her. "Undecided" group should contain occupational titles that s/he both likes and dislikes or is not sure about. If the client has put too many cards in the undecided pile, it can be a sign of either of two things. First, it is easier for him/her to point out dislikes than likes. Second, you have given him/her an inappropriate grouping of cards.

The next step is to enquire about reasons behind liking or disliking a particular occupation. Individuals are often unaware of the reasons behind their choices. Gentle probing will help them identify these considerations. Questions such as the following will help identify the career themes–

What attracts you to the occupation?

What parts of it would you like best?

Would you like to work with people?

Do you like the structured environment of the occupation?

Reasons such as helping people, more money, prestige, working indoors/outdoors, or working long hours etc., will emerge to suggest themes important or unimportant to the client. A discussion on these themes can be useful in further establishing the themes.

Have a worksheet ready where you can put both the likes and dislikes. Ranking the Likes and Dislikes gives the client and you a good idea as to what the client is looking for in an occupation. Next, ask the client to rank order the occupational preferences in the "Like" pile. Read to him/her the three-letter Holland code for each occupational title. The ranking thus obtained will be closer to his/her real preferences and life-style themes.

In prioritising occupational preferences, a weight gets assigned to each of Holland's six types for a given occupational title and the three letter summary Holland code is arrived at. (This has been worked out with an example in Module 4, Unit 3).

A description of the code can be made at the end. The client can be helped to explore self-perceptions in the light of this description.

#### Activity 4

1. Consult the Data-Ideas-People-Things model of Prediger and identify the category with which you feel comfortable in your worker role.
2. Make an assessment of yourself in terms of Holland's personality types.
3. Read about Hollands' Self Directed Search, get a copy of it and administer it on yourself. What insights did you develop about yourself?






## 2.7 Summary

The unit provides you an indepth understanding of the concept of career counselling and methods used in resolving career-related concerns. The need and importance of career counselling and how to carry out effective career counselling has been discussed in detail.

Important tools such as psychological tests and inventories, home work assignments, paper pencil exercises, structured interview schedule, card sort, etc., that a counsellor utilises in career counselling were given. A counsellor can effectively counsel a client by identifying and analysing life career themes, through learning styles, personal role play and the life-style of the client. Techniques such as life career assessment interview schedules and occupational card sort have also been discussed.

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- Self-evaluation Exercises
1. How will you describe the term career counselling?
  2. Differentiate between the terms career guidance, career education and career development.
  3. Describe the technique of life career assessment in career counselling.

### Answer Key to Self-evaluation Exercises

1. The term career counselling can be described as counselling offered to individuals in selecting and preparing for an appropriate career.
  - It is a process of assisting an individual to mature on dimensions of career choice and development, and take decisions related to life-career.
  - Specialised career counselling skills, tools and techniques are employed in the process.
  - The intermediary processes include help in self-understanding, career information, and bringing the two together through successive decision-making to make an ultimate career-decision.
2. Differentiate between the terms career guidance, career education, and career development.
  - The term career guidance is a broad term that refers to assisting individuals in their continuous effects towards choosing, preparing for, entering and progression in a career. It covers a broad range of activities such as informing, educating and empowering to take educational and career decisions.
  - Career development refers to a series of progressive and qualitative changes in the career path of an individual. It consists of psychological, sociological, educational, economic and chance factors that shape up the career of an individual over the life span.
  - Career education refers to the process of infusing into educational content information on career development concepts to help students bridge the gap between the academic world and the world of work.



3. Elaborate on the following:
  - The LCA is a structured interview technique that provides information about clients' strengths, weakness and obstacles they face in career development. This helps the counsellor in identifying clients' life career themes and helping clients relate them with other planning skills and information about the world of work.
  - Also include in your answer what the schedule may consist of.

## Answer Key to Self-check Exercises

### Self-check Exercise 1

1. F      2. F      3. T      4. T

### Self-check Exercise 2

Career counselling proceeds through following specific stages:

- Screening phase: It enables both the counsellor and the client to gather information about each other and about the services provided.
- Clarifying phase: It involves building rapport with the client and gathering relevant information about client and his/her career maturity.
- Contracting: This involves clear understanding about working methods on the part of counsellor and the client, and their respective roles.
- Exploration: Exploring early ideas and knowledge, or maturity of the client regarding school, job, career etc.
- Insight building: Helping the clients to develop a more objective and accurate self understanding and deepening their insight into the situation.
- Decision making: Identifying the gaps and inconsistencies.
- Action stage: Encouraging the clients to formulate an appropriate plan of action.
- Reviewing progress: The review process provides useful feedback to the counsellor about their work or the result or the impact of the counselling rendered.
- Termination: Terminating should always be on positive note.

Follow-up: may include using reminders, building support network, arranging a follow-up meeting etc., to support clients.

### Self-check Exercise 3

1. Identifying and analysing life career themes through what clients say to themselves, about themselves and the world in which they live and the language they use to represent their views. The counsellor then translates this information during counselling in terms of preference shown by the client for certain types of behaviour. For example, if a client says 'all my friends come to me for help. I like it'. This would be interpreted as 'the client likes counselling and helping others'.
2. Personal role and life-style perspective as given by Adler to understand individuals in terms of their social environment which is, in this context, family, by the counsellor. For example, whether an individual is first born or the second born or the last born in the family, and what impact it will have on his personality and attitude development.





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## Weblinks

<http://learningmadeeasy.wordpress.com/2011/03/28/benefits-of-career-counselling-to-students/>

# 3

## Peer Counselling

- 3.0 Introduction
  - 3.1 Objectives
  - 3.2 Need for Peer Facilitators
  - 3.3 Emergence of the Concept of Peer Facilitator
  - 3.4 Research on Effectiveness of Peer Counselling Services
  - 3.5 Setting up a Peer Counselling Programme
    - 3.5.1 Training of Peer Counsellors
  - 3.6 Evaluating the Peer Facilitator Programme
  - 3.7 Summary
- Self-evaluation Exercises  
Answer Key to Self-evaluation Exercises  
Answer Key to Self-check Exercises  
References  
Suggested Readings





# Peer Counselling 3

## 3.0 INTRODUCTION

As already discussed in Unit 1 of this module, there is a growing need for counselling services in schools. These new demands are due to increase in the difficulties and uncertainties arising out of a fast changing and unpredictable life. People need assistance at crucial points in their lives when they are called upon to make choices and decisions, and also when they are frustrated, disappointed, angry or hurt. You also read in Unit 1, that counselling is always done by a qualified and a trained person who helps individuals in gaining deeper insights into selves, their potentials, and opportunities; to make decisions for individual's happiness and social good. However, there will never be enough of these trained personnel to serve the large numbers who need assistance, especially at the school stage. Therefore, to fulfill this need, more helpers are required. In a school setting, training the peer group to perform some limited helping functions has been found to be a viable and effective strategy.



In this unit, you will be introduced to the concept of the peer helper or facilitator who can serve as a paraprofessional. The unit also discusses the meaning, scope and methodology for training peer helpers. Initially, when the concept of peer helping was recognised, the term peer counselling was used but as peer helper was not a fully trained counsellor, and peer counsellor only served as an encourager or facilitator, this was replaced by the term "peer facilitator". Advantages of having peer facilitators and the method of evaluating the programme are also discussed in this unit.

### 3.1 OBJECTIVES

After going through this unit, you will be able to –

- *recognise* the need for peer facilitators.
- *explain* the concept of peer facilitator.
- *identify* problem situations suitable for peer facilitating.
- *list* the characteristics of a good peer facilitator.
- *list* advantages of having peer facilitators in the school.
- *describe* the role of a peer facilitator in a school guidance programme.
- *prepare* an outline for a training programme for peer facilitators.

### 3.2 NEED FOR PEER FACILITATORS

The need for guidance as an organised service in schools has become ever more important in recent years. Guidance, when viewed, as an integral part of education, is needed by all children. It is a service which is meant for all those who face a problem as well as those who need to further develop their potentials. Students need help for multitude of problems faced by them. Some of the commonly faced problems are–

- Choice of subjects.
- How to study effectively.
- Lack of self-confidence.
- Time management.
- Relationships with classmates.
- Planning and setting goals for future.
- Problems of growing up, friendship formation.
- Problems related to HIV/AIDS, drug abuse, child abuse etc.

Even if a school has a qualified counsellor, s/he may not be able to assist everyone. Therefore, the concept of training students with potential to be helpers is gaining momentum in schools. Furthermore, peer groups can more strongly influence decision-making, be more accessible, are easier to relate to and develop long lasting personal relationships with kids of school age.

Helping others is not an easy task but at the same time, reaching out and caring for another person can be personally satisfying. Most of all, peer counsellors can learn a lot about themselves by helping others. It will clarify their value system, increase their self-confidence communication skills, and enhance their own adjustment in personal and academic situations. In short, they will reach a heightened state of self-awareness and become more balanced personalities. Furthermore, later in life they can pursue counselling and education as a career and prove to be better counsellors or educationists.

### 3.3 EMERGENCE OF THE CONCEPT OF PEER FACILITATOR

During the last decade, use of support personnel in guidance has received special attention because of increase in the number of children needing assistance in classrooms, and inability of home and school to provide the necessary support required by youngsters. Also, a number of students who cannot receive necessary guidance





and counselling because of limited resources, can be provided assistance by peer facilitators. The concept of peer counselling emerged during early 1970s when it was felt that peer groups could serve as a support to professional counsellors (Allen, 1972). In addition to the peer groups, others such as teachers, social workers, members of parent teacher associations, and community members could also be trained to perform some support functions. All of them fall under the general category of paraprofessionals. They are partially trained and have on going supervision by fully trained professionals. This unit focuses only on using students as peer counsellors and does not focus on others in the school system, or parents and parent associations in that role.

We will now discuss the role of peer counsellors as paraprofessionals in the school setting. Peer facilitators perform some of the functions that are generally performed by professional counsellors. There are certain frequently cited benefits that accrue from the use of peer counsellors or facilitators–

- Expanded services available at reduced cost because professionals are freed from other duties;
- Traditional counselling services are enhanced by the unique abilities and skills of peer paraprofessionals;
- The programme provides opportunity to gain insight into the needs and problems of the group being served;
- Bridges the gap between professionals and the groups which they serve;
- Peer group gets the benefit of the specialised human relations training and the opportunity to help others, which contribute to their own personal growth and development.

Peer counselling/facilitating is a concept where children/students of the same age group help others in making better adjustments to personal and academic situations. Like a professional counsellor, a peer facilitator is not a problem solver or advice giver. A peer counsellor does not possess the advanced level, skills or expertise like that of a fully trained counsellor. A peer counsellor is a sensitive listener who uses communication skills to help others of his/her age (Myrick & Erney, 1985). The peer facilitator encourages self-exploration and decision-making. S/he will refer or take help of a fully trained counsellor in case a problem requires behaviour change. Peer facilitators in a school could be identified from any age group or grade level although rapport would be better if they are from the same age group. The objective is to promote personal growth and development through a helping relationship.

**Peer counselling as peer facilitating:** Peer facilitating is based on the assumption that young people will listen to other young people when they have something to say. Peer counsellors or facilitators only perform some limited functions. Some of the other functions are given below.

**Peer counselling for newcomers in school:** Peer counsellors are especially helpful for new entrants to the school. They can help the newcomer get acquainted with school programme, rules, facilities, and in making friends with some students in class/school.

**Peer counselling in conflict resolution:** Peer counselling is also useful in conflict

resolution. Students are trained as peer mediators who help other students resolve their conflicts with each other through a process. Before the students act as peer mediators, they are given training with a view to empowering other students to deal (more effectively) with their conflicts and any other difficulty in their lives. As a helper for personal-social problems, s/he can be paired with a student who is facing a conflict. For some students, showing a caring attitude and concern by another person is exactly what they need.

**Peer assistance in studies:** A peer counsellor or facilitator may opt to be a tutor for academic assistance. Such a tutor is paired with someone who needs extra academic help. Situations such as being absent from class for extended periods, learning disabilities, or just slower learning ability can all be mediated by using a peer counsellor.

Thus, it can be concluded from the above discussion that peer counsellors promote personal growth and development among their peers. A few researches that demonstrate the effectiveness of peer counsellor services are given below.

### 3.4 RESEARCH ON EFFECTIVENESS OF PEER FACILITATOR SERVICES

Research has shown that peer counselling/facilitating is effective in dealing with personal and academic problems in a school setting. The increased acceptance of peer counsellors in direct helping relationships are based on the results of research on paraprofessional effectiveness.

Among the first places to use peers as counsellors were the secondary schools in some parts of the U.S. Peer facilitators were required to assist other students in solving personal problems, teach social skills, act as role models, develop friendships, and help in bridging the communication gap between students and adults.

Some programmes were focused on organising procedures such as role plays and helping students deal with drug abuse.

In a study comparing the effectiveness of rehabilitation counsellors and untrained counsellors, findings indicated that the greatest client improvement occurred when counsellor aides worked alone with the client; there was least improvement when professional counsellors and aides worked together. Programmes for disadvantaged students that made use of paraprofessionals indicated considerable improvement in children over a five year period. In another study, moderately disturbed children showed improvement in self-esteem when they spent most time with the trained paraprofessionals and there was some perceived improvement in the children who experienced help by the teacher aides.

Peer facilitators used as “tutors” to help other students in high school helped their peers in improving their reading Mathematics, English and business education.

In one of the best known tutoring projects in Michigan, U.S., sixth grade children tutored fourth grade children with reading difficulties. It was found that older students also benefitted from the experience in addition to the ones with the reading difficulties. It is also not uncommon to find that tutors gain significantly from helping tutees.





### Self-check Exercise 1

State whether the following statements are true or false.

1. The concept of paraprofessionals emerged to provide limited skills to teachers, students and community members to work as guidance workers.
2. Peer group in schools can be trained to be equally effective as trained adult counsellors.
3. Peer counselling is an effective means of helping as it is assumed that children are not as receptive to adults as to their peers.
4. It is a common fact that peer facilitators themselves gain significantly from helping their peers.

### 3.5 SETTING UP A PEER FACILITATOR PROGRAMME

The peer counselling movement is a response to a need for meeting the educational, personal-social and career related needs of a large school going population. A peer counselling programme can serve as a support to the counsellor organised programme. Initial steps, which can be taken up in setting up a peer counselling programme, include the following:

**Conducting systematic needs assessment:** To determine whether peer counselling is an appropriate or a viable intervention.

**Emphasizing specific rather than global goals:** Specifying clearly defined roles, functions and levels of responsibility of the peer helpers.

**Selecting peer counsellors/facilitators:** Procedures for selecting peer counsellors aim at identifying individuals who demonstrate empathy, high self-confidence and the ability to accept values of others that are different from their own.

We know that in a formal counselling process, each counsellor brings into the therapeutic relationship his/her own unique personality. It usually implies expert advice. There are some basic attributes and behaviours which are desirable in the counsellor and these have been already been discussed in Unit 2. A peer facilitator also facilitates others to think about themselves (personal exploration). Furthermore, they encourage and promote communication, that enables others to do things that help them towards the goal. While identifying peer facilitators, you should also look for qualities such as good listening skills, warmth, sensitivity to other's problems, trust-worthiness, helpfulness and pleasant temperament, etc. that can prove helpful in providing the needed support to others. Furthermore, peer facilitators have to be selected keeping in mind the purpose and objectives of the programme. For example, a peer facilitator for tutoring programme should have a good academic record, be respectful and accepting.

Some of the qualities on the basis of which selection can be done are given below. A peer facilitator is supposed to be high on the qualities mentioned.

**Friendliness and pleasant temperament** – Some students in the school are popular because of their pleasant and friendly temperament. They are always ready to help others.

**Commitment** – To other's welfare and the ability to interact with a variety of people irrespective of caste or community.

**Willingness** – To accept standards of ethical conduct such as maintaining confidentiality of information.

**Empathy** - Understanding the other person's point of view.

**Facilitative skills** – Peer helpers need good listening skills, sensitivity to other's difficulties, be accepting, respectful and caring for others. Other skills have been discussed in Unit 3, Module 2, on "Basic Communication Skills in Counselling."



### Activity 1

List the qualities of any two students in your school who can be effective as peer counsellors.

## 3.5.1 TRAINING OF PEER FACILITATORS

As the effectiveness of paraprofessionals became established, there was a parallel increase in the acceptance and introduction of such programmes in schools. Training programmes were developed to prepare peer counsellors for their roles in the schools. These training programmes are now more organised and systematic.

There are training manuals available that contain step-by-step lesson plans and activities for training peers to work in peer programs. The content of the training programmes of peer counselling can be summarised as–

- Training in interpersonal skills which includes training in basic communication skills (listening, responding, probing, paraphrasing and reflecting), team work, problem solving and leadership skills.
- Orientation about ethical and legal principles such as confidentiality, and identifying those who need professional help.
- Self-understanding – identification of one's own values, needs, and priorities.
- Selected candidates need to be provided information on the relevant topics such as human growth and development, family roles and relationships, adolescent reproductive health, coping with peer pressure, educational, training and career opportunities, decision-making and problem solving, facts about concerns such as HIV/AIDS and drug abuse, etc.

A training session would involve the following steps:

- (i) Identifying and defining the skill in behavioural terms, breaking it down into small steps.
- (ii) Demonstrating or modelling both effective and ineffective examples of the skills.
- (iii) Practising the skills under supervision and with feedback until minimum competence is achieved; and
- (iv) Practising the skill under supervision in real counselling situations.



Training the trainers can also be accomplished within the peer counselling programme, using a pyramid approach in which experienced peer counsellors, under professional supervision, act as trainers. This method has the advantage of providing the more experienced with new skills and new trainees with models of effective peer helping.



### Self-check Exercise 2

Match the following:

- |                                             |                                                                          |
|---------------------------------------------|--------------------------------------------------------------------------|
| 1. Peer counselling bridges the gap between | a. his/her own values, needs, and priorities.                            |
| 2. A peer counsellor should be high on      | b. professionals and the group they serve.                               |
| 3. A good peer counsellor is clear on       | c. empathy, self-control and flexible enough to accept values of others. |

## 3.6 EVALUATING THE PEER FACILITATOR PROGRAMME

A peer counselling programme needs to be evaluated to know about its efficacy in a school. The purposes of evaluating peer counselling programmes are to –

- (i) provide performance feed-back to professionals and peers;
- (ii) determine whether the training goals are being met;
- (iii) provide data for programme improvement; and
- (iv) increase credibility and ensure continued support of the programme.

The evaluation process should be built into the initial programme design. Evaluation should measure the effects of the programme on peer counsellors, on the population being served, and on the climate of the school or agency. Evaluation methods need not involve sophisticated research methodology. Following are some suggestions for evaluating a programme:

**Pre-post method** – measures pre-programme behaviour and after programme changes, or assess whether predetermined milestones have been reached – NOT during the programme. For example, measures the changes in peers self-concept or communication skills before and after the program.

**Control group method** – compares differences between programme participants and non-participants, that is, students exposed to peer helper programme with those not exposed to such a programme.

**Self-report method** – uses checklists, rating scales or questionnaires to determine how well a programme is meeting its goals. For example, the questionnaire may contain questions for peer helpers to rate their satisfaction, usefulness, involvement and interest in the programme. Questionnaires might be useful to measure the extent to which the programme has helped to create a spirit of caring and helping each other, and creating a congenial climate in the school.

Effects of the programme on the school climate can often be measured using readily available data such as the number of clients seen by the peer facilitator or the number of participants who may have benefited. Information can be taken through informal interviews with teachers, parents or administrators. The results of evaluations should be communicated to all those involved in and affected by the programme.

### Activity 2



Prepare a questionnaire containing seven statements for the students regarding their level of satisfaction with the peer counselling programme in a school.

### 3.7 Summary

The unit discusses the concept of peers as helpers or facilitators. Since professional counselling requires extensive training and practice, and as the counsellor is usually required to deal with a large number of clientele like parents, teachers, relatives and peers of the child, the concept of peer helpers or facilitators or other paraprofessionals emerged.

History and research in peer counselling services are referred to briefly. Selection of peer counsellor training components and the evaluation of training outcomes were explained. Some examples where peer counselling could be more effective are also listed. Professional responsibility of peer counsellors is not strictly defined because they function in a flexible manner. Advantages of peer counselling over the counselling done by the professionals are also highlighted.

#### Self-evaluation Exercises

1. Explain how counselling by professional counsellors is different from counselling by peers.
2. It is likely that when you were in school one of your classmates might have helped you to overcome a certain personal problem. Describe briefly.
3. What are the three steps in peer counselling programme planning?
4. Write five major duties/responsibilities of peer counsellors as described in this unit.
5. What personal qualities should you look for in selecting a peer counsellor?
6. How would you evaluate the effectiveness of a peer counselling activity?





## Answer Key to Self-evaluation Exercises

1. Elaborate on the following points:
  - Counselling done by peer facilitators serve as a support system to professional counsellors where students of the same age group help each other in resolving minor issues related to personal and academic problems. They are only aides whereas, fully trained counsellors provide such services in a more systematic and scientific manner.
  - Counselling by peers is available at reduced cost or no cost as compared to professional counsellors.
2. A problem identified by you could be-requiring assistance in studies as you could not attend school because of your ill health, and you could make up the loss in studies because of the help and listening done by a classmate.
3. Elaborate on the following points:
  - Conducting an assessment or needs analysis to determine whether peer counselling is an appropriate intervention for reducing problems of students in school.
  - Identifying students with required qualities to serve as peer helpers.
  - Training them in performing roles, functions and responsibilities of the peer helpers, such as listening, helping newcomers, tutoring and serving as mediators etc.
4. Elaborate on the following:
  - Peer assistance in conflict resolution.
  - Peer assistance in studies.
  - Peer assistance in helping newcomers.
  - Peer assistance in self exploration.
  - Peer assistance in promoting communication.
5. A peer counsellor should possess qualities like friendliness and pleasant temperament, commitment, willingness to accept standards of ethical conduct, good listening skills. Furthermore, he/she should be sensitive, responsible, and trust worthy.
6. You can carry out an evaluation using the following methodology – Pre-post method that measures changes that occur before and after the programme.
  - Control group method that compares programme participants and non-participants.
  - Self-report method that determines how well a programme is meeting its goals by using rating scales, checklists or questionnaires etc.

## Answer Key to Self-check Exercises

### Self-check Exercise 1

1. T      2. F      3. T      4. T

### Self-check Exercise 2

1. b      2. c      3. a

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### Weblinks

<http://web.magnushealth.com/insights/student-peer-counseling-what-works>

<http://www.peer-counseling.org/index.php/independent-living-resource-center-san-francisco-peer-counseling-training-manual>

<http://bcoleman.ca/manual-for-peer-counsellor-training/>

[http://www.tcd.ie/Student\\_Counselling/student-learning/assets/docs/old/peer%20Support%20Training%20Manual.pdf](http://www.tcd.ie/Student_Counselling/student-learning/assets/docs/old/peer%20Support%20Training%20Manual.pdf)

# 4

## Alternative Therapies

- 4.0 Introduction
- 4.1 Objectives
- 4.2 Relevance of Traditional Healing Practices
- 4.3 Culture and Health
- 4.4 Spirituality, Health and Well-being
- 4.5 Alternative Therapies
  - 4.5.1 Yoga
    - 4.5.1.1 *A Brief Introduction to the Philosophy of Yoga*
  - 4.5.2 Meditation
    - 4.5.2.1 *Concentrative Meditation*
    - 4.5.2.2 *Mindful Meditation*
  - 4.5.3 Reiki
  - 4.5.4 *Pranic Healing*
  - 4.5.5 Acupressure and Acupuncture
  - 4.5.6 Other Healing or Therapeutic Systems
  - 4.5.7 Expressive Therapies
- 4.6 Commonalities in Alternative Therapies
- 4.7 Summary
  - Self-evaluation Exercises
  - Answer Key to Self-evaluation Exercises
  - Answer Key to Self-check Exercises
  - Reference
  - Suggested Readings
  - Weblinks





## Alternative Therapies 4

### 4.0 INTRODUCTION

In Module 2, you learned about some counselling techniques that highlighted the role of cognitive interventions, changes in habitual behaviour, and the dynamics of family interpersonal relationships and its impact on an individual's behaviour. You have also studied the value of group and peer counselling, which may be adapted to suit different situations. The present unit will familiarise you with other forms of therapeutic practices which are widely prevalent in the Asian countries such as India, China, Japan etc. These are the traditional and indigenous healing systems used by countries in this region and the ethnic populations for thousands of years before the arrival of modern medicine. It is assumed that along with prevalent modern counselling techniques as given in Module 2, traditional practices as given in this unit can be used, to make counselling more effective.



Most of the cultures of the world have particular healing practices. The present unit is in no way an exhaustive coverage of all forms of alternative therapies practised in different parts of the world. Rather, it will familiarise you or provide you with a brief overview of some popular healing practices prevalent in Asian countries. These are based on sound foundational knowledge. The practitioners of these therapies have tested their impact on reducing the ailment, and promoting health and well-being.

You may be aware that these practices are increasingly becoming more and more popular as one recognises their value in curing many diseases, general healing, and promoting health and well being. It is interesting to discover that all of them emphasise the intimate connection between body and mind, and many of them are based on very profound understanding and knowledge of the inner world or inner thoughts, and feelings of the individual.

You will explore how such traditional healing systems work. The practices that are covered in this unit are: Yoga, Meditation, Reiki, Pranic Healing, Acupressure and Acupuncture that you, as teacher counsellor, can effectively use after extensive training. The present unit will make you familiar with these practices and their foundational knowledge.

## 4.1 OBJECTIVES

After going through this unit, you will be able to

- *explain* various therapeutic health and healing practices that are widely practised in eastern cultures.
- *recognise* the relationship between indigenous and traditional healing practices and the culture.
- *examine* the knowledge base, beliefs, assumptions and spiritual traditions of these alternative therapies.

## 4.2 RELEVANCE OF TRADITIONAL HEALING PRACTICES


Indigenous and traditional healing practices for physical as well as mental ailments have long existed in every society. Modern medicine, as exemplified by western medicines and its associated methods, is comparatively recent, but has become the dominant framework for treating illnesses throughout the world. In fact, the very idea of “alternative therapies” assumes that the dominant therapeutic framework is modern medicine and that traditional healing systems offer themselves as the alternatives. Nevertheless, the indigenous forms of therapies continue to be practised in large parts of the worlds particularly in the traditional societies. It is interesting to note that there has been a resurgence of the traditional healing practices, suggesting that people are realising the limitations of modern medicine. Modern medical approaches largely treat humans as biological and chemical systems and ignore the emotional, social and spiritual aspects of a being. Alternative therapies address the illnesses of humans holistically and therefore modern medicine is starting to integrate these methods into treatment practices.

## 4.3 CULTURE AND HEALTH

Before you take up the details of alternative therapies or healing systems, let us briefly examine the relationship between culture and health.

You may have used the term “culture” very frequently in your everyday conversations but did you ask yourself what it really means? Culture is not an abstract phenomenon, it is the sum total of all that governs our every day life. It refers to the collective wisdom of human society represented in its core values, traditional practices, norms of interpersonal relationships including family, rituals covering all spheres of life, and notions of the all-pervasive power termed as God. It influences the way we perceive, interpret, evaluate and respond to our experiences. Its impact is deep and imperceptible and starts right from birth. We tend to become more aware of our own culture when we are exposed to people from a culture that is very different from our own.





Just as culture influences our patterns of living, it also influences our notions and beliefs of health and healing practices. Some traditional practices appear to be very strange when we look at them from the framework of modern medicine. Many instances of cures through traditional healing systems defy the logic of modern medicine. Medical scientists are increasingly realising that body and mind can not be studied separately, both are intimately connected to each other and influence each other. Resurgence of interest in alternative forms of therapies is the outcome of this understanding and scientists are trying to explore the rationale for it.

Different cultures have their own traditional healing practices based on their norms, values, beliefs and interpersonal relationships.

You also find cultural variations in the prevalence of certain diseases e.g., cardiovascular problems or certain forms of cancers. Not only that, cross-cultural research has suggested that mental disorders differ in the patterns of onset, cluster of symptoms and duration across cultures. World Health Organisation (WHO) (1979) conducted a study of nine cultures and found that people with the diagnosis of schizophrenia fare far better in non-western countries (India and Nigeria) as compared to USA and Europe, mainly because of their strong rooted belief in spirituality. One needs to explore its reasons in belief and practices of a given society. Thus, health and healing practices are an integral part of culture.

Alternative systems of therapy covered in the present module are rooted particularly in the spiritual traditions of Asian countries. This will be well illustrated in the following sections.



### Self-check Exercise 1

1. State some of the traditional healing systems widely practised in your culture.
2. What is the meaning of culture?
3. Explain how cultural beliefs and traditions influence the status of health and healing practices.



### Activity 1

1. Collect information regarding home-made remedies that are practised in your community.
2. What are the ways in which men and women in your community deal with their problems and crisis situations? What kind of support systems do people look for in such moments? Similar observations can be made of people from other communities and culture.
3. Observe yourself, your family and friends under the above situations and examine the effectiveness of various practices that are being adopted in such situations.

## 4.4 SPIRITUALITY, HEALTH AND WELL-BEING

Health is much more than mere absence of disease of the body and mind. We have several facets of our being: physical, emotional, social, intellectual and spiritual. A harmonious functioning of all these aspects, called integrated functioning, is the true indicator of our efficacy and well-being. It arises from a peaceful, optimistic and objective attitude towards life. It is a well known fact that the course of recovery in diseases like cancer is much affected by the will power and optimistic attitudes that the patient may have. A growing field of Psycho-neuro-immunology is discovering the relationship between our emotions, brain and immune system, that in turn affects the way our body fights infections and other disease causing conditions. The topic of mental health was covered in Module 10, here we will briefly look at the role of spirituality, and its connection with holistic health and the feeling of well-being.

In the past two decades, mainstream Psychology has coined new terms like emotional quotient (EQ) and spiritual quotient (SQ). Psychologists recognise that the efficacy of intelligence quotient (IQ), or rational thinking requires good handling of one's emotions. Emotions depend upon sound foundations of spirituality, which provides a larger, deeper and richer base to our feelings, thinking, and actions. Spirituality refers to the essence of our being, a deeper reality of our being that provides meaning to life and the world. According to various spiritual traditions of India (Vedanta, Yoga, Buddhism, Jainism) there is an underlying unity behind the vast phenomenal world including ourselves. Recognition of it is essential for true emancipation from all limitations and sufferings to which our lives are constantly subjected. It will open ourselves to the divine within. Ignoring this fact will hamper lasting peace and happiness.

Every creation in nature from the tiniest to the biggest, including living and non-living beings, has been made with magnificent and superb design. Every insect, flower, tree, bird and millions of other living species is a unique creation equipped with mechanisms best suited for their survival and continuity. What caused it all to happen? We call it 'God' because it is difficult to fathom the mystery, and we think in anthropomorphic terms and think of the creator in our own image. Eastern spiritual traditions arising from the lineage of seekers over of thousands years have analysed and examined the issue in great depth. They proclaimed that the deepest mystery or truth of existence of man and his world lies in his own deep core called "Atman" or "Brahman" that pervades all manifest and un-manifest aspects of the entire creation. They do not demand blind faith in their knowledge but urges us to determine the truth of their statements through our own journey, which is an inward journey. They show us the way also. The knowledge and wisdom that we find in these spiritual traditions is backed by the most profound logic. Moreover, they are not merely abstract concepts, ideas and theories; they help us in living our lives in peace and joy and therefore it is called the "science of life."

Therapies that you will encounter in the following section are rooted in the spiritual traditions of India, China and Japan, which are popular and well established in many Asian countries. Practitioners of modern western medicine are slowly realising their value in health and healing.



It is interesting to note that in many fields of knowledge, a silent revolution is taking place where the thoughtful and reflective minds from various disciplines, including hard core sciences like physics and biology, are showing willingness to listen to other voices that may not exactly match with the framework of their own disciplines. They are seeing the possibility of significant breakthrough in expanding the frontiers of their own disciplines by integrating the framework of spiritual knowledge systems like Vedanta, Yoga, Buddhism and Jainism.



### Self-check Exercise 2

Fill-in the blanks from the following alternatives:

- a. mind, brain and immune system
  - b. Vedanta, Yoga, Buddhism and Jainism
  - c. physical, emotional, intellectual and spiritual
1. Health is an integrated functioning of \_\_\_\_\_ aspects.
  2. Psycho-neuro-immunology studies the relationship between \_\_\_\_\_.
  3. Hard core sciences such as biology and physics are now taking necessary inputs from spiritual knowledge systems of \_\_\_\_\_ to explain human and natural phenomena.

## 4.5 ALTERNATIVE THERAPIES

With growing unrest and dissatisfaction in youth and children today, great emphasis is given on nurturing spirituality that postulates solutions to our external conditions or problems that lie inside us, thus emphasising or giving importance to traditional healing practices prevalent in different cultures along with the prevalent modern medicine system and counselling techniques.

You as teacher counsellors, or after being trained in any of the traditional healing practise, can use it on spiritually inclined or receptive students.

### 4.5.1 Yoga

Yoga is well-known throughout the world for its efficacy in promoting health and well-being. The original source of this system is "*Patanjali's Yogasutra*" which is dated about 2500 years back. Though yoga is often taken to be only the physical and breathing exercises, it is a profound knowledge system, which encompasses much larger questions about life and the universe. In the words of Shri Yogendra (1975) "Yoga is an integrated technology of self-culture and self-education of the physical, the mental, the moral and the spiritual.....yoga in that sense is the science of man." Yoga is a complete system that explores the depths of the inner world providing guidance on how to deal with mind, emotions, thoughts and habits to enable one to live efficiently with maximum productivity and peace in this ever changing world. It has a detailed technology through which a person can attain the deepest spiritual levels called *Samadhi*. In the following section you will look at its theoretical and practical aspects along with its significance in healing and therapy.

Patanjali's *Yogasutra* is an acclaimed and highly valued text on the subject written by Maharshi Patanjali and is dated back to 2500 years in history. It explores the great depths of the mind and its tendencies which keep causing unrest, despair, pain and sorrow in life. It explains the importance of disciplining body, breathing and mind, and gives techniques of developing a harmonious and coordinated functioning of body and mind. It also goes into the great depths of our being that transcend body and mind consciousness, and unravels its mysteries to those who care to practise, follow and experiment with its ideas and suggested lifestyle.

#### 4.5.1.1 A Brief Introduction to the Philosophy of Yoga

Thousands of years back, yogis in India discovered that the search for happiness in the external material world remains a mirage as there is an endless cycle of happiness and unhappiness. Most people settle for the brief, watered-down version of temporary pleasures. The yogis state that at some stage in our spiritual evolution over many lives, we will become dissatisfied with brief, temporary pleasures and start our quest for deeper meaning of life, and freedom from the pain and sorrows of life. Inner evolution was the goal and yoga provided the technology of self-culture to march ahead on this road. Yogis developed methods to achieve it. According to the Yoga philosophy, inner evolution is nature's law.

The word Yoga arises from the Sanskrit root-word "yuj" meaning "to join". According to the highest conception of Indian philosophical/spiritual traditions, there is a deeper reality behind the (apparent) manifest universe including human beings. This deeper reality is called Atman or Brahman; merging of individual consciousness with this deeper reality is Yoga. Thus, this state of unification of the two in consciousness, as well as the mental process and discipline through which this union is attained are both called Yoga. This sublime state can be reached only by self-culture and discipline. This process of self-culture has eightfold dimensions called Ashtang-yoga. These eight steps of yoga indicate a logical pathway that leads to the attainment of physical, ethical, emotional and psycho-spiritual health. It involves eight steps of inner evolution as given in the following table.

**Table 4.1** *The eight steps of enlightenment in Ashtang-Yoga*

<i>Yama</i>	— moral foundations of a person— <i>Ahimsa, Satya, Asteya, Brahmcharya, Aparigraha</i>
<i>Niyama</i>	— daily practices— <i>Saucha, Santosh, Tapah, Swadhyay, Ishwarpranidhana</i>
<i>Pranayam</i>	— regulated breathing
<i>Asana</i>	— physical exercises coordinated with style of breathing
<i>Pratyahar</i>	— withdrawing the senses from outer world
<i>Dharna</i>	— mental concentration
<i>Dhyana</i>	— meditation on the divine
<i>Samadhi</i>	— merging of the individual consciousness with cosmic consciousness, spiritual enlightenment





The first two steps of Yoga, *Yama* and *Niyama*, are meant to provide an adequate moral foundation for the yogic training. *Yama* refers to five-fold moral qualities e.g. *Ahimsa* (non-violence of any kind, physical or mental), *Satya* (truthfulness in thought and actions), *Asteya* (abstaining from misappropriation of any kind), *Brahmcharya* (freedom from craving of all kinds of sensual pleasures), *aparigraha* (an attitude of non-possessiveness). *Niyama* refers to five-fold practices that one has to necessarily perform every day. These are *saucha* (purity), *santosh* (contentment), *tapah* (austerity), *swadhyaya* (self-study) and *ishwarapranidhana* (self-surrender). Purity refers to the purity of body and mind. Satwic food, cleanliness and a mind which is full of positive thoughts and feelings. Contentment refers to equanimity of mind unruffled by outer or inner disturbances. Austerity refers to self-discipline, self-study of scriptures or yogic literature, and self-surrender means surrender to the supreme consciousness and freeing oneself from egoism. Each one of these *yama* and *niyama* has deep psychological significance and brings about peace, equanimity, freedom from suffering and joyous living. It also attunes oneself to higher purpose in life.

**Asana and Pranayam :** Both refer to health of the body and mind. Regular practice of certain exercises of the body with coordinated breathing are essential for a healthy life. These have deeper and deeper layers of meaning for inner transformation and attunement to higher levels of consciousness. The meaning of “Prana” is explained below.

**Prana :** This is an auto-energising force that permeates each individual as well as the universe at all levels. It acts as physical energy, mental energy, intellectual energy, spiritual energy and cosmic energy. It permeates all beings and non-beings.

*Prana* is the sum total of all energy that is manifest in the universe. It is the vital force. Breath is the external manifestation of *prana*. By exercising control over this gross breath, one can control the subtle *prana* inside. Control of *prana* leads to control of mind.

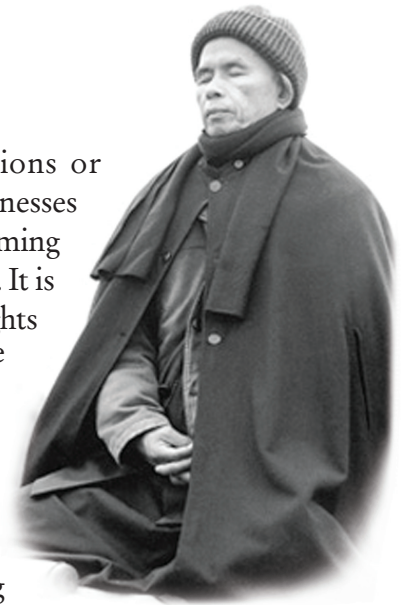
**Dharna, Dhyana, Samadhi :** These three stages of inner development aim at developing the single pointed concentration of mind that can remain in deep concentration for long periods of time. They too have deeper and deeper layers of significance with regard to inner perfection, merging of individual consciousness to supreme consciousness.

Many of the things stated above may look quite mystical. However, they have been practised and authenticated by lineage of yogis and sages over thousands of years in human history. Not only that, several research studies have been done on this system and its value for physical and mental health. Yoga teaches that a healthy person is a harmoniously integrated unit of body, mind and spirit. Therefore, good health requires a simple, natural diet, exercise in fresh air, a serene and untroubled mind and the awareness that man’s deepest and highest self is identical with the spirit of God.



#### 4.5.2.2 Mindful Meditation

Mindfulness is awareness of one's thoughts, actions or motivations. The person sits quietly and simply witnesses whatever goes through the mind, not reacting, or becoming involved with thoughts, memories, worries or images. It is not easy to do non-participant observation of our thoughts and feelings. Life-long egoistic ways of the mind are different to overcome and it takes a great deal of practice to develop a witness-like attitude i.e. a distinction between "me and my thoughts or feelings—the observer and observed". A serious attempt in this direction very gradually helps you to create an attitude of an observer to one's changing thoughts, emotions and reactions. You slowly develop objectivity in looking at the contents of your own mind and that helps in gaining a calm, clear and non-reactive state of mind.



*Thich Nhat Hanh*

**How meditation works :** Research has shown that Meditation affects not only our psychological states but also our physiological well-being. Meditation brings a state of relaxation that promotes healing. Several studies have been conducted to find out its impact on persons who practise meditation regularly. It is found that it can bring about a healthy state of relaxation by causing a generalised reduction in multiple physiological and biochemical markers, such as decreased heart rate, decreased respiration rate, decreased plasma cortisol (a major stress hormone), decreased pulse rate, increased parasympathetic activity, increased skin resistance and increased alpha waves, a brain wave associated with relaxation. All these changes are associated with a state of relaxation as shown in research conducted in the medical field. In addition to the growing body of research on meditation, physicians, psychotherapists and other professionals are increasingly adding meditative techniques to their practice. This is described below.

Research conducted by R. Keith Wallace at U.C.L.A. on Transcendental Meditation revealed that during meditation, the body gains a state of profound rest. At the same time, the brain and mind become more alert, indicating a state of restful alertness. A laboratory study of practitioners of Maharishi Mahesh Yogi's transcendental meditation (TM), carried out by Benson and Wallace at Harvard Medical School towards the end of the 1960s, provided the first detailed knowledge of the many physiological changes that go with meditation.

- Some of the meditators, whose ages ranged from seventeen to forty-one, had been meditating only a few weeks, others for several years. All recorded changes associated with deep relaxation. The fall in metabolic rate was the most striking discovery. This was indicated by a dramatic drop in oxygen consumption within a few minutes of starting meditation. Consumption fell by up to twenty per cent below the normal level, below that experienced even in deep sleep. During meditation, blood pressure stayed at 'low levels', but fell markedly in persons starting meditation with abnormally high levels.

- The meditators' skin resistance to an electrical current was measured. A fall in skin resistance is characteristic of anxiety and tension states; a rise indicates increased muscle relaxation. The finding was that though meditation is primarily a mental technique, it soon brings significantly improved muscle relaxation.
- Meditation reduces activity in the nervous system. The parasympathetic branch of the autonomic or involuntary nervous system predominates. This is the branch responsible for calming us.
- During anxiety and tension states there is a rise in the level of lactate in the blood. Lactate is a substance produced by metabolism in the skeletal muscles. During meditation, blood lactate levels decreased at a rate four times faster than the rate of decrease in non-meditators resting, lying on their backs or in the meditators themselves in pre-meditation resting. Lactate production in the body is mainly in skeletal muscle tissue; during meditation the faster circulation brings a faster delivery of oxygen to the muscles and less lactate is produced.
- Meditation produced a complex of responses that marks a highly relaxed state. Moreover, the pattern of changes they observed in meditators suggested an integrated response, mediated by the central nervous system.

Thus, it can be concluded that all kinds of meditation promote both physical and psychological well-being and thus, promote healing.

### 4.5.3 Reiki

Reiki was discovered by Dr. Mikao Usui, a Japanese theologian. The therapy makes use of hands as instruments of healing. It can be only performed by a Reiki practitioner, that is, a person well trained in the art.

Reiki is a Japanese word made from two words “Rei” meaning universal and “Ki” meaning Life Force, the same as Chi in Chinese or Prana in Sanskrit. Thus, Reiki means universal life force. We are born with this life force, the nonphysical energy that animates all living things. As long as something is alive, it has life force circulating through it and surrounding it; when it dies, the life force departs. If life force is low, or if there is a restriction in its flow, one will be more vulnerable to illness. When it is high, and flowing freely, one is less likely to get sick. Life force plays an important role in everything we do. It is the supreme force in the universe.

The practice of Reiki brings the following results:

- It allows a free and even flow of life force.
- It releases one from unnecessary worries and tensions.
- It hits at the roots of the diseased condition of body.
- It enhances alertness and growth of inner consciousness.
- It enhances stamina.
- One feels a kind of inner transformation.

#### *Practising Reiki*

The practitioners of Reiki commit themselves to the following resolves:

Just for today I will live the attitude of gratitude.

Just for today I will not be angry.



Just for today I will not worry.

Just for today I will do my work honestly.

Just for today I will show love and respect for every living thing.

The technique prescribed for the above is sitting with eyes closed and hands resting in lap, palms up. One says to oneself “I now release all anger etc...” allowing energy to be released through one’s palms, and be still until the flow of energy subsides. This may take a little while. One can see the positive results arising from its regular practice.

Reiki treatment consists of a series of three or four sessions lasting about an hour each. The practitioners do not claim to diagnose. During a Reiki session, the practitioner supposedly draws energy and focuses it through his hands, thus providing a link between himself and the patient. Some Reiki teachers have described this connection as “lighting up”. The practitioner’s hands are held at twelve basic positions, for five minutes each. A practitioner allows his or her own intuition to guide the placing. Over problem areas, the hand is held twice as long. Some Reiki practitioners claim to heal at long distances.

The assumption is that we all have Reiki energy and anyone can lay the hands on another person and help accelerate their healing process by transferring this energy. One needs to go through the attunement (initiation) process, which the student experiences at the various Levels of Reiki classes. It is claimed that with practice one can detect energy responses from the body that often give clues to the site of an organic problem and its seriousness. A dialogue with a Reiki practitioner is given below:

Karuna (name changed) aged 38 yrs has been practising Reiki for the last two years. She was asked to narrate her experiences during the attunement process, practice sessions, and during healing sessions with oneself and others. Her experiences are related in her own words—

**Q. Did you experience during the attunement process?**

**A.** During the attunement process, when the Reiki master put her hand on my head with my eyes closed, I felt as if a white light entered, soaked my whole body; black ash was coming out from the big pores of my body and spread on the floor around me. After a while, I could see white light pouring out of the same pores of my body. It was a divine experience. I felt very light and joyful. I could not contain my feelings to myself and shared them with another lady who was accompanying the Reiki master.

**Q. Could you share some experiences of healing yourself or others?**

**A.** As directed, I continued the Reiki sessions for 40 days during which I did have a loose stomach and fever, as forewarned. It happens due to cleansing of the body. I used to have a bad backache problem and that disappeared completely. Once I was having a lot of pain in my right thumb and I could not use my right hand. I did Reiki on myself and it was cured in 3 days, almost like a miracle.

Once I was doing Reiki with a 27-year-old, intellectually challenged boy who was having a lot of behavioural problems. When I kept my hands on his ears I felt a lot of heat coming out. I asked my Reiki teacher its meaning. She told me it



reflects a lot of verbal abuse of the person at home. Similarly while I was doing Reiki with my sister-in-law who had obsessive compulsive disorder, I felt a lot of very turbulent vibrations when I placed my hands on her head.

**Q. Have you felt some changes in yourself since you started practising Reiki?**

**A.** It has brought more stability in myself and decreased my impulsivity. I feel more relaxed and energetic. It has affected my whole family in a very positive way. Reiki is widely practised with positive results, even though its ideological foundation is in deviance from the so-called scientific framework. As teacher counsellors, you need to have an open mind to all kinds of experience and try to understand them even if you need to step out from our secure paradigms. The inner world is a vastly complex phenomenon. A true seeker has to accept all kinds of challenges even if it means abandoning old and familiar forms of thinking.

#### 4.5.4 Pranic Healing

*Pranic* healing is based on two natural laws that are quite obvious but are usually least noticed or remembered by most people—

- **Law of self-recovery:** In general, the body is capable of healing itself at a certain rate. If a person has a wound, the body will heal itself and recover within a few days to a week. In other words, even if you do not apply antibiotic on the wound, the body will repair itself.
- **Law of life energy:** For life to exist, the body must have *prana*, *chi*, or life energy. *Prana* or life force keeps the physical body alive and healthy. The healing process can be accelerated by increasing the life energy on the affected part(s) or on the entire body.

According to *Pranic* Healing, the human body is composed of the visible physical body and the invisible energy body or the etheric body, also called bioplasmic body. The word “bioplasmic” comes from *bio*, which means life and plasma, which is the fourth state of matter, the first three being: solid, liquid and gas. Plasma is ionised gas or gas with positive and negative charged particles. Bioplasmic body means a living energy body, made up of invisible subtle matter or etheric matter. It is through the energy body, that *prana* or life energy is absorbed and distributed throughout the whole physical body. The bioplasmic energy body commonly known as the aura, interpenetrates the visible physical body to extend beyond it slightly. Because the physical and energy bodies are intimately interrelated, cleansing and energising the energy body accelerates the rate of biochemical reactions and facilitates a faster rate of healing of the physical body.

The only device a pranic healer needs to use is a salt water bowl for disposal of unhealthy or diseased energy. Scanning (feeling of the energy body), cleansing and energising are done by hands or sometimes with the help of a quartz crystal, without touching the patient’s body. No physical contact is required because the practitioner is working on the bioplasmic or energy body and not directly on the physical body. A normal healing session may last from 10-15 minutes to one and half hours, depending



on the severity of the patient's condition. Pranic healing can be performed at a distance on any person anywhere in the world.

*Pranic* healing utilises the prana or life force readily available from the sun, air and ground to heal physical and emotional imbalances. It requires no drugs, gadgets, not even physical contact with the subject. Its effectiveness relies on the fact that there is an intimate connection between the bioplasmic and the physical body. As we heal the bioplasmic body, it creates a new and the perfect pattern for the physical counterpart to follow, resulting in healing. In *Pranic Healing*, the person is cured of his/her problem by simply removing diseased energies from the patient's invisible energy body and by transferring fresh vital energy (*Prana*) to the affected areas using of the hands. It acts as a powerful catalyst to spark the inborn ability of the body to heal itself. Pranic Healing has been found to prevent, alleviate and heal a whole spectrum of physical, emotional and mental ailments.



#### Self-check Exercise 4

1. From which country has Reiki emerged? What does the word Reiki mean?
2. Explain briefly the two natural laws of pranic healing.

#### 4.5.5 Acupressure and Acupuncture

In traditional Chinese medicine, ailments are basically caused by blockages of '*chi*' (similar to *Prana*) somewhere along 14 meridians (the transportation system through which '*chi*' or '*qi*' is circulated through the body). Both acupressure and acupuncture encourage energy to flow freely once again.

Acupressure involves massaging the pressure points using fingers, thumbs, palms to relieve common discomforts, for example, massaging the muscles between thumb and index finger relieves dehydration headaches.

Acupuncture literally means "needle piercing", the practice of inserting very fine needles into the skin to stimulate specific anatomic points in the body (called acupoints or acupuncture points) for therapeutic purposes. Along with the usual method of puncturing the skin with the fine needles, the practitioners of acupuncture also use heat, pressure, friction, suction or impulses of electromagnetic energy to stimulate the points. In the past 40 years, acupuncture has become a well-known treatment in several countries. Acupuncture is used to regulate or correct the flow of *qi* or *chi* (similar to *Prana*) to restore health. There are over 1,000 acupoints within the meridian system. The channels or meridians can be stimulated to enhance the flow of *qi*. Acupuncture is used to diagnose illness by seeking blockages in the body's meridians. Many health problems e.g., blood pressure, arthritis, menstrual troubles, digestive problems, headaches, asthma and many neurological, vascular problems, allergies etc., are known to respond to acupuncture. WHO recognises 100 ailments that have been found to be alleviated by acupuncture.

According to Chinese philosophy, we are "fueled" by three treasures: *Qi* or *Chi* (pronounced chee), *Shen* and *Jing*. *Qi* is energy or vital substance, *Shen* is the spirit and *Jing* is our essence. *Qi* is both the life force (or vital substance) and the organising

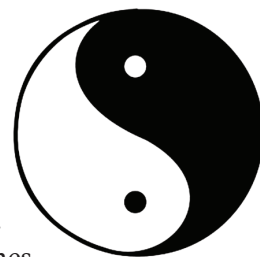
principle flowing through all things and establishing their interconnectedness. Chinese believe that every living creation (both human and non-human) has *qi*. In the body, *qi* is found in the heart and lungs, in circulating blood and oxygen. *Shen* is the treasure that gives brightness to life and is responsible for consciousness and mental abilities. Sometimes it is compared to the soul. Within the individual, *shen* is manifested in personality, thought, sensory perception and the awareness of self. *Jing* is responsible for growth, development and reproduction. *Jing* represents a person's potential for development comparable to the western concept of genetical inheritance. Chinese believed that everyone is born with a finite amount of *Jing*. As we go through life, we lose or consume our *Jing* little by little. Once we lose *Jing*, it cannot be replaced. It is gone for ever. We lose *Jing* if we live a wrong or careless life. But *Jing* can be preserved if we live in moderation. Ancient Chinese believed that moderation in all areas of life is essential to a long and fruitful life. Acupuncture can reduce the loss of *Jing*. A number of factors can contribute to the depletion of *Jing*. Living a life of excess, drinking too much, excessive emotional reactions, working too hard, inappropriate sexual behavior etc., all are believed to result in the depletion of *Jing*. Balance in all things is considered the key to good health and long life.


In order to understand how acupuncture works, it is necessary to become familiar with the basics of Chinese philosophy and the principles of *Yin* and *Yang*. The idea of harmony and balance are the basis of *Yin* and *Yang*. According to this principle, everything in the universe arises out of the interplay of opposite forces e.g. light and dark, cold and hot etc. The '*Yin* and *Yang*' is like a candle. *Yin* represents the wax in the candle. *Yang* represents the flame. *Yin* (wax) nourishes and supports the *Yang* (flame). Flame needs the wax for its existence. *Yang* consumes *Yin* and, in the process, burns brightly. When the wax (*Yin*) is gone, the flame is gone too. So, one can see how *Yin* and *Yang* depend on each other for their existence. Thus the entire creation is the interplay of *Yin* and *Yang* forces. The body, mind and emotions are also subject to the influences of *Yin* and *Yang*. When the two opposing forces are in balance we feel good, but if one force dominates the other, it brings about an imbalance that can result in ill health. Acupuncture aims at maintaining a balance of *Yin* and *Yang* within the person to prevent illness and to restore health.

Acupressure is much older, easier and less precise than acupuncture as the tool used is as wide as a finger rather than fine long needles. It has fewer side effects as compared to acupuncture where there is a risk of releasing toxins or realigning muscle groups.

#### 4.5.6 Other Healing or Therapeutic Systems

There are several other popular systems of therapy, which place significant value on the relationship between mind and body. For example, Ayurveda, Yunani, Homeopathy and Naturopathy systems are widely prevalent in India for physical as well as mental ailments. Each one of them has its own theoretical foundation and can be called a holistic system of treatment. Their diagnosis and treatment are not only based on symptoms but includes information about one's food preferences, sleep patterns, moods, behaviours, etc.





Besides the above well-known therapies, several other forms are becoming quite popular with people in India such as, the Art of Living courses and Buddhist Chanting. Both emphasise positive thinking and compassion for others, besides other cleansing techniques of body and mind. “*Sudershan Kriya*” used in Art of Living courses has been found to be a powerful technique of rhythmic breathing, helping people in overcoming physical and psychological problems. It has a large following all over the world and was initiated by the widely respected teacher/saint Sri Sri Ravi Shankar. Similarly, another famous contemporary yoga teacher, Swami Ramdev, has also been tirelessly working to spread Yoga techniques including “Pranayam” to promote health and well-being.

#### 4.5.7 Expressive Therapies

Expressive therapies are yet other forms of emotional healing methods, which, unlike psychotherapies, are not heavily dependent on the verbal ability of people. As the term indicates, it uses other forms of creative expression e.g. art, music, dance/movement, drama, play and poetry/creative writing to facilitate self-expression and emotional healing. These therapies can be used along with various forms of psychotherapies. But they are the only forms of therapies which can be used with children, cognitively challenged people and people with dementia and Alzheimer’s disease. It provides a medium for self-expression, imagination, active participation and an opportunity for mind-body interventions. Expressive therapies thus include various approaches or forms as listed below—

**Art therapy:** The central assumption is that the creative process of art facilitates health and well-being; helps in overcoming emotional distress, resolving conflicts, achieving insights, reducing problematic behaviours and increasing a sense of well being. It is a form of visual language through which people can express thoughts and feelings that they cannot put into words. It helps in releasing emotions and therefore is cathartic in nature.

**Music therapy:** Music is an integral part of human society. It offers one of the most versatile forms of emotional expression. Music exists in all religious rituals. We may find its expression on several social occasions e.g. marriage, festivals and religious gatherings besides being a potent form of entertainment in all kinds of communities all over the world.

Its use in therapy may take various forms, for example, improvisation (making up or improvising music in a group or individual situation), re-creative (using pre-composed music in active performance or singing), composing (creation of a specific musical product) and receptive experiences (listening to music and engaging in verbal or artistic expression). There are several major approaches to music therapy as given below—

**Behavioural music therapy:** It uses music to reward certain behaviours. For example, positively reinforcing a desirable behaviour in a child.

**Developmental music therapy:** It uses music to promote a sense of well-being

success, and enhancing the motivation of children and adults with developmental delays. People with developmental delays respond amazingly to music and often they can literally spend all their time listening to music of their choice. It is known to enhance functioning in a wide range of areas e.g., psychomotor, cognitive, communication, affective and social skills. It provides an effective non-verbal means of contacting the person.

**Music psychotherapy:** This is done to achieve greater self-awareness. It helps in arriving at conflict resolution, emotional release, and development of healthy interpersonal relationships, cognitive restructuring and spiritual development. Here music is used in conjunction with one's preferred mode of psychotherapy e.g., psychoanalysis, gestalt etc.

**Medical music therapy:** It uses music in medical settings for fostering a sense of well-being as well as relaxation.

**Dance/movement therapy:** It is defined as the psychotherapeutic use of movement and dance as a process that furthers the emotional, cognitive, physical and social integration of the individual. We may hide the words easily but not our physical movements as they symbolise our emotions and attitudes. There are various techniques used in this form of therapy and often, in conjunction with one's own chosen form of psychotherapy. Well-developed movement profiles are used for assessment and therapeutic interventions.

**Drama therapy and psychodrama:**

It provides an opportunity to distance oneself from oneself and assume the role of another character. It enhances our capacity to observe ourselves as well as others. It indirectly provides an opportunity to get in touch with one's deep emotions and thus acts as catharsis. Psychodrama is a technique where therapists facilitates the enactment of one's anxiety and conflicts through role play in front of one's peers or gathering, and gets a feedback from them. It is based on the assumption that people reveal themselves through the roles they take upon themselves and it allows them to express pent up emotions. It is highly projective in nature.

This form of expressive therapy can take varied forms, depending upon the client, situation and one's psychotherapeutic orientation.

**Poetry therapy:** What poetry captures, prose cannot. It is a strange form of self-expression where realities, fantasies, search for meaning, deep feelings and unrest



within project themselves in words that defy simple logical expression. The English word poetry derives from the Greek word “poesis” meaning “calling into existence that which has not existed before”.

Poetry therapy is an interactive process having three components— poem, story, or other form of literature, the trained facilitator and the client. Selection of the poetic literature is guided by its capacity to evoke emotions. A poetry therapy session evolves over four stages—

- **Recognition:** It engages client’s attention, interest and opens his/her imagination.
- **Examination:** Clients explore their feelings, memories, images, associations etc.
- **Juxtaposition:** Discussion within the group is encouraged, facilitating alternative ways of looking at one’s ideas, feelings, attitudes, values etc.
- **Application to the self:** The insights emerging in this process of self exploration needs to be integrated with one’s own feeling thinking and behaviour, and the therapist facilitates this process.

**Play therapy:** It is a specific form of child psychotherapy, through play. It allows for a normal and spontaneous expression of the child’s feelings and traumatic experiences such as divorce, domestic violence, neglect or abuse and are causing problems in the natural growth and development of the child. It requires observing and interacting with the child in a natural situation. It may vary in the form of structure provided by the therapist and his/her theoretical orientation. The goal is to understand the child’s difficulties through his/her projections in the play situation. It facilitates alternative forms of behaviour that are more adaptive. This is often done in consultation with the parents and other family members.

All forms of expressive therapies are using other forms of expression than verbal to understand the personal difficulties of the client. It facilitates the healing process through catharsis and increased self-awareness. The teacher/counsellor can use all above mentioned therapeutic methods in order to deal with students with already available facilities in the school.



### Self-check Exercise 5

Fill-in the blanks from the given alternatives.

- |                                |                                             |
|--------------------------------|---------------------------------------------|
| a. child’s expression          | b. creative expression                      |
| c. stimulating anatomic points | d. <i>qi</i> or <i>chi</i> ( <i>prana</i> ) |
| e. wax                         | f. flame                                    |
1. “Yin” represents the \_\_\_\_\_.
  2. “Yang” represents \_\_\_\_\_.
  3. Acupuncture regulates the flow of \_\_\_\_\_ to restore health.
  4. Acupressure involves \_\_\_\_\_ for therapeutic purposes.
  5. Expressive therapies make use of \_\_\_\_\_ to facilitate healing.
  6. Play therapy allows for \_\_\_\_\_ of feelings.

## 4.6 COMMONALITIES IN ALTERNATIVE THERAPIES

You might be wondering what is common in all of the therapies from a psychological point of view. Perhaps we can find some commonalities as given below—

- Intimate connection between body and mind.
- Man is more than mind-body complex. There is a deeper reality which connects man with all the living and non-living creations in the universe.
- The sources of misery, illness and health lie within, often in the ways we think and interpret our observations and experiences.
- Self-discipline rather than self-indulgence is important for healthy living.
- One needs to build up positive thinking and it can be promoted by certain techniques.
- There is no magic cure for one's problems. One needs to work towards it and search for solutions by conscious efforts.
- We all have healing forces within; they need to be activated. Awareness and acceptance is an important step towards positive/adaptive changes within.
- Our mind and body are far too complex to be explained within one ideological framework or paradigm. A seeker of truth cannot limit him/herself by any particular framework of thinking. The basic issue to understand is how health, healing, and the feeling of well-being can be enhanced.

Thus, it can be concluded that, instead of trying to change our physical circumstances or by moving things around in the physical world, one should look inside oneself as the outer world flows from the inner world. One can uplift oneself by transforming one's inner world and vision.

### 4.7 Summary

This unit emphasises the importance of traditional healing practices prevalent particularly in some of the Asian countries. These are Yoga which is well-known throughout the world for its efficacy; meditation that helps in alleviation of suffering and promotes healing; Reiki that allows a free and even flow of life force; pranic healing that postulates that the healing process can be accelerated by increasing the life energy on the affected parts; acupressure and acupuncture, the practice of massaging the pressure points to relieve common discomforts and inserting very fine needles into the skin to stimulate specific anatomic points in the body for therapeutic purposes. Various expressive therapies that make use of music, dance, drama, and poetry etc., have also been discussed.

Further, the importance of culture and spirituality in promoting the well-being of an individual has been emphasised.



1. How is spirituality related to an individual's well-being?
2. Explain briefly the two types of meditation.
3. What is the difference between acupuncture and acupressure?
4. Explain briefly any two expressive therapies.

### Answer Key to Self-evaluation Exercises

1.
  - Elaborate on the fact that spirituality is not an abstract concept, idea or theory, rather it helps us in living our lives in peace and contentment.
  - Explain this with an example from your day-to-day life.
2. Elaborate on the following –
  - Concentrative meditation involves focusing attention on the breath, an image or a sound or a mantra, that leads to quietening of mind.
  - Mindful meditation involves an individual simply witnessing whatever goes through his/her mind and not reacting and becoming involved with it. This way a person develops objectivity in looking at his/her thoughts, and becomes calm and clear.
3. Elaborate on the following—
  - Acupressure simply involves massaging the pressure points in the body to relieve discomfort. An accupressurist makes use of his/her fingers, palms and elbows to touch one or two pressure points at a time.
  - Acupuncture involves inserting into the skin very thin, long needles at the pressure points to encourage the free flow of energy.
4. Elaborate on any two expressive therapies such as—
  - Drama therapy and psychodrama: that provides an opportunity to observe ourselves and others and get in touch with our deep emotions. Thus, it is a kind of catharsis to express pent up emotions. Here people reveal themselves through the roles they take upon themselves.
  - **Play therapy** : aims to understand child's difficulties through his projections in the play situations. It allows for a spontaneous expression of the child's feelings and traumatic experiences such as abuse, neglect, violence etc., that are blocking his/her normal development.

### Answer Key to Self-check Exercises

#### *Self-check Exercise 1*

1. Some of the traditional healing systems

- Yoga, mediation, reiki, *pranic* healing, acupressure and acupuncture, expressive therapies.
- 2. Culture refers to the collective wisdom of human society represented by its values, traditional practices, norms, rituals, as well as notions about God.
- 3. Various researches have shown cultural variations in the prevalence of certain diseases such as cardiovascular problems or certain types of cancers. It has also been found that people with certain mental disorders like schizophrenia fare far better in eastern countries like India, China, Japan because of its various beliefs and practices.

### Self-check Exercise 2

1. c                      2. a                      3. b

### Self-check Exercise 3

1. b                      2. c                      3. a

### Self-check Exercise 4

1. Reiki emerged in Japan. It is a Japanese word made from two words 'Rei' and 'Ki' meaning 'universal' and 'life force'.
2. Two natural laws of pranic healing are—  
 Law of self-recovery: It states that the body is itself capable of healing at a certain rate without medicines.  
 Law of life energy: It states that healing process can be accelerated by increasing the life energy (prana) on the affected part or the entire body.

### Self-check Exercise 5

1. e                      2. f                      3. d  
 4. c                      5. b                      6. a

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### **Weblinks**

<http://tcm.health-info.org/WHO-treatment-list.htm>

<http://www.goodtherapy.org/learn-about-therapy/types/holistic-psychotherapy>

[http://www.therapyalternatives.org/about\\_altpsych.shtml](http://www.therapyalternatives.org/about_altpsych.shtml)

# 5

## Crisis Counselling

- Part I** Counselling for Prevention of Child Abuse
- Part II** Substance Abuse Prevention Counselling
- Part III** Counselling for HIV/AIDS Awareness
- Part IV** Counselling for Suicide Prevention



# Part I

## Counselling for Prevention of Child Abuse

- 5.0 Introduction
- 5.1 Objectives
- 5.2 What is Child Abuse?
- 5.3 Causes of Child Abuse
- 5.4 Types of Abuse
  - 5.4.1 Neglect
  - 5.4.2 Physical Abuse
  - 5.4.3 Sexual abuse
  - 5.4.4 Emotional Abuse
- 5.5 Statistics About the Incidence of Child Abuse
  - 5.5.1 Long-term Effects of Child Abuse
- 5.6 Tips for Parents
- 5.7 What Counsellors Can Do?
- 5.8 Summary
  - Self-evaluation Exercises
  - Answer Key to Self-evaluation Exercises
  - Answer Key to Self-check Exercises
  - References
  - Suggested Readings
  - Weblinks



# Counselling for Prevention of Child Abuse

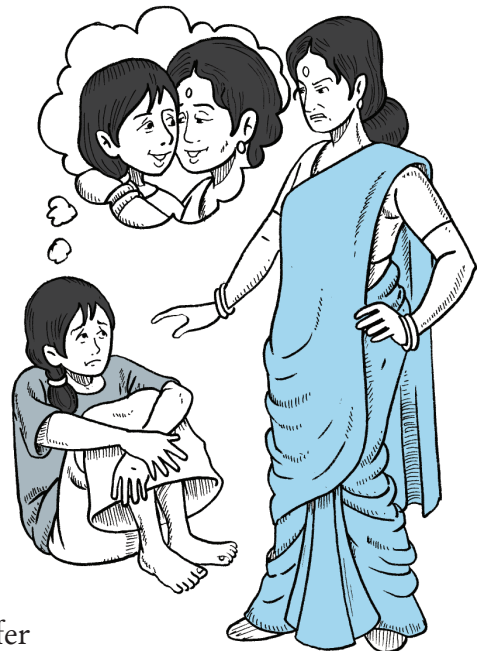
Part I

# 5

## 5.0 INTRODUCTION

Girls and boys of all ages, ethnic groups, and socio-economic levels experience alarmingly high rates of child abuse, which are associated with a wide range of emotional problems. Children who are beaten or burnt, sexually assaulted or deprived of food, clothing and shelter, may perish, or may survive to struggle with the consequences. In most cases of persistent incest, sexually abused children are threatened with further abuse or abandonment if they disclose the sexual activity. Such treatment leaves them in the irreconcilable position of silently enduring continued abuse or risking the total loss of their families.

Research and media reports show that abused children suffer from emotional and behavioural problems such as low self-esteem/self-confidence, fears, shyness or withdrawn behaviour etc. Teachers and counsellors in schools can identify such children and give needed support and help to reduce the damage. This unit provides information about various aspects of this problem to enable them take suitable remedial and preventive measures.



## 5.1 OBJECTIVES

After going through this unit, you will be able to

- *explain* the meaning of child abuse.
- *describe* the causes and types of child abuse.
- *know* the facts about incidence of child abuse in developing countries.
- *recognise* signs of child abuse.
- *find* helpful tips for teachers and counsellors.
- *work* out action to be taken with abused children to help in their better adjustment.



## 5.2 WHAT IS CHILD ABUSE?

According to World Health Organisation (WHO), child abuse includes all kind of physical or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

According to Child Abuse Prevention and Treatment Act, child abuse can be defined as any recent act or failure on the part of the parent or caretaker which results in serious physical or emotional harm, sexual abuse or exploitation or failure to act which is an imminent risk of serious harm or even death.

Children who have been physically or sexually abused exhibit many mental disturbances such as anxiety, aggressive behaviour, suicidal behaviour, poor self-esteem, depression, substance abuse and promiscuity.

## 5.3 CAUSES OF CHILD ABUSE

Many factors can contribute to child abuse. Some of these are –

- (a) Abusive parents have themselves often been victims of physical and sexual abuse and long term exposure to violent or painful home lives. This in turn may promote aggression. Thus, parents brought up with harsh corporal punishment and cruel treatment by their own families may continue the abusive tradition with their own children. In other cases, parents do not want to use punitive methods but are ill-equipped with coping mechanisms and so fall into behaviour patterns similar to those of their own parents.
- (b) Stressful living conditions, such as overcrowding, poverty, parental aggressive behaviour, physical abuse of children, social isolation, lack of support system, parental substance abuse, unemployment, housing problems, lack of finances etc., either alone or in combination, may lead to abuse of children.
- (c) Mental disorders of parents or other adults in close association with the child, which may be accompanied by their impaired judgment or thought processes, may lead to child abuse. For example, a schizophrenic parent may become physically abusive with his/her child.
- (d) Certain characteristics in the child may increase his/her vulnerability to abuse. Human parents often provide sub optimal care or reduce parental investment from offspring when the prospects for infant survival are low.

Given below is a list of factors/cases/reasons which make children vulnerable to abuse –

- **Premature birth** (birth before full term of nine months): premature babies are not yet developed enough to accept social contact and tend to withdraw from their parents, touch.
- **Intellectual disability (low or very low intelligence), physical disability (loss or low functioning of a body part)**: abuse is primarily motivated by power and control. Individuals with disability are easier to manipulate and less likely to report.

- Some other characteristics that make the child prone to abuse are:
  - Difficult children (who cry or are excessively demanding)
  - Low disciplinability (unable to learn or practise discipline)
  - Hyperactivity (quick movements of body parts without apparent cause)
- (e) Generally men are the perpetrators of sexual abuse of girls and even boys. Abusers are usually known to the child or are family friends or relatives etc.

The causes or factors listed above, tend to increase the chances of child abuse, which affects the mental health of children. Children are subjected to various types of abuse and it is necessary to have knowledge about the types of abuse in order to deal with this issue.

## 5.4 TYPES OF ABUSE

Children are subjected to four major categories of abuse, which are–

1. Neglect
2. Physical abuse
3. Sexual abuse
4. Emotional abuse

Consider each category separately but remember, often the child may suffer from any combination of abuse.

### 5.4.1 Neglect

Neglect refers to failure to provide for child's basic needs. It can be–

- Physical i.e., failure to provide necessary food or shelter
- Medical i.e., failure to provide necessary medical or mental health treatment
- Educational i.e., failure to educate a child or attend to special educational needs
- Emotional i.e., not attending to child's emotional needs or failure to provide psychological care.

However, these situations do not always mean that a child is neglected. Sometimes factors such as cultural values, the standards of care in the community and poverty may be contributing factors, indicating that family is in need of assistance.

Neglect accounts for more deaths than physical abuse of children. In a study by American Humane Association (1983), neglect was associated with 56% of child deaths.

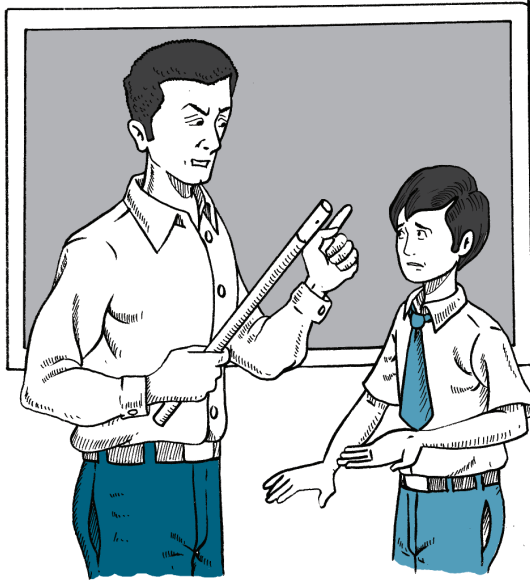
### 5.4.2 Physical Abuse

Physical abuse is physical injury ranging from minor bruises to severe fractures or death due to kicking, beating, biting, hitting, stabbing with a hand stick or some other object, burning or harming a child in some other way. Such injury is abuse regardless of whether the parent or the caretaker intended to hurt the child.

Suspicious physical indicators are bruises or marks that form symmetrical patterns such as injuries on both sides of the face and regular patterns on the back buttocks, thighs etc. These could be due to child beating or exploiting the child, especially girl child, making her work as a servant. Some children are exposed to hazardous work situations without necessary rest and proper food.

Bruises may have the shape of the instrument used to make them such as belt, buckle or cord. Burns by cigarettes result in symmetrical round scars and immersion





in boiling water produce burns that look like socks or gloves. Severe physical aggression can cause multiple and spinal fractures, retinal hemorrhages etc.

Physically abused children may appear withdrawn and frightened or may show aggressive behaviour. They often exhibit depression, poor self-esteem and anxiety.

They may try to physically cover up or hide injuries and are usually not inclined to disclose the abuse for fear of retaliation. Abused children often show some delay in developmental milestones, may have difficulty in peer relationship, and may engage in self-destructive or suicidal behaviour.

Symptoms of physically abused children–

- Watchful, cautious, wary of adults
- Unable to play and be spontaneous
- Aggressive or abusive
- Bullying other children, or being bullied
- Unable to concentrate, underachieving at school, and avoiding activities that involve removal of clothes
- Having temper tantrums and behaving thoughtlessly
- Lying, stealing, truanting from school and getting into trouble with the police
- Finding it difficult to trust other people and make friends.

### Activity 1



Teacher may divide the class into two or three groups. Each group will speak on consequences of physical abuse.

### 5.4.3 Sexual Abuse

Sex done without the partner's consent or against his/her wish, leaving behind physical and mental bruises in the partner is sexual abuse. According to World Health Organisation, one in every four girls and one in every seven boys in the world are victims of sexual abuse.

Sexual abuse is committed not only within the family, it is also committed outside families, in schools, day care centers, hostels, remand homes, crèches etc.

Abuse may start as early as infancy and continue through adolescence and adulthood. It is difficult to locate or identify sexually abused children partly because of their language inadequacy and partly because of their cognitive disabilities such as mood disturbances, emotional distress etc.

Many children suffer sex abuse due to incest, father-daughter incest is most common, particularly in those homes where the mother is pathological i.e. mentally or physically sick, disinterested, absent or incapacitated. In some cases, fathers who are alcoholics and substance abusers, abuse their children in drunken state. However, incest committed by stepfathers, uncles, older siblings is also not very uncommon.

Adults within the immediate or extended family of a child perpetrate child sexual abuse. Thus children generally know the sexual abuser who is often a highly trusted family member with a position of authority and legitimate access to the child. Most cases of sexual abuse are never revealed because of the victim's feelings of guilt, shame, ignorance and tolerance or fear of bringing down the reputation of the family if the sexual abuse is disclosed.

Sexually abused children may–

- suddenly behave in a different way.
- think bad about themselves.
- not look after themselves.
- use sexual talk or ideas in their play that you would usually only see in someone much older.
- withdraw into themselves or be secretive.
- underachievers at school.
- start wetting or soiling themselves.
- be unable to sleep.
- behave in an inappropriately seductive or flirtatious way.
- be fearful and frightened of physical contact.
- become depressed and take an overdose and harm themselves.
- run away, become promiscuous or take to prostitution.
- drink too much or start using drugs.
- develop an eating disorder such as anorexia or bulimia.

## Activity 2



List the signs of sexually abused children.

### 5.4.4 Emotional Abuse

Emotionally abused or neglected children are those who are exploited verbally as well as non-verbally, insulted, rebuked, punished, made to feel small and worthless, rejected. Such children feel unloved and uncared for, particularly because their ideas, wishes or desires are neither listened to nor respected. Such children may–

- learn to walk and talk slowly.
- take a long time to develop their speech.
- be very passive and unable to be spontaneous.
- have feeding problems and grow slowly.
- find it hard to develop close relationships.

*Note: According to POCSO Act, 2012, children must be protected against offenses of sexual assault, sexual harassment and pornography. It also provides establishment of special courts for trial of such offences and to the related matters.*





of the girls said that the perpetrator had been a father, grandfather, or male friend of the family.

In a 1999 report by the Tata Institute of Social Sciences, a study done in 1994 and 1995 with 150 minor-age girls in Mumbai, India, showed that 58 of the 150 girls surveyed, had been abused before the age of 10. Fifty per cent of the girls had been abused by a family member or friend of the family.

In a study on child abuse, 2007 by the Ministry of Women and Child Development, Government of India, that interviewed 2,447 children, 2,324 young adults at work, on the streets and in institutions across 13 states, found that children in the 5-12 age group are most at risk of different kinds of abuse and exploitation; two out of three children were physically abused; 53.2 % children reported having faced one or more forms of sexual abuse; and 5.7 % of the respondents reported being sexually assaulted.

Street children, children at work and children in institutional care are particularly vulnerable to sexual assault. Every second child reported facing emotional abuse, and 48.4 % of respondents who were girls wished that they were boys. For a large number of children reporting abuses of any form, parents and those in a position of trust and responsibility were the abusers. Most children did not disclose the matter to anyone. The states of Andhra Pradesh, Assam, Bihar and Delhi in India reported higher rates of abuse of all forms as compared to other states.

A UN report (2006) on how children are exploited worldwide:

- According to the World Health Organisation, every year up to 53,000 children are murdered.
- Between 80 and 93 % of children suffer some form of physical punishment in their homes, one third are punished using implements.
- In 2002, the WHO estimated that 150 million girls and 73 million boys under 18 experienced some form of forced sexual intercourse or violence.
- 218 million children worldwide are labourers, out of them 126 million work in hazardous environments.
- 1.8 million children are involved in prostitution or pornography and 1.2 million have been trafficked.
- Up to 275 million children witness domestic abuse annually.
- Eight million children worldwide are in residential care.
- There are 250,000 child soldiers in the world.
- According to Amnesty International, 40 % of soldiers in the Democratic Republic of Congo are children. 11,000 are yet to be disarmed.
- One billion children live in countries where it is legal to beat pupils.
- “Save the children” says a million children worldwide have been imprisoned.

Early childhood abuse or maltreatment results in delinquency, criminality and violent behaviour. It has a substantial impact even on individuals with otherwise little likelihood of engaging in officially recorded criminal behaviour. Moreover, the impact of such pervasive and widespread abuse of children, especially young females, leads to lessened self-esteem, inability to trust and academic failure.



### 5.5.1 Long-term Effects of Child Abuse

Child abuse may sometimes be very traumatic and may have a long-term impact on children. The long-term effects on children are more severe than the immediate and visible effects. Children keep it to heart and they fear to disclose it to their friends or elders. This affects them more and imparts irrevocable damage to their physical, emotional and psychological development. The consequences may last for years, even lifetime. Some of the major long-term effects of abuse on the child can be seen in the form of —

- fear and anxiety
- depression and poor self-esteem
- anger and hostility
- inappropriate sexual behaviour and/or violence
- difficulties with close relationships
- guilt is universally experienced by all victims
- sexual victimisation may profoundly interfere with and alter the development and attitudes towards self, sexuality and trusting relationships during the critical early years of development.



The effects get aggravated because abuse in most cases is not shared. Let's see the reasons why such incidents are not disclosed and the after effects.

Child abuse cases are not generally reported due to the fact that such an offence does not figure under any law (except the Goa Children's Act), or due to the absence or inadequacy of legal provisions.

- Abused children are not able to report the abuse because the inability to trust is pronounced in an abused child, which contributes to secrecy and non-disclosure.
- Children often fail to disclose because of the fear that disclosure will bring consequences that will be even worse than the abuse they have suffered. The victim may fear reprisals from the family, feel guilty for reprisals at the hands of 'abuser' or may fear possible retaliatory actions from the 'abuser'.
- Victims may be embarrassed and hence reluctant to answer questions about the sexual abuse.
- Victims tend to feel that there is something wrong with them and that it must have been their fault that the abuse happened.
- While outside family offenders may use bait to lure the victims, e.g., food, money, job, marriage etc., the insiders i.e. family members etc., use threat, beating, body exposure etc., to make the child yield to their pressure.
- In addition to sexual guilt there are several other types of guilt associated with abuse. Any one of these feelings of guilt can cause the victim to choose not to report, but to keep intact and secret, the pain of their abuse. These feelings include:
  - feeling different from peers.
  - harbouring revengeful thoughts and angry feelings towards the 'abuser.'
  - bringing disloyalty and disruption to the family.

There is greater clinical assumption that children who feel compelled to keep sexual abuse a secret, suffer greater psychological distress than those who disclose their secret and then receive assistance and support.

As long as disclosure continues to be a problem for young victims, fear, suffering and psychological distress will, like the secret, remain with the victim.

Having discussed the various parameters of child abuse, let's see what can the parents, teachers and counsellors do to help these children overcome the trauma of abuse.

### Activity 3



Collect five reports on child abuse from leading newspapers in your locality and make an analysis of the reasons for child abuse. Hint: you can refer the websites of "The Hindu" and "Times of India" or any other well circulated newspaper in your town or country.

## 5.6 TIPS FOR PARENTS

The points given here can be used by teachers in their interaction with parents during PTA meetings or any special programmes organised for parents.

Parents may be advised to avoid scare tactics. Explain that most adults would never do anything to harm a child.

Give the child some basic sex education. For example 'The areas of the body covered by a bathing suit are private'. Molesters admit that a child's innocent curiosity and/or ignorance makes the child easier to abuse. Establish that any sexual advances by adults are wrong and against the law. This gives children the confidence to assert themselves with adults who seek to abuse them. Do not instruct children to 'Give Uncle a kiss' or 'Give Aunty a hug'. Allow children to express affection on their own terms.

It is worthwhile that parents develop strong bridges of communication with their children. Make them feel free to share anything that may disturb them. Stress that there should be no secrets kept, especially those concerning another adult.

Parents should also make a strong effort to know their children's friends and their families. Make a commitment to spend more time with children. The lonely and attention starved child is an easy target.

### Activity 4



List some of the topics that you would include in a parent talk on child abuse.

## 5.7 WHAT COUNSELLORS CAN DO?

Teachers and counsellors meet children on a regular basis and are in a good position to reach out to an abused or neglected child. They can monitor a child's day-to-day





safety and progress, and can develop programmes to help the child enhance his/her self-esteem and cognitive skills.

- In case parents are involved in the abuse, a counsellor can try to provide a safe place and relationship within which the child can experiment with new adaptations to a safer world and in which the child's arrested development can be released. Though the counsellors cannot provide necessary parental bonding that helps the child grow and develop, they can help the child develop a trusting relationship with an adult.
- Examine the risk of the child being further subjected to physical and sexual abuse in case of disclosure.
- Counsellor must understand the social and legal aspects of child abuse.

If parents are not involved in the abuse, a counsellor can take the following steps—

- Help the child to move to a safer environment. This may not be easy and may leave some adverse impressions on the personality of the child, which will have to be dealt by the counsellor separately.
- Parental willingness to participate in the counselling process must be ensured. Counselling or therapy is required in cases where parents do not have the ability to provide support or help.
- Work for acceptance of the events by parents and others who care.
- Develop an awareness program for parents, insisting particularly on consequences of child abuse. Talks, films, published literature etc., may be used for the purpose.
- Organise programmes to teach skills to children for avoiding abuse at school or community level.

During or after abuse, there is a possibility that children might develop psychological abnormality along with physical disease. They have to be treated for particular disorder e.g., anxiety, depression, obsessive compulsive disorder etc. If required, referral may be done to clinical psychologists or psychiatrists.

Rapport has to be established to fight the sense of fear, guilt and shame that these children develop and suffer.

Therapy, for abused children may involve use of various techniques other than talking or listening, for example, use of structured or unstructured play situations and art work, music or play that help children to release tension and express themselves. Use of puppets, reading stories or acting out role plays are some of the ways in which children can try out new approaches to relationships.

For older children, group counselling can be very useful as it helps in reducing their feelings of shame and indifference, and helps them learn how to protect themselves (McFadden, 1989).

School counsellors have to often deal with the resulting impact of child abuse. Disruption of classroom teaching, abuse and bullying on the playgrounds, anti-social behaviour in classes must all be handled by teachers and in more severe cases, the school counsellor.

### Activity 5



1. Check out for the steps taken by the State or Central Government to prevent child abuse in your country.
2. Collect pictures, posters and such other tools created to spread awareness about child abuse.
3. Prepare a report on this and have a discussion in the class during contact programme.

### Self-check Exercise 2



State whether the following statements are true/false

1. Parents, teachers, and counsellors play a very important role in preventing child abuse.
2. Making sex education a part of school curriculum may help in preventing abuse.
3. Lack of communication between parents and children could result in non-reporting of abuse by the child.
4. Parental psychopathology may increase the risk of child abuse.

### 5.8 Summary

Child abuse is an unfortunate phenomenon for any child as it has serious detrimental consequences hampering the normal growth of the child. A counsellor has a role in the prevention of such incidents. This unit provides understanding of child abuse, its causes and consequences. It enumerates types of abuse children are subjected to i.e., neglect, physical, sexual and emotional. The typical behaviours of victims of all the four types of abuse are discussed.

Role of counsellors and the strategies they can employ in helping an abused child have been mentioned.

### Self-evaluation Exercises



1. What is child abuse?
2. What types of children are abused?
3. Why don't children tell at home when some outsider abuses them?
4. How does an abused child behave?
5. What are the causes of child abuse?
6. Describe signs of physical abuse.
7. Who are sexual abusers?
8. What are the long-term effects of child abuse?





## Answer Key to Self-evaluation Exercises

1. Child abuse is the ill treatment of the child or any act of subjecting the child to physical and mental torture or any other act that prevents the child from developing normally.
2. Elaborate on the following characteristics of the child that make him/her more prone to abuse–
  - Premature birth
  - Physical disability
  - Low discipline
  - Mental retardation
  - Difficult children
  - Hyperactivity
3. Elaborate on the following points–
  - Fear of retaliation from the abuser.
  - Feeling of embarrassment to answer questions about the abuse and the fear that disclosure will bring consequences that will be even worse than the abuse.
  - Blaming themselves for the incident.
4. Elaborate on the following points–
  - Fear and anxiety.
  - Depression and poor self-esteem.
  - Anger and hostility.
  - Inappropriate sexual behaviour and violence.
  - Difficulties with close relationships.
  - Guilt is universally experienced by all victims.
5. Elaborate on the following points–
  - Abusive parents have themselves often been victims of physical or other abuses.
  - Stressful living conditions e.g., crowding and poverty
  - Mental disorders of parents or other adults in the family
  - Certain characteristics in children such as premature birth, mental retardation and physical disability make them more prone to abuse. Furthermore, difficult children, hyperactive and undisciplined children are also at increased risk of abuse.
6. Physical indicators of abuse are bruises that may have the shape of the instrument used to make them such as belt, buckle, burns by cigarettes, multiple and spinal fractures etc.
7. Adults within the immediate or extended family, with a position of authority.
8. Elaborate on the following–
  - Psychological abnormality
  - Physical diseases

## Answer Key to Self-check Exercises

### Self-check Exercise 1

#### Across

- |             |              |                 |
|-------------|--------------|-----------------|
| 3. Physical | 5. Emotional | 7. Abuse        |
| 8. Violent  | 9. Teachers  | 10. Retardation |

#### Down:

- |                  |              |           |            |
|------------------|--------------|-----------|------------|
| 1. Hyperactivity | 2. Relatives | 4. Sexual | 6. Neglect |
|------------------|--------------|-----------|------------|

### Self-check Exercise 2

- |      |      |      |      |
|------|------|------|------|
| 1. T | 2. T | 3. T | 4. T |
|------|------|------|------|

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### **Weblinks**

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# Part II

## Substance Abuse Prevention Counselling

- 5.9 Introduction
- 5.10 Objectives
- 5.11 Meaning of Substance Abuse
- 5.12 Categories of Substances Abused
- 5.13 Causes of Substance Abuse
  - 5.13.1 Symptoms of Substance Abuse
- 5.14 Prevalence of Adolescent Substance Use and Abuse
  - 5.14.1 Substance Abuse Prevention
    - 5.14.1.1 *School Prevention Programme*
    - 5.14.1.2 *Family Prevention Programme*
- 5.15 Programmes for Substance Abusers
  - 5.15.1 Motivating the Abuser to Seek Help
  - 5.15.2 Substance Abuse Prevention Counselling
    - 5.15.2.1 *Identification*
    - 5.15.2.2 *Establishing a Healthy Relationship with Children*
    - 5.15.2.3 *Assessment*
    - 5.15.2.4 *Referral*
    - 5.15.2.5 *Follow-up Services*
- 5.16 Tips for Counsellors
- 5.17 Summary
  - Self-evaluation Exercises
  - Answer Key to Self-evaluation Exercises
  - Answer Key to Self-check Exercises
  - References
  - Suggested Readings
  - Weblinks



# Part II

## Substance Abuse Prevention Counselling

# 5

### 5.9 INTRODUCTION

In this unit, you will examine the abuse of substances by students in schools. You will also look at and try to understand the causes and consequences of substance/drug abuse by students. Lastly, the unit provides some useful ideas on how you can play a role in prevention and treatment.

The invasion of drugs, subsequent abuse and even addiction, into schoolyards has increased in recent years. Drugs are making their way even into the primary grades. All of this means an ever more important role for the teachers and counsellors to educate students and help them to make wise choices.

Addiction may occur at any age but seems to be most common during adolescence and young adulthood. Students are one of the most vulnerable segments of the society. Adolescents want to challenge authority, prove themselves, and express their own identities by making their own choices. Natural curiosity about the world fuels their need for experimentation. For many adolescents the use of alcohol and other drugs is a significant part of their high school experience. This may lead to a student becoming immersed in a culture of drug use leading to addiction difficult to overcome.

Therefore, it becomes very necessary to increase teachers' awareness regarding substance abuse among school children. A teacher can talk to students informally and communicate openly, discuss the dangers of drug abuse and point out the consequences. Furthermore, teachers should try to know about the interest of the students, share experiences and talk about the problems faced by them. They should also be able to guide students on how to handle the problems.

For purposes of this unit, the terms *substances* and *drugs* are used interchangeably and you will look at some substances/drugs that are common problems in schools.



## 5.10 OBJECTIVES

After going through this unit, you will be able to : –

- *define* substance abuse.
- *enumerate* varieties of abused drugs.
- *understand* causes of substance abuse.
- *recognise* signs and symptoms of the abuser.
- *work out* prevention methods.
- *use* helpful tips given for counsellors and teachers to help victims of substance abuse in school.

## 5.11 MEANING OF SUBSTANCE ABUSE

People abuse substances such as drugs, alcohol and tobacco for varied and complicated reasons. Abuse of substance has a harmful effect on the brain and nervous system, which affects the health and day-to-day activity of the abuser.

Substance abuse is the over indulgence in and dependence on a drug or other chemical, leading to effects that are detrimental to the individual's physical and mental health, or the welfare of others (Mosby's Medical, Nursing and Allied Health Dictionary, 1998).

The disorder is characterised by a pattern of continued pathological use of a medication, non-medically indicated drug or toxin that results in failure to meet work, family or school obligations, interpersonal conflicts or legal problems.

## 5.12 CATEGORIES OF SUBSTANCES ABUSED

Substance abuse may lead to addiction or substance dependence in the course of time. When talking about abuse, it should not be confused with addiction, especially when dealing with children in the schools. Abuse is distinct from addiction which involves a compulsion to continue using the substance despite the negative consequences, whereas abuse reflects a complex interaction between the individual, the abused substance and society.

Teachers/counsellors should discuss in schools how the use of drugs can lead to abuse and addiction, and should help in prevention. To deal with addiction is beyond the scope of a school guidance teacher, and has to be referred to a professional counsellor or medical personnel. In order to ensure prevention and effective counselling, a counsellor should know the varieties of drugs that are being used by students which are categorised as follows:

- Alcohol and tobacco
- Prescription drug abuse
- Illegal drug use
- Substance abuse of common household items

Drinking alcohol has nearly become socially acceptable until over consumption is reached. Students mimic parents and relatives when it comes to drinking but often aren't aware of the social pressures to stop before over consumption. Alcohol may be consumed by children as young as 7 and 8 year olds; adolescent consumption may involve peer pressure, especially at parties. The reasons given by teens for abuse of





alcohol and tobacco includes pleasure, relief from stress, improved performance and so on. But they are not aware of the consequences of abuse. Smoking is associated with a host of hazards such as, heart disease, lung cancer and emphysema, peptic ulcer and stroke. Alcohol is the most common cause of liver failure. It can cause heart enlargement and cancer of the esophagus, pancreas and stomach.

Prescribed medications form the next category, the abuse of which involves huffing, sniffing and intake of cough and cold syrup, iodex, vicks and other diet medication such as Ritalin, Coricidin etc. Depressants are drugs that are used medicinally to relieve from anxiety, irritability and tension. These are also abused so as to have an intoxicated effect. Adolescents, without the knowledge of parents, tend to use the medications of their parents in order to experiment or to try out the experience felt by his/her peers. Effects of abuse of prescribed medicines can impair memory and attention. Higher doses can cause amnesia, paranoia and hallucinations, depression, and difficulty in breathing.

Illegal drugs involve the consumption of marijuana, heroin, cocaine and other stimulants and sedatives. Children who smoke and drink are likely to get into the use of illicit drugs at a later stage. Abuse of marijuana causes irritation of lungs and contains more cancer-causing chemicals than tobacco smoke. Heroin is usually injected, often with dirty needles, the abuse of which can trigger other health complications including destruction of heart valves, HIV/AIDS, infections, tetanus, and botulism. Short term effects of cocaine use include paranoia, constriction of blood vessels leading to heart damage or stroke, irregular heartbeat and death. Long-term use of cocaine has been associated with damage to the heart, the brain, the lung and the kidneys.

Apart from these categories, the fourth category involves substance abuse of common household items such as petrol, nail polish, window cleaner, phenyl and vanilla extracts. Children at a very young age tend to eat slate pencils, pencil lead and also consume inks without any knowledge of its use or abuse. Young children, who have little or no money, may resort to using the crude and unrefined products at home to achieve a high or alternative sensation. The dangerous habit of getting high by inhaling the fumes of common household products is estimated to claim the lives of more than a thousand children each year. Many other young people, including some first-time users, are left with serious respiratory problems and permanent brain damage.

Drug use is associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment which may put teens at risk for accidents, violence, unplanned and unsafe sex, and suicide.



### Activity 1

Collect simple line graphs depicting the increase in abuse of various substances in schools in your region over the last ten years. Also collect sample advertising poster of campaign of “Say No To Drugs”. Have a discussion on this topic in your class and note down observations of students and share the information during contact programme.

## 5.13 CAUSES OF SUBSTANCE ABUSE

Substance abuse is a complex phenomenon which has various causes. Causes can range from the psychological such as anxiety and stress, to social, such as low socio-economic status, to biological, such as various chronic diseases, and even cultural and geographical, traditional tribal use of a substance. Substance abuse is generally the result of the interaction of several factors.

One of the more popular theories about substance abuse is cognitive-behavioural. Cognitive-behavioural theorists believe that substance abuse originates in an interaction between the person and his or her environment. Regarding adolescents, when they are faced with stressful situations (e.g., argument with parents), they may manage these situations by using relevant coping skills. Most adolescents develop and use a range of healthy coping skills (e.g., talking it out, calming down); however, others possess a more limited set of coping behaviours, some of them unhealthy (e.g., using drugs), to manage the stressful situation (Burrow-Sanchez, 2006).

Drug abuse can also be due to several causal factors. Some children may have a belief that drugs take away pains, anxieties and depressions, at least for some period and they take it readily under stress. School/college examinations, for example, are a source of stress for some students. Tension, preparation of exam, inability to prepare, repeated failures, etc., can cause great stress, and an easy way out is, a peaceful dose of drug (Parimu, 1992).

Apart from the theories about substance abuse and other causal factors, there are also other aspects like the influence of risk and protective factors which acts as a cause for substance abuse in children and adolescents. A risk factor is defined as anything that increases the probability of a person using drugs, whereas a protective factor is anything that protects or decreases the probability of a person using drugs (Clayton, 1992).

### Risk Factors

The use and abuse of substances such as cigarettes, alcohol and illegal drugs which begin in childhood or the teen years may be due to the risk factors.

- Factors within a family that influence a child's early development have been shown to be related to increased risk of drug abuse.
  - Chaotic home environment
  - Ineffective parenting
  - Lack of nurturing and parental attachment
  - Parents abusing substances
- Factors related to a child's socialisation outside the family may also increase risk of drug abuse.
  - Inappropriately aggressive or shy behaviour in the classroom
  - Poor social coping skills
  - Poor school performance
  - Association with a deviant peer group
  - Perception of approval of drug use behaviour



Apart from these factors, there are additional contextual factors like poverty, neighbourhood conditions, cultural norms etc., about drug use which increases the risk factor in the abuse of substances.

### Protective Factors

As noted earlier, protective factors decrease the probability that an individual will use or develop problems with drugs. Parental attitude about substance use makes an impact on the drug use behaviour of the adolescents. Factors within a family that protects a child from drug abuse are–

- a strong bond between children and parents;
- parental involvement in the child’s life; and
- clear limits and consistent enforcement of discipline.

Additional examples of protective factors include good mental health, exposure to effective parenting practices (e.g., high monitoring, consistency and clear limits), association with good friends, high achievement in schools and good problem-solving skills. Protective factors act to increase the adolescent’s ability to resist pressures to use or abuse substances. The higher the quantity and quality of protective factors that are present, the stronger effect they will have on limiting drug use in adolescents (Burrow-Sanchez, 2006).

It is precisely due to these factors causing substance abuse, factors and to remove the risk factors by providing protective factors, that guidance and counselling in school becomes very important. Even though the consequences of substance abuse may be disastrous, still most of the schools do not have the provision for help.



#### Self-check Exercise 1

Fill-in the blanks from the following alternatives:

- |                    |                                  |
|--------------------|----------------------------------|
| a. Risk            | b. protective                    |
| c. substance abuse | d. marijuana, cocaine and heroin |
1. \_\_\_\_\_ is the over use of drugs/chemicals, the effects of which are detrimental to the physical and mental health.
  2. Drugs such as \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ are regarded as illegal drugs.
  3. Anything that increases the probability of a person using drugs is called \_\_\_\_\_ factors.
  4. A strong bond between children and parents is considered as a \_\_\_\_\_ factor.

### 5.13.1 Symptoms of Substance Abuse

After having a thorough understanding about the categories of substances that are abused and the various factors associated with it, it becomes essential to have knowledge about the symptoms of substance abuse. It would facilitate counsellors or parents to identify children facing the problem of use or abuse of drugs and help them to overcome.

Friends and family may be among the first to recognise the signs of substance abuse. Early recognition increases chances for successful treatment. The following behaviours can be warning signs/symptoms of problems related to alcohol or other drug use.

### *Physical*

- Fatigue
- Repeated health complaints
- Frequent flu-like episodes, chest pains, “allergy” symptoms, chronic cough
- Red and glazed eyes
- Impaired ability to fight-off common infections and fatigue
- Impaired short-term memory
- Change in health or grooming

### *Emotional*

- Personality change
- Sudden mood changes
- Irritability, anger, hostility
- Irresponsible behaviour
- Low self-esteem
- Poor judgment
- Feelings of loneliness, paranoia or depression
- Apathy or general lack of interest
- Change in personal priorities

### *Family Relationships*

- Decreased interest in the family and family activities
- Starts arguments
- Negative attitude
- Verbal (or physical) maltreatment of younger siblings
- Breaking rules
- Withdrawing from family
- Secretiveness
- Failure to provide specific answers to questions about activities
- Personal time that is unaccounted for
- Lying and dishonesty
- Unexplained disappearance of possessions in the house
- Increased money or poor justification of how money was spent

### *School Activities*

- Decreased interest
- Negative attitude
- Unexplained drop in grades
- Irregular school attendance
- Truancy



- Discipline problems
- Not returning home after school
- Giving up past activities such as sports or doing homework

### *Peer Relationships*

- Dropping old friends and creating new group of friends
- Not bringing friends home
- New friends who make poor decisions and are not interested in school or family activities
- Changes to a different style in dress and music
- Attending parties with no parental supervision

Some of the warning signs listed above can also be signs of other problems. So care has to be taken by parents, teachers or counsellors before coming to a conclusion regarding the use of substances.

The following symptoms can be found when children become addicted to drugs, which calls for immediate attention. When symptoms of drug addiction are shown, it entails immediate treatment and reference has to be made to a professional counsellor/ medical practitioner. Signs of drug addiction are as follows:

- Increasing abdominal girth
- Continuing feelings of sadness or depression
- Thoughts of harming self or others
- Chest pain, rapid heartbeat, difficulty in breathing or lightheadedness
- Severe abdominal pain
- Confusion or ongoing hallucinations
- Severe tremors or recurrent seizures
- Difficulty in speaking, numbness, weakness, severe headache, visual changes or trouble keeping balance
- Severe pain at an injection site (may be accompanied by redness, swelling, discharge, and fever)
- Dark, cola-coloured urine

An addict may show some combination of the above signs of addiction and generally, there is interference in their routine life. A counsellor must take into account many aspects of a person's life before confirming that a student has a problem of drug addiction.



### **Self-check Exercise 2**

State whether the following statements are true or false.

1. A drug abuser generally moves closer towards peers who are least interested in school activities.
2. Severe tremors and seizures are warning signs shown in the initial stage of drug use.
3. Increase in social activity, participation in sports and physical activity are often a signs of substance abuse.

## 5.14 PREVALENCE OF ADOLESCENT SUBSTANCE USE AND ABUSE

School children may be involved with legal or illegal drugs in various ways. Experimentation with drugs during adolescence is common. Unfortunately, teenagers often don't see the link between their actions today and the consequences tomorrow.

Drug use in schools stems from —

- Exploration
- Relief or escape from pain, alienation and stress
- Ready access and supply by drug dealers

When children advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. It is at this stage—early adolescence—that children are likely to encounter drugs for the first time.

Later, when they enter high school, adolescents face additional social, emotional and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse alcohol, tobacco and other substances.

Studies such as the National Survey on Drug Use and Health (NSDUH), formally called the National Household Survey on Drug Abuse, reported by the Substance Abuse and Mental Health Services Administration (SAMHSA), indicate that some children are already abusing drugs at age 12 or 13, which means that some begin even earlier. If drug abuse persists into later adolescence, abusers typically become more heavily involved with marijuana and then advance to other drugs, while continuing their abuse of tobacco and alcohol.

Hence strategies to curb adolescent use of substances should be evolved at schools, as it is only during school age that an adolescent develops this habit. The personal and social damage that substance abuse inflicts on young people compels the school, the family and the nation to develop new strategies for prevention and treatment.

### 5.14.1 Substance Abuse Prevention

This section throws light on the preventive interventions at schools and at home. Preventive interventions can provide skills and support to high-risk youth to enhance levels of protective factors and prevent escalation of drug abuse. Drug education and prevention aimed at children and adolescents offer the best chance to curb abuse nationally.

Prevention programmes should address all forms of drug abuse, including the underage use of legal drugs (e.g., tobacco or alcohol), the use of illegal drugs (e.g., marijuana or heroin), and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.

#### 5.14.1.1 School Prevention Programme

Strategies for prevention of drug abuse at schools should try to deal with children at various stages and it should involve the following:





- Universal strategy should be designed for the general population, such as all students in a school.
- Selective strategy for target groups such as poor school achievers or children of drug abusers.

Prevention programmes for elementary school children should target improving academic and social-emotional learning and should focus on the following skills:

- self-control;
- emotional awareness;
- communication;
- social problem-solving; and
- academic support, especially in reading.

Programmes for middle or high school students should increase academic and social competence with the following skills:

- study habits and academic support;
- communication;
- peer relationships;
- self-efficacy and assertiveness;
- drug resistance skills;
- reinforcement of anti-drug attitudes; and
- strengthening of personal commitments against drug abuse.

Thus the prevention programmes designed for schools should be long-term with repeated interventions. The benefits gained by the elementary students through the programme will be of no use if there is no follow-up programme for the high school children.

Preventive measures are most effective when it employs interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

#### *5.14.1.2 Family Prevention Programme*

Family-based prevention programs should enhance family bonding. Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (National Institute on Drug Abuse, 2003).

- Parental monitoring and supervision are critical for drug abuse prevention.
- Drug education and information for parents reinforce what children are learning about the harmful effects of drugs, and opens opportunities for family discussions about the abuse of legal and illegal substances.

Thus the substance abuse prevention programs at schools and in the family should seek to increase communication between parents and their children; it should teach resistance skills; and should correct children's misperceptions about cigarettes, alcohol and drugs, and the consequences of their use.

## 5.15 PROGRAMMES FOR SUBSTANCE ABUSERS

### 5.15.1 Motivating the Abuser to Seek Help

School programmes should use Indicated Strategy for students already experimenting with drugs. An abuser should be made to realise the consequence of abuse and he/she should be motivated to come forward to seek help. An intervention geared to motivate the abuser to seek help includes the following activities:

- Specific data about events and behaviour involving the abuse can be recorded by parents/teachers or friends.
- Parents/teachers can tell the abuser in a non-judgmental way about what has been happening in his/her life.
- If the abuser refuses all treatment options, the family must insist on an answer to the question, “What happens if you can’t quit?”
- If the person agrees to seek help immediately, help should be available.

Programmes for abusers in the adolescent group should include: alternative activities, drug education, media influence, social skills development, values clarification, health promotion, life skills development, community involvement and social-psychological understanding, that is, the understanding of how people and group interact. It is only when abusers are lovingly exposed to the alternatives to their behaviour that they hit rock bottom and seek help. Strategies for abusers works best if the parents, school counsellors and professional join hands to confront the problem together.



#### Self-check Exercise 3

State whether the following statements are true or false.

1. No remedial action can be started unless there is acceptance on the part of the abuser that the problem exists.
2. Prevention programme for elementary class alone is sufficient to improve the coping skills of students.
3. For the intervention to be effective and lasting parents/caregivers and counsellors should intervene together.
4. Universal strategy is to be designed for children already abusing drugs.



#### Activity 2

If you were to prepare drug awareness pamphlet directed at students in a secondary school, what information would you include? How would the information change if you were directing the information at the parents of students?

### 5.15.2 Substance Abuse Prevention Counselling

School counsellors are often the key to successful alcohol and drug prevention programs because they are in the best position in terms of training and job function to act as





coordinators, consultants and evaluators for this process (Palmer and Paisely, 1991). School counsellors are in a unique position to provide prevention, identification and intervention services because of their daily access to school children (Mason, 1996).

In order to become an effective counsellor, you need to have a thorough understanding of the problems faced by adolescents who use or abuse substances, and should know the way to treat them. This section provides some insights about certain key areas that are to be considered by school counsellors when working with children with substance abuse problems.

#### *5.15.2.1 Identification*

For greater prevention effectiveness, identification of students experiencing problems with alcohol or drugs should occur as early as possible, before the user gets emotionally involved with the drugs. Group and individual counselling can be delivered in schools to help prevent a large number of the students from progressing into addiction. Deep involvement of teachers in this identification process is required.

#### *5.15.2.2 Establishing a Healthy Relationship with Children*

One of the potential difficulties in working with adolescents with substance abuse problems is that they are typically reluctant to talk openly about their drug abuse and will tend to underreport it. Building a sense of trust and understanding can help in reducing the resistance of children. One particular strategy is to provide him/her the assurance that confidentiality will be maintained.

A second strategy a counsellor can use to lower the resistance is to listen to the stories of the adolescent with empathy. The use of such techniques allows the adolescent to feel that she/he is heard by the counsellor and would encourage him/her to communicate more openly about his/her problems. This leads to more accurate assessment of the problem.

#### *5.15.2.3 Assessment*

When assessing the adolescent's history of substance abuse a counsellor should confirm the genuineness of the information disclosed at the initial stages as it would have been underreported by the abuser.

Specific content areas for counsellors to assess include the types of drugs being used by the adolescent, and the frequency and the reason for use, so as to obtain a clear picture of the actual problem. Accurate assessment of the scope of the problem will assist the counsellor in determining the severity of substance use or abuse and need for treatment.

#### *5.15.2.4 Referral*

A student with experimental use of substances will require a lower level of treatment (e.g., psycho education, few sessions of counselling etc.) compared with a student with a long-standing drug abuse problem (e.g., intensive outpatient, inpatient treatment). The former can be treated by the school counsellor whereas the latter will have to be referred to a professional counsellor in a de-addiction centre or a medical practitioner.

### 5.15.2.5 Follow-up Services

It is not safe to assume that adolescents with a substance abuse problem will completely recover and abstain from substances after treatment services terminate. School counsellors should provide follow-up services (such as in-school aftercare groups) for those students who have been in treatment, to help them integrate into school and to prevent relapses.

## 5.16 TIPS FOR COUNSELLORS

A counsellor can —

- Develop awareness and information programs for students and parents
- Encourage and enroll substance abusers into recognised detox centres.
- Help in reintroduction of substance abusers back into the school system.
- Induce the spirit of the student for building self-esteem and personal responsibility, communication, decision-making, resisting social influences and asserting rights, and increasing drug use knowledge and consequences.
- Concentrate on promoting emotional health and social skills.
- Have a session with children on how to identify and cope with anxiety and anger, control impulses, and develop social, academic, and problem-solving skills.
- Help drug-abusing parents improve their parenting skills and reduce their children's risk for subsequent problems.
- Focus on reducing aggression and behaviour problems in elementary school children, while enhancing the educational process in the classroom.
- Have an intervention program for high school students so as to increase school performance, reduce drug use, and learn skills to manage moods and emotions.

The problems associated with substance abuse among young people are often complex. As parents and schools attempt to address this multi-faceted problem, they must do so with long range planning and the commitment of all personnel including school counsellors.



### Self-check Exercise 4

Fill-in the blanks from the following alternatives:

- |                      |                       |
|----------------------|-----------------------|
| a. empathy           | b. medical specialist |
| c. school counsellor | d. identification     |
1. Cases of drug addiction have to be referred to the \_\_\_\_\_.
  2. \_\_\_\_\_ is the first step that a counsellor has to concentrate while dealing with abusers.
  3. A counsellor has to listen to the stories of abuser with \_\_\_\_\_.
  4. Follow-up programme can be organised by a \_\_\_\_\_.





### Activity 3

Counsellors can interact with others in their community so as to have knowledge about the local drug abuse problem and can share in the contact class about the preventive measures.

### 5.17 Summary

School age is a time of gaining independence, experimentation and taking risks. One area of experimentation associated with adolescence is substance abuse. The most susceptible to experimentation with drugs of all kinds are the students who have pocket money, bow to peer pressure, or have the curiosity, which facilitates their introduction to drugs. Adding to this situation is the increasing pressure to perform well that a student faces. The only way out of a situation of drug abuse seems to be to identify the individual cases by increasing the awareness of teachers and guidance counsellors to the symptoms, causes and counselling tips, all of which are discussed in this unit.

However, the age-old belief of “prevention is better than cure” is true for this situation too. To eradicate this menace, various preventive measures are essential. Some methodologies of prevention and intervention have been presented in this unit to help fight it. Furthermore, towards the end of the unit some tips for counsellors have been provided that can be handy while dealing with a drug abuser.

### Self-evaluation Exercises

1. What is substance abuse and what are the characteristics of the disorder?
2. Mention the categories of the drugs and the consequence of their abuse.
3. What are the causes of substance abuse?
4. What are risk and protective factors?
5. Mention few symptoms of substance abuse.
6. Mention the areas that need to be concentrated by a counsellor in dealing with abusers.
7. Explain in your own words about the prevention measure that can be taken.

### Answer Key to Self-evaluation Exercises

1. Substance abuse is the over indulgence in a drug or chemical that has a detrimental effect to an individual's physical and mental health. The disorder by the continued use of medication and other drugs is characterised by failure to meet work, family or school obligations.



2. Elaborate on the four categories of drugs and the effects involved by the abuse of substance and the health implications as discussed under each head.
3. Elaborate on the following causes of drug abuse: psychological, social, biological, cognitive-behavioural, cultural and geographical with examples.
4. A risk factor is anything that increases the probability of a person using drugs, whereas a protective factor is anything that protects or decreases the probability of a person using drugs. Narrate it by giving examples.
5. As for the symptoms of drug abuser, elaborate on the warning signs or symptoms which are categorised as physical, emotional, family, school and peers.
6. The areas to be concentrated by a counsellor include identification, establishing a healthy relationship with children, assessment, referral and follow-up. Elaborate in detail on these areas.
7. Prevention measures:
  - Prevention is in fact the most powerful method that requires awareness on the part of parents, teachers and students. Workshops, posters, lectures etc., are all helpful to disperse this knowledge. It will inculcate maturity and ego-strength in young growing students and they may never fall prey to drugs.
  - Teacher counsellors have the responsibility to educate both parents and children as drug abuse is a situation that affects the entire family unit. Therefore, any counselling and education has to take place within the context of the family.



## Answer Key to Self-check Exercises

### *Self-check Exercise 1*

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

### *Self-check Exercise 2*

1. T                      2. F                      3. F

### *Self-check Exercise 3*

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

### *Self-check Exercise 4*

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





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### Weblinks

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<http://www.focusas.com/SubstanceAbuse.html>

[http://www.emedicinehealth.com/substance\\_abuse/article\\_em.htm](http://www.emedicinehealth.com/substance_abuse/article_em.htm)

<http://www.focusonthefamily.com/parenting/parenting-challenges/kids-and-substance-abuse/kids-and-substance-abuse>

<http://www.drugabuse.gov/sites/default/files/preventingdruguse.pdf>



# Part III

## Counselling for HIV/AIDS Awareness

- 5.18 Introduction
- 5.19 Objectives
- 5.20 Prevalence of HIV/AIDS in Asian Countries
- 5.21 What is HIV?
  - 5.21.1 HIV Transmission
  - 5.21.2 How is HIV Not Transmitted?
  - 5.21.3 Warning Signs of HIV
- 5.22 What is AIDS?
  - 5.22.1 The History of AIDS
  - 5.22.2 Warning Signs of AIDS
- 5.23 Confirmation of HIV/AIDS
- 5.24 Need for Counselling
  - 5.24.1 HIV Treatment Plan
- 5.25 Awareness Programme for Students
- 5.26 Summary
  - Self-evaluation Exercises
  - Answer Key to Self-evaluation Exercises
  - Answer Key to Self-check Exercises
  - References
  - Suggested Readings
  - Weblinks



### 5.18 INTRODUCTION

This unit focuses on yet one more important issue that affects all countries of the world. HIV/AIDS has become one of the most prevalent and serious diseases to afflict humans around the globe. There is no known cure for the disease, but the modes of contracting the disease are well known. The only hope to reduce the transmission and risk of infection so far is to create awareness among people. This unit will limit the discussions surrounding HIV/AIDS to the Indian context. Each culture has issues about HIV transmission that need to be dealt with locally in that context. Without the cultural context no amount of awareness programmes will work.

This topic of HIV/AIDS becomes relevant for the school teachers and school counsellors as they play a very important role in educating children and students, and make them aware of the consequences of indulging in sex at an early age which leads to emotional and physical exhaustion and diseases which further have a negative impact on their academic performance.

Today teenagers in big cities indulge in unsafe sexual behaviour out of curiosity. What is more important is that today the responsibility of educating children on such aspects lies with the school. This unit explains the meaning, various causes and signs of detecting HIV/AIDS and the role that teachers can play in prevention as prevention is the only way out since there is no complete cure for this disease.

### 5.19 OBJECTIVES

After going through this unit, you will be able to

- *define* HIV.
- *describe* warning signs of HIV infection.
- *explain* how HIV is and is not transmitted.
- *describe* the meaning of AIDS and identify its signs.



- *explain* high risk behaviour for HIV/AIDS.
- *develop* HIV/AIDS awareness programmes for students.
- *employ* counselling skills for HIV/AIDS students and families.

## 5.20 PREVALENCE OF HIV/AIDS IN ASIAN COUNTRIES

Statistics reported by International organisations like the UN, World Bank and UNICEF show increasing incidence of HIV/AIDS in Asian countries. HIV did not hit Asian countries until the late 1980s, however, by late 1990s the epidemic was well established. According to the UN, AIDS and HIV is spreading faster in East Asia than anywhere else in the world.

It is estimated that around 31,000 children under the age of 15 are living with HIV and AIDS in East Asia and the Pacific, with nearly 11,000 newly infected in 2007. The disease has orphaned around 450,000 children in the region. The number of new infections among children could exceed 25,000 by the year 2015 and the number of orphans could rise above 1.6 million.

According to Global Action for Children (a non-governmental organisation for children 2005)

- Approximately 2.2 million children in India are infected with AIDS. (UNICEF)
- India has the highest number of HIV/AIDS orphans in the world. (World Bank)
- More than 35 percent of all reported AIDS cases in India occur among children and youth of 15 to 24 years. (National Aids Control Organisation)
- Two-thirds of India's cases of HIV/AIDS have been reported in six of the country's 28 states: Maharashtra, Tamil Nadu, Manipur, Andhra Pradesh, Karnataka and Nagaland. (UN)

The figures given above show the enormity of the situation and the need to spread awareness regarding what is HIV/AIDS, signs of HIV/AIDS and taking preventive measures through counselling and large scale awareness generation programmes.

## 5.21 WHAT IS HIV?

HIV is a virus, which causes impairment to the immune system in humans.

H = Human

I = Immunodeficiency

V = Virus

HIV belongs to a family of viruses called retroviruses. It is living; it is thousand times smaller than the thickness of a hair and it looks like a sunflower in full bloom.

HIV is present in blood, semen, cervical and vaginal secretions and to a lesser extent in saliva, tears, breast milk and the cerebrospinal fluid of those who are infected. Transmission of HIV most often occurs through sexual intercourse or through the transfer of contaminated blood from one infected person to another.

Viruses cannot multiply on their own. They can only reproduce themselves by usurping the genetic material of the host cells, which are part of the immune system. In order to reproduce, HIV inserts itself into the genetic material of the human white blood cells it has infected. This makes it very hard for either the body or drug to deal

*Note: According to NACO, 2014, number of children living with HIV/AIDS are 1,45,446.*

with it, without destroying the cell itself. That is why it has been difficult to develop a cure for HIV so far, since anything that damages the virus is likely to damage the cell it has infected. The result is that the body continues to try and fight the HIV infection in a normal immune response but in doing so ever more white cells become infected until the body can no longer produce enough white cells to fight the infection. This slowly wears down the ability of the HIV infected person to respond to other infections and the person becomes weaker.

The destruction of the immune system by the virus means that infectious organisms can invade the body unchallenged and multiply to cause further disease. Often these other infections kill the HIV infected person.

### 5.21.1 HIV Transmission

There are a number of known routes for the transmission of the HIV virus. The majority of infections have occurred because of unprotected sexual intercourse. The sharing of drug paraphernalia, i.e., needles, is responsible for HIV infection through blood exchange. In parts of the world where blood donors are not screened for various infections, HIV can become part of the blood supply used in operations or other medical emergencies. One sad outcome of HIV transmission is the transmission of the virus from infected mothers to newborn babies. You will look at each transmission route briefly in this section

**Sexual intercourse with an infected partner:** This accounts for nearly 80% of the worlds HIV infections. The probability of transmission by the presence of sexually transmitted diseases such as Herpes, Syphilis etc., are high.

**Sharing of syringes among injecting drug users :** There is strong evidence that such a practice puts a person at a greater risk of getting Sexually Transmitted Diseases (STDs) and thereby HIV.


**Blood transfusion from an infected person :** Human blood provides a good medium for the growth of HIV because of its nutrient value, adequate oxygen content and suitable, temperature. So the virus thrives in it when infected blood is transmitted from one individual to another, and the virus goes along with the infected blood.

**Infected mother to newborn, before birth, during birth and after birth:** Before birth, it may be transmitted across the placenta to the foetus, during birth through mother's blood and after birth through mother's milk. This accounts for 30% of the HIV infections. Few children with HIV survive for longer than 2-3 years.

As already discussed above, the reasons for a person being HIV positive can vary widely. Sometimes the virus is contracted because of bad choices. For others, the infection has nothing to do with their choices or behaviours. The example of discussions among counsellors given below illustrates possible causes of HIV infection. What a counsellor be clear about is that no matter how a person becomes infected, they face a serious and life-threatening disease. This requires them to provide objective and sympathetic counselling services.

Given below are examples of people who developed HIV through no fault of their own. Infected needles, infected blood or acquired infection through other infected





persons made them victims of HIV/AIDS. Similarly, there are children who have been abused physically or sexually, and who became victims not due to their own fault, but that of others.

School counsellors, Rebecca, Sunil, Alice, John and Natasha met in a counselling centre to share information about HIV in their schools and look at what to do. Their conversations started with–

- Rebecca – Sunil, you know my friend Lisa? She has been declared HIV positive  
Sunil – I am shocked. Lisa is known to be a good girl.  
Rebecca – It was no fault of hers. Last year when she met with an accident, she was given blood, which, now the hospital says, was apparently infected with HIV.  
Sunil – Poor Lisa. She is suffering because of someone else’s mistake.  
Alice – Yes. I can give you another case of a girl who was raped by someone in her workplace when she was only 20 yrs old. And now after so many years, she has been declared HIV +ve. She is also suffering because of somebody else’s misbehaviour.  
John – You remind me of one of my aunts who is also suffering because of her husband’s extra marital affairs.

Counsellors must take each of these cases separately and prepare counselling programmes for each one of them as each is a sufferer, whether the mistake is theirs or somebody else’s. Some suggestions about planning such programmes is given later in the unit.

### 5.21.2 How is HIV Not Transmitted?

HIV transmission between humans is not easy. The virus cannot have long-life outside the body and requires very specific conditions such as blood or semen where they can thrive. It requires direct contact with infected body fluids and entry directly into the body of a non-infected person. There is no evidence of HIV being contracted through casual contact such as hugging, shaking hands, social kissing, coughing, sneezing, or sharing of towels or crockery. Sharing classrooms, swimming pools with an HIV infected person is not putting anyone at risk. Precautions not to break the skin or expose others to infected blood should be taken when working with instruments or machinery. Of course proper use of the tools and machinery should not expose any fellow workers to risk. Bites by insects i.e., mosquitoes, bed bugs, etc., (Hublely, Chowdhary, & Chandramauli, 1998) do not result in HIV infections.

Special care and precautions are necessary in case of blood donors. Most blood banks have instituted rules to govern the donating of blood, and prescreening the potential donor for all serious transmissible infections, not just HIV infections, has become mandatory. Donors should always check that new clean needles are used every time for blood donation. Hospitals should guarantee their blood supply before administering blood to patients.



However, no one should assume they are infected if they have any of these symptoms. Each of these symptoms can be related to other illnesses. Again, the only way to determine whether you are infected is to be tested.

## 5.22 WHAT IS AIDS?

All people who test HIV positive develop AIDS usually within 8 years, but some develop AIDS Related Complex in the initial stage (the term ARC is also used by clinicians to describe signs and symptoms found in an individual living with HIV. These may include unexplained weight loss, recurrent fevers, swollen lymph nodes, herpes, diarrhoea etc.) which is less severe than AIDS and which develops into AIDS, usually within a year (Redfield, Wright & Tramont, 1986).

A – Acquired: Not genetically inherited but one gets it from somebody.

ID – Immune Deficiency: Weakness or inadequacy of the body's main defence mechanism, the immune system.

S – Syndrome: Not just one diseases or symptom but present as a group of diseases or symptoms.

### 5.22.1 The History of AIDS

The first patient with AIDS was reported in 1981. Many people may have died earlier but remained undiagnosed. In 1983, Luc Montagnier in France isolated the virus. In 1985 a blood test called ELISA was developed. In 1993 more than 340,000 cases of AIDS were reported. World Health Organisation (WHO) at the same time reported a worldwide estimate of 2.5 million adults and 1 million children having AIDS and about 10 million infected with HIV (Kaplan, Sadock, & Grebb, 1994).

### 5.22.2 Warning Signs of AIDS

Common complaints of people with AIDS are painless swollen glands, usually in the neck and armpits, which last at least for three months. Some people develop recurrent infections such as Oral thrush, Herpes Zoster, or Genital Herpes. Many develop Tuberculosis.

A common manifestation in children is failure to thrive, prolonged diarrhoeas and pneumonia, which do not respond to treatment.

National Aids Control Organisation (NACO) has defined AIDS in the Indian context as “Finding of two or more major signs and one or more minor signs in a seropositive person.”

#### A. Major Symptoms

1. Progressive involuntary weight loss of 10% of known body weight.
2. Unexplained low-grade fever of more than a month's duration.
3. Chronic or recurring diarrhoea.
4. Recurrent respiratory infection with poor response to anti-microbials.
5. Progressive dementia.

#### B. Minor Symptoms

1. Oral thrush

2. Recurrent or multi-dermatomal Herpes Zoster
3. Recurrent skin infection
4. Severe seborrheic dermatitis
5. Oral hairy leukoplakia



### Self-check Exercise 2

State whether the following statements are true or false.

1. AIDS is contacted through touching or sneezing.
2. People with AIDS have painless swollen gland which last at least for three months.
3. Chronic diarrhoea is a major symptom of AIDS.
4. AIDS is a genetically inherited disease.

## 5.23 CONFIRMATION OF HIV/AIDS

Counsellor should refer persons for testing for AIDS or HIV infection to centres equipped with such tests as ELISA and Western Blot Test.

The two assay techniques used are the Enzyme Linked Immunosorbent Assay (ELISA) and the Western Blot Assay. Those with a positive finding on an HIV test have been exposed to the virus; this fact should clearly be kept in mind that they have virus within their bodies and have the potential to transmit the virus to another person and will eventually develop AIDS. After infection with HIV, from a negative antibody test to a positive HIV antibody test, it takes between 6 to 12 weeks to develop the symptoms, although in rare cases it can take 6 to 12 months.

Those with a negative HIV test result have either not been exposed to HIV virus and are not infected or were exposed to the HIV virus but have not yet developed antibodies which is a possibility if the exposure occurred less than a year before the testing (Kaplan, Sadock, & Grebb, 1994).

## 5.24 NEED FOR COUNSELLING

Diagnosis of the HIV infection brings with it profound emotional, social and medical consequences. The adjustment to HIV infection involves constant stress management in family life, sexual and social relations, work, education, spiritual needs, status and civil rights.

Victims of HIV usually believe that nothing much can be done now. These people have to be helped to develop a strong self-image as a good self-image helps a person to cope up with hardships of life without taking recourse to faulty methods of finding happiness and thereby fight the attitude of being victim and sufferer.

One has to be taught to live with it and counselling has to be provided to prevent further deterioration or onset of full blown AIDS, so as to remain healthy and live longer, by taking good care of physical health, by getting enough sleep taking nutritious food and avoiding stress, worry, smoking, getting overtired or any other infection.





Persons are likely to be distressed when informed of a positive HIV test result in the beginning. Such persons face challenges to adjust to changed life conditions, including 1) accepting the possibility of a shortened life span, 2) coping with the stigmas attached to the illness and reactions of others, 3) developing and adopting strategies for maintaining physical and emotional health, and 4) initiating changes in behaviour to prevent HIV transmission to others. Many persons will require assistance about reproductive choices, gaining access to health services, confronting possible employment or housing discrimination, and coping with changes in personal relationships. Therefore, behavioural and psychosocial services are an integral part of health care for HIV-infected persons. Such services should be available on site or through referral when HIV infection is diagnosed. Innovative and successful interventions to decrease risk taking by HIV-infected patients have been developed by many agencies and organisations working in the field. Information regarding the organisations can be obtained from the references given in the reference list.

Diagnosis of HIV infection reinforces the need of psychologists or counsellors to counsel patients regarding high-risk behaviours, because the consequences of such behaviours include the risk for acquiring additional STDs and for transmitting HIV (and other STDs) to other persons.

Having suffered the shock of the diagnosis, s/he would be highly concerned about such issues which are directly or indirectly related to HIV or AIDS e.g., death, pain, loss of employment, isolation, disability, grief over potential losses, social consequences, discrimination, uncertainty, hopelessness, despair, depression, anger, frustration, guilt etc. Before starting the counselling process, information about certain issues should be collected, for example,

- past history of stress tolerance and
- psychological support system available.

The counsellors can propagate ideas such as–

- “Safe Sex”, meaning only one sex partner or no sex before marriage.
- Use of preventive measures like condoms.
- Getting blood, semen or organ thoroughly examined before accepting it.
- Sterilisation of syringes before use. This exercise should be done by the medical practitioners and by everyone who uses a syringe.
- Clarifying myths and misunderstanding about HIV or AIDS.

Women are biologically and socially more vulnerable to the HIV infection than men. Male to female transmission is 2-4 times faster than female to male. The low status of women in society inhibits their ability to protect themselves from HIV infection coming either from their husbands or any unprotected sex partners.

For those who have developed full blown AIDS, the counsellor needs to be very sensitive about their feelings of hurt or pain and guilt and should–

- exhibit a positive and caring attitude towards the AIDS patient.
- break the diagnostic news of AIDS positively and slowly.
- remove misunderstandings and myths about HIV and AIDS transmission.
- hold long discussions on prevention of further transmission of infection.

- stress individual needs for regular follow-up.
- give suggestions against donating blood, semen, organ or sperms.
- emphasise significance of confidentiality, that is, the patient should be advised against breaking the news to relatives and friends or employers or anybody else since due to prevalent ignorance, his being HIV positive or having AIDS may affect his employment, housing or even social relationship.
- prepare him/her to break the news to the family and spouse, else the marital relationship may get into trouble, if the other partner feels betrayed due to breach of faith, or lack of trust or confidentiality. The news may in fact leave the couple shaken with loss of commitment to each other.

The professional school counsellor promotes educational efforts related to HIV/AIDS. The school counsellor also collaborates with students, parents, staff and the community to prevent the spread of this disease.

The counsellors have the opportunity and responsibility to provide students with accurate health information and to help them develop healthy attitudes and habits. HIV/AIDS information and education is vital for all individuals.

The school counsellors can collaborate with medical personnel to provide counselling, support and educational programmes for students, staff and parents.

School counsellor can also provide information about resources available to assist students and families dealing with HIV/AIDS issues.

As a part of school guidance programme , counsellor can provide information about HIV/AIDS, including knowledge of–

- behaviour that puts people at risk for HIV/AIDS
- methods of HIV/AIDS transmission
- HIV/AIDS-related civil rights issues
- HIV/AIDS prevention efforts and
- accurate information dispelling myths about HIV/AIDS.

### 5.24.1 HIV Treatment Plan

Care taken to prevent any possibility of acquiring Sexually Transmitted Diseases (STD), testing, and treatment can play a vital role to prevent sexual transmission of HIV. Counsellors need to play a role in creating awareness through written material, talks, films etc., about where the HIV epidemic may grow and forecasting where HIV rates are likely to increase. Better linkages are needed between HIV and STD prevention efforts in order to control both epidemics.

HIV positive people have differing needs according to their phases of HIV infection. The first phase is when people are asymptomatic, that is when they have no signs/symptoms of their infection. Proper care and treatment plan during this phase (as shown in the Figure 1.2) should include nutrition and food, spiritual counselling and testing, preventing further spread of infection and protection from any discrimination. The second phase is when people have symptoms of HIV infection. This stage requires proper medical treatment which should include management of nutrition treatment of sexually transmitted infection, and providing traditional medicines and treatment of



other infections which are related to HIV. The third phase relates to support, care and comfort for people who are terminally ill. For people in this phase, care should be taken to relieve psychological or spiritual anguish and ultimately allow them to die with dignity.

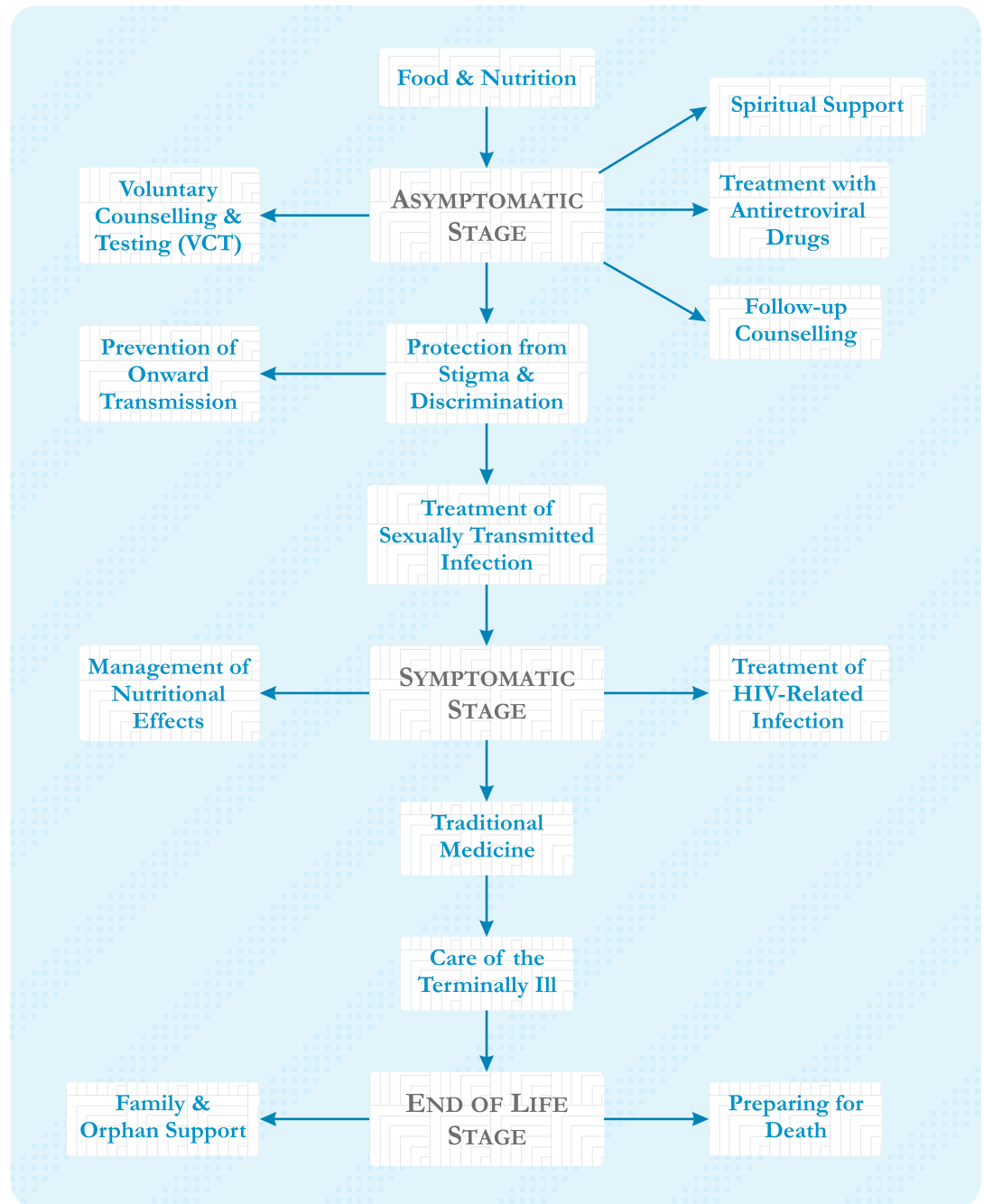


Figure 1.2: Elements of HIV Treatment and Care

## 5.25 AWARENESS PROGRAMME FOR STUDENTS

Development of awareness in the public in general and students in particular is highly essential. Illiteracy and the traditional reluctance to discuss sexually transmitted diseases pose major obstacles in mounting a health education campaign. It is therefore necessary that help is taken from mass media like TV, radio, newspapers, magazines and other reading materials to spread the following information regarding HIV and AIDS–

- Help understand the gravity of the situation and provide a realistic and humane picture.
- Students must be told about the ways in which HIV/AIDS spreads and that sexual activity is the most easy and fast way of getting infected.
- Most people may consider AIDS as a remote possibility. It is, therefore, important that the fact of HIV be made significant and real. It should be made clear that anyone is at the risk of getting infected.
- It needs to be emphasised that pre-marital and extra-marital sex are to be avoided.
- Since substance abuse can lead to HIV, particularly through sharing needles/syringes, say ‘No’ to drugs.
- Special awareness programmes for sex workers since they carry double risk – one, getting infected and two, spreading infection, should be telecast.
- You may also provide information about AIDS to school students through published material, talks, guest lectures, films etc. To generate awareness, special AIDS awareness day can be organised with displays/exhibitions/debates/ quiz programmes etc.
- Counsellors at college, university and community level can also identify high risk persons for HIV and AIDS.

### Activity 1



Prepare an interview schedule for finding out if a person is suffering from HIV.

### 5.26 Summary

This unit defines HIV as well as AIDS. HIV infection attacks the immune system of the body which leads to many other diseases. There is a rapid deterioration in the health of the patient. HIV is transmitted only through contact with the body fluid of an infected person and not by interacting, hugging, coughing, sneezing etc. However, HIV/AIDS is still a social stigma. HIV damages the immune system, while AIDS is a group of symptoms or diseases which is the result of HIV infection. The HIV/AIDS patients as well as other society members need to be made aware of the issues related to it. Anyone has a risk of getting infected, therefore it is essential for everyone to be aware.





This need is higher for youngsters as they stand more vulnerable to such crisis with lack of information and facilities. Therefore, school teachers and counsellors should be very well informed and be prepared to handle such situations.

Individuals detected as HIV positive need special care since they would be mentally shocked. S/he would be highly stressed, may undergo depression and/or may have problems in their relationships. The counsellor needs to be careful and sensitive while telling about it to the patient. At the same time the counsellor need to counsel the patient regarding disclosing this news to his/her friends and family. After the initial counselling the patient should be prepared for terminating the counselling. The counsellor should also have a plan for follow-up.

### Self-evaluation Exercises

1. What is HIV?
2. There are three body fluids (secretions) that carry higher concentration of HIV infections than others. What are these?
3. Why is HIV difficult to deal with?
4. How does HIV weaken the body's immune systems?
5. How soon can HIV antigens be detected before a person can have a positive HIV blood test? If a person tests negative, can he or she still have HIV?
6. Does STD increase the chances of getting HIV?
7. What are some of the common symptoms of AIDS?
8. Who are high risk persons in the case of HIV or AIDS?
9. How can we protect the present generation from HIV/AIDS?
10. Name diagnostics tests for HIV/AIDS.

### Answer Key to Self-evaluation Exercises

1. HIV is a virus which causes impairment to the immune system in humans making the body prone to various infections.
2. HIV is present in blood, semen, cervical and vaginal secretions.
3. Virus cannot multiply on their own. They can only reproduce themselves by using the genetic material of the cells of the host animal or plant. In human beings it attaches itself to the genetic material of the human cell it has infected. This makes it very hard for either the body or drug to deal with it, without destroying the cell itself.
4. HIV is attracted to white blood cells, which regulate the immune response of the body in case of an infection. After being infected with HIV the antibodies produced are not powerful enough, making body prone to various infections.



5. It takes 3-12 weeks for the body to respond to HIV by producing antibodies. If a person tests negative, either s/he may not be infected with HIV virus or s/he may not have developed antibodies if s/he was exposed to HIV/AIDS less than a year before testing.
6. There is strong evidence that sexually transmitted diseases (STDs) put a person at a greater risk of getting and transmitting HIV. This may occur because of sores and breaks in the skin or mucous membranes that often occur with STDs.
7. People with AIDS may have painless swollen glands, usually in the neck and armpits, which last at least for three months. Some people develop recurrent infections such as Oral thrush, Herpes zoster, or Genital Herpes. Many develop Tuberculosis.  
A common manifestation in children is failure to thrive, prolonged diarrhoea and pneumonia, which do not respond to treatment.
8. High risk persons are usually the ones who–
  - do not stick to one uninfected partner or having multiple sex partners.
  - have sex with a person who has multiple sex partners.
  - share unsterilised needles and syringes, accepting untested blood transfusion.
  - have unprotected sex including oral and anal sex
  - have sex with a person suffering from STD
9. Since there is no complete cure for this disease, prevention is the only way out. This can be done by increasing the awareness among children and general public with the help of school counsellors, teachers; help can also be taken from mass media such as TV, radio, newspapers, magazines etc.
10. The two assay techniques used are the Enzyme Linked Immunosorbent Assay (ELISA) and the Western Blot Assay.

## Answer Key to Self-check Exercises

### *Self-check Exercise 1*

1. b      2. c      3. a      4. d

### *Self-check Exercise 2*

1. F      2. T      3. T      4. F





## References



- Hubley, J., Chowdhary, S. and Chandramauli, V. 1998. *The AIDS Handbook: A Guide to the Understanding of AIDS and HIV*. Popular Prakashan. Mumbai.
- Kaplan, H. I., Sadock, B. J. and Grebb, J. A. 1994. *Synopsis of Psychiatry: Behavioural Sciences. Clinical Psychiatry*. (7<sup>th</sup> ed.). Williams & Wilkins. Baltimore.
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## Suggested Readings

- Bartlett, J. G. and Finkbeiner, A. K. 2006. *The Guide to Living with HIV Infection. Developed at the Johns Hopkins AIDS Clinic*. A Johns Hopkins Press Health Book.
- National Council of Educational Research and Training. 1994. *AIDS Education in Schools : A training package*. National AIDS Control Organisation. New Delhi.
- Sadock, B. and Sadock, V.A. 2007. Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/clinical Psychiatry. (10th ed.) Lippincott Williams and Wilkins.

## Weblinks

<http://www.amfar.org/>

[http://www.unicef.org/infobycountry/eapro\\_31815.html](http://www.unicef.org/infobycountry/eapro_31815.html)

[http://www.globalactionforchildren.org/static/facts\\_about\\_India\\_and\\_HIV\\_AIDS](http://www.globalactionforchildren.org/static/facts_about_India_and_HIV_AIDS)

<http://www.schoolcounsellor.org/content.asp?contentid=191>

<http://www.unaids.org/>

<http://naco.gov.in/>

<https://www.cdc.gov/hiv/>

# Part IV

## Counselling for Suicide Prevention

- 5.27 Introduction
- 5.28 Objectives
- 5.29 Meaning of Suicide
- 5.30 Facts About Suicide
- 5.31 Causes of Suicide
- 5.32 Suicide Myths
- 5.33 Risk Signs of Suicide
- 5.34 Counselling for Suicide Prevention
- 5.35 Treatment Techniques
- 5.36 Summary
  - Self-evaluation Exercises
  - Answer Key to Self-evaluation Exercises
  - Answer Key to Self-check Exercises
  - References
  - Suggested Readings
  - Weblinks



# Counselling for Suicide Prevention

There is Always **Light** After **Darkness**

Don't Let **Stress** Ruin You.

**Suicide** is a **Crime**



**Life is  
Precious**

## 5.27 INTRODUCTION

Adolescence is a time of great confusion, experimentation and anxiety. There is pressure to fit in socially, to perform academically, and to act responsibly. For some, these pressures become too much to handle and adjust to. In extreme cases an adolescent might succumb to the pressure and contemplate suicide as the only means out of difficulties. The phenomenon of suicide is on the increase in recent years. Many adolescents are reported to be committing suicide due to study pressures, personal failures and relationship problems. Since schools serve as the building blocks in an individual's life, this unit discusses the counsellor's or teacher's vital role in preventing suicides. Teachers and counsellors can help children build value systems, set acceptable individual aspirations, safely explore self-identities, and establish goal-setting mechanisms. Because of their close interaction with children for the greater part of the day, teachers can identify those who may be prone to suicide.

## 5.28 OBJECTIVES

After going through this unit, you will be able to

- *define* suicide and attempted suicide.
- *understand* facts and statistics about suicide.
- *explain* causes of suicide.
- *clarify* myths about suicide.
- *recognise* signs and symptoms of suicidal risk.
- *provide* timely assistance to those prone to suicide.
- *develop* strategies for creating student awareness of suicide.
- *develop* strategies to implement access to support networks for at-risk students, parents and friends.
- *develop* counselling plans and provide post trauma counselling within the school if a suicide occurs.

## 5.29 MEANING OF SUICIDE

Suicide is a complex phenomenon associated with psychological, biological and social facts. Suicides generally result from a desire to escape from a real or perceived difficult situation, or to hurt a person or an injustice (as a repayment) done to a suicidal person. Suicide can be defined as “the conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the act is perceived as the best solution” (Shneidman, 1985).

Attempted suicide is understood as a past suicidal attempt resulting in failure of annihilation. It is perhaps the best indicator that a person is at increased risk of suicide.

Suicides cut across all sexes, races, social, economic and cultural boundaries. A significant percentage of people who commit suicide appear to be functioning well prior to their death. People who feel hopeless, helpless or worthless are more at risk to commit suicide as they can't feel the love, support and acceptance of friends and relatives. But those who succeed in their attempts are the ones who hide their pain from those who care and those who can help.

## 5.30 FACTS ABOUT SUICIDE

Some of the facts presented below show that suicides are a major problem worldwide, with the highest rate being among the elderly in the west and among teens in India and other developing countries.

It is generally believed that childhood is a time which confers immunity from the risk of suicidal behaviours as childhood is free of problems and stress, and children do not have the maturity to think of or act upon suicidal thoughts (Pfeffer, 1993). However, recent research has shown that by ages 8-9, children have a thorough understanding of suicide and that younger children understand the concept of ‘killing oneself’ (Mishra, 1999).

Recently there has been a high occurrence of suicide among children and adolescents. In a recent study by National Crime Records Bureau, 10,950 adolescents – among them 899 boys and 821 girls – up to the age of 14 years; 4,682 boys and 4,548 girls in the age group of 14 to 18 years ended their lives in India in 2014. Nearly 6.1% of the suicide victims in India are students and there are 22% who perceive that they have not attained their expectations.

Among the other Southeast Asian countries, Sri Lanka has one of the highest rates of youth suicides. Among the major causes are examination failures, parental pressures, high expectations of schools and colleges, disappointment in love and conflicts (<http://www.searo.who.int>), although these reasons may also apply to other countries.

Data from United States Centers for Disease Control, 2015 indicate that girls more than boys experience suicidal thoughts, create a suicide plan and attempt suicide. However, boys more often successfully commit suicide than girls.

According to Kaplan and Sadock (1998), suicide is the third leading cause of death in the United States, for individuals 15 to 24 years of age, trailing only accidents and homicides.



A suicide attempt is a stronger predictor of potential suicide than known depression, a substance abuse history or failed examination stress, etc. However, stress can contribute in a big way to suicide. About 80% of young people who contemplate suicide did tell someone that they intended to kill themselves, which calls forth the need to help.



### Self-check Exercise 1

Fill-in the blanks from the following alternatives –

- a. attempted suicide      b. annihilation      c. elderly population, teens
1. Suicide can be defined as the conscious act of self induced \_\_\_\_\_.
  2. The suicide rate in western countries is high among \_\_\_\_\_ and among \_\_\_\_\_ in India.
  3. \_\_\_\_\_ is a stronger predictor of potential suicide than other known factors such as depression, and substance abuse, etc.

## 5.31 CAUSES OF SUICIDE

Suicides often result from a depressed person's feeling that life is so unbearable that death is the only escape from the pain, emotional disturbance, terminal illness or other such circumstances. A suicidal person experiences hopelessness and helplessness with no apparent possibilities for change or improvement.

According to Freud (1917/1957), suicide is an individual's unconscious hostility directed inward to the self rather than outward to the person or situation causing the anger. Suicide victims often seem to be psychologically "punishing" others who may have rejected them or caused some other personal hurt. Some of the common causes of suicide in school going adolescents are as follows:

- loss of an important person due to divorce or death;
- incest or child abuse;
- failure at school;
- failure in relationships, e.g., break-up with a boyfriend/girlfriend;
- recent suicide of a friend or relative; and
- issues around self-identity and sexual identity.

Suicide could be due to mental disorders such as–

- Depression – the link between suicide and depression is very strong. Majority of suicide attempts in adolescents are due to depressive disorders.
- Psychosis – some youngsters commit suicide because they are confused because of their hallucinations, delusions or because they want to get away from the symptoms.

Other factors may be–

- Drugs and alcohol abuse involving marijuana, heroin, amphetamines and alcohol.
- Previously attempted or fantasised suicide.
- Availability of means of suicide, for example, availability of sleeping pills leading to over dose.

- Verbalised suicidal ideations such as ‘I want to go far away’ or complaints like ‘I give up’ or ‘I quit’ by adolescents are more than signs of mild depression, rather they are expressions of despair.
- Pervasive pessimism or hopelessness.
- Absence of strong social support system.
- History of impulsive behaviour.

Thus, it can be concluded from the above given causes that adolescent’s suicidal behaviours are rarely impulsive and their motives are similar to those of adults.

### 5.32 SUICIDE MYTHS

Some of the incorrect beliefs or notions prevalent in our society concerning suicide which come in the way of giving timely help are given below.

Myth	Fact
<ul style="list-style-type: none"> <li>• People who discuss suicide will not commit suicide.</li> <li>• Suicide is committed without warning.</li> <li>• Only people of certain class, religion commit suicide.</li> <li>• Motives of suicide can be easily established.</li> <li>• All suicide committers are depressed, lonely or are psychotics or may be suffering from some terminal illness.</li> <li>• Cosmic effect e.g., sunspots or phases of moon are responsible for suicides.</li> <li>• Some people want to die anyway.</li> <li>• Thinking about suicide is rare.</li> <li>• Asking a person, especially a depressed person, about suicidal thoughts will push them to commit suicide.</li> <li>• People who are less fatalistic don’t intend suicide.</li> <li>• Young people who talk about suicide never attempt or complete it. They are just seeking attention.</li> <li>• Once a person is intent on suicide there is no way to stop him/her.</li> <li>• Suicide is hereditary.</li> <li>• A marked and sudden improvement in mental state following a crisis indicates that the suicide risk is over.</li> </ul>	<ul style="list-style-type: none"> <li>• Talking about suicide can be a plea for help.</li> <li>• There are always warning signs, but others are often unaware of the significance of warnings or unsure about what to do.</li> <li>• Suicide occurs in all classes, races and cultures.</li> <li>• There are interconnected factors which are sometimes difficult to identify.</li> <li>• Everyone has the potential for suicide. It is unlikely that those who do not have the pre-disposing condition mentioned above will not commit suicide.</li> <li>• Suicide can occur during any period of the year.</li> <li>• Everyone has life instinct.</li> <li>• With increasing problems and pressure in day-to-day living, suicidal ideation in adolescence is not uncommon.</li> <li>• Suicidal tendencies could be due to deep rooted causes.</li> <li>• Suicide can occur in practical, extrovert personalities.</li> <li>• Sometimes attention is needed and the attention they get may save their life.</li> <li>• Suicides can be prevented. People can be helped.</li> <li>• Suicides can be due to environmental stress. There are always chances of relapse.</li> </ul>



The above given myths regarding suicide often stand in the way of providing assistance for those who are at risk. By dispelling these myths, those responsible for the care and education of children and youth will be in a better position to identify and change their own attitudes towards those who are at risk and thus be able to identify real factors causing such tendencies and provide the necessary help.

With the rising rate of suicide in adolescents, it is very important to identify risk factors that make them prone to suicide. Given below are some of the risk factors for adolescent suicide.

### 5.33 RISK SIGNS OF SUICIDE

Risk factors that place children at increased risk for suicide and suicidal behaviours are similar to those that place other age groups at risk.

There can be many behavioural and verbal clues such as weight loss, change in sleeping pattern, expressed feeling of helplessness etc., to more loud and clear signals such as the teenager may loudly express a desire to die or inform friends of a plan orally or by way of written expressions.

A person contemplating suicide may show –

- Anxiety, depression, exhaustion or a combination of these.
- Suicidal plan of action, for example looking for means available to commit suicide such as sleeping pills or rat poison.
- Concern for effect of suicide on family members i.e., a child contemplating suicide may think about his parents or siblings or friends, their emotional trauma if s/he has gone.
- Proximal life crisis, such as mourning or deep sorrow for someone who has died.
- Lack of optimism or hope about the future.

Additional warning signs–

Predicting suicide is difficult. Changes in behaviour, which is outside the person's normal behaviour and which do not make sense to those close to them, may be warning signs.

Such warning signs may include –

- Loss of interest in previously pleasurable activities
- Giving away prized possessions
- Written or spoken notice of intention to commit suicide

A person seriously considering suicide may display some of the following changes to their normal behaviour:

- Apathy in dress and appearance, or a sudden change in weight.
- Sudden and striking personality changes, for example, a child who had previously been a good student or a nice kid, becomes defiant, disagreeable or excessively quiet.
- Withdrawal from friends and social activities.
- Increase in “accident proneness”.
- Self-mutilation behaviour; injuring or hitting oneself often.

#### Bottled Up Inside?



#### There's Help!

- An overwhelming sense of shame or guilt.
- Changed eating or sleeping habits.

Many adolescents who attempt suicide do not really want to die rather, they are crying out for help. A counsellor should be well trained to distinguish between everyday teen against and real signs that a student is suicidal. Given below is the role of the guidance teacher or counsellor in suicide prevention.

### 5.34 COUNSELLING FOR SUICIDE PREVENTION

At risk students can be easily tapped by guidance teacher or the counsellor through teacher consultation and classroom visits. Thus, a counsellor can easily collect information about child's social skills and competence. If a child discloses either directly or indirectly to friends or through art or writing assignments that s/he had thoughts about suicide, it is essential that you take action immediately.

Preventing a potential suicide always overrides the need to honour confidentiality between yourself and a student. You need to know that there is no confidentiality when a child is talking about suicide.

A counsellor will basically need three strategies to be effective in a school or in preventing child suicide–


- A general discussion and awareness program on phenomena of suicide for students i.e., programmes that teach children how to ask for help for themselves or a friend, and provide necessary skills to identify children at risk and sources of help.
- A plan to identify, approach, and counsel at risk students prior to any attempts i.e., early intervention programme which addresses and treats known risk factors for suicide.
- A plan to provide post trauma counselling in case a suicide is committed or attempted i.e., with people such as parents, friends, siblings who may hold themselves responsible for the act. The counsellor needs to educate them on death, suicide, grief experiences, development of coping skills so that they unnecessarily do not feel guilty or ashamed or isolate themselves, particularly the parents.

After the student has been assessed to be at risk for suicide, counsellor should immediately contact the student's parents and provide information, and think of a plan to help, give information about various mental health agencies etc. Furthermore, s/he can hold regular meetings with the parents of such a child to discuss the ways of strengthening the child's personality in totality and not merely academic improvement or failures.

In case of attempted suicide the impact is very broad; a counsellor may end up involved not just with the student, but family and friends as well. The suicide attempt may have been triggered by personal crises or one created by the family. The very fact that a student tried to end life will leave an impact on the lives around him/her and that will need attention. Thus, the person who attempts suicide is not the only one in crisis, but other family members also get into the crisis. The counsellor should help the family; otherwise problems may get aggravated further.

The counsellor also needs to give to the physician or the medical practitioner necessary information about the student that might help to provide a broader picture of the client in addition to his/her physical history.





Furthermore, while respecting the suicidal person's right to privacy, there is need to develop a "caring community" of physicians, selected friends and colleagues, who will not only watch for suicide signs, but whom the suicidal person is able to trust and feel safe to share his/her pains.

Be aware that suicide behaviour can re-occur. Therefore,

- Listen and encourage the client to talk.
- Show that you are taking their concerns of day-to-day living seriously.
- Tell and make the person feel you care.
- Acknowledge their fears, despair or sadness.
- Provide reassurance, but do not dismiss the problem.
- Try to understand from their verbal or non-verbal expressions if they are thinking of hurting or killing themselves.
- Check for secrets such as substance abuse, disappointments in life, availability of the means to commit suicide.
- Check for possible humiliations they might have recently faced, for example, being ragged or ridiculed by friends etc.
- Discuss the consequences of suicide with the person and how it may impact those they leave behind.
- If possible get the affected individual to agree to or even sign a "no-suicide contract" with a promise not to do anything without contacting the counsellor.
- Ensure or try to find out by talking to the person's close friends whether they have an access to lethal weapons or medication.
- If the counsellor judges high suicide risk, immediate hospitalisation is recommended even if it is against the will of the patient.
- Simultaneously, the counsellor should work at underlying stressors and treat existing psychological disorders immediately or refer to a psychologist or a psychiatrist.

Counsellors should avoid the following:

- Interrupting the client while he/she is speaking
- Panicking
- Becoming angry
- Becoming judgmental and offering too much advice



### Activity 1

Collect information about various mental health agencies in your community which provide necessary help for suicide prevention.

A conspiracy of silence surrounds suicide. We must first acknowledge that youngsters can have suicidal thoughts and they might act upon these.

From the above discussion, it can be concluded that through the coordinated actions of parents, teachers, peers, medical practitioners and counsellors, it is possible to prevent the growing trend of teenage suicide.

Next section deals with some of the techniques that are possible to prevent suicide attempts.

### 5.35 TREATMENT TECHNIQUES

Various cognitive techniques have been found to be effective for treating high-risk suicidal victims (Nietzel, Speltz, McCanley & Bernstein, 1998). A teacher or a counsellor can apply these techniques only after receiving appropriate training. Given below is a brief account of these techniques (for more detailed account please refer Module-2, Unit-6 on “Cognitive Interventions in Counselling”).

Cognitive Deficit	Intervention
Dichotomous (All or none)	Use Rational Emotive Therapy (discussed in Unit-6 on “Cognitive Interventions in Counselling” in Module-2) to identify and overcome irrational beliefs or faulty ways of thinking
Inability to solve problems	Help <ul style="list-style-type: none"> <li>- accept problems as normal part of life</li> <li>- define the problem</li> <li>- generate alternatives</li> <li>- implement solutions</li> </ul>
Rigidity in thinking	Role play Role reversal Generate alternative solutions
Hopelessness	View it as symptom List problems that lead to hopelessness, Show optimism, Coping skills training
Perceiving suicide as desirable option for solving problems	Elicit reasons for dying and living, Describe advantages and disadvantages, Correct cognitive distortions

Psychological interventions done with young adults at risk of suicide have shown positive results. One such study was done on 264 young people who were at risk due to the presence of suicidal ideation (thinking about attempting suicide), previous suicidal attempts and substance abuse disorders. They were randomly assigned to 9 hours each day for 2 weeks at a hospital treatment facility. Treatment consisted of problem-solving, development of social competence, coping adaptively with life’s problems, and recognising emotional and life experiences that may have precipitated the suicide attempt or ideation. Clients were followed up to 2 years following treatment and results indicated reductions in suicidal ideation and behaviour as well as marked improvement in problem-solving ability. Furthermore, the results showed that experimental treatment was significantly more effective at retaining the highest risk young adults in the program. The positive results thus show that such interventions can reduce the incidence of suicide. (Rudd et al.,1996)





### Self-check Exercise 2

State whether the following statements are true or false.

1. All the people who commit suicide are depressed.
2. Improvement in mental health following a crisis is a signal that suicide risk is over.
3. Cognitive behaviour therapy is found to be an effective mode to treat suicidal tendencies in children and adults.

### 5.36 Summary

Suicide is a colossal waste of human life and an attempted but failed suicidal attempt is further denigrating. Suicides cut across all sexes, races, social, economic and cultural boundaries. This unit deals with incidence and causative factors of suicide in general population, particularly adolescents. For example, causative factors such as loss of a person due to divorce, death, child abuse, failure at school and in relationships etc., could be causative to suicide. Suicide could also be due to mental disorders such as depression and psychosis. Myths regarding suicide often stand in the way of providing assistance for those who are at risk. With the rising rate of suicide in adolescents, it is very important to identify risk factors like anxiety, depression, giving away prized possessions, loss of interest in activities, sudden personality changes etc., that make them prone to suicide. This unit also discusses role of the guidance teacher or counsellor in suicide prevention. Through the coordinated actions of parents, teachers, peers, medical practitioners and counsellors, it is possible to prevent the growing incidence of suicide. Treatment techniques consisting of problem-solving, development of social competencies, coping adaptively etc., can help to remove the idea of suicide from a person's mind.

### Self-evaluation Exercises

1. Define suicide. Explain what are the major causes of suicide in school going population.
2. Mention any five myths about suicide.
3. List four warning signs of potential suicide.
4. Describe six steps you would take to help a student identified as at-risk for suicide.

## Answer Key to Self-evaluation Exercises

1. Elaborate on the following.
  - Suicide can be defined as the conscious act of self-induced annihilation. An individual may perceive a issue or a problem in his/her life in such a way for which death is perceived as the best solution.
  - Suicide in children and youth could be due to study pressures, failure and relationship problems. Furthermore, children from disturbed family environment such as single parent, divorced parents, marital conflicts, unemployed parents and low income large families could be prone to suicide.
  - Other factors could be substance abuse, mental disorders and child abuse.
2. Elaborate on any five myths such as–
  - Suicide is committed without warning.
  - Cosmic effect, e.g., sunspots or phases of moon are responsible for suicides.
  - Suicide is hereditary.
  - Thinking about suicide is rare.
  - Only people of certain class commit suicide.
3. Some of the warning signs of suicide are–
  - Changes in person's normal range of behaviour that do not make sense.
  - Loss of interest in activities that the person enjoyed earlier.
  - Giving away prized possessions.
  - Written and spoken intention to commit suicide.
4. Elaborate on the following.
  - Creating a network of caring community of friends, colleagues and physicians for suicidal persons.
  - Give opportunity to express or for catharsis.
  - Listen to the person without being judgmental.
  - Do not get angry or panic.
  - Not to offer too much advise.
  - Take a commitment from the person not to harm oneself without informing anyone or call someone in case help is needed.

## Answer Key to Self-check Exercises

### *Self-check Exercise 1*

1. b                      2. c                      3. a

### *Self-check Exercise 2*

1. F                      2. F                      3. T





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## Suggested Readings

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## Weblinks

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<http://www.neahin.org/programs/mentalhealth/suicide.htm>

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<http://www.save.org/>

<http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>

<http://www.webmd.com/mental-health/tc/suicidal-thoughts-or-threats-topic-overview>

<http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>



## 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 Concern 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

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\* 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.





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