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# Counseling

## *Theory, Skills and Practice*

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## *Theory, Skills and Practice*

Radhika Soundararajan

*Practising Pediatric Counselor and Lecturer*

**Tata McGraw Hill Education Private Limited**

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To

*all the philosophers and psychologists*
*who made today's science of psychology what it is*

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# *Preface*

When I started writing this book, I realized that it was much easier to lecture/counsel than to write. As a counselor and teacher, with over two decades of experience, I have taught and learned a lot. I realized that to put it all in a book called for incremental skills and determination.

This book has been written to fulfill the requirements of students and practitioners in the field of psychology, counseling, education and social work. It provides a clear and concise account of different facets of counseling study and practice. Assuming that the reader has had little or no background in the counseling theories or methodology, it will serve as a resource book for anyone in the helping professions as it provides the readers with introductory knowledge about counseling, theoretical orientations, methodologies, concepts, skills and processes that are of critical importance. A significant aspect of the book is that it elucidates the present day Indian scenario, and the subsequent need for counseling.

The book is organized into three parts. Part 1, consisting of four chapters, helps readers understand the concepts concerning the field, its evolvement and relevance today. Chapter 1 takes the reader through the journey of counseling psychology, and fructifying into what it is now. Chapter 2 discusses important issues related to the western approach to counseling and understanding counseling from the various vantage points like the client, the medium and the major theoretical orientations. Chapter 3 expounds the psycho-socio-emotional factors that contribute to the pain experienced by the Indian psyche, the relevance of spirituality in the therapeutic process, and the overall scope of the field in India. Chapter 4 provides an introduction to various developmental theories that a counselor should be conversant with in order to be effective.

Part 2, consisting of three chapters, turns its focus on the actual process of counseling, to enable readers gain a practical overview of the counseling process. Chapter 5 discusses important issues related to the counselor. These include the educational requirements, and ethical and legal issues that a counselor must be aware of. Chapter 6 elucidates the personal qualities and values of the counselor,

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and sets out the characteristics, expectations and goals of the person seeking help. Chapter 7 details a general model of counseling, the role of communication skills, the stages in and the evaluation of the counseling process.

Part 3 provides an overview of the scope of counseling. Chapters 9 through 13 discuss main areas where specialized counselors may be called upon to function—like in the education institutions, rehabilitation centers, group settings, and hospitals. The special areas are by no means exhaustive, but give the readers an idea of where and how their services may prove useful. Present day trends in field are also discussed.

Finally a few case studies are presented from my personal counseling experience to help readers appreciate the application of theory in practice.

I have attempted to cover the field of counseling as broadly as possible, without entering into in-depth explanations and detail. This is done to provide the readers with an introductory knowledge of the field of counseling.

RADHIKA SOUNDARARAJAN

# Acknowledgments

*Sri Rama Jayam! Sri Gurubhyo namah!*

I may have all the six ingredients (effort, initiative, courage, intelligence, resourcefulness and perseverance) for success, but still there may be something that makes the difference between success and failure. By my prayer I invoke *daivam*, the seventh factor, to take care of the unknown element.

*Pranams* to Pujya Swami Dayananda Saraswati who helped me understand the meaning and purpose of this life. I am eternally grateful to Swami Paramarthananda Saraswati for showing me how best to live. It is indeed the grace of *Iswara* to have given me such dedicated and insightful teachers.

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I am deeply thankful to my husband Soundararajan for his support and encouragement. Thanks to my children Vaishnavi and Mathangi, and my pets Ritwic and Meghna for providing me with the courage to persist and stay deeply true to myself; regardless of obstacle, setback or naysayer.

I would not be where I am if my father Ranganathan have had any less faith in me. I am also grateful to my mother Vasantha for her love and encouragement and for having looked after my family whenever required.

RADHIKA SOUNDARARAJAN

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# 1
# *Introduction to Counseling*

**Chapter Overview**

- What is counseling?
- Definitions of counseling
- Common problems for which people seek counseling
- Scope of counseling psychologists
- Origin and history of counseling
- Spotlight on need for indigenous models of counseling

The quest for happiness and avoidance of pain has been on from time immemorial. Mankind, in this quest, has been facing a multitude of obstacles. Seeking help to overcome them thus, is not new. This help used to be sought from the learned, the clerics, or the old and wise. With people's domains widening, work and social milieu expanding, secrecy and privacy issues gaining importance, people started looking towards professionals to help resolve their problems. Commonly, practitioners counseled people about their anxieties, marriages, careers, raising children, as well as advised people how to run their companies, how to boost the morale of their workers, etc. In addition, spiritual *gurus* sought to make people aware of the meaning of life, goals of an actualized person, and showed the path and practice to achieve spiritual goals.

The concept of counseling (spelt 'counselling' in UK English) has actually been around for ages, and it reflects the need for one person of seeking help or advice from another professionally qualified person.

The counseling profession evolved from psychology and psychotherapy to help those with normal developmental issues and everyday stress rather than psychopathology. The counselor, through direct advice or non-directive guidance, helps the counselee or client to overcome emotional distress by making rational

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decisions. Counseling psychology is a sub-discipline of psychology that facilitates personal and interpersonal functioning across a person's lifespan with focus on emotional, social, vocational, educational, health-related, developmental, and organizational concerns.

Psychology as a profession was practiced for a long time before the science of psychology was developed. Even before the term psychologist came into public use there were people seeking as well as providing psychological help.

Today's world is changing so fast that past "truths" often mislead us instead of providing help. No longer is it easy to apply past truths to the problems of the present and the future. Today's world "calls for new approaches to experience, both in acquiring it and in using what we already have" (Stevens, 1963, p. 56). Modern society is characterized by rapid change and technological advancement. Perhaps never in the history of humankind have so many changes occurred simultaneously and with such acceleration over so broad a spectrum of man's affairs. Changes witnessed during the recent past are seen to represent and even took place at accelerated speed compared to those of previous decades (Raina, 1989, p.43).

Mitchell (1993) explains the major global changes that have continued into the 21st century. He describes the "accelerating rate of change on a global scale," pointing to the rate of change of human invention, the speed of generation of new knowledge, human population growth, and the evolution and speed of human transportation. He maintains that information explosion is taking place at an unimaginable speed and that most of the things that the young children are currently learning will be obsolete by the time they grow up. This puts a lot of pressure on them to keep themselves updated continuously and consistently.

While a very strong case is being made in the scientific community about the past being obsolete, an equally strong, perhaps even stronger argument is being placed about the importance of not breaking the string, which links us to our past. This string provides us with the sanity associated with continuity and peace related to history.

## WHAT IS COUNSELING?

Life is fraught with stress, anxiety, and challenges. When one feels uncomfortable or overwhelmed with these challenges, he/she can talk to a professional in a completely confidential setting. This process is called counseling. Counseling results are more favorable when clients understand what to expect from the process. This book will provide some information to assist students of counseling in helping the clients to understand the broad field of counseling and the intricacies of its process.

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Living is a process of continuously adjusting ourselves to the environment as well as making necessary and possible modifications in our lifestyle so as to suit our needs and requirements. These processes consume our physical and mental energies to a significant extent. As the civilization becomes more and more complex, the process of living becomes more knotty. Though scientific and technological advances make our lives more comfortable, they also make it more complicated. Conflicts have multiplied and as a result, decision-making needs have risen exponentially.

Many of our problems stem from what we want and what we think we *should* want—a tug of war between the priorities of the head and the heart. The task then would be to get our priorities right and synchronized—to want what is *right*. Maintaining this consistently throughout our lives is most difficult. Thus, all our problems originate in our mind. Yet, this is the glory of the human mind: its unique capacity to inquire into the nature and meaning of things, to reason out, to analyze, to appreciate subtleties, to imagine, to conceptualize, to come to conclusions, and to make choices.

Ironically, we yearn for the simple living of the yesteryears, while holding on to the comforts of the present world. All around, we see people struggling to make progress. Paradoxically, we tend to glorify the uncomplicated existence of our forefathers. Innumerable debates center on this issue. In such a conflicting situation, the need for counseling is now felt like never before.

Counseling describes how a person functions effectively or ineffectively in one or more of the following dimensions of life: need satisfaction, stress and the coping processes, developmental task attainment, social contact and interpersonal relationship skills, and other personal or characteristic attributes. It then discusses the major problems that can impede the effective functioning of individuals. Counseling also illustrates at length that individuals who are functioning effectively usually (1) satisfy their needs in appropriate ways, (2) deal with pressure efficiently, (3) handle their emotions as well as emotional reactions effectively, (4) learn tasks that are appropriate to their developmental stage, (5) have meaningful social interactions and interpersonal relationships, and (6) display other positive attributes.

Here are some general characteristics of counseling:

- ❖ It is concerned with "normal" problems rather than mental health problems.
- ❖ It is more concerned with present events than with those of the past.
- ❖ It is more concerned with conscious, rational thinking than with unconscious functioning
- ❖ It is concerned with the individual's role function in different settings wherein choices are to be made and actions are to be taken.

Counselors also assist their clients in areas of academic achievement, emotional/psychological and physical health, career involvement, and responsible decision making. The process of counseling empowers the clients to meet these needs. The

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clients need to understand that seeking counseling is not a sign of weakness. On the contrary, an individual needs courage to explore sensitive feelings and painful experiences. Those who take the first step in resolving problems by seeking counseling display their insight and inner strength. Counseling is more productive if the clients are very clear about the process of counseling. It should be understood that counseling is not a quick fix, and the counselor will not tell you what you should do. Rather, he/she will let the client have the opportunity to explore feelings, values, thoughts, concerns, and develop goals and steps leading to those goals. The client then makes choices and decisions. The counselor just helps free the intellectual functioning of the individual, which is hidden behind his/her emotional distress. Counseling is an opportunity for an individual to talk over with a trained and objective person from whom a new perspective on the situation can be gained. It also helps the individual learn new skills to help resolve current concern and become more capable of solving new problems on their own in the future.

In short, counseling promotes growth and helps to

- express feelings in a safe, supportive and non-judgmental atmosphere,
- identify and sort out problems,
- identify longstanding patterns of behavior that keep one from solving problems and developing new ways to look at them,
- improve coping skills,
- identify and achieve goals, and
- help recognize internal worth and examine the way one sees oneself.

## DEFINITIONS OF COUNSELING

The word "counseling" derives from the Middle English *counseil*, Old French *conseil*, Latin *cōnsilium*, akin to *cōnsulere*, meaning to take counsel, consult. Counseling can be defined as a relatively short-term, interpersonal, theory-based process of helping persons who are fundamentally psychologically healthy to help resolve their developmental and situational issues (add.about.com).

There are probably as many definitions of counseling as there are practitioners to describe it. The term was originally used by Frank Parsons in 1908. Later on there was a widespread prejudice in the United States against lay therapists. In response and also because he was not permitted by the psychiatry professionals to call himself a psychotherapist then Carl Rogers adopted the term (babylon.com).

Counseling is an interactive process of bringing together the counselee who needs assistance and the counselor who is trained and educated to provide assistance to the counselee (Perez, 1965). The counselor can initiate, facilitate, and maintain the interactive process if he or she communicates feelings of spontaneity and warmth, tolerance, respect, and sincerity.

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Smith (1955) defines counseling as "a process in which the counselor assists the counselee to make interpretations of facts relating to a choice, plan or adjustments which he needs to make." Blocher (1966) described it as "helping an individual become aware of himself and the ways in which he is reacting to the influence of his environment. It further helps him to establish some personal meaning for his behavior; and to develop and clarify a set of goals and value for future behavior."

Rogers (1952) describes counseling as the process by which "the structure of the self is relaxed in the safety of the client's relationship with the therapist, and previously denied experiences are perceived and then integrated into an altered self."

There are many more definitions and their explanations are almost the same. Counseling helps people to examine and deal effectively with life issues. Some situations faced by people require the need to seek assistance from a mental health professional. It is an excellent way to examine and solve problems and a healthy way to deal with the often stressful and discouraging issues that accompany a chronic illness. Seeking counseling is also a responsible way to take care of oneself, especially if the issues are beyond the normal problems encountered in daily life.

A self-conscious and self-aware person is appreciative of something that is lacking in himself/herself. His mind, being an instrument of reason, searches for means to overcome this deficiency and the person has a constant tendency to desire and, according to his knowledge and values, tries to achieve it. Being acutely aware of his/her anxieties and lack of peace within, she/he tries to overcome it through the resources available to him/her. This awareness has three dimensions:

- Awareness of the intensity of the problem depending on how unpleasant it makes one feel.
- Awareness of the consequences of the problem: how bad they are.
- Awareness of the depth of the urge to come out of the problem.

When one recognizes his helplessness, uncertainty, and incapacity to accomplish what she/he wants; that there is uncertainty with reference to the fulfillment of wishes and desires; that there are limitations of strength in terms of will and the capacity to make the necessary effort; that there are also limitations in terms of knowledge and resources; that there is an absence of freedom mentally, that there is the acknowledgment of one's helplessness.

This helplessness takes on the following thought patterns:

- "I can't do it alone!"
- "I feel trapped and there's nowhere to turn!"
- "There is no solution in sight!"
- "I've tried to change, but things aren't getting better!"
- "My feelings are affecting my sleep, food habits, job and relationships!"
- "I am always worried and I don't like myself!"
- "Even small issues daunt me!"

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In these circumstances when one is overwhelmed by helplessness, she/he seeks the help of a counselor.

A counselor or a therapist is someone who can remain objective about the client's situation. This means that outside of counseling, she/he is not a part of their daily life and can therefore, view things from a different, often clearer, perspective than a family member or close friend who is very emotionally involved with them. Additionally, one can talk to the counselor openly without feeling judged.

Counseling psychology through the integration of theory, research and practice, and with sensitivity to multicultural issue, facilitates personal and interpersonal functioning across the lifespan focusing on emotional, social, vocational, educational, health-related, developmental, and organizational concerns. Through this specialty it encompasses a broad range of practices that help people improve their well-being, alleviate distress and maladjustment, resolve crises, and increase their ability to live more highly functioning lives.

Although counseling psychology and clinical psychology are closely related, they differ in several very subtle ways. First, while counseling psychologists typically focus on less severe psychopathology (e.g., depression and anxiety), and everyday trials and tribulations, clinical psychologists take care of individuals with serious emotional and cognitive disturbances (e.g., schizophrenia or personality disorders). Second, counseling psychologists are more likely than clinical psychologists to assume a client-centered or humanistic theoretical approach. Finally, counseling psychology is unique in its attention both to normal developmental issues as well as the problems associated with physical, emotional, and mental disorders. Despite these differences, counseling and clinical psychology are becoming increasingly indistinguishable, leading some to suggest that these fields should be combined.

It is helpful to understand the titles and functions of different professionals. A *psychiatrist* is a medical doctor who specializes in treating persons with mental disorders or those experiencing difficulties in their lives. Psychiatrists can prescribe medications; however, it is important to remember that one can seek help from a psychiatrist without having a mental disorder or needing medication. There are many psychiatrists who are excellent therapists in addition to their knowledge of medication. A *psychologist* is a professional trained to provide counseling and therapy. Many psychologists are qualified to administer psychological testing. There is often confusion about psychiatrists and psychologists. Unlike a psychiatrist, a psychologist is not a medical doctor and cannot write prescriptions for medication. A social worker is a professional who is trained to provide counseling and therapy. Additionally, social workers often provide community resource and advocacy services.

Counseling distinguishes itself from other mental health disciplines, such as psychiatry, social work and clinical psychology by both history and emphasis. While psychiatry and clinical psychology concentrate primarily on the treatment of severe

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emotional disorders, social work deals basically with the social and legal aspects of assisting others in need, whereas counseling mainly focuses on development and the prevention of serious mental health problems through education and short-term treatment. It emphasizes growth as well as remediation. Counselors work with persons, groups, families, and systems that are experiencing situational and long-term problems. This stress of counseling on development, prevention, and treatment make it attractive to those seeking healthy life-stage transitions and productive lives (Cole & Sarnoff, 1980; Romano, 1992).

## COMMON PROBLEMS FOR WHICH PEOPLE SEEK COUNSELING

- Anxiety and depression
- Family and relationship issues
- Substance abuse and other addictions
- Sexual abuse, rape, and domestic violence
- Eating disorders
- Career changes and job stress
- Social and emotional issues related to illness and disability
- Adaptation to life changes
- Grief and bereavement
- Problems with shame
- Problems dealing with anger
- Self-injurious behavior

## SCOPE OF COUNSELING PSYCHOLOGISTS

Counseling psychologists perform so many different functions that it is hard to give a synopsis of their role. Generally speaking, a counseling psychologist can consult with a variety of agencies (e.g., schools, government, private organizations), teach at the college level (undergraduate and graduate levels), do research, administer therapy (e.g., group, individual, family), hold academic administrative positions (e.g., dean of a college), among others.

Counseling psychologists study and work in a variety of settings. Some areas that counseling psychologists work in and study are as follows:

- Vocational psychology
- Child development
- Adolescent development
- Adult development/aging

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- Health psychology (e.g., including long-term care, AIDS, cancer, etc.)
- Mental illness (e.g., anxiety disorders)
- Forensic psychology
- Sport psychology
- Neuropsychology
- Aggression/anger control
- Anxiety disorders
- Interpersonal relationships
- Assessment
- Rehabilitation
- Community psychology
- Counseling process/outcome
- Group processes
- Crisis intervention
- Developmental disabilities
- Eating disorders
- Substance abuse
- Suicidal and homicidal tendencies
- Supervision
- Multiculturalism

## ORIGIN AND HISTORY OF COUNSELING

### Emergence of Counseling as a Profession

The quest for the objective truth has always weighed the intelligent man down. The many religions and philosophical orientations hold testimony for this quest. Psychology, which emerged from both religion and philosophy, has been evolving along a similar path. It is only recently that psychologists have shelved the idea of "new theory" and concentrated on "new techniques" using the knowledge uncovered by others before them. This practice has led techniques to become gimmicks! Psychologists claim to have developed techniques through experience, observation and reasoning. Though it is commendable that many "objective truths" have been uncovered, the credibility of the field suffers from various differences of opinions, foolhardy steadfastness, and unhealthy critiques.

Professional psychotherapy had its beginning with the work of Dr Sigmund Freud at the turn of the twentieth century. Psychoanalysis made fascinating inroads into the science of human behavior. A number of eager disciples were attracted to it, but Freud was unable to hold them. Noting discrepancies and exaggerations in the system, they branched off and proceeded to launch their own schools of psychotherapy. After the founding of Freudian psychoanalysis, and the various

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subsequent neo-Freudian spin-offs, the field witnessed a proliferation of theoretical approaches to psychotherapy.

The branching off of various ideological adherents in so dogmatic a manner exhibited a total failure to acknowledge that human being is a total entity. Each new system of therapy faulted, to some degree, all of its predecessors and claimed a status superior to them on one ground or another. Like the story of the nine blind men sizing up the elephant, each segment claimed superiority over the others to the extent that some of them even refused to acknowledge the contribution of others. Thus, after chancing upon one "truth," they disqualified themselves from the arena of integrity in their profession, objectivity in their mission, and humility in their attitude, which determine success in their quest.

In this rat race for attention and superiority, psychologists have denied the "whole" character of man, and focused instead on what they considered to be predominant features in his making and breaking. They made pieces out of his personality, spread them out, and concentrated deeply on each of the personality traits so much that they have lost the total picture altogether. They claimed that "the theory was bigger than any one individual, and exceptions proved the rule!". Empathy lost out to statistics; respect lost out to labels; compassion lost out to arrogance; and integrity lost out to zeal.

Thus, by and large, the divisions in psychology have failed humankind. It is very healthy to have a different point of view, to do an in-depth analysis on it, and to bring out its merits. But holding on steadfastly to them, without also pointing out to where that point is less than complete, without recognizing the pluses of the efforts of others, is sad and, more importantly, not objective. Objectivity only lends any stream of study its credibility. Only then it can boast of a wholesome view as well as giving credit to other possibilities. Recognizing the strength of the self is alright, but this should not distance one from recognizing the contribution of others.

Every theoretical orientation has merits and demerits; adhering steadfastly to one particular theory is not the preserve of an intelligent and wise psychologist. It is unprofitable to say the least, and at the most, that it is dangerous. No theory has proven to be the best in terms of its application in therapy. The various schools of psychotherapy have basic commonalities, which transcend the disparate teaching and treatment approaches. The only way to rise above professional dogmatism and bigotry is to realize this fact and steadfastly apply the principles of humanity in the helping profession.

Counseling as a profession has evolved over the years. Nevertheless, many people, even now, associate all counseling with schools or equate the word guidance with counseling. C.H. Patterson, a pioneer in counseling, once observed that some writers in counseling journals seem "ignorant of the history of the counseling profession… (and thus) go over the same ground covered in the publications of the 1950s and 1960s" (Goodyear & Watkins, 1983, p. 594 from counseling.org ). Therefore, it is

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important to examine the history of counseling because a counselor who is informed about the evolution of the profession is more likely to make real contributions to the field.

The emergence of counseling as a profession occurred in two stages over the course of the 20$^{th}$ century, with roughly the first 50 years being a role development stage and the last 50 years a profession development stage. History traces the roots of the profession to educational and vocational guidance, mental health movement, and the emergence of psychotherapy. Counseling has originated from many sources.

## Evolution from the Guidance Movement (Adapted from en.wikipedia.org).

At the beginning of the 20$^{th}$ century in the United States, Jesse B. Davis, a principal in the Grand Rapids, Michigan, and known as the Father of School Counseling, instituted weekly guidance lessons in English classes in the school system with the goal of building characters and preventing problems. This marked the beginning of the vocational guidance movement. Counseling then emerged from this educational guidance movement.

In 1907, he encouraged the school English teachers to use compositions and lessons to relate career interests, develop character, and avoid behavioral problems. In 1908, Frank Parsons (Father of Guidance) established the Bureau of Vocational Guidance in Boston to assist young people in making the transition from school to work. Parson's framework for vocational guidance was as follows:

- ❖ Clear understanding of self, aptitudes, abilities, interests, resources, limitations, etc.
- ❖ Knowledge of requirements and conditions for success: pros and cons; compensations, opportunities, prospects in a given line of work.
- ❖ Apply "true reasoning" to realistically assess likelihood of successful match.

Progressive education which emphasized personal, social, moral development in schools saw the growth of school guidance and counseling from the 1920s to the 1930s. Many schools reacted to this movement saying that it was anti educational and demanded that schools only teach the fundamentals of education. This was also the time which saw the economic hardship of the Great Depression. A combination of all this led to a decline in school counseling and guidance.

In the 1940s, psychologists and counselors in the United States were called upon to select, recruit, and train military personnel. The move resulted in development of psychometric tests which helped understand the students, their needs, capabilities and personalities better, which could be used to provide better education and personalized service. Schools too accepted these military tests openly. Also, Carl Rogers' emphasis on the helping relationships during this time influenced the profession of school counseling.

In the 1950s, the US government established the Guidance and Personnel Services Section in the Division of State and Local School Systems. In 1957, the space race between the United States and the Russians commenced with the Soviet Union launching Sputnik I. The American government reacted with nervousness and anxiety, which had military implications. The American government, which became concerned that there were not enough scientists and mathematicians, established the National Education Act, which spurred a huge growth in vocational guidance through large amounts of funding.

Since the 1960s, the profession of school counseling has continued to grow as new legislation and new professional developments were established to refine and further the profession and improve education (Schmidt, 2003). The growth of what is now known Counselor Education Programs was initiated then, with school counseling beginning to depart from focusing exclusively on career development to student personal and social issues. Thanks to Norm Gysbers, school counselors developed into more strategic and dynamic partners in the school system, responsible for the systemic goal of having a comprehensive developmental school counseling program for all students K-12 (ASCA, 2005)

However, this enthusiasm in school counseling saw a decline in the 1980s and early 1990s, as the standards-based educational movement gained strength. The systemic role of the school counselor reduced in value. This saw the birth of the ASCA National Standards for School Counseling with three core domains (Academic, Career, Personal/Social), nine standards, and specific competencies and indicators for K-12 students (ASCA, 2005). In 1997 the ASCA standards were published, which ushered in a unique period of professionalization and strengthening of school counseling identity, roles, and programs.

## Evolution from the Mental Health Movement (Adapted from extramile.us)

In 1909, Clifford W. Beers founded the National Mental Health Association. This association strove to improve mental health care and fight discrimination against people with mental illness. This marked the beginning of the mental health movement which had a favorable effect on guidance and counseling. Thus Beers has often been called the founder of the modern mental health movement.

He recorded his memoirs in his autobiography *A Mind that found itself* for which the Foreword was written by famed philosopher Dr William James who had been so moved by early drafts of the book that he wrote the Preface. Through this he shared his own experience with mental illness and the deplorable treatment he received from the care givers. This book had an immediate impact which helped spread Beers' vision of a massive mental health reform movement. It was later translated into several foreign languages and was well received across the globe. Beers then duly

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devoted his life to create awareness about mental illness and its care in the United States and throughout the world. His goal was to improve mental health care and fight discrimination against people with mental illness. To this end he founded the National Mental Health Association in 1909. This led to the creation of the modern mental health movement.

*A pen rather than a lance has been my weapon of offence and defence; with its point I should prick the civic conscience and bring into a neglected field men and women who should act as champions for those afflicted thousands least able to fight for themselves.*

—Clifford W. Beers

In 1908, Beers helped launch the Connecticut Society for Mental Hygiene which became the first of several state societies that would work to improve mental health care and reduce stigma, and in 1909, in order to have nationwide reach they created the National Committee for Mental Hygiene, the precursor to today's National Mental Health Association. Their vision was an ambitious plan…preservation of mental health, prevention of psychiatric disorders, and improvement of care, among others, to achieve which they set forth the following goals:

- To improve attitudes toward mental illness and the mentally ill
- To improve services for the mentally ill
- To work for the prevention of mental illness and promote mental health.

In an attempt to fulfill its mission of change immediately, the National Committee began to initiate successful reforms in several states producing a set of model commitment laws. These were subsequently incorporated into the statutes of several states. However, real changes in the mental health care system were prompted by the conducting of many influential studies on mental health, mental illness, and treatment by the Committee.

The "child guidance" movement started in 1921 which involved the Child Guidance Clinics in the lives of the youth to prevent juvenile delinquency. These clinics cooperated with juvenile judges, schools, and the like. The juveniles who were engaging in asocial or antisocial activities were not seen as evil to be punished; rather they were considered as psychiatric patients to be cared for. The movement took a humane turn with this medicalization or a "medical view of crime," wherein asocial or antisocial behavior were considered as psychiatric disorders implying that individuals exhibiting these behaviors are not evil, but ill, and should be treated accordingly without punishment. This went a long way to help the parents and major caregivers of children and adolescents, who saw hope in correcting their wards.

From the state to national level, the success of the movement prompted Beers to go global and attempt to make it a worldwide movement by organizing the First International Congress for Mental Hygiene in 1930. More than 3,000 individuals

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from 41 countries were convened by the Congress for constructive dialogue about fulfilling the mission of the mental health movement. The following year Beers established the International Committee for Mental Hygiene, which is now known as the World Federation for Mental Health. Thus under his stewardship, the mental health care movement came to benefit the emotionally disturbed people all over the world. They started to receive the humane care they needed.

In 1947, the WHO defined health as follows: "A state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity."

The mental health movement grew directly out of community psychiatry intended for psychiatric assistance, consultation, and prevention. The Community Mental Health Centers (CMHCs) which emerged created a platform for not only treating patients but carrying on the larger objective of initiating constructive social change

The movement resulted in the growth and empowerment of the mental health consumer movement with more people becoming aware of their right to treatment and humane care. Thus mental health care for the benefit of past, current and future generations of people in the United States and throughout the world was changed forever by Clifford Beers. He did all this while suffering from periods of depression and elation, unswervingly pushing the movement forward.

The work of a number of clinics led to the recognition of the importance of emotional needs in the process of growth as well as of learning and adjustment. The advent of psychoanalysis had a tremendous impact on psychotherapy. About this time, sociologists were studying different societies and cultures, and had begun to realize the need for understanding the social milieu in explaining human behavior. Thus from the middle of the 19$^{th}$ century to the present, counseling has evolved through various viewpoints and theories and their respective therapies. At present, we are at a point where the ancient and the recent methodologies are being combined to give a holistic approach to counseling.

## Evolution from Psychotherapy (Adapted from counsellingresource.com)

Counseling owes its existence to the work of Sigmund Freud in Vienna (hailed as the Father of Modern Psychotherapy) in the 1880s. Initially trained as a neurologist, Freud entered private practice in 1886 and by 1896 had developed a method of working with hysterical patients, which he called "psychoanalysis. He also trained others such as Adler, Snador Ferenczi, Karl Abraham, and Otto Rank in the 'treatment-cum-training method, to becoming psychoanalysts in their own right. Not to be left behind in this significant happenings, in the early 1900s, Ernest Jones and A. A. Bril, from the United Kingdom and United States, respectively, visited Freud in Vienna and returned to their own countries to promote his method.

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Freud himself began his own lecture tour of North America in 1909. This began a movement which had its followers as well as dissentors. Many developed their own theories and practices which were offshoots of Psychoanalysis, There were also those who were very critical of it, picked on its limitations, and went on to make a name for themselves. Carl Jung, who was actually groomed as Freud's intellectual successor, eventually split from him and pursued his own school of analytical psychology drawing heavily on both Freud and Adler's ideas.

The 1940s saw the rise of another eminent psychologist, B.F. Skinner. Opposing Freud and his concentration on internal processes which cannot be empirically verified (such as the unconscious) vehemently, he developed a separate strand of psychological therapy based upon the idea that learning is a function of change in overt behavior. He contended that changes in behavior are the result of an individual's response to events (stimuli) that occur in the environment. Therapy, he maintained, should concentrate on dealing with the observed behavioral anomalies through the process of operant conditioning and reinforcement schedules. Focusing on providing behavioral explanations for a broad range of cognitive phenomena, and dealing with the issue of free-will and social control, he authored and co-authored many books, the most well known being *Beyond Freedom and Dignity* and *Walden Two.*

While the two traditions were sparring with each other, Carl Rogers pioneered the 'third way', the way which focused on the client—the person seeking help. Until now the focus was on the process of therapy and the therapist. The Humanistic approach to psychology saw the clients as whole human beings, who could not be broken down into the pieces of stimulus and response (behaviorist position). Nor could they be seen as a bunch of emotions and motives (the psychoanalyst position). They had to be seen as active partners in the process of their own change. They had to be attributed the respect and dignity of a fully functioning person who needed just a little help to cope with their maladjustments. This marked the beginning of modern counseling.

This was the first time psychotherapy concentrated on not only interventive but also preventive processes by facilitating personal development. This brought about the extension of counseling beyond the arenas of vocation and psychotherapy into other aspects of human development was given a major boost with the publication of *Counseling and Psychotherapy* by Rogers in 1942. His theory was based directly on the "phenomenal field" personality theory of Combs and Snygg. He maintained that problems of adjustment in one aspect of living had a profound effect on other aspects as well. He also challenged the long years and rigid standards of training required by psychoanalytic theory to become an agent for therapeutic change. Originally called client-centered, and later person centered, his approach focused on the experience of the person, neither adopting elaborate and empirically untestable theoretical constructs, nor neglecting the internal world of the client in the way of early behaviorists. His theory of Self, the role of Self Concept in the development of

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personality and the idea of a Fully Functioning Person found many takers and led to a major shift from guidance to counseling as the primary function of counselors.

Later on approaches included Gestalt therapy (Fredrick Perls), transaction analysis (Eric Berne) and the psychodrama of J. L. Moreno. Transpersonal Psychology and Psychosynthesis (influenced by Abraham Maslow's Self Actualized Person), and Existential Therapy (based on the theories of 19$^{th}$ and 20$^{th}$ century influential philosophers, such as Soren Kierkegaard and Friedrich Nietzsche) came under the umbrella of the Humanistc therapies.

## SPOTLIGHT ON NEED FOR INDIGENOUS MODELS OF COUNSELING

### Multicultural Counseling

Multicultural counseling started gaining increasing importance in the past few decades in the United States. Psychologists started realizing that the population of the United States was becoming more and more diverse and all of the major theoretical approaches to counseling were developed by Europeans (Freud, Jung, Adler, and Pearls) or Americans of European descent (Rogers, Skinner, Ellis, etc.). This diversity created three major difficulties for multicultural counseling: the counselor's own culture, attitudes, and theoretical perspective; the client's culture; and the multiplicity of variables comprising an individual's identity (Pedersen, 1986). Also, there was the growing acknowledgement that individual clients are influenced by race, ethnicity, national origin, life stage, educational level, social class, and sex roles (Ibrahim, 1985). Thus, the counselors' acknowledgement of their own basic tendencies, the way they comprehended other cultures, their understanding of their own cultural heritage and world view, awareness of their own philosophies of life and capabilities, recognition of different structures of reasoning, and the understanding of their effects on one's communication and helping style began to be regarded as vital to successful counseling. Lack of such understanding was seen to hinder effective intervention (Ibrahim, 1985; Lauver, 1986; McKenzie, 1986).

With the world shrinking in terms of convenient transportation and communication, migrations becoming more common, and traveling back and forth becoming the order of the day, it has led to dramatic increases of culturally diverse individuals in various parts of the world, indigenous perspectives of healing must be understood in the context of interdependent cultural practices.

Competence in multicultural counseling is understanding the different cultures—the structure its expression, the effect of that on its people's thinking and functioning, and an insight into the stereotypes and idiosyncracies. The client's behavior needs to be compared to the typical behaviors of others in his or her group,

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as in society or culture. The counselor needs to understand that the same behavior that is considered abnormal in certain cultures can very well be adaptive in another. There is no 'one size fits all' solution in counseling and psychotherapy. If therapy has to be individualized, the counselor must understand acutely the language, customs, values, beliefs, spirituality, religion, roles of men and women in society, and sociopolitical history of the cultures whose people she/he is working with.

In the mental health professions, a growing awareness that all counseling is, to some extent, multicultural contributed to the emergence and refinement of numerous models of cultural identity development, frameworks for multicultural counseling and training, and instruments to assess multicultural constructs (Kiselica & Ramsey, 2001). Consequently since 1995, pluralistic counselors gained intensive multicultural and diversity training which then spread widely throughout industry and every level of the education system in the United States (Kiselica & Ramsey, 2001). The counseling literature which provides clinicians with a strong scholarly foundation has failed historically to capture the profound human experiences that occur in counseling, particularly those associated with crossing cultural boundaries (Kiselica, 1999c). Derald Wing Sue (1992) noted that fully comprehending complex concepts, such as racism requires an affective, as well as an intellectual, understanding on the part of counselors.

Competency in multicultural counseling refers to counselors' attitudes/beliefs, knowledge, and skills in working with individuals from various cultural groups (Sue, Arredondo, & McDavis, 1992). The multicultural counselor needs to conceptualize clients from a multicultural perspective. The counselor trainees then should be aware of, identify, and be able to integrate cultural factors into etiology and treatment of the presenting concerns. These processes may become increasingly complex as counselor trainees make associations between and among hypothesized etiologies of presenting concerns and, accordingly, integrate these data into treatment plans (Constantine & Gushue, in press). There are important implications for Counselor trainees' ability to perceive and conceptualize cultural information in a complex and sophisticated manner and reflects on their ability to work effectively with culturally diverse students. Hence, receiving multicultural supervision needs to become part of the counselor training programs.

Three major dimensions in multicultural counseling are the counselor's own culture, attitudes, and theoretical perspective; the client's culture; and the multiplicity of variables comprising an individual's identity (Pedersen, 1986). Counselors of today are becoming more and more eclectic realizing that adherence to a specific counseling theory or method may also limit the success of counseling. Also many cultural groups do not share the values implied by the methods nor share the counselor's expectations for the conduct or outcome of the counseling session. Consequently, effective counseling must investigate the clients' cultural background

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and counselors need to be open to flexible definitions of "appropriate" or "correct" behavior (LaFromboise, 1985).

Perhaps the most important stumbling block to effective multicultural counseling and assessment would be language (Romero, 1985). Counseling process is grossly impeded when clients cannot express the complexity of their thoughts and feelings or resist discussing affectively charged issues. Counselors too may become frustrated by their lack of bilingual ability. At the worst, language barriers may lead to misdiagnosis and inappropriate placement (Romero, 1985).

Counselors must be aware of the dangers of stereotyping clients and of confusing other influences, especially race and socioeconomic status, with cultural influences. In addition to incorporating a greater awareness of their clients' culture into their theory and practice, they must acknowledge cultural diversity and appreciate the value of different cultures. Finally they must use all of it to aid the client. While universal categories are necessary to understand human experience, losing sight of specific individual factors would lead to ethical violations (Ibrahim, 1985). Multicultural counselors must learn to distinguish between race and culture. They must view the identity and development of culturally diverse people in terms of multiple, interactive factors, rather than a strictly cultural framework (Romero, 1985). A pluralistic counselor considers all facets of the client's personal history, family history, and social and cultural orientation (Arcinega & Newlou, 1981).

Pluralistic counselors need to become more sensitive to their own and their clients' biases. This way they can avoid the problems of stereotyping and false expectations. It is very important to examine their own values and norms, researching their clients' backgrounds, and finding intervention methods to suit the clients' needs. Clinical sensitivity toward client expectation, attributions, values, roles, beliefs, and themes of coping and vulnerability is always necessary for effective outcomes (LaFromboise, 1985). Three questions that counselors might use in assessing their approach are as follows (Jereb, 1982): (1) Within what framework or context can I understand this client (assessment)? (2) Within what context do client and counselor determine what change in functioning is desirable (goal)? (3) What techniques can be used to effect the desired change (intervention)?

Thus, the development of a client-centered, balanced counseling method can be achieved through examination of the counselor's own assumptions, acceptance of the multiplicity of variables that constitute an individual's identity. This in turn will aid the multicultural counselor in providing effective help.

## ❖ Summary ❖

Counseling has become more relevant in today's context than it was a few years ago. People are experiencing more discomfort and anxiety. The ways

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and ethics of family, society, community, and work are changing drastically. Today's adjustment needs to be redefined tomorrow. Such a situation has, to say the least, spread panic among people. People are scrambling to seek all sorts of help, from the age-old wisdom of the scriptures to modern-day counseling.

Counseling catalyzes personal and interpersonal functioning across the lifespan. It deals with the whole gamut of emotional, social, vocational, educational, health-related, developmental, and organizational concerns, encompassing a broad range of practices that help people improve their wellness, assuage distress and alleviate maladjustment, resolve crises, and augment one's ability to live effectively functioning lives. Through the integration of theory, research and practice, and with sensitivity to multicultural issues, counseling successfully helps one to understand and solve a life problem.

The evolution of counseling can be seen from three perspectives:

1. As descended from psychotherapy.
2. As descended from the guidance movement.
3. As descended from the mental health movement.

The discussion of counseling cannot be complete without alerting the students to the fact that cultural and social backgrounds of both the counselor and the counselee have a profound effect on the counseling process. The counselor must be sensitive to the individual differences as well as be aware of his or her own affiliations and attitudes. Thus, in the multicultural, multiracial, multiethnic world, multicultural competency is a must for any counselor.

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# 2
# Approaches to Therapy

**Chapter Overview**

- What is psychotherapy?
- The counseling and psychotherapy divide
- The birth of psychotherapy
- Different facets of counseling and psychotherapy
- The different theoretical orientations

Two of the largest and most popular fields in psychology are *clinical psychology* and *counseling psychology*. Both the fields are involved in psychological testing, therapy, teaching and research. Both are also trained to understand and work with psychopathology. Both the fields deal with the causes, prevention, diagnosis, and treatment of individuals with psychological problems. Although the role of clinical and counseling psychologists is very similar, their approach differs with respect to the disorders of the patients they treat. Typically, clinical psychologists treat more severe mental disorders, such as phobias, bipolar disorder, and schizophrenia. On the other hand, counseling psychologists work with normal or moderately maladjusted individuals suffering from everyday stresses, including career planning, academic performance, and marriage and family difficulties.

Clinical and counseling psychologists are employed in a variety of settings, including universities, hospitals, schools, governmental organizations, businesses, private practice, and community mental health centers. Every practitioner adopts a method of therapy according to the theoretical orientation she/he was provided with and each of them gives a different explanation for the etiology of the psychological disorders and their appropriate treatments. Although some orientations are more popular than others because of their ease, time, and cost effectiveness, most psychologists integrate two or more orientations into their therapy. Furthermore, some theoretical orientations are better at explaining and treating certain disorders than others. Regardless of their orientation preference,

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clinical and counseling psychologists are trained to assist a variety of individuals with emotional difficulties.

Counseling programs, similar to clinical psychology programs, usually teach the various theories of psychotherapy; however, training and supervision in the practice of psychotherapy usually are not part of the education for counseling, i.e., they are not an academic requirement. It is some practioners' opinion that while psychotherapy tends to involve a complex change in the basic character and often works with unconscious conflicts, counseling tends to be more limited and concerned with the immediate situation. Still, many counselors disagree among themselves about the distinction between counseling and psychotherapy.

## WHAT IS PSYCHOTHERAPY?

Psychotherapy is a process of change and self-discovery whose goal is modifying, transforming, or getting rid of painful or troubled behavior. It also includes learning and adding adaptive behavior patterns into the behavioral repertoire. The client and the therapist work together to examine the existing patterns, and set goals for changes in accordance with the client's desire. The goals can be changing one or two specific behaviors that the client would like to change or modify, or the client may wish to work on deeper, long-standing issues from the past that are causing current problems. In either situation, the therapist acts as a facilitator of the client's goals. Ideally, therapy proceeds at a comfortable pace, with the client setting that pace and the therapist offering feedback on the areas that might otherwise be unnoticed. The client should not feel overly pushed, or as though the therapist has his or her own agenda.

Thankfully, our society is now more open to talking about subjects that were kept secretive. We are progressing beyond secretiveness and shamefulness. This is true with many medical conditions as well as mental health issues. Now counseling and psychotherapy are often discussed in the media as well as in the lunchroom.

## THE COUNSELING AND PSYCHOTHERAPY DIVIDE

Reactions and emotions become apparent as we recognize the many feelings of internal and sometimes painful conflicts. At this point, help may be needed to solve the emotional conflicts by recognizing and acknowledging the emotions and feelings that are not understood, thereby increasing our awareness internally and externally. The aim of counseling and psychotherapy is to assist the individual in increasing awareness by mastering conflicts and patterns that have previously determined his or her thoughts, feelings, actions, and decision-making skills.

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There is a growing need in our society to bring out the differences between counseling and psychotherapy. Most of the times, these terms are used interchangeably. Counselors as well as clinical psychologists are trained in talking therapy. While clinical psychologists cater to individuals with severe emotional difficulties, counselors handle less intense problems. Thus, it can be said that clinical psychologists deal with disease while counselors deal with distress.

While counseling and psychotherapy have several different elements, the following information will also attempt to show the reader that there are some areas where the two disciplines overlap. A fine line divides the two topics and one must look carefully to see this division.

## Definition of Counseling

A survey by Gustad (1953) suggests a definition of counseling in which he includes three key elements. He describes it as a learning-oriented process, which is carried on in a simple, one-to-one social environment, in which a counselor, professionally competent in relevant psychological skills and knowledge, seeks to assist the client by methods appropriate to the latter's needs and within the context of the total personal program to learn more about himself; to learn how to put such understanding into effect in relation to more clearly perceived, realistically defined goals; and to the end that the client may become a happier and more productive member of his society. In lay terms, counseling can be described as a face-to-face relationship, having goals that help a client to learn or acquire new skills, which will enable him/her to cope and adjust to life situations. The focus is to help a person reach maximum fulfillment or potential and to become fully functional as a person.

## Definition of Psychotherapy

As mentioned before, psychotherapy is well suited to those with psychiatric disorders and can also be very useful for people who lose meaning in their lives and who search for a greater sense of fulfillment. It is typically used when dealing with severe psychological disorders. The clinical psychologist first diagnoses the symptoms with the help of the Diagnostic Statistical Manual, Fourth Edition (DSM-IV). The DSM-IV is the classification system of psychological disorders. The client must meet the specified criteria for that disorder in order to classify him or her as having a particular disorder. The criteria are often a collection of symptoms exhibited by someone with that particular disorder. The psychologist also notes the duration of time for which the symptoms have been present.

Next, the psychologist, with the help of therapy models which are derived from the theories developed, decides on the type of therapy, which is most appropriate in treating the disorder. Each theory explains disorders differently; therefore,

recommending different treatments. Often, psychologists combine two or more models into their therapy.

In addition to psychotherapy, psychologists may have to recommend medication to calm psychotic clients or stabilize moods so that they become emotionally and cognitively available for talking therapy. As psychologists are by law not allowed to administer medications, clients are sent to a psychiatrist for administering pharmaco treatment or any other drug. Another possible treatment for clients is hospitalization for suicidal and extremely psychotic clients who may be in danger of harming themselves or others. This method of treatment is only meant to stabilize the client and will usually last a couple of days.

Psychotherapy is the process by which a therapist assists the client in reorganizing his or her personality. The therapist also helps the client integrate insights into everyday behavior.

## The Practitioners: The Medical and the Non-medical Split

Freud strongly supported the idea of lay psychoanalysts without medical training, and he analyzed several lay people who later went on to become leading psychoanalysts like his daughter Anna Freud and Otto Rank. And when Ernest Jones brought psychoanalysis to the UK, he followed Freud's preference in this area and the tradition of lay involvement continues to this day, where most psychotherapists and counselors do not have a formal education in psychology.

In the United States of America Abraham Adrian Brill insisted that analysts should be medically qualified. In 1926 New York State made lay analysis illegal; and to this day almost all US psychoanalysts are medically qualified and counselors typically study psychology as undergraduates before becoming counselors. As a psychologist, Rogers was not originally permitted by the psychiatry profession to call himself a psychotherapist. It was largely in response to the US prejudice against lay therapists that Rogers adopted the word *counseling* originally used by the social activist Frank Parsons in 1908.

## Objectives of Counseling

The objectives of counseling, according to the Committee on Definition, Division of Counseling Psychology, American Psychological Association are to "help individuals toward overcoming obstacles to their personal growth, wherever these may be encountered, and toward achieving optimum development of their personal resources" (Arbuckle, 1967). Dr T. Millard, stated that "counseling provides clarity and a positive and constructive venue for the individual to sensibly examine the instinctive-emotional and rational (or irrational) motives which determine the drive, content, and even the form of human conduct."

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## Objectives of Psychotherapy

According to Everett Shostrom (1967), the goal of psychotherapy is to help the client become an actualizer, a person who appreciates himself and others as persons rather than things, and who has turned his self-defeating manipulations into self-fulfilling potentials (p. 9). Shostrom also felt that awareness is the goal of psychotherapy. "The reason is that change occurs with awareness!" (1967, p. 103); that awareness is a form of non-striving achieved by being what you are at the moment, even if what you are means the phony manipulative role that we all play sometimes for external support (1967, p. 103).

## Focus

The main difference between counseling and psychotherapy lies in their focus. Counseling focuses on the "here and now" reality situations, whereas psychotherapy focuses on the unconscious or past issues, which could have had an impact on, and led to, the present problem. Counseling and psychotherapy also differentiate with regard to the level of adjustment or maladjustment of the client. Counseling holds an emphasis on "normals." One could classify "normals" as those without neurotic problems but those who have become victims of pressures from the outside environment. The emphasis in psychotherapy however is on "neurotics" or those with other severe emotional problems. Counseling can also be described as problem-solving whereas psychotherapy is more analytical.

## Duration of Therapy

Psychotherapy tends to last longer, with sessions ranging from two to five years. Psychotherapy aims at a comprehensive re-education of the client. The intensity and length of therapy depends on how well the client can deal with all of the new found information. It could take quite sometime for the client to be able to live with these feelings, which originated in past experiences that are usually hurtful. A psychotherapist also needs time to modify all existing defenses.

## Duration of Counseling

Counseling, as opposed to psychotherapy, is generally short term—8 to 20 sessions, sometimes even less. As people seeking counseling are fairly healthy and function cognitively well, the duration of problem identification to problem solving is relatively shorter. Counselors should refrain from long term counseling as it can tax a person's finances and schedule. It can also lead to undesirable dependency on the counselor. Also, long term commitment to problem solving is impractical and demotivating.

## Setting

The setting of treatment between counseling and psychotherapy is also different. A counseling session usually takes place in a nonmedical setting, such as an office. Psychotherapy is conducted in a medical setting such as a clinic or a hospital.

## Transference Issues

Another difference between counseling and psychotherapy is with regard to transference. Though the counselor develops a close personal relationship with the client, she/he does not encourage or allow strong feelings to develop as she/he feels that they interfere with the counseling process or render the counseling ineffective. Some counselors are also uncomfortable with the client's transferences. But the psychotherapist uses the transference to get an insight into the client's unconscious.

## Resistance

Resistance is another area of counseling that tends to differ with psychotherapy. Counselors see resistance as opposing or going against problem-solving and therefore try to reduce resistance as much as possible. On the other hand, a psychotherapist finds resistance to be very important. Much insight is got from understanding the clients' resistance. The therapist can then understand how to help the client change his or her personality.

## Similarities between Counseling and Psychotherapy

Clearly there are many differences between counseling psychotherapy. However, there are some similarities too. Counseling and psychotherapy both concern themselves with elements that build a person's personality. Each of these processes deal with attitudes, feelings, interests, goals, self-esteem, and related behaviors, all of which are affected by counseling and psychotherapy.

Both counseling and psychotherapy involve talking with the client. The communication and skills involved in both the processes are the same. The attitude of respect, empathy, and genuineness with which the psychologist approaches the client is the same. They are similar in the sense that each client brings with him or her assets, skills, strengths, and possibilities needed by them for therapy. Counseling and psychotherapy are similar in the way that they both use an eclectic approach. The counselors and therapists do not use a particular technique, but they borrow from all different techniques.

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## Professional Opinions

Not all therapists feel that there is a distinction between counseling and psychotherapy. C.H. Patterson feels that it is impossible to make a distinction; and that that the definition of counseling applies equally to psychotherapy and vice versa. Donald Arbuckle (1967) argues that counseling and psychotherapy are identical in all essential aspects. Others believe that there is a distinction. Psychotherapy is concerned with some type of personality change whereas counseling is concerned with helping individuals utilize their full coping potential. In Donald Arbuckle's work, he included Leona Tyler's thoughts on the differences between counseling and psychotherapy. Leona Tyler attempts to differentiate between counseling and psychotherapy by stating "to remove physical and mental handicaps or to rid of limitations is not the job of the counselor, this is the job of the therapist, which is aimed essentially at change rather than fulfillment" (Arbuckle 1967).

Arbuckle argues that "counseling and psychotherapy are in all essential respects identical" (1967, p.144). He states that the nature of the relationship, which is considered basic in counseling and psychotherapy, are identical. Secondly, Arbuckle says that the process of counseling cannot be distinguished from the process of psychotherapy. Thirdly, he feels that the methods or techniques are identical. Arbuckle lastly states that in the matter of goals and/or outcomes may appear to be differences but no distinction is possible.

Today the divide is largely academic. The use of psychoanalysis to denote long-term therapy adhering to the dynamic tradition and counseling to short-term work is largely prevalent. The two terms are used interchangeably in the United States with the obvious exception of guidance counseling, which is often provided in educational settings and focuses on career and societal issues.

## THE BIRTH OF PSYCHOTHERAPY

In an informal sense, psychotherapy can be said to have been practiced through the ages, with different theosophies as their theoretical background. In order to trace the history of psychotherapy we need to travel back to the time of Prescientific Psychology. Hellenistic philosophers like Socrates, Plato, and Aristotle who made many a conjecture about the Transcendent (God), the perfect archetypes, of which objects in the everyday world are imperfect copies; who advocated examination of the world to understand the ultimate foundation of things, talked about the nature of pleasure, advocating the development of self-control in order to attain peace of mind. Indian philosophy including the Hindu, Buddhist and Jain philosophies talked about human life, its purpose and actualization.

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Then came Descartes—The Father of Modern Philosophy, a rationalist, who is most famous for the principle *cogito ergo sum* (English: "I think, therefore I am"). The simple meaning of the phrase is that if one is skeptical of existence, then that in itself is proof that he does exist. His rationalism was later advocated strongly by Spinoza and Leibniz. They were strongly opposed by the Empiricist School of Thought consisting of Hume, Berkeley, Locke, Hobbes and Rousseau.

They were followed by physicalists like Mesmer, Gall, Weber, etc., who maintained the philosophical position that everything that exists is no more extensive than its physical properties. That is, there are no kinds of things other than physical things. This term was coined by Otto Neurath who wrote, "According to physicalism, the language of physics is the universal language of science and, consequently, any knowledge can be brought back to the statements on the physical objects." This position equated the mind to the brain, and incorporates whatever is described by physics—not just matter but energy, space, time, physical forces, structure, physical processes, information, state, etc.

William Wundt conducted the first psychological experiment in 1879. He restored the study of the conscious mental process to Psychology while encouraging introspection.

In the 1800s, Phrenology (having the head literally examined), Physiognomy (the study of the shape of the face), and Mesmerism (designed to relieve one of psychological distress by the use of magnets, mental healing (something like the modern concept of positive visualization), were some of the therapies that were being practiced. Many of these went on to be rejected by empiricists and physicalists. Mental illness was being studied by neurologists and psychiatrists.

The "Talking Cure" was first introduced by Sigmund Freud. Psychotherapy began with the practice of Psychoanalysis, which later on diversified to introduction of new concepts about psychological functioning and change by the Neo-Freudians. The psychodynamic therapy includes various therapies based on Freud's essential principle of making the unconscious conscious.

In the 1920s, Behaviorism became the dominant paradigm, and remained so until the 1950s. The cognitivism and the Humanistic-Existentialistic theories and therapies based on them evolved independently, which focused less on the unconscious and more on promoting positive, holistic change through the development of a supportive, genuine, and empathic therapeutic relationship.

Other major perspectives like Transpersonal Psychology (which focuses on the spiritual realm of human experience), Systems therapy (which focuses on family and group dynamics), Feministic therapy, Somatic Psychology, Expressive therapy, and Applied Positive Psychology were developed during the 1970s.

Today many psychotherapy methods are thus available and, for the most part, not one is superior or inferior to the other. The best choice will depend on various factors such as personality and value orientations of the counselor and counselee, the

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problem situation, and specific needs of the counselee. A vast majority of therapists consider themselves to be "eclectic," which means that they combine techniques and approaches from several types of therapy.

Modern psychotherapy has benefited tremendously from the empirical tradition, which was given much impetus by Carl Rogers. Additional work in the theoretical and empirical arenas of cognitive psychology, learning theory, and behavior has added to the knowledge bank of many therapeutic approaches.

The different strands of counseling and psychotherapy now number in hundreds, though mainstream approaches are fewer in number. In time it is expected that many of the less grounded theories will fade away and new ones will emerge, while the main schools remain to dominate the academia due to their strong grounding and time tested successful practice.

## DIFFERENT FACETS OF COUNSELING AND PSYCHOTHERAPY

The subject of counseling can be understood from many points of view.

### The Clientele

**Individual:** Individual counseling facilitates the exploration and resolution of personal problems and issues according to the needs of the individual.

Some of the issues often addressed in individual counseling are the following:

- Stress
- Don't know how to cope with life circumstances
- Depression
- Anxiety
- Self-esteem
- Identity issues
- Body image, eating disorders
- Loneliness
- Difficulty forming or maintaining healthy relationships
- Physical or emotional abuse (past or present)
- Cross-cultural issues (including cultural conflicts between parents and child)
- Difficulty defining problems
- Marked changes in functioning
- Irritability
- Changes in thinking or perceptual abilities
- Difficulty setting limits with others

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**Premarital:** Premarital counseling and/or education is a therapeutic intervention that occurs with couples who plan to marry where they try to gain a better understanding of their would-be partner and themselves in the relationship. Premarital education is "a skills training procedure which aims at providing couples with information on ways to improve their relationship once they are married" (Senediak, 1990, p. 26). Typically, couples who participate in premarital counseling demonstrate overall positive psychological health (Stahmann, 2000) and do not have serious relationship problems (Senediak, 1990). Premarital counseling occurs in a wide range of settings and is provided by practitioners from a number of different professions (e.g., clergy, professional and lay counselors, community agency workers; Stahmann & Hiebert, 1997). It is a brief intervention, with programs averaging about 4 hours of contact time with each couple (Silliman & Schumm, 1999). Premarital interventions include psychoeducation.

As risk of divorce is highest in the early years of marriage (Kreider and Fields, 2001) early intervention is beneficial. This counseling prepares them for marriage and family life. As Hoopes and Fisher (1984) explain, couples receive no formal training for marriage and family life and may have limited knowledge and experience. The goals of premarital counseling generally include the following: (a) to provide couples with information about married life, (b) to enhance their communication skills, (c) to encourage them to develop conflict resolution skills, and (d) to allow couples to speak freely about sensitive topics, such as sex and money (Senediak, 1990; Stahmann and Hiebert, 1997). Stahmann and Hiebert (1980) report that "the goal of premarital counseling is to enhance the premarital relationship so that it might develop into a satisfactory and stable marital relationship" (p. 11).

A concise list of seven relationship skill and knowledge areas that research has shown to contribute to the success and endurance of marriage (Patty and Greg Kuhlman, http://www.wedalert.com/content/articles/premarital_counseling.asp) is given below:

- Compatibility
- Expectations
- Personalities and families-of-origin
- Communication
- Conflict resolution
- Intimacy and sexuality
- Long-term goals

**Family therapy:** Family therapy is also referred to as *couple and family therapy* and *family systems therapy* or Systemic therapy. This branch of psychotherapy works with families and couples in intimate relationships to nurture change and development. Viewed as systems of interaction between family members these relationships are emphasized as an important factor in psychological health. Family

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problems arise due to maladaptive or inappropriate systemic interactions, rather than the contribution of individual members. Marriage and Family Therapists (MFTs) are most specifically trained in this type of psychotherapy.

This therapy is a professional and conscious attempt and method to study, understand, and cure disorders of the interactional whole of a family and its individual members as family members. The therapist or a family therapy team meets the family members willing to participate in therapy. The aim is that the interactional patterns that prevent individual growth will change. This is achieved especially by emphasizing and trying to find the hidden positive resources in a family's interactional whole.

Rather than trying to identify the *cause*, family therapists focus more on how patterns of interaction *maintain* the problem. Identifying the cause can be experienced as blaming. Thus, therapists feel it is better to avoid that. Family therapy assumes that the family as a whole is larger than the sum of its parts. It may also draw upon the strengths of a social network to help address a problem that may be completely externally caused rather than created or maintained by the family.

Family therapy has been used effectively where families, and or individuals in those families experience suffering:

- Serious psychological disorders (e.g., schizophrenia, anxiety, depression, personality disorders, conduct disorders, ADHD, addictions and eating disorders);
- Interactional and transitional crises in a family's life cycle (e.g., conflict, estrangement, divorce, child and adolescent issues);
- As a support of other psychotherapies and medication.

Family therapy uses a range of counseling and other techniques including the following:

- Psychotherapy
- Systems theory
- Communication theory
- Systemic coaching
- Psychoeducation

Although most of the founders of the field had psychoanalytic backgrounds, the basic theory of classical systemic family therapy was derived mainly from systems theory and cybernetics, and secondarily from behavioral therapy and cognitive psychotherapy. More recent developments have come from feminist, postmodernist, narrative, psychodynamic, and attachment theories.

Important schools of family therapy include the following:

- Psychodynamic
- Cognitive and behavioral approaches
- Structural family therapy

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- Strategic family therapy
- Constructivist (e.g., Milan systems, post-systems/collaborative/conversational, reflective)
- Solution-focused therapy
- Object relations
- Intergenerational (Bowen systems theory, contextual therapy)
- Emotionally Focused Therapy (EFT)
- Experiential therapy, and most recently
- Multicultural, intercultural, and integrative approaches are being developed.

Most practitioners claim to be "eclectic," using techniques from several areas depending upon their own inclinations and/or the needs of the client(s). Family therapy usually lasts anywhere between five and 20 sessions in which the therapist usually meets several members of the family at the same time in order to study the differences between the ways family members perceive mutual relations as well as interaction patterns in the family. Family therapists are relational therapists; therapy interventions focus on relationship patterns between individuals rather than individual psychological processes. Depending on circumstances, the therapist may point out to the family interaction patterns that the family might have not noticed or suggest different ways of responding to other family members.

Characteristics of a Healthy Family (JM Lewis et al., 1976)

- Communication: Clear, open, direct (verbal and non-verbal), feelings and emotions freely expressed, anger seen as a need for change, each hears and responds to others
- Autonomy: Family consists of separate individuals—each takes responsibilty for personal actions and behavior
- Acceptance: Respect for the unique experience of others
- Structure: Clear, flexible roles, the family script, consistent rules help resolve conflict
- Leadership: Power shared appropriately by parents, fair without domination, humiliation or scapegoating, no one told what to think or feel—even the youngest is considered able to contribute
- Partnership: Strong bonding and coalition of parents
- Flexibility: Give and take, adapt to individual needs and changing circumstances, change not seen as threatening
- Appreciation: Encouragement and praise create self-esteem, loving acceptance without judgmental attitudes
- Support networks: Inside and outside the family, provide strength and stability for coping with problems and stresses
- Family time: Attention is paid to doing things together
- Growth: Warm, nurturing, fulfilling atmosphere

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- Need for intimacy: Tenderness not seen as weakness, sexual interest considered a generally positive force
- Religion, philosophy and reality: Positive values and beliefs, world-view is realistic but extends beyond the present

**Relationship counseling:** This is a process of counseling which seeks to recognize, to better manage, and/or reconcile troublesome differences and repeating patterns of distress among individuals. The relationship involved may be between members of a family, couples, employees, or employers in a workplace, or between a professional and a client.

Relationship counseling as a separate, professional service is a recent phenomenon. Until recently, relationship counseling was informally carried out by close friends and family members, HR department in the corporate sector, or local religious leaders. Psychiatrists, psychologists, counselors, and social workers have historically dealt primarily with individual psychological problems.

Today's world is witnessing reduction or even cessation of socio emotional support from close or extended family members. The rise of the isolated nuclear family system is seeing the breakdown of old support structures. And hence the need for relationship counseling is being felt greater than ever. In western society, the trend is towards trained relationship counselors who are employed by government institutions, universities and colleges, and the corporate sector to help people get along in a more efficient and productive manner.

Relationship counseling works on the view that every individual has a unique personal and interpersonal style of functioning. And it is important to recognize and acknowledge that this uniqueness in personality and socioculturoreligioeconomic background shapes his or her nature and behavior. Also, this counseling is based on the fact that it is intrinsically beneficial for all individuals to interact with each other and with society at large with the least conflict possible. Occasionally these relationships get "strained," which means that they are not functioning at the optimum extent. There are many possible reasons for this, including ego, arrogance, jealousy, anger, greed, etc. Counseling focuses on reorienting the individuals' perceptions and the resultant actions; sometimes fundamental changes in attitudes and value structures may be warranted, finally leading to adopting conscious structural changes to the interpersonal relationships.

**Group:** Group psychotherapy is a form of psychotherapy in which one or several therapists treat a small group of clients together as a group. It is intended to help people who would like to improve their ability to cope with difficulties and problems in their lives. It focuses on interpersonal interactions, so relationship problems are addressed well in groups. It aims to help solve the emotional difficulties and encourage personal development of the participants in the group. The therapist

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(called conductor, leader or facilitator) chooses as candidates for the group, people who can benefit from this kind of therapy, and those who may have a useful influence on other members in the group. There may be one or two therapists meeting the group.

In group therapy, approximately 6 to 12 individuals meet face-to-face with a trained group therapist. Members are encouraged to give feedback like expressing feelings about what someone says or does. Interaction between group members is highly encouraged. Group members make a commitment to keep the content of the group sessions confidential.

Members of the group may meet once a week and share personal problems that they are facing. They can talk about significant events during the week, their reactions (emotional as well as behavioral), and any problem they had faced. Usually there is continuity with the previous sessions as they share their thoughts and feelings about what happened in the previous sessions, and relate to others' issues or to the leader's words. They also welcome reactions of others, their feedback, encouragement and support or criticism. The subject for discussion are generally not predetermined, or decided by the leader. They are spontaneous.

Group therapy helps members see that they are not alone with their problems, nor are they the only ones facing the same. The group becomes a source of support and strength in times of stress. The feedback they receive from others helps them see and change their maladaptive patterns of behavior. Group members can also at times become role models to see and emulate constructive and effective behavior patterns. It can also become a safe laboratory for practicing new behaviors through role play or actual being, with the psychologist present to help.

Group therapy can be categorized according to the therapists' theoretical orientations, nature of the problem, structure and need of the target group, time limits set on the duration of the group (length of the groups always depends on purpose of the group, and group membership), and by the focus of the group and the way group members are selected (homogeneous or heterogeneous).

There are many kinds of groups in the field of group psychotherapy. The techniques used in group therapy can be verbal, expressive, and psychodramatic. The approaches can vary from psychoanalytic to behavioral, Gestalt, or encounter groups. Groups vary from classic psychotherapy groups, where the process is emphasized, to psychoeducational, which usually the focus is on the most common areas of concern, notably relationships, anger, stress management, etc.

Groups can be ongoing and open-ended, that is, continue indefinitely with some group members completing treatment and leaving the group, and others joining along the way as openings are available in the group; or they can be time-bound, that is, the number of sessions can be fixed. Time limited and close-ended groups have a distinct beginning, middle, and end, and usually do not add additional members after the first few sessions.

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Groups can be homogenous or heterogeneous. Homogeneous groups are those in which either the backgrounds of the individuals or the nature of the problems are similar. Heterogeneous groups are those in which the group members will have varying backgrounds, and varying psychological issues that they bring to the treatment group.

The focus is an important aspect to take into account when starting a group. Some groups are more general in focus, with goals related to improving overall life satisfaction and effective life functioning, especially in the area of interpersonal relationships. Other groups are "focused" or "topical" therapy groups where the group members tend to have similar problems because the group is focused on a specific topic or problem area. For example, support groups for people undergoing similar problems like depression, addiction, families of alcoholics and parents of children with ADHD, some focus therapy groups are skill development groups, with an emphasis on learning new coping skills or changing maladaptive behavior. There are groups to develop parenting skills, stress, time, anger management, etc. Groups are also ideally suited to people who are struggling with relationship issues like intimacy, trust, and self-esteem. The great advantage of group psychotherapy is working on these patterns in the "here and now" in a group situation more similar to reality and close to the interpersonal events.

Originally, group therapy was used as a cost-saving measure; however, research has shown that the group experience benefited people in many ways that were not always addressed in individual psychotherapy. Contradictorily, it was also discovered that some people did not benefit from group therapy.

**Online individual/Group counseling:** The technological changes of the 1990s gave the counselor/computer relationship a boost. The boom of the World Wide Web (www) and the Internet put computer access in the hands of the every day user (Granello, 2000). Almost all professional counseling organizations have web pages, list servers, and consumer information links. Information is abundant and easily obtained on different therapies, different treatments, and different counselor credentialing.

Online counseling refers to providing professional mental health services concerns via Internet communication technology. Other names include e-therapy, e-counseling, online therapy, or coaching. These services are typically offered via email, real-time chat, and video conferencing. Some therapists/clients use online counseling in conjunction with traditional psychotherapy, and others use it as an occasional check-in tool.

The new millennium is seeing an increase in mental health services available on line. Counselors are advertising and are developing practices that include online therapy. Clients who, in the past, were unable or unwilling to receive services are able to take advantage of this medium (Lunt, 2004). Online counseling opens a new

door to those who are in geographical locations where mental health providers are scarce, following those with physical or mental disabilities an opportunity to link into the system, providing access to those who might be better served by a specialist regardless of geographical limitations and providing support for those who are too busy, too burdened, or too reluctant to venture into a therapist's office. It allows counseling to begin, evolve, and provide opportunities to those who currently have impediments for receiving mental health treatment through more traditional methods (Sussman, 1998; Harris-Bowlsby, 2000).

This type of counseling has many benefits. Individuals who are unable or unwilling to see a mental health professional in person, those who are home-bound (such as the elderly or infirm) or those who reside in rural areas far from a therapist's office prefer it to the rigors of traditional counseling. Online counseling can also be an option for individuals who suffer from a particular problem and wish to work with a hard-to-find expert in that issue. In this day and age where comfort is the priority, and the world's being accessible in the palm of one's hand, online counseling provides the impetus for those who might be reluctant to access the counselor's services for one reason or another. For those who travel a lot, this is a very convenient option.

This convenience is preferred by both clients and therapists alike; who may engage in the counseling process from the comfort of their homes or offices; at times that are most convenient for them.

Another benefit is that for some people talking about very personal, difficult issues face-to-face to a stranger, is very uncomfortable; and may be more likely to disclose when they cannot be seen. This effect is called *disinhibition.* Thus, online counseling may allow for more privacy and confidentiality than traditional face-to-face counseling.

Also, as online counselors do not have the overheads of maintenance office space in key areas of the city or town, and also bearing in mind the travel expenses of the clients, this mode of counseling is a lot less expensive than face-to-face counseling.

Though this modality of counseling seems perfect and an ideal choice for both therapists and clients, it is not without challenges. There are verbal cues (or verbal behavior), signs, and signals given by a client to a therapist that are missed in online counseling. Many online counselors offer the option of phone counseling or video conferencing during the chat. This enables both parties to pick up on some of the missed cues.

Another major challenge is professionalism and security. Many people can hang a virtual shingle and offer to do online counseling.

Another disadvantage is that communication on the Internet may be more vulnerable to interception than face-to-face counseling.

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## Counseling using Different Media

**Traditional counseling:** In most traditional counseling practices the spiritual component of your life is ignored; without the fullness of you explored and welcomed in the work, no real, lasting change can occur.

**Life coaching:** In life coaching, a linear approach of to-do lists, steps, and rules is employed to engage the client. It is preferable to engage the client's knowledge. It may be seldom consulted, but the intuitive nature of the individual is ready and able to engage in his or her life.

**Spiritual coaching:** Spiritual coaching is often linked to a clearly defined religious path. People's religious values and beliefs reflect in their attitudes towards key development issues, their perceptions, experience, and pursuit of well-being, and their attitudes. Religious values and practices are life dimensions that are often overlooked in counseling practices and are related in complex ways to norms, human action, and the construction of meaning. Faith provides many with a language of ethics and often guidelines to live by.

**Music therapy:** Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a professional who has the credentials and who has completed an approved music therapy program (American Music Therapy Association definition, 2005). In other words, music therapy is the use of music by a trained professional to achieve therapeutic goals. The goal areas may include, but are not limited to, motor skills, social/interpersonal development, cognitive development, self-awareness, and spiritual enhancement.

Music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses using music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music; participate in interdisciplinary treatment planning, ongoing evaluation, and follow up.

The idea of music as a healing modality dates back to the beginnings of history. However, music therapy recognized as a field is a relatively new discipline. It is being increasingly recognized at a time when there has never been such a variety of music available to so many people.

**Art therapy:** Art therapy is the use of art materials for self-expression and reflection in the presence of a trained art therapist (The British Association of Art Therapists definition of Art Therapy). Clients need not have previous experience or skill in art; the art therapist is not primarily concerned with making an aesthetic or

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diagnostic assessment of the client's image. The overall aim is to enable a client to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment.

The relationship between the therapist and the client is of central importance, but art therapy differs from other psychological therapies in that it is a three-way process between the client, the therapist, and the image or artifact. Thus, it offers an opportunity for expression and communication and can be particularly helpful to people who find it hard to express their thoughts and feelings verbally.

Art therapists have a considerable understanding of art processes underpinned by a sound knowledge of therapeutic practice, and work with both individuals and groups in a variety of residential and community-based settings.

**Play therapy:** Association for Play Therapy (APT) defines play therapy as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development." It is a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child's natural medium of communication, for optimal growth and development. (Landreth, 2002, p. 16) play therapy is to children what counseling is to adults. It utilizes play, which is a natural medium of expression, to help children who have experienced trauma, and provides an opportunity to explore emotions and inner healing. The therapist provides the child with selected play materials and facilitates a safe relationship to express feelings, thoughts, experiences, and behaviors through play, the child's natural medium of communication.

**Dance therapy:** Dance therapy (also called dance/movement therapy) is the use of choreographed or improvised movement as a way of treating social, emotional, cognitive, and physical problems. Dance has been used by many cultures, from time immemorial, to express powerful emotions, tell stories, treat illness, celebrate important events, and maintain communal bonds. Dance as therapy came into existence as a marriage of sorts between modern dance and psychiatry. It was pioneered by Marian Chace (1896–1970).

Dance therapy harnesses this power of movement in a therapeutic setting and uses it to promote personal growth, health, and well-being. Movement in a group generates a good feeling that comes from belonging to a group, helps people come out of isolation and creates powerful social and emotional bonds. The rhythmic movements ease muscular rigidity, help diminish anxiety and increases energy. The spontaneous movement helps people to learn to recognize and trust their impulses,

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and to act on or contain them as they choose. Moving creatively encourages self-expression and opens up new ways of thinking and doing. On a physical level the movement provides the benefits of exercise. On an emotional level it can be very cathartic. On a mental level, dance therapy seeks to enhance cognitive skills, motivation, and memory.

**Drama therapy:** Drama therapy is the systematic and intentional use of drama and theater processes and products to promote emotional growth and psychological integration. Drama therapy is an active, experiential approach that facilitates the client's ability to tell his/her story, solve problems, set goals, express feelings appropriately, achieve catharsis, extend the depth and breadth of inner experience, improve interpersonal skills and relationships, and strengthen the ability to perform personal life roles while increasing flexibility between roles (National Association for drama therapy, USA).

**Yoga therapy:** Yoga therapy addresses the physical, mental, and spiritual levels of our existence. The theory of yoga therapy derives mainly from yoga, Ayurveda, *Samkhya*, *Tantra*, and *Vedanta*. It uses a broad range of techniques and processes, including techniques to purify the body and mind, to increase *praana* and vitality, and meditation techniques to engage the power of the mind and consciousness in healing (Swami Shankardev Saraswati).

Each branch of yoga has its own utility in supporting therapeutic intervention. The most commonly used techniques come out of *hatha* yoga, *mantra* yoga, and meditation.

Techniques used include the following:

- Postures (*asana*)
- Breath work (*pranayama*)
- *Hatha* yoga cleansing techniques (*shatkarmas*)
- Relaxation techniques
- Meditation techniques
- Karma yoga
- Bhakti yoga
- Jnana yoga
- Mantra yoga
- Kriya yoga
- Tantric practices

Hatha yoga is the starting point for most yoga therapies. It works on the physical organs as well as the energetic systems of the body. Asana and pranayama recondition the physical body and mind, remove tensions, and support rebalance and realignment. Meditation practices are powerful methods for healing and include relaxation techniques, meditations that employ breath and mantra, awareness

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development, and more powerful tantric methods to cleanse the deeper, causal, and elemental levels of our being. Tantric systems employ mantras along with the visualization of yantras, symbols and images, and *mudras* and *bandhas*.

Yoga therapy is most commonly used to manage a broad range of chronic disease conditions like the following:

- Psychosomatic illnesses, for example, coronary artery disease, high blood pressure, asthma, eczema, diabetes, and multiple sclerosis.
- Chronic degenerative diseases, for example, heart disease, diabetes, arthritis, and cancer. The body organs affected begin to breakdown and may eventually fail. Other body systems that rely on those organs are detrimentally affected.

Yoga therapy has been found to be effective in the treatment and management of the following problems and diseases:

- Heart disease, such as coronary artery disease
- High blood pressure
- Back pain
- Arthritis
- Asthma
- Sinusitis and hay fever
- Headache
- Certain endocrine diseases
- Digestive disorders, such as heartburn and ulcers, constipation, colitis, diabetes and many other conditions.

## THE DIFFERENT THEORETICAL ORIENTATIONS

In keeping with the complexities of human nature, psychologists have proposed different theories. Each theory seeks to integrate its postulates consistently with the specified hypotheses constructed. On the basis of these theories, different approaches to counseling have evolved. The varying conceptions of human personality structure and dynamics, which are captured by the theories, reflect in their application to helping individuals.

### Therapy based on Cognitive Learning

This can be defined as any therapy that is based on the belief that our thoughts are directly connected to how we feel. The cognitive therapies include *rational-emotive, cognitive-behavioral, reality,* and *transactional analysis.*

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Common traits among the cognitive approaches include a collaborative relationship between the client and the therapist, homework between sessions, and the tendency of shorter duration. Therapists work with clients to solve present-day problems by helping them to identify distorted thinking that causes emotional discomfort.

## Rational Emotive Behavior Therapy (REBUT)

Rational Emotive Behavior Therapy (REBUT) is a cognitive-behavioral therapy that helps people change dysfunctional emotions and behaviors by showing them how to become aware of and modify the beliefs and attitudes that creates these unwanted states. REBUT was originally called "rational therapy," but soon changed to "rational-emotive therapy" and again in the early 1990s to "rational emotive behavior therapy."

The most basic premise of REBUT is that almost all human emotions and behaviors are the result of what people think, assume, or believe (about themselves, other people, and the world in general). It is what people believe about situations they face—not the situations themselves—that determines how they feel and behave. Human beings appear to think at three levels: (1) inferences; (2) evaluations; and (3) core beliefs. The therapist's main objective is to deal with the underlying, semi permanent, general "'core beliefs"' that are the continuing cause of the client's unwanted reactions.

## Cognitive Behavior Therapy (CBT)

According to the US-based National Association of Cognitive-Behavioral Therapists: "There are several approaches to cognitive-behavioral therapy, including Rational Emotive Behavior Therapy, Rational Behavior Therapy, Rational Living Therapy, Cognitive Therapy, and Dialectic Behavior Therapy." CBT combines two very effective kinds of psychotherapy—cognitive therapy and behavior therapy. CBT focuses on controlling symptoms through correcting faulty thinking patterns, Cognitive therapy is based on the premise that emotions and their behavioral manifestation are the consequence of irrational beliefs. If the former have to change then the client has to be helped to correct the thinking. This will automatically change the way the client feels, and therefore, behaves.

An event becomes a problem due to unpleasant emotions it evokes. These unpleasant emotions are the result of a particular kind of interpretation. Often feelings are related to interpretations of events more than the events themselves. While it is natural to think that one is responding only to the events of life, in fact one makes interpretations or judgments of these events, and these interpretations play a key role in one's emotional responses.

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These interpretations are made so rapidly and so automatically that the client may not even realize they are happening. Therapy helps the client learn to recognize any tendencies she/he may have to distort events through interpretational styles like these, and then practice choosing and committing to more valid interpretations. The resulting emotions will be more accurate reflections of the events in life.

Behavior therapy works under the premise that situations evoke habitual reactions–reactions that have been learnt consciously or inadvertently. These behaviors that have been learnt need to be unlearned, and in their place new behavior needs to be learnt. Behavior therapy helps weaken the connections between troublesome situations and habitual emotional as well as behavioral reactions to them—reactions such as fear, depression or rage, and self-defeating or self-damaging behavior. Relaxation therapy which is one aspect of behavior therapy teaches how to calm the mind and body, to feel better, think more clearly, and make better decisions.

The two most powerful levers of constructive change are the following:

1. Altering ways of thinking: This is the cognitive aspect of CBT.
2. Helping the client face trials and tribulations of life with a clear and calm mind and then taking actions that are likely to have desirable results. This is the behavioral aspect of CBT.

## Reality Therapy

Reality therapy has been around since the 1960s when Dr William Glasser published a book *Reality Therapy* in the United States. Reality therapy is based on the premise that people have certain needs to fulfill when they make choices. These choices need not necessarily result in effective or appropriate behavior. Therapy then focuses on helping the client accept responsibility for the choices and the resultant maladaptive behavior, and then make different choices, that is make a workable plan (the plan that one can implement) to get what she/he wants. In other words, it concentrates on the things that are in the client's control.

In reality therapy, the needs are classified under five headings:

1. Power (achievement and feeling worthwhile, winning)
2. Love and belonging (groups, families or loved ones)
3. Freedom (independence, autonomy, own "space")
4. Fun (pleasure and enjoyment)
5. Survival (nourishment, shelter, sex)

## Dialectical Behavioral Therapy (DBT)

DBT is based on the premise that people react abnormally to emotional stimulation due to many factors like invalidating environments during upbringing and due to biological factors as yet unknown. This abnormal reaction is manifested in the form

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of quick arousal, greater intensity and more time to return to the baseline. This explains why borderlines are known for crisis-strewn lives and extreme emotional liability (emotions that shift rapidly). Because of their past invalidation, they don't have any methods for coping with these sudden, intense surges of emotion.

Swamy Paramarthananda Saraswathi calls it the FIR or emotionality. He says that there are three dimensions of emotionality—Frequency of becoming emotional, intensity of the emotion, and recuperation time. Therapy needs to focus on bringing down the FIR in order to experience a balancing of emotions…which is really what leads to emotional maturity.

## Psychoanalysis

Psychoanalysis is the original "talking therapy" which is the parent of all the others to follow. It maintains that the solution to all emotional problems lies in the uncovering of the unconscious. Therapy explores the unconscious mind and the conscious mind's relation to it. In order to analyze the root causes of behavior and feelings it utilizes free association, dreams, and transference, psychopathological actions, hallucinations, delusions as well as other strategies to help the client know the function of his or her own mind.

Freud's theory was quite comprehensive. It included the following:

- The levels of consciousness: the conscious, fore conscious, and unconscious;
- The stages of psychosexual development: oral, anal, phallic, latency and genital;
- Ego states: Id, ego, superego;
- The two basic urges: eros and thanatos; and
- Defensive mechanisms.

Many theories and therapies have evolved from the original psychoanalysis, including transactional analysis, hypno-therapy, object-relations, Progoff's intensive journal therapy, Adlerian, Jungian, and many others. One thing they all have in common is that they deal with unconscious motivation. Usually the duration of therapy is lengthy; however, many modern therapists use psychoanalytic techniques for short-term therapies.

## Humanistic Approach

The humanistic approach was a response to the behavioristic and psychoanalytic traditions which were therapy process and therapist-based. They were very mechanistic in approach viewing the individual as something to cut open, detect the problem and remove it. They felt that a more humane approach was desperately needed. The humanists like Carl Rogers and Abraham Maslow felt that other issues

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were equally important and needed to be addressed as the individual's contribution to the process of therapy, meaning of behavior, purpose of life, and healthy development. The Humanistic approach placed emphasis on subjective meaning, rejected determinism, and expressed a concern for positive growth rather than pathology. This was the true precursor to modern-day counseling.

Therapy propagated by them was client-centered and even had educational repercussions. Educationists started looking at student-centered educational strategies and practices.

## Existential Psychotherapy

Existential psychotherapy works on the premise that inner conflict within a person is due to his or her confrontations with the ultimate concerns (which are given or cannot be avoided) of existence like the inevitability of death, free-will and responsibility, existential isolation (humans are essentially alone in the world) and finally meaninglessness (there is no absolute meaning in life).

Therapy addresses these premises in the following manner: though these ideas present a very bleak view of life, finally realizing and accepting those leads to happiness. Even though we are all alone, we want to belong, to connect with others. However, we must beware of becoming overly dependent on others for our validation. Finally accepting that we are all actually lone islands leads to true happiness. The Indian philosophy also teaches detachment (*vairagya)*, from things and people. This does not mean that we do not form relationships; it just means that we are free from the bondages of these relationships. We neither miss them when they are absent, nor are burdened by them in their presence.

Existentialists do not believe in psychological dysfunction or illness. They maintain that every way of being is merely an expression of how one chooses to live one's life.

Free-will is a given. We are free to choose our expressions and reactions to situations. Our life is finally our choice and thus we need to accept responsibility. This is very difficult as we all like to pass the responsibility of our pain, failures, and dissatisfactions onto others. Therapy is geared towards making the client understand and accept the concept of free-will and help them take responsibility for it. Therapy is not concerned with the client's past. Emphasis is on the choices to be made in the present and future, thus enabling a new freedom and responsibility to act.

In the existential view, there is no such thing as psychological dysfunction or being ill. Every way of being is merely an expression of how one chooses to live one's life. The existential therapist helps the client accept these feelings rather than focus on changing them as if something were wrong.

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## Gestalt Therapy

Gestalt therapy is an existential/experiential form of psychotherapy. It emphasizes personal responsibility. “Gestalt,” a German word meaning “whole,” operates as a therapy by keeping the person in what is known as the here and now. This was developed by Friz Perls, Laura Perls and Paul Goodman in the 1940s and 50s. This therapy focuses on the individual’s experience in the present moment, by helping clients to be attentive to all parts of themselves: physical, physiological, emotional and cognitive. This state of awareness, when generalized to the social and environmental contexts results in being as aware as possible at all times of one’s interactions and hence one can achieve effective functioning. This usually lengthy therapy is accomplished by the therapist asking questions and suggesting experiments, which increases awareness and sensitivity to the many parts of the client’s total self.

## Eclectic Approach

This is essentially a common sense approach to helping people. This approach works on the premise that people are different, their backgrounds, psychological processes, and their behaviors as a result of it. Therapy has to be tailor-made for every client. And, as we saw in the first chapter, no traditional theoretical orientation addresses all facets of the human nature. Thus, the eclectic counselor selects from a wide range of theory, methods and practices the one that will suit both his or her own personality and disposition as well as the clients’

In order to do that the counselor should be deeply familiar with all the orientations in order to make the most suitable choice. The eclectic counselor may also use a combination of methods as and when the need arises. For instance, s/he may start out as a person-centered therapist, eventually finding a way to add cognitive or reality therapy techniques to his or her personal approach.

## ❖ Summary ❖

Generally, counseling can be described as a process that helps people to examine and deal effectively with life issues. There has been a lot of debate regarding the terms counseling and psychotherapy. There are several differences between counseling and psychotherapy. The biggest difference in my opinion is the time factor/focus faced in each of these approaches. Counseling primarily deals with reality situations versus the unconscious past focus of psychotherapy. Secondly, counseling has been described as helping one to develop competencies in coping with life situations where as psychotherapy is a reorganization of one’s whole personality. Finally a last

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distinction is that the counselor deals with life adjustment problems while the psychotherapist deals with past unresolved issues from the family of origin. While there are many distinguishing differences between counseling and psychotherapy, there are some aspects that do spill over into each other. But now, the distinction relating to the theory, process as well as practitioners is fading, with each becoming almost interchangeable with respect to those parameters.

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# 3
# *Counseling in India*

**Chapter Overview**

- Mental healthcare movement in India
- Counseling and the Indian scenario
- Culture and counseling
- Transpersonal psychology
- Dimensions of spiritual approach to therapy
- Inappropriateness of adhering to Western approaches
- Indigenous models of counseling
- Eastern approach to counseling: A combination of therapy and life coaching

Any field of work that one undertakes should be studied in context of its application and practice in the future. Thus, fieldwork and knowledge about the true state of current India are a prerequisite to any psychology or human development classes. In service, learning should focus on the understanding of the nature and make-up of society, culture, and hence, the mindset and predispositions of the clients.

There are a few questions that come up when we talk about counseling in India. It would be good for teachers and students to focus on them while in preparation for field work.

- What is Indian-ness and how do we define it?
- What kind of therapy can effectively cater to Indians?
- Are there any common characteristics we share regardless of our language, caste, culture, religion, socioeconomic background, education, and personal history?
- How do we make Indians adapt to Western theories?
- The attitude towards authority figures like parents, teachers and elders.
- Perceptions about counselors, and thus, the counseling process itself.

## MENTAL HEALTHCARE MOVEMENT IN INDIA

Mental health care has been receiving a lot of attention in developing countries at a time when a wide range of treatments for acute and chronic mental disorders is available (Sartorius N, Girolomo G, Andrews G, et al., (eds): 1993). A striking aspect of mental healthcare in developing countries is the choice of community mental healthcare as the primary approach for the rural population. Almost all developing countries have a limited number of institutional facilities for care of mentally ill patients and very few mental health professionals (Murthy, S R 1998).

In 1975 the WHO expert committee published recommendations for expanding mental health care emphasizing upon national priorities for use of mental health care resources, involvement of all healthcare personnel in providing mental health care, appropriate training for healthcare personnel, systematic research, and legislative support in developing countries. Since then countries like India, China, Uganda, Tanzania, Nigeria, Colombia, Sri Lanka, and the developing countries of Southeast Asia have taken several initiatives at the national, regional, and local levels. National mental health programs have been formulated and pilot programs for integration of mental health care with primary health care have been established.

The community mental health movement in India began about three decades ago. As a large number of people live in rural areas, India has developed primarily rural mental healthcare services. The community health movement in India was a response to a number of factors: expensive and/or harmful institutional care; shortage of qualified professionals; and that general health care professional can be trained to care for the mentally ill in their own settings.

The Bhore Committee Report of 1946, which laid the foundation for the community health movement in India, not only combined the "top down" (building three apex institutions, viz., All India Institute of Medical Sciences (AIIMS), New Delhi; All India Institute of Hygiene and Public Health, Kolkata; and All India Institute of Mental Health, Bangalore (later to become NIMHANS) and the "bottom up" (providing primary health care, and 'community orientation to medical services and medical education) approaches, but also included substantive emphasis on issues of mental health, recognizing psychiatry and mental health as integral parts, much before some of the noted Western movements of community mental health emerged.

The major guiding principle and strategy was to reach the people from the remotest areas of the country and provide them with quality mental health care. The movement was greatly inspired by the socialist ideology in the sociopolitical atmosphere of the post-Independence period in India.

Following community medicine blindly without realizing the need for a more mental health-specific framework, this movement had a mixed impact. The

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community psychiatry initiatives in the 1960s and 1970s culminated in the National Mental Health Programme (NMHP) in India, one of the earliest in the world, with inadequate emphasis on the conceptual issues of community mental health.

Two projects that have influenced the development of India's mental health care services are the Raipur Rani Project and the Bellary District Project. WHO conducted a seven-year study of seven developing countries from 1975 to 1981 on strategies for extending mental health care, and integrating it with general health care services. Raipur Rani, an agricultural zone of Haryana in northern India, was the Indian project area with a population of 60,000 and served by four doctors and more than a dozen paraprofessionals. Systematic efforts were made to collect baseline data, select disorders that would have priority for intervention, develop, and implement programs to meet specific needs and evaluate the impact.

The intervention period of one year had nearly 4,000 persons who started to receive essential mental health care through the existing health facilities. Interviews with patients in clinics showed changes in attitudes toward early recognition of mental disorders, their treatment, reintegration of recovered patients, and acceptance of a primary health care team. The results of the initial effort supported the possibility of providing basic mental health care through general health services.

These experiments in integrating mental health care with general health care were used in formulating the national mental health program for India (National Mental Health Programme for India, 1982). This program has stimulated initiatives for mental health care among professionals, non-governmental organizations, and citizens using a variety community-oriented care programs (Murthy, 1998).

Karnataka's Bellary District, which serves two million people, was the site of another project which showed that it was possible to provide basic mental health care as part of primary health care services. The project involved decentralizing training of primary health care personnel, providing mental health care in all health facilities, involving all categories of health and welfare personnel, providing essential psychotropic drugs, a simple record-keeping system, and a mechanism for monitoring the work of personnel in the provision of mental health care.

The British rule led to the development of the early mental hospitals, which were actually established to cater to the needs of European patients in India (Rajkumar, 1991; Wig, 1990). After India gained independence in 1947, instead of more mental hospitals being established, the psychiatric departments began to be incorporated in the general hospitals resulting in a shift toward decreased stigma associated with the mentally ill. Although this movement led to the Indian government formulating policies to provide reduced-cost health care to the masses, the current state of mental health services provided to the people of India is not up to the mark.

In India, there are only 37 government-run mental hospitals, 3,500 psychiatrists, 1,000 psychiatric social workers, and 1,000 clinical psychologists to serve a population of more than 1 billion (Acharya, 2001). Data on mental health counselors could not

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be obtained even though India has Master's and Doctoral programs in counseling psychology because there are no procedures for licensing (Clay, 2002). In spite of this, indigenous models such as astrologers, palmists, and priests continue to be a source of help to Indians. Although people are drawn to these healers resources are insufficient to examine the ambivalent relationships of people to religious values, translation of the latter into action, and the ways in which religion crosscuts other dimensions of social difference in people's perceptions, experience, and pursuit of well being.

## COUNSELING AND THE INDIAN SCENARIO

Transferring Western counseling theories and techniques to Indian (or any other culture which is *non-west*) clients. India is a developing country with unique cultural characteristics. The current state of mental health counseling in India necessitates new laws, indigenous approaches, adaptations of culture-sensitive approaches, and research projects to validate such approaches. It is the job of mental health counselors to accomplish such complicated and trying tasks in the absence of social and financial resources.

Counseling as a professional field is just emerging in India and that too only in urban India. Even in urban areas, it is in an unenviable state. Not only is there no specificity in the term or concept, but it is also used to denote a variety of activities performed by people in all kinds of situations, with different kinds of training, or even with no training at all! Students attend counseling for allotment of courses, a talk show host with no training at all counsels her guests, and a manager in the industry counsels his subordinate!

The functions of a counselor are not very well defined. There is no clearly understood and widely accepted role description of the counselor. What she does seems to overlap with the teacher, parent, boss, or friend. So how is she different from all of these people? In India, even now there are people who feel that a counselor is not necessary. They feel that we can solve our problems by ourselves. And to top it all, some very well-educated people do not even know what a counselor does.

There is no governing authority that would set standards for training and conduct of the field. Counselors have no platform for expression of grievances, nor do they have a recognized professional organization like the RCI or MCI that would set standards for professional and ethical conduct.

Moreover, economic and social issues, poverty, and illiteracy have kept the field of counseling away from the common man. Only the elites are exposed to a broader spectrum of the service professions. Only of late the family courts, educational institutions, and the industrial organizations are realizing the importance of counselors and the counseling profession.

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In India we are passing through an unenviable phase of transition. There is a tendency to cling to past values and simultaneously crave for things, which are not consonant with the past values. This has resulted in an identity crisis, particularly of the youth. The changes in our social systems, the forceful advent of the Western media in our lives, and the world reducing to a global village is making people very anxious. This is actually true of today's youth. They are torn between the values they are presented with and the values that they have been taught to uphold by their parents. This has resulted in uncertainty as to what values to hold and what to follow. Parents are their wit's end. They are confused as to how to help their children; they are finding it more and more difficult to compete with the outside forces in controlling their children. This creates the parent-child gap that is tearing families apart.

The family is important to counseling in India, but the structure of family is changing. We have a wonderful tradition and culture in India. These traditions are being upheld on the outside where everyone can see, but within the family, life is showing signs of cracking up and breaking. There is an attitude that says, "I want others to see that I have a good family. I would prefer to have a dysfunctional family that nobody sees than to have a broken family or marriage that everybody can see, even if that means that the brokenness can be repaired. It is important for me to look good and proper in the eyes of my own larger family members and the society around me. So I sweep and keep all problems under the carpet. I keep doing it until it is too late and the bulge is visible to all concerned. Then I throw up my hands in defeat, then blame and defend myself."

With the world around changing so fast, families in India are caught up among many developments for which they are not prepared. The difference in the pace of life, in values, and in the capacity to adapt differs between the parents and their children, but this is not attended to. As a result there is a great need for some kind of intervention and help. Especially now, with growing epidemics of physical and mental illnesses, there is much more need for this. Even the government is looking out for models of intervention and the counselors need to wake up and equip themselves if they want to impact the country in a very significant way.

An issue that is causing rifts in family relationships is the breakdown of the joint family system, known traditionally to provide social and economic security to its individual members. The unit families are confronted with problems that they had not bargained for. This has meant for many people an increase in anxiety and stress resulting from uncertainty and isolation. The wisdom of the elders is no longer counted as one of our assets. It is a very sad situation. Thus for problems that can be easily resolved by the intervention of our family elders, now a resolution is sought in the courts or counselor's offices.

Social change has affected not only family life but also several other things, for example, the status of women. This issue involves a change in several other types

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of relationships as well. These include parent–child and husband–wife relations. Many families today are characterized by a lack of understanding even when there is no open conflict between the generations. Sexual relation is another area, which is not easy for the counselor to advise, in those families in which parents have one set of standards and the children another. An interesting phenomenon increasingly becoming apparent is "ascending education" in which the young become teachers of the old. It is not uncommon to hear from the young that adults do not know about new things and that they have to learn from them.

One aspect that is becoming increasingly important is our concern and anxiety for modernization. We are engaged in a drastic movement from traditional to the modern form of living, and by "modern" we tacitly mean westernized technological modes of living. Many aspects of this movement are of considerable concern to the counselor. What are the effects of this thrust? Is it true that the effects of rapid industrialization are seen in the disruption of interpersonal relations, an increase in crime, alienation of the youth, disrespect for elders, sharp increase in delinquent behavior, and other maladjustments? How should the counselor deal with this situation?

With advances in the field of medicine, environmental hygiene, and better nutrition, man's longevity has increased. Again, the breakdown of the joint family system has a great impact on the role and status of these older people in society. Retirement from positions of authority and prestige can be a very devastating experience. How can the "retirement shock" be assuaged? The counselor's role should be to assist the "senior citizens" to make optimum adjustment.

The tremendous technological progress has created problems for youth seeking employment as well as for the older people in employment. While the youth pass out from their education that has the latest technological advances incorporated into their curriculum, the older people have no idea of it. For example, the use of computers: they feel lost when asked to use a computer in their work. The youth on the other hand prove themselves very useful. But we cannot do away with the experience and wisdom of the older people. The management has a tough job when their offices are modernized with computers. They have to provide training for the people working there, which is expensive and time consuming. The counselor will, therefore, have to play the role of a cultural mediator and help individuals adjust themselves to the new conditions of living.

The next issue concerns decision making. In the Western culture, autonomy and independence and the ability to stand on one's own feet and make one's own decisions are stressed upon. Even if the student decides to take a year off his or her studies, the individual makes it on his or her own. But in oriental cultures in general, and India in particular, decision making is to a certain extent culturally determined. A young man or a woman is expected to consult the adult members of the family in matters such as choosing a course of study, entering a specific occupation, or

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choosing a life partner. The counselor should remember to include the parents and/ or other significant members of the family when the client has to make a decision.

The counselor has to be mature enough to strike an appropriate balance and help the youth to have sound values. The counselor could have problems with his counselees who may be struggling with the new values and trying to cling to the past values. This may lead to a clash between loyalty to old values and the desire to pursue new values. The counselee's value structures are thus of a crucial nature and the counselor has to work in terms of his or her own value structure, which may not be similar to that of the counselees.

As has been mentioned earlier, the attitude towards women has undergone a considerable change. They are no longer confined to their homes but are taking up careers, which earlier were exclusive only to men. The counselor, therefore, should not look askance at a female counselee who does not propose to enter into matrimony or one who proposes to enter such fields as mountaineering, forestry, and the like. The counselor would do well to present the facts in full and not try to influence the counselee.

The Indian attitude towards sex has been that it is looked upon as something intimate, precious, and sacred. It is not identified with the fulfillment of carnal desire. Premarital sex is considered to be a sin. Women are not expected to freely mix with men and they are expected to maintain a certain distance. Questions, such as what should be done about premarital sex, sex outside marriage, bigamous relations, etc. loom large. The bias in the favor of males in this regard is still upheld in most Indian societies. A man is virile but a woman is promiscuous. One should admit, though, that this attitude is fast disappearing in urban, educated societies. Different standards for men and women create avoidable confusion, conflict, and also crisis.

The counselor must necessarily widen his field of work to include the new problems, which are surfacing as a result of rapid change. If the counselor is understood to be a culture interpreter, culture mediator, and an agent for culture change, he must necessarily move into a wider area (of human life) and make it the canvas for his work.

Training programs were once easily identifiable as subscribing to the tenets of a single theoretical base, such as psychoanalytic, humanistic, or behavioral. It is now somewhat rare to find allegiance among all staff members to a particular counseling approach but even when there is, methods of instruction among faculty are likely to be more different than similar. One of the joys of the profession is that each of us is permitted to discover ways of helping others that fit us best, as long as we maintain ethical and competence standards established by our peers.

Nevertheless, in spite of the variations in methods of instruction, approaches to counseling, and even personality styles of faculty, many departments do espouse a particular philosophy of counselor education. This mission statement may be

simply the requirement of an accreditation standard, or in many cases, it represents a well-thought-out summary of what the program intends to do and how these goals are to be carried out.

## CULTURE AND COUNSELING

As globalization continues to bring the world closer, it is imperative to assess the usefulness of transferring Western counseling philosophies to cultures that are very different from the West (McGuiness, Alfred, Cohen, Hunt, & Robson, 2001). The notion that counseling theories and approaches can be transported across cultures is based on certain assumptions: that human beings are similar regardless of their race, ethnicity, or culture; that theories of counseling are fairly culture-free and can be applied to most individuals; and that if therapeutic strategies are used correctly, they can work for any individual (Pope-Davis & Coleman, 1997).

Cultural sensitivity requires the mental health counselor to be aware of clients' worldview and to use clients' perspective in interpreting the world (Wrenn, 1962). This understanding is imperative in a society that is a fusion of several subcultures within the dominant Indian culture. Although the Indian culture traditionally has been considered collectivistic, research has indicated that the Indian society is rapidly transforming into a coexistence of both collectivism and individualism (Sinha, Sinha, Sinha, & Sinha, 2001; Sinha, Vohra, Singhal, Sinha, & Ushashree, 2002). India is a land of high diversity in almost every aspect of life. And that includes acceptance of mental illness and help-seeking behaviors. With respect to culture-specific factors that influence help-seeking behaviors, some experts have argued the importance of cultural epidemiology. Cultural epidemiology is an integrative approach that examines the social and cultural features of a community from an epidemiological and anthropological framework (Chowdhury, Chakraborty, & Weiss, 2001). One such feature is the presence of stigma among Indians with respect to mental health counseling, which makes it difficult for those who need help to seek it (James et al., 2002). Other features include apathy on the part of the mental health professionals who are not motivated to work with individuals with severe mental illness for a long period of time (Nagaswami, 1990). Such apathy extends to family members and others who have direct contact with those who are mentally ill. Thus, stigma about mental health counseling among the general population and professional apathy on the part of mental health counselors help to highlight certain unique cultural factors.

A study conducted by Chowdhury et al., (2001) in West Bengal, India, for example, revealed that people equated mental illness with seriously disruptive behaviors. Individuals with such illnesses often were termed as *pagal* or *pagla* (i.e.,

mad) and were teased. Treatment in early stages usually was characterized by visiting a healer such as a shaman or an alternative medicine practitioner. However, if the condition was not lifted, then families were known to abandon such people as a result of hopelessness.

Thus, an ethnographic perspective like the inclusion of mental health in the area of primary care, establishing awareness of such mental health concerns and focusing on cultural and social components of illness, and interactions with the community, health workers, local leaders, village administrative systems, and non-governmental organizations can help to mobilize resources for optimum health care (Chowdhury et al., 2001). In keeping such cultural factors in mind, Indian mental health counselors need to learn to adapt their Western training to the Indian milieu.

## TRANSPERSONAL PSYCHOLOGY

*"Psychiatrists need to consciously move away from the medication-based approach of Western psychology and integrate spiritual practices in their therapy."*

—Dayal Mirchandani

The West has shown an increasing receptiveness to the philosophical voice of the East. A keen interest in Eastern attitudes towards life, have been shown particularly in the writings of Carl Jung, Karen Horney, and Erich Fromm. Aware of this growing interest, Alan Watts, a skillful interpreter of Eastern religions, presents in his latest book his views on how "Eastern and Western psychotherapies can fertilize each other." (www.lifepositive.com)

Ironically, therapists in India don't make use of the powerful spiritual techniques available in India. When the entire world is looking towards India for personal and spiritual guidance, the Indian professionals are maintaining a very guarded distance from the arena. This is probably because spiritual approach relies on techniques that seek direct contact with the sacred, through which one understands the true nature of reality. And unfortunately, professionals are neither trained in them nor, at least, realize their significance.

This is primarily because contemporary mental health movement has shifted towards a western mechanistic worldview where most forms of psychological problems are seen as being caused by biochemical changes in the brain for which medication is used extensively; or of a worldly nature, which then are provided only superficial "band-aid" solutions.

The bright side of the scenario is that now practioners are realizing that there is a wealth of treasure in spiritual traditions, especially Eastern ones, which can be advantageously pooled with modern techniques to bring about therapeutic change.

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As the West starts to endorse this approach, which is called transpersonal psychology, it is increasingly finding a place in modern Indian therapy.

The body of research on these techniques is growing, which shows that it has great potential to help people suffering from anxiety, depression and psychosomatic disorders. Earlier the entire philosophy behind a spiritual approach was often seen to be at variance with that of the modern materialistic culture. Now the integration of spirituality and therapy is seen as the most obviously winning combination for alleviation of pain, be it existential pain or worldly problems.

## Definitions

Transpersonal psychology is the extension of psychological studies into consciousness studies, spiritual inquiry, body–mind relationships, and transformation. Carl Jung first coined the term transpersonal (*uberpersonlich*) when he used the phrase "transpersonal unconscious" as a synonym for "collective unconscious" (Institute of Transpersonal Psychology, USA).

Transpersonal Psychology is the formal study of experiences, beliefs, and practices which seem to suggest that the sense of one's self may extend beyond our personal and individual perceptions of reality (http://www.leftfield-psi.net/glossary/glossary_t.html).

Transpersonal Psychology and Parapsychology may seem to overlap but they are very different in that the former focuses more on 'universal' or spiritual aspects, whereas the latter is primarily focused on investigation of evidence to either support or disclaim the reality of "paranormal" phenomena.

Transpersonal psychology is known as the "fourth-force" in psychology, meaning that it is at the forefront of the field of psychological study. Stan Grof calls it the "psychology of the future". It combines knowledge from all spiritual traditions world-wide with the study of psychology (http://www.simpleformat.com). Transpersonal psychology is a school of psychology, considered by proponents to be the "fourth force" in the field (after the first three: psychoanalysis, behaviorism, and humanism). It was originally founded in 1969 by Abraham Maslow, Stanislav Grof, Anthony Sutich, and others in order to pursue knowledge about issues connected to mystical and transcendent experiences. According to transpersonal theory, these other schools of psychology have failed to give weight to transpersonal or "transegotic" elements of human existence, such as religious conversion, altered states of consciousness, trance and spirituality, in their academic reflection. Thus, transpersonal psychology strives to combine insights from modern psychology with insights from the world's contemplative traditions, both East and West. (Cowley & Derezotes, 1994; Miller, 1998).

Lajoie and Shapiro (1992) reviewed 40 definitions of transpersonal psychology that had appeared in literature over the period 1969 to 1991. They found that five key

themes in particular featured prominently in these definitions: states of consciousness, higher or ultimate potential, beyond the ego or personal self, transcendence, and the spiritual. A short definition from the *Journal of Transpersonal Psychology* suggests that transpersonal psychology is concerned with the study of humanity's highest potential, and with the recognition, understanding, and realization of unitive, spiritual, and transcendent states of consciousness (Lajoie and Shapiro, 1992:91).

Transpersonal psychology is a school of psychology that studies the transcendent or spiritual dimensions of humanity. Among these factors we find such issues as self-development, peak experiences, mystical experiences, and the possibility of development beyond traditional ego boundaries.

Transpersonal psychology can effectively be used for (Simple format.com)

1. Healing
2. Personal Growth
3. Spirituality

## The Development of Transpersonal Psychology

Among the thinkers who are considered to have set the stage for transpersonal studies are William James, Sigmund Freud, Otto Rank, Carl Jung, Abraham Maslow, and Roberto Assagioli (Cowley & Derezotes, 1994; Miller, 1998; Davis, 2003). Research by Vich (1988) suggests that earliest usage of the term "transpersonal" can be found in lecture notes which William James had prepared for a semester at Harvard University in 1905–06. A major motivating factor behind the initiative to establish this school of psychology was Abraham Maslow's already published work regarding human peak experiences. Maslow's work grew out of the humanistic movement of the 1960s, and gradually the term "transpersonal" was associated with a distinct school of psychology within the humanistic movement.

In 1969, Abraham Maslow, Stanislav Grof, and Anthony Sutich initiated the publication of the first issue of the *Journal of Transpersonal Psychology*, the leading academic journal in the field. This was soon to be followed by the founding of the Association for Transpersonal Psychology (ATP) in 1972. In the 1980s and 1990s the field developed through the works of such authors as Jean Houston, Stanislav Grof, Ken Wilber, Michael Washburn, Frances Vaughan, Roger Walsh, Stanley Krippner, Michael Murphy, Charles Tart, David Lukoff, and Stuart Sovatsky.

Today transpersonal psychology also includes approaches to health, social sciences, and practical arts. Transpersonal perspectives are also being applied to such diverse fields as psychology, psychiatry, anthropology, sociology, pharmacology, cross-cultural studies (Scotton, Chinen and Battista, 1996; Davis, 2003), and social work (Cowley & Derezotes, 1994).

By common consent, the following branches are considered to be transpersonal psychological schools: Jungian psychology, depth psychology (more recently

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rephrased as the Archetypal psychology of James Hillman), the spiritual psychology of Robert Sardello (2001), psychosynthesis founded by Roberto Assagioli, and the theories of Abraham Maslow, Stanislav Grof, Ken Wilber, Michael Washburn, and Charles Tart.

A key stimulus for the establishment of transpersonal psychology as a distinct field of inquiry was Abraham Maslow's research on self-actualizing persons. Maslow's work addressed not only psychological wounding and personal development, but the study of peak experiences, inspired creativity, altruistic ideals, and personal actions that transcend "ordinary" personality as well.

## Transpersonal Psychology: Integrating Spirituality in Counseling Practice

Effective counseling addresses the body, mind, and spirit. The field of counseling has been slow in recognizing the need to address spiritual and religious concerns. There is now widespread interest in the role of spirituality in both assessment and treatment. Evidence for this interest is found in the many books and articles written on spiritual and religious values in counseling. Spiritual and religious matters are therapeutically relevant, ethically appropriate, and potentially significant topics for the practice of counseling in secular settings. Counselors must be prepared to deal with their clients' issues of the human spirit (Gerald Corey, 2006, counselingoutfitters.com).

Increasingly therapists are realizing that religion and spirituality are often part of the client's problem. Ergo, rather than as something to be ignored, they should also be part of the client's solution. Because spiritual and religious values can play a major part in human life, spiritual values should be viewed as a potential resource in therapy.

Personal spirituality or some form of religious faith can be a powerful source of meaning and purpose. For some, religion does not occupy a key place, yet a personal spirituality may be a central force. Spirituality helps many people make sense out of the universe and the purpose of our lives on this earth. It can help us get in touch with our own powers of thinking, feeling, deciding, willing, and acting, thus becoming a major force in the field of therapy.

Spirituality and religion are significant bases of strength for many clients, is the core for finding meaning in life, and can be instrumental in promoting healing and well-being. There is growing empirical evidence that our spiritual values and behaviors can promote physical and psychological well-being. Exploring these values with clients can be integrated with other therapeutic tools to enhance the therapy process (Benson & Stark, 1996).

Counseling can help clients gain insight into the ways their fundamental beliefs and values are reflected in their behavior. Clients may sometimes discover that they need to re-examine these values. Clinicians must remain open and nonjudgmental,

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recognizing that there are multiple paths toward solving problems. It is not the role of the counselor to prescribe any particular pathway. Counselors can make use of the spiritual and religious beliefs of their clients to help them explore and resolve their problems. To effectively be able to address spiritual concerns in assessment and treatment, counselors need to have competencies in working with values. Training programs must incorporate discussion son how to work with values as a part of the therapeutic process.

Religious beliefs can provide a deep sense of purpose and meaning in life. These beliefs can offer hope in the face of adversity and suffering and can offer a perspective when we are overwhelmed by life's problems.

### Infusion of Spirituality in Counselor Preparation Programs

Recent surveys of the general public and of counseling professionals suggest the pervasive importance of spirituality in the lives of all individuals (Myers and Williards, 2003). Yet, the infusion of spirituality in counselor preparation programs continues to be a concern. Counselors and counselor educators need to value and address spirituality as an integral component of optimum human functioning. They need to conceptualize spirituality as a developmental phenomenon span that is essential for achieving wellness. And thereafter, by distinguishing between religiosity and spirituality and operationally conceptualizing spirituality counselor educators can more readily incorporate spiritual issues within the philosophy of the counseling.

## DIMENSIONS OF SPIRITUAL APPROACH TO THERAPY

### Assumptions of a Spiritual Approach to Therapy (Bill O'Hanlon)

People are not defined by or determined by the circumstances of their lives. There is more to people than nature or nurture, personality, genetics, biochemistry, or cause and effect. People have spiritual resources, even when they are not religious that they can drawng on in order to facilitate therapy outcomes.

### Pain Management by Psychosocial and Spiritual Methods (Gayle Newshan, 1999)

Spirituality is an important though aspect of pain management. The spiritual domain involves: (1) meaning, (2) hope, and (3) love and relatedness. Understanding these aspects carries several implications for any pain therapist such as it is important for

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the pain therapist to be closer to his/ her own spirit in order to be there for the patient in pain, in order to promote comfort and diminish pain. Spiritual assessment can also be done in order to know where the client is and how the counselor can help.

## Spirituality and Religion (Ruth A. Tanyi, 2002)

Spirituality is an inherent component of being human, and is subjective, intangible, and multidimensional. Spirituality and religion are often used interchangeably, but the two concepts are different. Spirituality involves humans' search for meaning in life, while religion involves an organized entity with rituals and practices about a higher power or God. Spirituality may be related to religion for certain individuals, but for others, such as an atheist, it may not be.

## Pain: Spiritual Assessment

## (Byock I. Dying Well, 1997; Cassell E. J, 1999; Paice JA, 2002)

Many individual factors can affect a person's experience of pain and subsequent response to treatment, including their past experiences with pain, the meaning they assign to their current pain, and underlying mood disorders (e.g., anxiety, depression, anger). At times affective and cognitive dimensions of pain along with psychosocial and spiritual issues can produce an overwhelming amount of suffering. However, pain and suffering are not inextricably linked. That is, some patients with pain report no suffering. Attending to suffering, by listening, and offering empathy is a critical nonpharmacologic intervention. Obtaining a spiritual history can help patients and their caregivers further understand and attend to the suffering aspects of pain.

Spiritual interventions are used to alleviate despair and hopelessness (Jari Kylma, 2005)

Some of the consequences of living with terminal illness include despair and hopelessness. Despair consists of two subprocesses. The downward subprocess of despair refers to stopping and being stuck in a situation, losing grip and sinking into a narrowing existence, and focusing on impossibility and losing perspective of the future and questioning the possibility of hope. The upward subprocess of despair implies fighting against sinking and fighting to rise back up with a glimmer of hope.

A philosophical source of remarkable insights into personal suffering is exemplified in Victor Frankl's account of Second World War of his internment in a Nazi concentration camp. (Kotur PF 2006) Frankl, a psychiatrist, maintains

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that physical discomfort and deprivation, no matter how extreme or brutal, do not cause suffering. The true root of suffering is loss of meaning and purpose in life, he says. Being free of physical suffering, he believes, is not enough to sustain a person. Quoting Friedrich Nietzsce "He who has a why to live, can bear almost any how." He says pain and privation can be endured if it is for a purpose.

## INAPPROPRIATENESS OF ADHERING TO WESTERN APPROACHES

Because of cultural differences between Eastern and Western countries, a direct application of Western approaches to persons of Eastern descent may have negative consequences. It can alienate people from mental health counseling, cause deterioration of clients' conditions, and waste counselors' resources (Azuma, 1984). In addition, applying Western approaches to people of Eastern cultures imposes the Western values of independence and self-sufficiency on people who value interdependence and harmony (Mocan-Aydm, 2000).

In light of the cultural differences between Eastern and Western countries, rather than imposing Western values and counseling approaches on clientele from Eastern countries, a more useful approach is to integrate Eastern philosophies and indigenous approaches into mental health delivery. Indian mental health counselors may want to include clients' family and friends in counseling and incorporate the healing power of religious interventions (Raguram et al., 2002). Similarly, mental health counselors could refer their clients to indigenous healers so that both indigenous healing methods and Western counseling approaches can be used simultaneously (Hohmann et al., 1990).

An integration of culturally sensitive, indigenous methods with the Western approaches to mental health can be useful (Raney and Cinarbas 2005). Including family and friends in counseling may be beneficial, as is encouraging and supporting clients' religious practices. Both Western and indigenous approaches to mental health have scientific and heuristic value and should be utilized in conjunction. Rather than using either approach in isolation, integration of Western and indigenous counseling approaches will be more effective for Indian clients.

In summary, we see that counseling in India actually employs a multidisciplinary approach. There are pranic healers, astrologers, spiritual gurus, yoga and meditation gurus, the temple priests as well as the mental health professionals who work towards alleviation of problems. Counselors in India should take into account, and systematize the knowledge gained from these sources, and integrate ancient scriptural texts into today's body of counseling knowledge.

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## INDIGENOUS MODELS OF COUNSELING

The search for the meaning of life has nagged man from time immemorial. Every man, subject to his working knowledge of the dynamics of human behavior, has formed his own theory of how best to live. There are scientists who try to make some sense of this seemingly chaotic world around us. And in order to give meaning to all this, there are ideas generated, theories formulated, and laws set down, ensuring that the mechanism of life is well oiled. Yet, in spite of all the efforts, both at the micro and macro levels, the concepts of individual and global psychology seems to have yielded little toward alleviating human problems with permanent solutions. People are still struggling with their anxieties, conflicts, and confusion. Any joy or happiness experienced is transient. Peace of mind and contentment seem just a little further away at best, or a pipe dream at worst. Where do we find that? More importantly, what can we DO to find that? Or should we ask—what do we have to BE to find that!

As one goes through life, one faces problems of a myriad dimensions. In India people approach solutions in different ways. Some problems are solved with the help of significant people around; some problems are shelved and hoped that time would heal the wounds and alleviate the situation whereas some remain unsolved and intensify, further causing stress levels to sky rocket.

Sociocultural changes like breakup of the joint family, more women entering the work force, technological advancement, etc., have changed the way in which people young and old seek solutions to their life problems. Now, people typically enter counseling because they are feeling hurt, frustrated, or overwhelmed by problems. Gone are the days when counseling was just for "the mentally ill." In spite of lame jokes and a dying, but lingering, stigma sometimes attached to counseling, many individuals and families are seeking professional help to deal with the trauma of life in a fallen world. More the globalization, and more the technological advancement, more the restlessness and anxieties accorded to insecurity.

The goal of counseling often varies, and experienced counselors tailor their approaches to their clients' needs. But, it is important to understand that different schools of therapy have different end goals. Counseling is grounded in humanism, and most often seeks to help a person adjust to difficult circumstances. The processes may include client education, behavioral techniques, and cognitive restructuring (changing one's thoughts), just to name a few. But the end goal will most likely be some type of adaptation that provides symptom relief.

Man makes systems for his survival and progress. They have to be relevant to the present. Our needs have changed. Hence, the values on which they must be based must also be understood and assimilated contextually. One of the most essential virtues of man is his rationality and congruence. He must therefore present himself

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as a total entity, living according to the values he has understood and assimilated, exhibiting absolute consistency and intense authenticity.

Developing multicultural and multidisciplinary counseling competencies are identified as key aspects of developing overall counseling competency. There are multiple aspects of developing multicultural and multidisciplinary counseling competencies including gaining knowledge about key cultural practices and awareness of ethnic identity development within the cultures involved, and further insight into how ethnic identity development influences the counseling process.

The SWOT analyses presented in the special issue of Applied Psychology on *International Perspectives on Counseling Psychology* propose numerous possibilities for building a strategic plan for the new Counseling Psychology Division (16) in the International Association of Applied Psychology. Reducing multiple possibilities to a few common themes may suggest a realistic and meaningful way forward in formulating a strategic plan for Division 16. Elements of this plan might include (a) defining counseling psychology from an international perspective, (b) crystallising a cross-national professional identity, (c) encouraging construction of indigenous models, methods, and materials, and (d) promoting international collaboration. (Mark L. Savickas, 2007).

According to Clay (2002), there is a trend in India toward incorporating Indian traditions into Western approaches to counseling. Yoga and meditation have been integrated into mental health counseling. For instance, Aruna Broota (Clay), an Indian therapist educated in the US, developed a relaxation technique that combines four yogic postures and the repetition of a religious word such as shanti (i.e., peace). Yoga and meditation have been known to increase self-awareness, concentration, and calmness of the mind. This creates the right climate for cognitive therapy and behavioral interventions. Similarly, Sangram Singh Nathawat, a professor of psychology and editor of the *Indian Journal of Clinical Psychology*, recommends that his clients go to meditation and yoga camps to increase positive emotions and decrease negative symptoms before entering mental health counseling (Clay).

Besides yoga and meditation, visiting religious centers is commonly used for healing purposes in India (Raguram, Venkateswaran, Ramakrishna, & Weiss, 2002). The authors investigated the effectiveness of a "healing temple" in South India. Persons identified by family members as mentally ill were brought to this temple where they lived for an unspecified period of time free of charge (Raguram et al., 2002). No specific healing rituals took place in the temple. The persons seeking these services took part in the daily activities of the temple, such as cleaning the courtyard and watering plants in the temple's garden. Results of the study revealed that 22 of 31 clients who were initially diagnosed with paranoid schizophrenia, delusional disorder, and bipolar disorder had less severe psychopathology following their stay at the temple. The authors believed that, in addition to specific healing powers of the temple, clients' improved mental health stemmed from the temple's supportive,

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non-threatening, and reassuring environment (Raguram et al., 2002). Prayer has proved to be very effective in calming the mind, instilling hope in people.

One of the oldest systems of medicine, Ayurveda, has its origins in the 6th century B.C. (Rajkumar, 1991). Ayurveda is divided into eight different specialties, one being Bhuta Vidya, which deals with psychiatry (Das, 1987; Rajkumar, 1991; Sethi, Gupta, & Lal, 1977). The importance of mental health can be seen in the classification of Ayurveda into three categories: exogenous, endogenous, and psychic. Traditional systems of medicine such as Ayurveda make up 70 percent of overall health care as compared to that which is provided by physicians and general practitioners (Taylor, 1976). These traditional systems existed before, during, and after the British rule. Indians also may seek help from indigenous healers when residing outside of India. For example, Dein and Sembhi (2001) found that Indian psychiatric patients in the United Kingdom often visited *hakims* or *mullahs*, who are religious healers, for treatment. These religious healers prescribed herbal preparation and included the patient's entire family in the consultation. This practice differs from the one usually followed by general practitioners who prescribe only biomedical drugs and meet with the patient alone.

Incorporating indigenous methods of healing has a therapeutic value for Indians. Thus, mental health counselors working with Indian clientele need to incorporate traditional modes of healing into their counseling practices (e.g., referral) to increase counseling effectiveness and to ensure client satisfaction. Also, integrating mental health care with primary care in India will increase awareness and reduce stigma about mental illness, and it will result in the availability of good, low-cost, effective treatment because mental health care will no longer be an elusive treatment available only to rich people (James et al., 2002).

## EASTERN APPROACH TO COUNSELING: A COMBINATION OF THERAPY AND LIFE COACHING

Many Indians know about counseling as an intervention field; but now the whole approach to counseling is changing into mentoring/coaching, etc., as the postmodern generation is emerging. Indian approach to counseling is a combination of therapy and life coaching. And the medium is spiritual teaching.

Globalization is not only affecting families and socio-cultural orientations; it is also having a profound effect on work culture and ethics. Integration with Western society is creating conflict in the collective unconscious of the Indian people. Working hours are longer, more work is expected of them, competition is very high as the number of skilled personnel is growing. For every person who does not perform up to the employer's standards, there are many more alternatives. So

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the margin of error allowed has dropped drastically. This has resulted in insecurity and anxiety. Work timings are very irregular (the BPOs work during the night to cater to the needs of the waking customers at the other end of the globe. The many challenges being faced are causing a lot of stress. Husbands and wives meet only during the weekends. That is the time they get to meet their children too. This causes tension and dissatisfaction on the home front. The standard of living has gone up exponentially and to deal with this people in India are working longer and harder than ever before, thus raising the stress levels.

Indians, who earlier took advice from worldly-wise elders who were the pillars of strength in a joint family system, have nowhere to turn to after its breakdown. Thus it is alright to embrace coaching and all that coaching can offer. Life-coaching provides what is no longer being provided by family support and sharing. Coaches understand the world out there and are able to empathize and provide guidance. With so many changes taking place simultaneously, people who do not have a direct experience of the outside world are unable to help effectively.

Essentially, coaching is about helping one to reach self-actualization, a point at which one not only truly knows oneself but within this knowledge possesses a feeling of comfort with and understanding of the person one discovers. With regard to the career options, these are many and varied. Approximately 25–30 percent of coaches trained go into coaching full-time. The rest add coaching to whatever they already do—such as counseling, therapy, training, management consultancy, business advising, human resources, personnel managers, etc.

In India, there are many retreats budding on the outskirts of big cities and towns providing design, aesthetics, and service and comfort levels, modeled after exclusive and luxurious small hotels. They have a small number of rooms spread across different plantations, gardens, and fields where a few people are unobtrusively tended to as they go about their daily agendas in complete privacy and quiet.

These are places where one can connect with the rich and vibrant spiritual tradition of India that encourages us to search for a meaning and purpose of our existence by looking into the depths of our souls. Numerous processes derived from the tradition of Yoga and a range of self-discovery modules allows guests to truly recharge their body and mind energies and set about resetting their priorities and goals. This is all provided in a private, serene, and spiritual environment.

In the Indian tradition, all round excellence is the manifestation of the purpose for which our lives have been given to us. This excellence is inherent within us [*tat tvam asi* – that (which you are moving towards) you are] and is to be achieved through harnessing, refining, and purifying our body/mind energies and spiritualizing our actions and emotions, thereby allowing the divine qualities within to shine forth. The retreat centers help to achieve this by catalyzing the thinking process with inputs from the Indian spiritual tradition.

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Apart from these retreat centers, there are many ashrams, or spiritual retreat centers that have existed for a long time, run by various trusts and cater to spiritual aspirants from various fields. These people get authentic spiritual guidance in these ashrams. Of late, more and more people seem to be flocking to these retreat centers that run various camps and workshops. With the stresses attributed to technological advances and the resultant mechanized lifestyles, people's thirst for self-knowledge and self-discovery is increasing by leaps and bounds.

Coaching initiates and sustains the individual's journey into self-discovery. As we have seen earlier, in India, life is considered to be a journey of experiences that leads us to discover the excellence inherent within us. People nowadays are looking to spend some time reflecting and connecting with their inner selves, and the retreat centers provide a sacred space and structure their stay with dedicated yoga classes, rejuvenation and relaxing massages, light, but wholesome vegetarian food, guided meditation sessions, *mouna* (silence) and karma yoga (working with a selfless attitude) hours, and scriptural classes.

Yoga classes are based on classical *hatha* yoga and combined with *pranayama* (breathing related) and *pratyahara* (internalization) processes drawn from the *Yoga sutras*, an ancient yogic doctrine that aims to integrate our body, mind, heart and soul for complete living. The programs and yoga classes are dedicated to applying the wisdom of the Vedas and Indian spiritual tradition to enrich the professional and personal lives the people.

Some retreat centers also include nature-based activities that one can experience, for example, the opportunity to spend time in the herb and agricultural fields. This seems to be an immensely therapeutic experience in itself with their stresses disappearing as they were working in the fields.

Yoga tells us that the laws governing external nature are identical to the laws governing our psychophysical personalities. Through the process of observation and mindfully participating in our carefully designed farming activities, one can learn a lot about the self.

Another significant therapeutic experience that these retreat centers provide the guests is an opportunity to participate in many community-based activities organized by them like serving meals to village school children, renovating the village school or other essential structures, reading to the villagers, or organizing recreational programs for the villagers. This gives them the chance to interact and experience the real India. This exercise which is known as *seva* or service, changes negative emotions into positive ones such as arrogance into humility, sympathy and indifference into empathy and compassion, and anger into love. The Indian tradition believes that selfish ego personality is just *maya* or illusion. And beneath it we all have a genuine desire to give—for the sake of giving, and not for the sake of personal aggrandizement. This aspect of our personality when harnessed and employed in our daily work and personal life gives a lot of peace and satisfaction.

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Nature walks and agricultural and medicinal herb gardens farming provide the necessary physical stress relief. Yoga classes, wellness and stress management modules, regular yoga retreats where individuals can learn from the physical, physiological, and therapeutic benefits of a simple yoga practice, stress management packages, and retreats for psychosomatic ailments like asthma, high blood pressure, back, neck and hand pain etc., seem to be the order of the day in these places. Meals served are vegetarian, and thoughtfully planned to complement the lifestyle one will be experiencing at the retreats.

According to yoga, "stress," causes many emotional disorders through an inability of the body/mind system to cope with the demands made on it both professionally and in personal life. While Western medicine and psychiatry deals with stress with medicine that induces the release of "feel good" hormones, this does not eliminate the problem. Vedanta says that the root cause of stress lies in our inability to see the world as one unbroken stream of consciousness flowing through everything and everyone. When the realization that we are not separate from the world, and hence we need not compete with the world for our happiness is the one that will save us all from this meaningless, competition and rat race.

Yoga encourages one to deal with stress at the physical (with proper diet and *asanas* [physical postures]), physiological (with *pranayama*-breathing practices), mental and intellectual level (with meditation) and is therefore referred to as a holistic healing science.

Many retreat centers offer massages, which are designed to remove knots of stress out of the muscles. Insomnia can be tackled with *yoga nidra* or deep yogic sleep practices, light meals at night, avoiding intoxicants, and meditation. Back pain can be helped with various yoga postures that help stretch, relax, and strengthen the spine as well breathing and meditation practices.

## ❖ Summary ❖

The discussion on counseling cannot be complete without making it relevant to the Indian setting. With the world around us changing so fast, families in India are caught up amongst many developments for which they were not prepared. The difference in the pace of life, in values and ethics, and in the capacity to adapt, which differs between the parents and their children, the family, society, and culture changing to adapt itself to globalization, work, and career issues expanding to herald in the capitalized world, issues relating to personal, and social and professional insecurity are looming large. As a result, there is a great need for some kind of intervention and help.

Attention in counseling should be drawn towards culture-specific issues as they determine clients' attitudes and perceptions, which in turn contribute to their problems. Also, spiritual and religious values play a major part in

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the clients' problems in India. Having acknowledged this fact, counselors must understand the potency of pursuing them as a focal point in their resolution. Only then will healing be wholesome. Especially now, with growing epidemics of physical and mental illnesses, there is much more need for properly focused intervention. Even the government is looking out for workable models of intervention and the counselors need to wake up and equip themselves if they want to impact the country in a very significant way.

Mental health care is receiving increased attention in developing countries at a time when a wide range of treatments for acute and chronic mental disorders is available (6). Availability of these treatments enables the use of a variety of levels of care for mentally ill patients with different needs (5) and makes it feasible to consider issues of quality assurance for treatment approaches that go beyond institutionalization.

Life coaching and spiritual retreats, which have existed for thousands of years, have picked up popularity again, whether it is for commercial or spiritual purpose.

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# 4
# *Counseling through the Lifespan*

**Chapter Overview**

- Developmental psychology
- Counseling and developmental psychology
- Theories of human development
- Theories from mechanistic worldview perspective
- Jean Piaget's theory of cognitive development
- Theories from the organismic worldview perspective
- Theories from the contextualistic worldview perspective
- The Indian focus: Philosophy of Indian counseling
- Four types of human goals

Why are humans the way they are? Why do abilities of children seem to be so different from those of adults? What can one do to help children become fully developed adults? These are the kinds of questions that theorists of human development try to answer.

Over the course of the 20th century, counseling grew from supplementing vocational guidance in education to a full blown profession in its own right. The foundation of the profession included a heavy commitment to preventing problems, promoting development, and resolving concerns of non-psychotic people of all ages.

Many counselors feel frustrated that most counselor training programs place a greater emphasis on diagnosing and treating psychopathology. The result is the loss of attention to prevention of and treating life adjustment problems and the promoting of healthy development. They say that the reality is that everyone faces adjustment problems, while only a relatively small minority of individuals qualifies for DSM diagnosis. There is also a growing concern that counselors, counseling psychologists, social workers, and other mental health practitioners are not being

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adequately trained to deal with life adjustment problems that almost everyone experiences in the course of their lifetime. The concern, implicit in the current emphasis on pathology and psychotherapy, is the assumption that service providers need not be trained in the strategies of preventing mental illness, and that if they are taught to understand the nature and treatment of psychopathology, they will be able to develop effective strategies for preventing psychopathology.

The issue is dealt with keeping in mind this perspective. Mental health service providers need a strong foundation in normal human development and problem prevention strategies in order to meet the mental health needs of the 21st century. Students should be acquainted with prevention and treatment of developmental concerns. A developmental approach to counseling acknowledges not only the potential for positive growth and change within each individual, but also the ongoing tendency towards change, both positive and negative, throughout the lifespan. It is therefore essential for counselors to develop an understanding of these natural progressions in the life of an individual. Such an understanding enables the counselor to approach each client from the most suitable perspective and assist each individual better. This chapter gives an overview of some of the important developmental theories needed to effectively bring about positive change.

## DEVELOPMENTAL PSYCHOLOGY

Also known as human development, developmental psychology is the scientific study of progressive psychological changes that occur in human beings as they grow and age. Originally this branch of psychology was concerned with infants and children only. Later on it expanded to include adolescents, adults and more recently, the geriatric population too. Thus, it covers the entire lifespan. This field examines changes across the different areas of development such as physical, motor, cognitive, emotional, social, moral, and much more recently, the spiritual. It studies the milestones of acquisition of motor skills and other psychophysiological processes, problem-solving abilities, conceptual understanding, and acquisition of language, moral understanding, and identity formation (adapted from wikipedia).

The field examines human developmental processes and transitions through different stages and phases in the individual's lifespan. Developmental psychology is concerned with two areas of human functioning:

1. Describing the characteristics of psychological change over time
2. Trying to explain the principles and internal workings underlying these changes, with the aid of models.

These models explain the means by which a process takes place. For instance they talk about the changes in the brain and the corresponding changes in the behavior of an individual over the course of development.

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Researchers in this field primarily gather evidence through observation, with each study adding to the overall body of material in developmental psychology. They systematically present the theoretical paradigms and current trends relating to the different subfields. They also integrate the various fields providing information not only on the processes but also their interaction with other processes. The various areas of development do not occur mutually exclusive of others. They dynamically interact with each other and have a profound influence on each other.

It is a field of study very significant to counselors as it is critical to understanding how humans mature, what their normal milestones are and why they might not achieve them. Lagging behind in normal development, or failing to meet development targets at a specific age, can be an early sign that a child is experiencing problems which need to be addressed (wisegeek.com).

Other fields, such as educational psychology, child psychopathology, and forensic developmental psychology draw their information from developmental psychology. The field also complements several other basic research fields in psychology including social psychology, cognitive psychology, cognitive development, and comparative psychology.

## COUNSELING AND DEVELOPMENTAL PSYCHOLOGY

Counseling includes, but is not limited to, assisting personal problem solving, decision making, and life planning. Assistance by way of facilitating the development of clients by helping them become aware of the factors and forces at work in their lives and in the process learn to exert some degree of control over those forces.

In order to be an effective counselor, one needs to organize the helping process around a set of unifying and clarifying ideas, principles, and commitments regarding human beings, and the physical and social world they live in. Any counselor who has been practicing for some time will agree that the knowledge of developmental stages, milestones, and developmental tasks is of paramount importance to understand and assess the situation accurately. The divide between what is and what is expected is the main cause of adjustment problems.

As people pass through a life cycle, they pass through a sequence of chronological stages, and the number and complexity of social roles in which they engage increase rapidly. Often, these roles conflict or compete, sometimes taking on contradictory and incompatible expectations and conceptions. As this occurs, the life space of the individual is characterized by *role strain.* When role strain among very central and significant roles occurs, the individual may be subject to intense anxiety or stress.

Similarly, as individuals move through a life cycle, new roles, relationships, and responsibilities are often thrust on them. They may be poorly prepared to handle

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these new roles. The anthropological concepts of *continuity and discontinuity* link human ecology and counseling and are important in conceptualizing the functions of developmental counselors.

Changes in psychology and in society, in terms of perception and actuality, with age, bring about a lot of confusion and therefore stress. This results in maladaptive behavior. If the counselor is aware of how much the presenting problem is caused by these developmental factors, she/he would be able to provide clarity quite easily.

In choosing formulas or techniques to be used, counselors build on eclectic integrative approaches, that is, an approach drawn from many sources. Eclectic counseling uses concepts, constructs, and behavior change principles from a variety of psychological or therapeutic models or bodies of research and theory (Poznanski & McLennan, 1995). Thus, knowledge of various developmental theories is a must for counselors. The understanding of the developmental factors should be along the following lines.

## Understanding Human Development from Early Childhood to Adulthood

The period of life from early childhood to adulthood includes stages and characteristics of physical and motor, social and emotional, language and cognitive development from early childhood to young adulthood; developmental theories, their characteristics and their limitations; and developmental issues of particular importance during the various stages of human growth and development.

## Understanding the Ways in Which Developmental Stages and External Factors Affect Counseling and Assessment

An understanding of the ways in which development during early childhood, middle childhood and adolescence may affect educational counseling and assessment strategies and techniques; the influence of gender, family, peers, community; and the effect of racial, ethnic, cultural, linguistic, and socio-economic background on personal growth, development, learning, behavior, and educational achievement; and the application of developmental theories to various situations, education or counseling.

## Understanding Characteristics of Students with Special Educational Needs

Special educational needs for children include characteristics of students with special educational needs (e.g., learning disabilities, emotional impairments, mental impairments, physical impairments); learning characteristics and educational needs

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of such students; and implications of impairments and disabilities on human development, learning, behavior, educational achievement, and career planning.

### Understanding Principles of Learning and Motivation

Learning and motivation includes learning theories, behavioral and cognitive concepts of learning (e.g., reinforcement, transfer of learning, retention), the relationship between motivation and learning, factors that affect student motivation and attitudes toward school, and the application of learning concepts and motivational principles in various educational situations.

### Understanding the Principles of and Methods for Promoting Cognitive Development

The principles and methods for promoting cognitive development include principles of and methods for helping students develop goal-setting, problem-solving, and decision-making skills; techniques and activities for helping students acquire, apply, and adapt to efficient learning strategies; and techniques for encouraging students to assess their own needs, interests, and talents, and direct their own learning behaviors in response to various demands and tasks.

## THEORIES OF HUMAN DEVELOPMENT

Developmental psychology, as a discipline, is currently undergoing a paradigmatic/worldview change. Consequently, several different theoretical approaches to the study of development and life course have been proposed and advocated. Different theorists study different aspects of human development and their work is based on the different sets of assumptions they make. These differing assumptions reflect theoretical debates about four aspects of human behavior:

1. Should it be the individual's actual behavior or the presumed internal psychological processes that might be reflected in behavior?
2. Are humans autonomous, self-directed individuals, or do they act largely in response to external events?
3. Is there one theory that explains the development of all people in all places at all times, are there many theories, each specific to a historic time and place?
4. The actual methods that should be used to divine the answers to all of these questions.

Different approaches to the study of human development reflect relatively distinct worldviews. A worldview represents a set of assumptions that a theory may

draw upon to serve as the foundation of that theory's investigations. The worldview framework was first introduced by philosopher Stephen Pepper (1961) and is viewed as providing the most complete explanation differentiating three worldviews (Goldhauber, 2000). Three worldviews referred to as the mechanistic worldview, the organismic worldview, and the contextualist worldview strive to answer the following three questions put forth by Pepper (Goldhauber, 2000):

1. Is the data on human development an accurate reflection of development for all times and in all places (universal), or is development so situation-specific that it is impossible to generalize across time and place?
2. What causes us to be the way we are, and what causes us to change?
3. How do causes relate to one another? Is it possible to separate causes (reductionistic) or do they interact with each other (holistic)?

### *1. The Mechanistic Worldview*

The Mechanistic Worldview equates living things or organisms to machines or artifacts. These are believed to be composed of parts which are not intrinsically interconnected or interrelated, and their order is imposed from the outside. From a mechanistic viewpoint, human development and behavior are naturally occurring, universal, behavior changes that are measurable and observable, and are therefore predictable, lawful phenomena that can, theoretically at least, be fully understood through the use of systematic, objective empirical research methods (empirical meaning that the methods rely on observation or experimentation). They also believe that behavior is caused either by factors external to the individual (efficient causes—external factors like parenting style, educational opportunities, and peer group composition), or those defining the individual's biological makeup (material causes—inherited genetic characteristics and more general biological qualities such as temperament or information processing capability). It is a reductionistic paradigm, highly testable. It deals with behavior that is directly present, factual and observable. The researchers/ practitioners separate and dissect a single behavior so that each variable influencing that behavior can be examined independent of every other variable.

The preeminent theorists associated with the Mechanistic Worldview are the *proponents of the learning theory (*also referred to as stimulus-response theory, behavior theory, and social learning theory). They are Ivan Pavlov, BF Skinner, JB Watson and Albert Bandura.

### *2. The Organismic Worldview*

The Organismic Worldview explains rather than predicts. It uses qualitative processes to explain behavior and its causes. From their view point human development is a holistic, sequential process of structural changes that lead to increasingly more

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effective modes of adaptation, primarily for maintaining a sense of equilibration—to exist in harmony with the environment (Piaget, 1950). Change or development is the result of the human being's effort to stay the same or maintain equilibrium. Learning and growing, and building on the knowledge already accrued, is the consequence of adapting to the environmental changes.

Organismic Worldview theorists recognize both efficient (external) and material (genes) causes as important but place even more emphasis on what they see as formal and final causes. Formal causes reflect the organizational quality of all living systems, while final causes reflect the organicists' belief that human development is a directional process. Organicists argue that humans are each more than the sum of their parts and that human beings are actively involved in their own construction. They say that the organism is composed of interconnected, interrelated parts and go to constitute a complex, organized system.

There are three major issues related to this. The human organism thus can be only studied and understood as a whole entity (a gestalt). Second, the organism is seen as active rather than passive. The change within and its movement is a response to the processes within rather than in response to external or environmental influence the source of its acts according to this worldview, the organism is genetically prewired. And third this change is qualitative and unidirectional. Psychologists operating from this frame of reference define development as a series of progressive changes in structure, directed toward some goal. .

The major theoretical traditions within the Organismic Worldview are the *psychoanalytic models* associated with the work of Sigmund Freud, Erik Erikson, and *the cognitive developmental model* associated with the work of Jean Piaget, Kohlberg's theory of moral development.

### 3. Contextualist Worldview

Though the mechanistic and organismic worldviews are very different, nevertheless, they share one important characteristic—each views the process of development as universal. And it is this emphasis that contrasts them to the contextualist worldview. Contextualists argue that the forces that contribute to development are specific to historical time and social place. They do not believe that there are universal laws of development.

Contextualists make their non-universal argument for two reasons: one empirical and one conceptual. From an empirical perspective, they argue individuals are too different and their behaviors too variable to hold on to the 'universality' theory. From a conceptual perspective, contextualists argue that since it is impossible to ever have an objective (i.e., context-free) perspective on human development, then it is impossible to make judgments that are not culturally based. Thus, this worldview is both realistic and idealistic, internally as well as externally driven.

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Lev Vygotsky's cultural-historical theory of human development which places great emphasis on the role of culture in first defining and then transmitting the sign and symbol systems used in that culture is a good example of a theory rooted in a contextualist worldview. Sign and symbol systems are the ways in which cultures note and code information. They are reflected in the nature of the language, in ways of quantifying information, in the expression of the arts, and more generally in the ways in which people establish, maintain, and transmit social institutions and relationships across generations.

## THEORIES FROM THE MECHANISTIC WORLDVIEW PERSPECTIVE

*Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I'll guarantee to take any one at random and train him to become any type of specialist I might select—doctor, lawyer, artist, merchant-chief and, yes, even beggar-man and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors.* —John Watson, Behaviorism, 1930

Behaviorism is one of the theories from the mechanistic worldview perspective. It is a school of thought that assumes that learning occurs through interactions with the environment—the environment shapes behavior. It also assumes that mental states, such as thoughts, feelings and emotions are useless in explaining behavior.

### Classical Conditioning Model

Classical conditioning (also Pavlovian or respondent conditioning) was first demonstrated by Ivan Pavlov. It is a form of associative learning—a learning process that occurs through associations between an environmental stimulus and a naturally occurring stimulus. In order to understand this process, it is necessary to be familiar with the following concepts:

**The Unconditioned Stimulus (US):** This is one that unconditionally, naturally, and automatically triggers a response.

**The Unconditioned Response (UR):** This is the unlearned response that occurs naturally in response to the unconditioned stimulus.

**The Conditioned Stimulus (CS):** This is initially a neutral stimulus. It could be any event that does not result in an overt behavioral response from the organism under investigation. This neutral stimulus, after becoming associated with the US

eventually comes to trigger a response similar to the UR. This becomes the CR. The CR and UR are the same. Just the difference is that they are responses to different stimuli. When the response was to the unconditioned stimulus it was called the unconditioned response. The same response when following the conditioned stimulus becomes the conditioned response.

**The Process of Classical Conditioning:** Classical conditioning has been demonstrated in numerous species using a variety of methodologies.

Classical conditioning first starts with the teacher/therapist/investigator identifying the response to be achieved. The next step is to find out which stimulus elicits this response naturally. After this the therapist identifies the stimulus to which she/he wants the natural response to follow.

The US and the CS are paired for several trials after which the UR, which initially followed US starts following CS too. The connection, or the association between the hitherto unconnected CS and CR is formed.

Thus "unconditioned" means unlearned, untaught, pre-existing, already-present-before-we-got-there and "conditioning" means to associate, connect, bond, link something new with the old relationship.

Initially (Pavlov's experiment),

Unconditioned Stimulus → Unconditioned Response
(Food) (Salivation)

Conditioned Stimulus → No Response
(Bell)

Then,

Unconditioned Stimulus + Conditioned Stimulus → Unconditioned Response
(Food) (Bell) (Salivation)

After several trials,

Conditioned Stimulus → Conditioned Response
(Bell alone) (Salivation)

The stimulus, which did not originally evoke a particular response, on close temporal proximity with another, which does elicit a particular response naturally, starts to elicit a similar response.

## Types of Classical Conditioning

### 1. Forward conditioning

The onset of the CS *precedes* the onset of the US. Three common forms of forward conditioning are: short-delay, long-delay, and trace.

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### 2. Simultaneous conditioning

The CS and US are presented at the same time.

### 3. Backward conditioning

The onset of the US precedes the onset of the CS. In this method the CS actually serves as a signal that the US has ended rather than being a reliable predictor of an impending US (such as in forward conditioning).

### 4. Temporal conditioning

The US is presented at regular time intervals, and CR acquisition is dependent upon correct timing of the interval between US presentations.

### 5. Unpaired conditioning

The CS and US are not presented together. Rather they are presented as independent trials that are separated by a variable, or pseudo-random, interval. This procedure is used to study non-associative behavioral responses, such as sensitization which is a progressive amplification of a response following repeated administrations of a stimulus.

### 6. Response extinction

The CS is presented in the absence of the US and eventually, the CR frequency is reduced to pretraining levels.

### 7. Stimulus discrimination/reversal conditioning

In this procedure, two CSs (CS+ and CS–) are identified which can be similar (different intensities of light) or different (auditory and visual). The US is paired only with the CS+ and not with CS–. After a number of trials, the organism learns to discriminate CS+ trials and CS– trials such that CRs are only observed on CS+ trials.

During reversal training, the CS+ and CS– are reversed and subjects learn to suppress responding to the previous CS+ and show CRs to the previous CS–.

### 8. Stimulus generalization

This is the tendency for the conditioned stimulus to evoke similar responses after the response has been conditioned.

### 9. Secondary conditioning

The CS takes on the role of the US and is paired with another and the process of conditioning continues further. Attitudes, values, beliefs, and thinking patterns

are quite often learned in this manner. Thus to help make changes in therapy the same principle can be applied to unlearn what has been learned. Many behavior modification techniques for example, aversion therapy, flooding, systematic desensitization, and implosion therapy owe their origin to the classical conditioning theory.

## Operant (Instrumental) Conditioning Model

This model examines the relationship between a behavior and its consequence. It was developed by Edward Thorndike, John Watson, and B.F. Skinner. This theory proposes that learning is the result of the consequences. The learners begin to connect certain responses with certain stimuli causing the probability of the response to change (i.e., learning occurs). As a model of human development, it demonstrates how changes in the consequences of one's behavior can in turn modify that behavior. Responses are more likely to increase if followed by a positive consequence and less likely if followed by a negative consequence.

Thorndike labeled this type of learning as instrumental. Skinner renamed instrumental as operant, i.e., in this learning, one is "operating" on, and is influenced by, the environment. The stimulus follows a voluntary response which then changes the probability of whether the response is likely or unlikely to occur again. The two types of consequences, positive (sometimes called pleasant) and negative (sometimes called aversive) can be added to or taken away from the environment in order to change the probability of a given response occurring again (Huitt, W., & Hummel, J. 1997).

Classical conditioning illustrates S–>R learning, whereas operant conditioning is often viewed as R–>S learning. It is the consequence that follows the response that influences whether the response is likely or unlikely to occur again. Voluntary responses are learned through operant conditioning. (Huitt, W. and Hummel, J. 1997).

***General principles:*** There are four major techniques or methods used in operant conditioning. They are the result of combining the two major purposes of operant conditioning (increasing or decreasing the probability that a specific behavior will occur in the future), the types of stimuli used (positive/pleasant or negative/aversive), and the action taken (adding or removing the stimulus).

There are five basic processes in operant conditioning: reinforcements (positive: pleasant, and negative: unpleasant or aversive) strengthen behavior; punishment, response cost, and extinction weaken behavior.

*Positive reinforcement*: A positive reinforcer is added after a response and increases the frequency of the response. For, e.g., reward, appreciation, etc., increase the probability that a particular behavior will occur again.

*Negative reinforcement*: After the response the negative reinforcer is removed, which increases the frequency of the response. For, e.g., stop scolding once the child apologises. (*Note:* There are two types of negative reinforcement: escape and avoidance. In general, the learner must first learn to escape before he or she learns to avoid.)

*Response cost or omission*: Omission or response cost weakens behavior by subtracting a positive stimulus. After the response the positive reinforcer is removed, which weakens the frequency of the responsee. Withdrawal of privileges like watching TV, books, lunch hour play, etc.

*Punishment:* It weakens a behavior by adding a negative stimulus. After a response a negative or aversive stimulus is added which weakens the frequency of the response.

*Extinction*: No longer reinforcing a previously reinforced response (using either positive or negative reinforcement) results in the weakening of the frequency of the response.

| | **Outcome of Conditioning** | |
|---|---|---|
| | **Increase Behavior** | **Decrease Behavior** |
| Positive Stimulus | Positive Reinforcement [add (positive) stimulus] | Response Cost [remove (positive) stimulus] |
| Negative Stimulus | Negative Reinforcement [remove ( negative) stimulus] | Punishment [add (negative) stimulus] |

## Schedules of Reinforcement

Skinner found that the timing of the contingent reinforcement is an equally significant variable. Continuous reinforcement is generally seen as being more effective in establishing a response; variable or intermittent reinforcement is seen as being more effective at maintaining a response at a high level once it has been established.

*Continuous reinforcement* simply means that the behavior is followed by a consequence each time it occurs.

*Intermittent schedules* are based either on the passage of time (interval schedules) or the number of correct responses emitted (ratio schedules). This results in four classes of intermittent schedules:

1. Fixed interval: The first correct response after a set amount of time has passed is reinforced (i.e., a consequence is delivered). The time period required is always the same.

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2. Variable interval: The first correct response after a set amount of time has passed is reinforced. After the reinforcement, a new time period (shorter or longer) is set with the average equaling a specific number over a sum total of trials.
3. Fixed ratio: A reinforcer is given after a specified number of correct responses. This schedule is best for learning a new behavior.
4. Variable ratio: A reinforcer is given after a set number of correct responses. After reinforcement, the number of correct responses necessary for reinforcement changes. This schedule is best for maintaining behavior.

## Behavior Genetic Model or the Nature-Nurture Debate

A behavior genetic model tries to bring about some understanding of the perennial nature-nurture debate. It offers a different approach altogether. These debates concern the relative importance of an individual's innate qualities versus personal experiences in determining or causing individual differences in physical and behavioral traits They attempt to determine, through elaborate statistical procedures, how much of the individual differences can be said to be due to genetic factors and how much due to environmental factors.

Behavior genetic researchers cannot of course do research which involves selective breeding procedures with humans, which is the preferred technique when working with animals so they look for situations that they believe allow for "experiments in nature."

The two most common research designs behavior genetic researchers employ for humans involve:

1. The comparison of individuals of different degrees of genetic relatedness, i.e., twin and family studies, and
2. The comparison of adopted children to both their biological and adopted parents (adoption studies).

Behavior genetic researchers report that many characteristics show a significant genetic contribution. That is, identical twins appear more similar than fraternal twins or siblings, who are in turn more similar than cousins, who are in turn more similar than unrelated individuals. Further, adopted children share many characteristics with their biological parents, even if they are adopted at birth.

Two different types of environmental effects are distinguished during the investigations: shared family factors (i.e., those shared by siblings, making them more similar) and non-shared factors (i.e., those that uniquely affect individuals, making siblings different). In order to express the portion of the variance that is due to the "nature" component, behavioral geneticists generally refer to the heritability– the extent to which variation among individuals in a trait is due to variation in the genes those individuals carry—of a trait.

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Also another component of the nature-nurture debate is the gene-environment interaction. Environmental inputs affect the expression of genes, that is, the environment influences the extent to which a genetic disposition will actually manifest. Individuals with certain genotypes are more likely to find themselves in certain environments. Thus, it appears that genes can shape (the selection or creation of) environments.

Thus, there are the predominantly environmental traits (specific language, religion), predominantly genetic (blood type, eye color) and interactional (height, weight, skin color).

## THEORIES FROM THE ORGANISMIC WORLDVIEW PERSPECTIVE

### Psychoanalytic Theory

The psychoanalytic theory was developed by Sigmund Freud. Even as his theories were considered outrageous at the time, and went on to create dispute and disagreement, his work had a reflective influence on a number of disciplines, including psychology, sociology, anthropology, literature, and art.

Psychoanalysis is the term used to refer to Freud's work and research, including the therapy and the research methodology he used to develop his theories. Freud relied heavily upon his observations and case studies of his patients when he formed his theory of personality development. There are six main dimensions of this theory:

1. Psychosexual stages of development
2. Levels of consciousness
3. Structure of the mind
4. Life instincts
5. Defense mechanisms
6. Therapy

#### *1. Freud's Stages of psychosexual development (Kendra Cherry, About.com Guide)*

#### What is psychosexual development?

The concept of psychosexual development was first envisioned by Sigmund Freud. It posits that personality is mostly established by the age of five; early experiences play a large role in personality development; and continue to influence behavior later in life. Freud believed that, from birth, humans have instinctual sexual appetites (libido) which unfold in a series of stages. Thus, the human personality develops

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through a series of childhood stages during which the pleasure-seeking energies of the Id become focused on certain erogenous areas. This psychosexual energy, or *libido*, was described as the driving force behind behavior (psychology.about.com).

A healthy personality results if the stages are completed successfully. Every stage has a set of developmental tasks which have to be learnt, certain issues which have to be resolved. Each stage is characterized by the erogenous zone that is the source of libidinal drive during that stage. If this fails to happen, fixation can occur. A fixation is a persistent focus on an earlier psychosexual stage. It is the state in which an individual becomes obsessed with an attachment to another human, an animal, or an inanimate object. Until this conflict is resolved, the individual will remain "stuck" in this stage. For example, an oral (stage) fixation can later on manifest as overdependence on others, or may seek oral stimulation through smoking, drinking, or eating.

The different stages according to Freud are as follows:

### The oral stage

During the oral stage, the rooting and sucking reflex is especially important. This stage is characterized by the infant deriving pleasure from oral stimulation through gratifying activities, such as tasting and sucking, that is the infant's primary source of interaction occurs through the mouth. As the infant is entirely dependent upon caretakers (who are responsible for feeding the child) this oral stimulation provides the setting for the development of trust and comfort. The primary conflict at this stage is the weaning process. Fixation at this stage means the individual would have psychological issues like dependency or aggression, or behavioral problems like the various addictions or nail biting.

### The anal stage

During the anal stage, the primary focus of the libido is on controlling bladder and bowel movements. The developmental task for this stage includes toilet training, i.e., the child has to learn to control his or her bodily needs. Developing this control leads to a sense of accomplishment and independence. The approach of the parents' of major caregivers' to this training determines the success of this stage. Too much pressure (being too strict) or too much leniency have their own negative outcomes.

Praise and rewards encourage positive outcomes and help children feel capable and productive. This serves as the basis for people to become competent, productive, and creative adults. Negative approaches like the use of punishment, ridicule, or shaming a child for accidents can result in negative outcomes.

If the parents are too lenient the child develops a messy, wasteful, or destructive personality (anal expulsive). If parents are too strict or begin toilet training too early, Freud believed that the child develops an anal-retentive personality in which the individual is stringent, orderly, rigid, and obsessive.

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### The phallic stage

During the phallic stage, the primary focus of the libido is on the genitals. Children also discover the differences between males and females. This is the stage in which the *Oedipus and Electra complexes* develop. Boys develop the oedipus complex and view their fathers as rivals for the affections and experience the desire to replace the father. Knowing that these feelings to be inappropriate the child, fears that she/he would be punished by his/her father. This fear was termed *castration anxiety* by Freud. The term electra complex has been used to describe a similar set of feelings experienced by young girls. However, Freud posited, girls instead experience *penis envy*. Eventually, the child begins to identify with the same-sex parent as a means of vicariously possessing the other parent.

### The latent period

This stage begins around the time that children enter into school and become more concerned with peer relationships, hobbies, and other interests—the developmental tasks to be acquired during this stage is development of social and communication skills and self-confidence. During this period, the libido interests are suppressed. This is a period of calm contributed by the development of the ego and superego. This is a time of exploration in which the sexual energy is still present, but it is directed into other areas, such as intellectual pursuits and social interactions.

### The genital stage

This is the final stage of psychosexual development. The goal of this stage is to establish a balance between the various life areas. During this stage the individual develops a strong sexual interest in the opposite sex. In the earlier stages the focus was solely on individual needs. This stage marks the growth of interest in the welfare of others. If the other stages have been completed successfully, the individual should now be well-balanced, warm, and caring.

### *2. Levels of Consciousness: States of the Mind*

This is Freud's topographical model of the human personality. According to Freud, the mind can be divided into two main parts:

**The conscious mind:** The conscious mind includes everything that is in our awareness. This is the aspect of our mental processing that we can think and talk about in a rational way. The conscious mind holds the present perceptions, feelings, thoughts, memories (which is not always a part of our conscious but can be retrieved easily at any time), and fantasies at any particular moment. It is the part that is cognitively aware. Here, one can communicate about their conscious experiences. It is the realm of constructed, logical thinking.

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**The preconscious mind:** The preconscious mind is related to that data of which one is not conscious but can readily be brought to consciousness; or an area for distant memories to remain until the conscious calls upon them.

**The unconscious mind:** The unconscious mind is a reservoir of feelings, thoughts, urges, and memories that are outside of our conscious awareness. Freud believed that most of the contents of the unconscious are unacceptable or unpleasant. Like anxieties, conflicts, and pain, repressed feelings and ideas. This data, though not easily available to the individual's conscious awareness or scrutiny continues to influence our behavior and experience. These feelings find expression through dreams, free association, and parapraxis, (Freudian slips). This is where most of the work of the Id, Ego, and Superego take place.

### *3. Structure of the Mind: Id, Ego, Superego*

This is Freud's Structural model of Personality. According to the psychoanalytic theory, personality is composed of three elements known as the Id, the Ego, and the Superego, which work together to create complex human behaviors.

**The Id:** This is that aspect of personality which is entirely unconscious and includes the instinctive and primitive behaviors. It is the only component of personality that is present from birth. It is very important part of the personality as it ensures that the basic needs are met. It is the source of all psychic energy, making it the primary component of personality. Being the unconscious reservoir of drives, it remains constantly active. It is ruled by the pleasure principle demanding immediate satisfaction of its urges, with no consideration for the reality of the situation or the needs of anyone else. The primary concern is the satisfaction of their needs. If these needs are not satisfied immediately, the result is a state anxiety or tension.

**The Ego:** This part of the personality develops as the child interacts more and more with the world. It is ruled by the reality principle operating mainly in the conscious and preconscious levels. The ego is responsible for dealing with reality. Developing from the Id the ego ensures that the impulses of the id can be expressed in a realistic and socially appropriate manner. However, the ego also discharges tension created by unmet impulses.

**The Superego:** According to Freud, the Superego begins to emerge at around age five or the end of the phallic stage of development. This is the last component of personality to develop. This is the moral part of the individual. The Superego provides guidelines for making judgments. Only partially conscious, it serves as a censor on the ego functions.

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There are two parts of the Superego: The *ego ideal* that holds all of our internalized moral standards and ideals that we acquire from both parents and society, By obeying these rules one experiences feelings of pride, value, and accomplishment. *The conscience* includes information about things that are viewed as bad by parents and society, i.e., our sense of right and wrong, and leads to bad consequences, punishments, or feelings of guilt and remorse.

The Superego is present in the conscious, preconscious, and unconscious working to suppress all unacceptable urges of the Id. It constantly struggles to make the ego act upon idealistic standards rather that upon realistic principles, which of course results in much conflict among the three competing forces. Ego strength refers to the ego's ability to effectively manage the pressures from the Id and the Superego. The balance between the three forces is the key to a healthy personality.

According to Freud the ego is the strongest in the healthy person, wonderfully satisfying the needs of the Id, not upsetting the Superego, while still taking into consideration the reality of the situation.

### 4. Life Urges or Instincts

Freud believed that all behavior is motivated by drives or instincts. They are life instinct or *Eros*, and the death instinct or *Thanatos.*

- *Eros:* These instincts perpetuate (a) the life of the individual by motivating him or her to seek food and water and (b) the life of the species by motivating him or her to have sex.
- *Thanatos:* The death instinct. Freud posited that every person has "Under" and "Beside" the life instincts an unconscious wish to die. Death promises a relief from life's pain and suffering. People look to escape this struggle by using alcohol and narcotics. One's desire for peace, escape from stimulation results in having a penchant for escapist activity, such as losing oneself in books or movies, or one's craving for rest and sleep. Sometimes it presents itself openly as suicide and suicidal wishes.

### 5. Defense Mechanisms

The ego is pulled on either side, back and forth, with the reality and society represented by the Superego; and biology, which is represented by the Id. This results in the individual feeling overwhelmed and fear that she/he is going to collapse under the weight of it all. This feeling is called anxiety. The individual experiences *anxiety* when the ego cannot deal with the demands of desire, constraints of reality and moral standards. According to Freud, anxiety is an unpleasant inner state that acts as a signal to the ego that things are not going right. Freud identified three types of anxiety:

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1. *Neurotic anxiety:* This is the fear of being overwhelmed by the Id impulses. It is the unconscious worry that that the individual will lose control of the Id's urges and will engage in inappropriate behavior resulting in punishment.
2. *Reality anxiety:* This is the fear of real world events and is not disproportionate to the threat of the object.
3. *Moral anxiety:* This involves the fear of violating one's own moral principles.

The defense mechanisms help shield the ego from the pain and conflict. When the anxiety experienced is beyond the tolerance of the individual these defenses occur unconsciously and work to distort reality which helps the individual feel safe. The different defense mechanisms are as follows:

- *Denial:* An outright refusal to admit or recognize that something has occurred or is currently occurring.
- *Repression:* Acts to keep information out of conscious awareness. However, these memories don't just disappear; they continue to influence our behavior.
- *Suppression:* Consciously forcing unwanted information out of awareness.
- *Displacement:* Involves taking out our frustrations, feelings, and impulses on people or objects that are less threatening.
- *Sublimation:* Acting out unacceptable impulses by converting these behaviors into a more acceptable form. Freud believed that sublimation was a sign of maturity that allows people to function normally in socially acceptable ways.
- *Projection:* Involves taking our own unacceptable qualities or feelings and ascribing them to other people.
- *Introjections:* Sometimes called *identification*, involves taking into our own personality, characteristics of someone else, because doing so solves some emotional difficulty.
- *Intellectualization:* Thinking about the stressful, emotional aspect of the situation and focus only on the intellectual component in a cold clinical way.
- *Rationalization:* Explaining an unacceptable behavior or feeling in a rational or logical manner, avoiding the true explanation for the behavior.
- *Regression:* Abandoning coping strategies and revert to patterns of behavior used earlier in development. Behaviors associated with regression can vary greatly depending upon which stage the person is fixated at:
    - An individual fixated at the oral stage might begin eating or smoking excessively, or might become very verbally aggressive.
    - A fixation at the anal stage might result in excessive tidiness or mess.
- *Reaction formation:* Taking up the opposite feeling, impulse, or behavior.

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- *Compensation:* Overachieving in one area to compensate for failures in another.
- *Avoidance:* Refusing to deal with or encounter unpleasant objects or situations.
- *Aim inhibition:* The individual accepts a modified form of their original goal.
- *Altruism:* Satisfying internal needs through helping others.
- *Humor:* Pointing out the funny or ironic aspects of a situation.
- *Passive aggression:* Indirectly expressing anger.
- *Acting out:* Coping with stress by engaging in actions rather than reflecting upon internal feelings.
- *Affiliation:* Turning to other people for support.

### 6. Therapy

Much of Freudian therapy grew directly out of Freud's work with his psychoanalytic patients. As he tried to understand and explain their symptoms, he grew increasingly interested in the role of the unconscious mind in the development of mental illness. Some of the major observations are as follows:

- Relaxed atmosphere: Where the client feels free to express thoughts and feelings without feeling judged.
- Free association: The client may talk about anything and everything that he or she is thinking about.
- Resistance: At this stage, the client finds some of his thoughts and feelings threatening. Also the client is unable to accept the process of change.
- Dream analysis: Dreams are those threatening thoughts and feelings which creep into the awareness during sleep when resistance is minimal. They are in symbolic form and provide the therapist with a lot of clues about the anxieties of the client.
- Parapraxes: Or a slip of the tongue (Freudian slip!). These are also clues to the unconscious.
- Projective test: The TAT, Rorschach, etc., where the stimulus is vague, the client fills it with unconscious themes.
- Transference occurs when a client projects feelings toward the therapist that more legitimately belong with certain important others.
- Catharsis the sudden and dramatic outpouring of emotion that occurs when the trauma is resurrected.
- Insight is being aware of the source of the emotion of the original traumatic event. The major portion of the therapy is completed when catharsis and insight are experienced.

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## Erikson's Psychosocial Theory

Erik Erikson's theory of psychosocial development is one of the best known theories of personality in psychology Erikson believed that childhood is very important in personality development. Erikson both agreed as well as disagreed with Freud. He agreed with Freud in that he believed that personality develops in a series of stages. He accepted many of Freud's theories, including the id, ego, and superego, and Freud's theory of infantile sexuality. But he rejected Freud's attempt to describe personality solely on the basis of sexuality, and, unlike Freud, felt that personality continued to develop beyond five years of age. Unlike Freud's theory of psychosexual stages which stops at the genital stage, Erikson's theory describes the impact of social experience across the whole lifespan.

Erikson posited in his theory that all of the stages are implicitly present at birth (at least in latent form), and these unfold according to both an innate scheme and one's upbringing in a family that expresses the values of a culture. As with any stage theory, each stage builds on the preceding stages, and paves the way for subsequent stages. Every stage is characterized by a psychosocial crisis, which is based not only on physiological development, but also on environmental demands put on the individual. Ideally, the crisis in each stage should be resolved by the ego in that stage, in order for development to proceed correctly.

While Freud believed that the damages caused by unresolved issues or trauma can be rectified only by long term therapy, Erikson believed that the outcome of one stage is not permanent, and can be altered by later experiences. Every individual is a mixture of the traits attained at each stage, but personality development is considered successful if the individual has more of the "good" traits than the "bad" traits.

### *Ego Psychology*

Erikson's theory of ego psychology holds certain beliefs that make his theory different from Freud's. Some of these include:

- One of the main elements of Erikson's psychosocial stage theory is the development of ego identity. *Ego identity* is the conscious sense of self that we develop through social interaction and its development is of utmost importance. New experiences and information acquired through interactions with others keep it constantly changing.
- Each stage in Erikson's theory is concerned with becoming competent in an area of life. Part of the ego is able to operate independently of the id and the superego. If the psychosocial crisis during this stage is handled well, the person will feel a sense of mastery (called *ego strength* or *ego quality*); and if managed poorly, the person will emerge with a sense of inadequacy.

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- In each stage, Erikson believed people experience a conflict (which he called the *psychosocial crisis*) that serves as a turning point in development. These conflicts are centered on either developing a psychological quality or failing to develop that quality. During these times, the potential for personal growth is high, but so also is the potential for failure.
- Then the individual develops a sense of competence which motivates behaviors and actions. The ego is a powerful agent that can adapt to situations, thereby promoting mental health.
- Erikson believed that not only sexual but more importantly social factors, play a role in personality development.

Erikson's theory was more comprehensive than Freud's as, in addition to neuroticism, it also included information about "normal" personality. The scope of personality was broadened to incorporate social and cultural factors, not just sexuality.

The stages of psychosocial development are given below.

### Psychosocial stage 1: Trust vs. mistrust

The first stage of Erikson's theory of psychosocial development occurs between birth and one year of age and is the most fundamental stage in life. The developmental task during this stage is the development of the capacity to trust. If we notice, the newborn is utterly dependent on the caregiver for almost all his basic needs. Thus the dependability and quality of the caregiver is instrumental in forming a bond between the infant and the caregiver. This bond results in the infant trusting the caregiver and eventually generalizing this to the others. That is the capacity to trust develops in the child. If during this stage and requirement the caregiver does not prove himself or herself trustworthy, then the child develops a mistrust in his interactions with others which he will carry into the following stages. Thus, it is important for the caregiver to make the child feel safe and secure by being consistent, emotionally available, and accepting of the children they care for as failure to develop trust will result in fear and a belief that the world is inconsistent and unpredictable.

### Psychosocial stage 2: Autonomy vs. shame and doubt

The second stage of Erikson's theory of psychosocial development takes place during early childhood and is focused on children developing a greater sense of personal control. This is the second and third year of the child during which time the child is experiencing more and more autonomy in terms of movement, communication and physiological functions. This leads to a feeling of control and a sense of independence. Food choices, toy preferences, and clothing selection can be communicated—what

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the child wants he or she can reach (the child has started walking) and the child is able to control bowel movements and communicate his need to go to the toilet. Children who successfully complete this stage feel secure and confident, while those who do not are left with a sense of inadequacy and self-doubt.

### *Psychosocial stage 3: Initiative vs. guilt*

This is the stage when children are admitted to preschool. Till now, they were engaged in parallel play, but gradually they start to go to school and enjoy playing with other children. During these social interactions they begin to assert their power and control over the world through directing play and other interactions. They learn to make rules and break them. They learn to argue and make up. They start to learn the importance of giving in and compromising, as well as fighting for what they want. They learn to lead and also follow. This sense of control and autonomy, if learnt well, results in the child's feeling capable and able to lead others. Those children who fail to acquire these skills are left with a sense of guilt, self-doubt, and lack of initiative.

### *Psychosocial stage 4: Industry vs. inferiority*

This stage covers the early school years from approximately age five to 11. This is the time when school work and wanting to prove their mettle becomes important. Children start to learn the value of working to get what they want.

In India a sad scenario exists—parents begin to start comparing their children with others. Marks have turned to grades in the evaluation system. Tests are not held until Class V in many schools. The system of continuous evaluations has been introduced. Evaluations have become more descriptive, at least in the lower grades. All this is an effort to minimize competition. Even so parents find many a way to compare their offspring with other children, pressurize them to put in more and more efforts and achieve more and more laurels, both in academics or extra-curricular activities. The children imbibe all this. The younger children are bewildered by this attitude of their parents. Slowly they start to become very competitive. This is okay if the child's performance is satisfactory to the parent. Otherwise it causes disappointment which is very well observed and internalized by the child. If the child gets a negative response, she/he experiences a feeling of shame and inferiority.

That is the present academic scene. Also through social interactions, children begin to develop a sense of pride in their accomplishments and abilities. Children who are encouraged and commended by parents and teachers develop a feeling of competence and belief in their skills.

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### Psychosocial stage 5: Identity vs. confusion

During adolescence, children are exploring their independence and developing a sense of self. Those who emerge from this stage with a strong sense of self will experience a feeling of independence and control.

This identity forms the basis of all the interactions of the individual. The person who is sure of who she/he is, will be happy and confident. This identity is based on one's family, social class, community culture and geographical factors. Thus children who are raised in a particular culture but actually belong to another culture experience feelings of conflict and confusion.

Generally immigrants in a particular country feel this way. They are being raised in a certain way, with certain values imparted. This may conflict and contrast with the social and cultural environment they interact in. Thus they become unsure of their beliefs and desires. This will lead to insecurity and confusion. This also results in anger and bitterness towards the parents, as they do not understand where they are coming from.

### Psychosocial stage 6: Intimacy vs. isolation

This stage covers the period of early adulthood when people are exploring personal relationships. Erikson believed it was vital that people develop close, committed relationships with other people. This stage has its basis in the first stage. Those who have had problems then, will find it difficult to develop trusting relationships. They have a fear of intimacy and commitment. Also, Erikson believed that a strong sense of personal identity was important to developing intimate relationships. If there is confusion in identity formation during the previous stage it leads to a poor sense of self. These individuals tend to have less committed relationships and are more likely to suffer emotional isolation, loneliness, and depression.

### Psychosocial stage 7: Generativity vs. stagnation

Adulthood is the stage when the individual is continuing to build his or her life, focusing on career and family. The experience of success during this phase will have the individual feel that they are contributing to the world by being active in their home and community. Those who fail to attain this skill will feel unproductive and uninvolved in the world.

### Psychosocial stage 8: Integrity vs. despair

This phase occurs during old age. In this last stage Erikson believes that the individual is focused on reflecting back on life. This is the time that many in India turn to spirituality. They attend spiritual gatherings, go on pilgrimages, and begin

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to learn about their respective theosophies. A look back at their lives can cause many people to feel that their life was wasted and therefore experience many regrets. This leaves the individual with feelings of bitterness and despair. Those of who feel proud of their accomplishments will feel a sense of integrity. Successfully completing this phase means looking back with few regrets and a general feeling of satisfaction. These individuals will attain wisdom, even when confronting death.

## Jean Piaget's Theory of Cognitive Development

Jean Piaget's theory of cognitive development was one of the most historically influential theories. His theory provided many central concepts regarding the growth of intelligence. Piaget said the child's understanding of the world changes as a function of age and experience. He called this ability to more accurately represent the world and perform logical operations on these representations intelligence. The development of this intelligence, or cognitive ability is both qualitative (quality of knowledge and understanding) as well as quantitative (amount of information acquired). Piaget suggested that children go through four separate stages in an order that is universal. When the child reaches the appropriate level of maturation and is exposed to relevant types of experiences, he or she moves from one stage to the next. Piaget believed that these experiences are of paramount importance if the child has to achieve the highest level of cognitive ability. As opposed to Nativist theories (which describe cognitive development as the unfolding of innate knowledge and abilities) or empiricist theories (which describe cognitive development as the gradual acquisition of knowledge through experience), Piaget referred to his view as "constructivism," because he believed that the acquisition of knowledge is a process of continuous self-construction. While the child is constructing this knowledge, Piaget assumed that there is an interaction between heredity and environment, and also labeled his view "interactionism" (Driscoll, 1994).

The theory concerns the emergence and acquisition of schemata—schemes of how one perceives the world in "developmental stages," times when children are acquiring new ways of mentally representing information.

## Key Concepts of Piaget's Theory of Development

Piaget divided schemes that children use to understand the world through four main periods, roughly correlated with and becoming increasingly sophisticated with age:

- Sensorimotor period (years 0–2)
- Preoperational period (years 2–7)
- Concrete operational period (years 7–11)
- Formal operational period (11–adulthood)

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### The Sensorimotor period (birth to 2 years)

Piaget believed that children's cognitive system is limited to motor reflexes at birth, but then they build on these reflexes to develop more sophisticated procedures. Their initial schemes are formed through differentiation of these reflexes. Children's schemes, or logical mental structures, change with age and are initially action-based (sensorimotor). During this stage, infants and toddlers "think" with their eyes, ears, hands, and other sensorimotor equipment. They learn to generalize their activities to a wider range of situations and coordinate them into increasingly lengthy chains of behavior. This stage is further divided into six sub-stages:

1. Birth to six weeks: This sub-stage is associated primarily with the development of reflexes and their conversion into voluntary actions.
2. Six weeks to four months: This sub-stage is associated primarily with development of habits or what Piaget called *primary circular reactions* or repeating of an action involving only one's own body, for, e.g., the motion of passing their hand before their face.
3. Four to nine months: This sub-stage is associated primarily with the development of coordination between vision and prehension. Three new abilities occur at this stage: intentional grasping for a desired object, *secondary circular reactions* (the repetition of an action involving an external object), and differentiations between ends and means. This is perhaps one of the most important stages of a child's growth as it signifies the dawn of logic (Gruber et al., 1977). Towards the end of this stage children begin to have a sense of object permanence.
4. Nine to 12 months: This sub-stage is associated primarily with the development of logic and coordination between means and ends. Piaget calls this "the first proper intelligence". This is an extremely important stage of development. Also, this stage marks the beginning of goal orientation, the deliberate planning of steps to meet an objective (Gruber et al., 1977).
5. 12 to 18 months: This sub-stage is associated primarily with the discovery of new means to meet goals. Piaget describes the child at this juncture as the "young scientist," conducting pseudo-experiments to discover new methods of meeting challenges (Gruber et al., 1977).
6. This sub-stage is associated primarily with the beginnings of insight, or true creativity. It marks the passage into the preoperational stage.

### The role of imitation

Piaget postulated that imitative activity is the forerunner of mental symbolism. Or seen the other way around, mental symbols are internalized imitation. For, e.g., even perception of an object is an imitative activity; the eye tracing the shape of an

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object is forming a pre-symbolic concept of the object. Such imitative formations provide the basis upon which mental symbolic activity can later build. The symbol is, according to Piaget, an internalized imitation.

### *Preoperational thought (2 to 6/7 years)*

Operation in Piagetian theory is any procedure for mentally acting on objects. The hallmark of the preoperational stage is sparse and logically inadequate mental operations. This stage includes the following processes:

- Symbolic functioning: Use of mental representations, symbols, words or pictures fior objects which are not physically present.
- Centration: Focusing on or attending to only one aspect of a stimulus or situation. For, e.g., when water from a tall narrow glass is poured into a short broad glass, the child perceives the level alone and responds that the quantity has reduced, even though this exercise is done in front of him or her.
- Intuitive thought: Occurs when the child is able to believe in something without knowing why she or he believes in it
- Egocentrism: This is a version of centration, which is the tendency of child to only think from their own point of view.
- Inability to Conserve: Mass, volume and number. This is again a version of centration.

### *Concrete operations (6/7 to 11/12 years)*

This stage is characterized by the appropriate use of logic. As opposed to the preoperational stage, children in the concrete operations stage are able to take into account another person's point of view and consider more than one perspective simultaneously. Their thought process becomes more logical, flexible, and organized. They can also represent transformations as well as static situations. Important processes during this stage are:

- Decentering: Where the child takes into account multiple aspects of a problem to solve it.
- Reversibility: Where the child understands that numbers or objects can be changed, then returned to their original state.
- Conservation: Understanding that quantity, length or number of items is unrelated to the arrangement or appearance of the object or items.
- Serialization: The ability to arrange objects in an order according to size, shape, or any other characteristic.
- Classification: The ability to name and identify sets of objects according to appearance, size or other characteristic, including the idea that one set of objects can include another. A child is no longer subject to the illogical limitations of *animism* (the belief that all objects are animals and therefore have feelings).

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- Elimination of Egocentrism: The ability to view things from another's perspective (even if they are incorrect).

### Formal operations (11/12 to adult)

This stage is characterized by acquisition of the ability to think abstractly and draw conclusions from the information available. Children who reach this stage are capable of thinking logically and abstractly therefore is able to understand such things as love, "shades of gray", and values. They can also reason theoretically. Piaget considered this the ultimate stage of development, and stated that although the children would still have to revise their knowledge base, their way of thinking was as powerful as it would get.

### How Does Cognitive Change Take Place?

According to Piaget, development is driven by the process of equilibration. Equilibration encompasses:

1. *Assimilation* is the process of taking in new information and transforming them so that it fits within the existing schemes or thought patterns. This process can be subjective as one tends to modify experience or information somewhat to fit it in with the preexisting beliefs.
2. *Accommodation* is the process of altering one's existing schemas, or ideas, as a result of new information or new experiences. New schemas may also be developed during this process. People adapt their schemes to include incoming information.

Piaget suggested that equilibration takes place in three phases.

1. State of equilibrium—Children are satisfied with their mode of thought.
2. Awareness of the shortcomings in their existing thinking therefore dissatisfaction (i.e., state of disequilibration and experience of cognitive conflict).
3. Adoption of a more sophisticated mode of thought that eliminates the shortcomings of the old one (i.e., more stable equilibrium).

Examples of environmental, interactional, and genetic traits are as follows:

## THEORIES FROM THE CONTEXTUALISTIC WORLDVIEW PERSPECTIVE

### Lev Vygotsky's social contextualism

Both the mechanistic and organismic worldviews view the process of development as universal. However, the contextualists do not believe that there are universal laws

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of development; rather, they argue that the forces that contribute to development are specific to historical time and social place.

Lev Vygotsky's (1896–1934) cultural-historical theory of human development is a good example of a theory rooted in a contextualist worldview. His theory asserts three main themes:

1. Social interaction plays a fundamental role in the process of cognitive development. While Jean Piaget believed that development precedes learning, Vygotsky posited that social learning precedes development. To Vygotsky, culture is a uniquely human phenomenon, allowing history to replace biology as the defining element in the lives of humans. *"Every function in the child's cultural development appears twice: first, on the social level, and later, on the individual level; first, between people (interpsychological) and then inside the child (intrapsychological)."* (Vygotsky, 1978).
2. *The more knowledgeable other*: Anyone who has a better understanding or a higher ability level than the learner, with respect to a particular task, process, or concept.
3. *The zone of proximal development*: This is the distance between a student's ability to perform a task under guidance or peer collaboration, and his or her ability to independently solve the problem.

Vygotsky focused on the connections between people and the sociocultural context in which they act and interact in shared experiences (Crawford, 1996). He said that language was the defining characteristic of humans as a species that sets them apart from other species. Humans use language to mediate their social environment. Initially children use it to communicate their needs. Later on Vygotsky believed that the internalization of these tools led to higher thinking skills.

Language allows for a shared communication, which in turn allows for collective effort or labor. This effort, in turn, sets the foundation for the progressive evolution of culture across generations. Language and culture have an influence in the ways people establish, maintain, and transmit social institutions and relationships across generations.

Vygotsky investigated the role of culture and interpersonal communication in the development of the child. He believed that higher mental functions developed through social interactions. Through these interactions the child came to learn the habits of mind of her/his culture, which affected the construction of her/his knowledge. "Every function in the child's cultural development appears twice: ...first between people (interpsychological) and then inside the child (intrapsychological)" (Vygotsky, 1978, p. 57).This key premise of Vygotskian psychology is often referred to as *cultural mediation.* The specific knowledge gained by children through these interactions also represented the shared knowledge of a culture. This process is known as *internalization* (Santrock, J, 2004).

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***Psychology of play:*** Vygotsky viewed play or child's game as a psychological phenomenon. He considered it to have a big role in a child's development. Through play the child develops abstract meaning separate from the objects in the world, which is a critical feature in the development of higher mental functions (Paul Tough, 2009). As the child gets older, his or her reliance on pivots such as sticks, dolls, and other toys diminish. He or she has internalized these pivots as imagination and abstract concepts through which he or she can understand the world (Vygotsky, 1978).

Another aspect of play that Vygotsky referred to was development of social rules that develop, for example, when children play house and adopt the roles of different family members. As well as social rules the child acquires what we now refer to as self-regulation.

***Thinking and speaking:*** Perhaps Vygotsky's most important contribution concerns the interrelationship of language development and thought; the explicit and profound connection between speech (both silent inner speech and oral language), and the development of mental concepts and cognitive awareness (Wikipedia). Vygotsky described inner speech as being qualitatively different than normal (external) speech. Vygotsky believed that younger children only really able to "think out loud," it was via a gradual process of internalization that inner speech developed from external speech. Hence, thought itself develops socially.

Language starts as a socio-cultural process. Initially language is a tool external to the child and used in a kind of self-talk or "thinking out loud." and for social interaction. This self-talk then tapers to negligible levels when the child is alone or with deaf children and is used more as a tool for self-directed and self-regulating behavior. Then, because speaking has been appropriated and internalized, self-talk is no longer present around the time the child starts school. Self-talk "develops along a rising not a declining, curve; it goes through an evolution, not an involution. In the end, it becomes inner speech" (Vygotsky, 1978; p. 57). Inner speech develops through its differentiation from social speech. Speaking has thus, developed along two lines, the line of social communication and the line of inner speech (Santrock, J, 2004).

## Kohlberg's Stages of Moral Reasoning

Lawrence Kohlberg's stages of moral development were created while he wrote his doctoral dissertation at the university of Chicago in 1958, outlining what are now known as the stages of moral development, how children develop the sense of right, wrong and justice. He theorized that (similar to Piaget's theory) human beings progress consecutively from one stage to the next in an invariant sequence—they

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do not skip any stage or go back to any previous one. These are stages of thought processing, implying qualitatively different modes of thinking and problem solving at each stage.

This theory holds that moral reasoning, which is the basis for ethical behavior, has six identifiable developmental constructive stages of moral reasoning grouped into three levels—pre-conventional, conventional and post-conventional; each stage more advanced in responding to moral dilemmas than the previous stage. The process of moral development was principally concerned with justice and its development continues throughout the lifespan.

| Kohlberg's Theory of Moral Development | |
|---|---|
| Level One:<br>Pre-conventional Morality | Stage 1: Punishment-Obedience Orientation —Individual obeys rules in order to avoid punishment. |
| | Stage 2: Instrumental Relativist Orientation —Individual conforms to society's rules in order to receive rewards. |
| Level Two:<br>Conventional Morality | Stage 3: Good Boy-Nice Girl Orientation—Individual behaves morally in order to gain approval from other people. |
| | Stage 4: Law and Order Orientation—Conformity to authority to avoid censure and guilt. |
| Level Three:<br>Post-Conventional Morality | Stage 5: Social Contract Orientation—Individual is concerned with individual rights and democratically decided. |
| | Stage 6: Universal Ethical Principle Orientation—Individual is entirely guided by his or her own conscience. |

## Ecological Systems Theory of Urie Bronfenbrenner

Ecological systems theory, also called "development in context" or "human ecology" theory, specifies four types of nested environmental systems, with bidirectional influences within and between the systems. The theory was developed by Urie Bronfenbrenner, generally regarded as one of the world's leading scholars in the field of developmental psychology.

Bronfenbrenner's structure of environment: There are four systems and each system contains roles, norms, and rules that can powerfully shape development.

1. Microsystem: This is the layer closest to the child and contains the structures with which the child has direct contact. The microsystem encompasses the relationships and interactions a child has with her immediate surroundings (individual's biology, family, school, peer group, neighborhood, and

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childcare environments: Berk, 2000) It is in the microsystem that the most direct interactions with social agents take place. The individual is not a passive recipient of experiences in these settings, but someone who helps to construct the settings. This relationship is bidirectional—both away from the child and toward the child.

2. Mesosystem: This layer provides the connection between the structures of the child's microsystem (Berk, 2000). A system comprised of connections between immediate environments (i.e., a child's home and school)
3. Exosystem: Involves links between a social setting in which the individual does not have an active role and the individual's immediate context. The structures in this layer impact the child's development by interacting with some structure in her microsystem (Berk, 2000). Parent workplace schedules affect the child though he does not have a direct active role in it.
4. Macrosystem: This layer may be considered the outermost layer in the child's environment. While not being a specific framework, this layer is comprised of cultural values, customs, and laws (Berk, 2000). The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers. The larger cultural context (Eastern vs. Western culture, national vs. international)
5. Chronosystem: The patterning of environmental events and transitions over the life course, as well as sociohistorical circumstances. This system encompasses the dimension of time as it relates to a child's environments. Elements within this system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the aging of a child. As children get older, they may react differently to environmental changes and may be more able to determine more how that change will influence them. It covers the patterning of environmental events and transitions over the course of life (Urie Bronfenbrenner, 1979).

## Levinson's Life Structure Theory

Yale psychologist Daniel Levinson (1986) developed a comprehensive theory of adult development. Daniel J. Levinson was one of the founders of the field of positive adult development. Through a series of intensive interviews with men (1978) and women (1987), Levinson proposed a theory based on a series of stages that adults go through as they develop. Daniel Levinson worked out his theories of adult development in two landmark studies, *Seasons of a Man's Life* and *Seasons of a Woman's Life*.

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At the center of his theory is the *life structure*. An individual's life structure is the underlying pattern of an individual's life at any particular time which is shaped by the social and physical environment. Life structures primarily involve family and work, although other variables such as religion, race, and economic status are often important. Levinson talked about four "*seasonal cycles*". They include pre-adulthood, early adulthood, middle adulthood, and late adulthood. Each of the periods are themselves divided between entry or initial stages and culminating or more-or-less stable stages. The divisions between the life eras are marked by significant transitionary periods that can last for some years. Life during these transitions (Age 30 transition, mid-life transition [early 40s], Age 50 Transition, etc.) can be either rocky or smooth, noisy or quiet, but the quality and significance of one's life commitments often change between the beginning and end of such periods.

Levinson (1978) originally studied forty adult males between 35 and 45 years of age. Early adulthood is entered when men begin careers and families. After an evaluation of themselves at about age 30, men settle down and work toward career advancement. Then another transition occurs at about age 40, as men realize some of their ambitions will not be met. During middle adulthood, men deal with their particular individuality and work toward cultivating their skills and assets. Finally, the transition to late adulthood is a time to reflect upon successes and failures and enjoy the rest of life.

## THE INDIAN FOCUS: PHILOSOPHY OF INDIAN COUNSELING

Religious faith, or some form of personal spirituality, can be a powerful source of meaning and purpose. For some, religion does not occupy a key place, yet personal spirituality may be a central force. It can help us get in touch with our own powers of thinking, feeling, deciding, will, and acting. Spirituality and religion are critical sources of strength for many clients, and are the bedrock for finding meaning in life. They can also be instrumental in promoting healing and well-being. There is growing empirical evidence that our spiritual values and behaviors can promote physical and psychological well-being. Exploring these values with clients can be integrated with other therapeutic tools to enhance the therapy process. Counseling can help clients gain insight into the ways their core beliefs and values are reflected in their behavior. Training programs must incorporate discussions on how to work with values as part of the therapeutic process (Corey, 2006: *www.counselingoutfitters.com*)

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Life coaching has been prevalent and practiced in India from the Vedic times. The *varnashrama–vyavastha* is the Vedic scheme of life. This is the life style prescribed by the Vedas.

### *Varna–Vyavastha*

*Varna* indicates a particular group or class. This classification is not from one standpoint; it is done from three standpoints. This can be seen in the following table.

| Category | Brahmanas | Kshatriyas | Vaishyas | Shudras |
|---|---|---|---|---|
| By birth | Born of *Brahmanas* | Born of *Kshatriyas* | Born of *Vaishyas* | Born of *Shudras* |
| By character | Contemplative | Selflessly active | Selfishly active | Idle |
| By occupation | Scriptural education and Priesthood | Administration and Defence | Commerce and Agriculture | Unskilled labor |

*From the table it is seen that there is more than one way to be the most respected and accomplished in the society.*

## The Ashrama–Vyavastha (Stages in Life)

The *ashrama vyavastha* is the scheme of stages of life. The scriptures talk about four stages of life everybody has to go through, either externally or at least internally. Mentally everyone has to go through these four stages in life.

The word *ashrama* means a stage of life in the progress of one's spiritual journey. The scriptures talk about four stages:

1. *Brahmachari* – student life
2. *Grhastha* – householder's life
3. *Vanaprastha* – hermit or ascetic stage
4. *Sannyasa* – the monk or the renunciate stage.

Coaching is set in different directions for different purposes at two of these stages, the first stage and the third stage. As a *brahmachari*, a person has to go through a life of learning, professional learning as well as religious learning. These learnings help the person in professional life as well as to achieve the *purusharthas.* The concepts are explained in the next chapter. While scriptural learning is common, acquiring skills differs from one individual to another. This scriptural learning is life coaching, i.e., coaching the person as to how to lead a life of goodness and dignity.

During the third stage the person gives up all his worldly possessions, positions, and designs to put into practice the highest scriptural learning—the seeking for the

final and eternal goal—the goal of *moksha or liberation.* There is a gradual withdrawal from the *artha, kama*, *and dharma* goal seeking. The concentration is on attaining *moksha.* Thus, the individual is coached to shift the vision and focus to dedicating himself/herself wholly to the pursuit of *moksha.*

The scriptures prescribe a series of disciplines to help the individual attain *moksha*. This series of disciplines can be divided into three stages or three-fold discipline or *sadhanas*:

1. *Karma yoga*
2. *Upasana yoga*
3. *Jnana yoga*

By following these *sadhanas* a person will ultimately attain *moksha.* Coaching in these disciplines involves very rigorous commitment and discipline on both the part of the coach and the coachee.

Hindu idealism is a precursor of western idealism and the philosophical opposite of materialism. Idealism and materialism are the principal monist ontologies. This philosophy is the basis of the cosmology of the Vedas and most religions of India and the Far East. Hinduism has one ideal-growing up to be a complete person. This completeness involves many aspects such as adhering to values, empathy, and emotional maturity.

As human beings we are endowed with this unique quality of being aware of ourselves. Slowly, through the processes of growth and development, we develop a sense of self-identity. This self-identity is based on our circumstances, past experiences, roles, relationships, etc. Founded upon this self-identity are all of our interactions with ourselves and with the world around us. We act upon the world to achieve something for ourselves. This action leads to a result, which may be desirable or undesirable to us. Based on how we label the result, we emote. These emotions, when unpleasant, inflict pain and suffering on our psyche.

Our interactions are primarily directed toward helping us feel happy and secure within ourselves. With every interaction and exchange with the world we constantly make revisions in our self-image and self-identity. These revisions contribute toward our apparent inner sense of joy and security. That is because instead of searching for that identity within ourselves—the journey inward—we want our society, culture, relationships and perceptions to resolve our crisis. The more we look outward, the more we feel powerless.

This urge to become something different from what we are is innate. The journey towards being a self-satisfied human being is constant and continuous. Even when certain targets are reached, new ones take form. Hence, we may be rid of that particular goal, but the seeking never ends. Finally, we come to understand that in this manner we may never reach complete satisfaction.

Everyone, at some time or other, grapples with the questions “what is the meaning of life?” or “why live at all?” or “why should I keep living?” What is the whole process

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of living about? What is the purpose of this life? Where is the end? And when will it all be over? This goes on until the day one dies and probably beyond. It is human nature to seek and become.

The answers can be found in the concept of what is the purpose in life, not what is the purpose of life.

## Four Types of Human Goals

As many human beings are there, so many different goals are also possible. Each human being has got his *purusarthas*. And if you take one human being, he himself has many goals. And these goals keep on changing too. Though the goals are innumerable, they can all be categorized into four types as *caturvidha-purusartha*: *dharma, artha, kama, and moksha.*

1. *Dharma or punyam* (the invisible factor) – This is the third *purusartha.* This is because there is a belief of rebirth in the Indian culture. There is an acceptance of past birth, and a belief in future birth, even though one does not know the details. And a believer in future birth is also interested in their well-being in that future birth. And we have to invest in this life for the well being in that future life. *Punyam* is the invisible result gained through noble activities. *Papam* is the invisible result gained through ignoble activities. Only the invisible results for one into the next life and affect it accordingly. Thus believers tend to acquire *Punya* for well being in future life.
2. *Artha* – All types of wealth, moving or non-moving, i.e., all forms of wealth, which are meant for one's security so that the person can safeguard himself from pain and threats. This goal corresponds to the physiological and safety needs in Maslow's hierarchy of needs.
3. *Kama* – or seeking pleasure. This is the second level of pursuit because only after the first need is taken care of can one seek pleasure, entertainment, leisure or recreation. *Kama* refers to one's preferences, likes and dislikes.
4. *Moksha* – Or liberation or freedom – freedom from all types of dependence on external factors. Discovering happiness and security, *atmaneya atmana tustah.* Finally there is no dependence even on the *Papam* and Punyam for security and pleasure.

The pursuit of *Dharma-artha-kama* is a permanent struggle. But it has many limitations:

- Pain
- Dissatisfaction
- Dependence
- Emotional instability
- Helplessness

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- Insecurity
- Insignificance

But all this can be overcome by achieving emotional maturity.

## ❖ Summary ❖

A counselor's awareness of the progression of human development and the significance of this process to the counseling experience can be one of the most useful understandings the professional draws upon throughout the helping relationship. This understanding is also of benefit to the counselor in pursuit of his/her own personal growth. For client and counselor alike it is of clear benefit to be able to distinguish between developmentally appropriate changes, concerns, and anxieties and those issues or concerns which are indicative of disruptions or distortions of this potential for positive growth.

It is very important for the counselors to understand human development from early childhood to adulthood, how the developmental stages and external factors affect counseling and assessment; the characteristics of students with special educational needs, the principles of learning and motivation, as well as the principles of and methods for promoting cognitive development.

This chapter has approached the study of human development from the worldview perspective. It has briefly described the three view points organismic, mechanistic, and contextualistic; and the developmental theories that fit into these categories.

The author has finally included the Indian perspective, which is also a theory in its own right, and will be useful for the counselors practicing in the Indian context.

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# 5

# *Preparing to be a Counselor*

**Chapter Overview**

- Education and training for careers in counseling psychology
- Preparation of counselors
- Qualifications of counselors
- Counselor certification
- Selection and training of professional counselors
- Counselor supervision
- Choosing a graduate program

The world is changing rapidly. Technology is becoming obsolete very quickly. Technological advances are growing in quality and quantity. Cell phones, which were considered "cool" yesterday, are thrown away for a "cooler" model today. In the same manner, issues which were significant in the recent past are not relevant today. For example, the eternal mother-in-law–daughter-in-law tangle is no longer considered important. Changes in the family structure, with an increase in working women population, and sophisticated lifestyle facilitated by a variety of luxury items available in the market, have resulted in people paying less attention to home and more attention to material life. Thus it is no longer easy to apply past truths to the problems of present and future. The need of the hour lies in a world that needs new approaches to experiences, both in acquiring them and in using what we already have. Never in the history of mankind have so many changes occurred simultaneously and with such acceleration in a broad a spectrum of human activities. Changes witnessed in the recent past are seen to represent an even greater acceleration compared to those of previous decades.

The rapid changes in human invention, the speed of generation of new knowledge, human population growth and the evolution and speed of human transportation, the swiftness of communication, all have bestowed upon us much ease and comfort

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in day-to-day life. However, they bring with them a host of problems, such as mechanical and hurried lifestyle, less importance given to leisure and relaxation, and social and family life. The explosion of knowledge is now so rapid that most of the things that young children are currently learning will be obsolete by the time they grow up. We have never been in this situation before.

The counselor's objective is to provide support to clients' goals by assisting in decreasing their stress, aiding the effort to provide a healthy environment, helping them focus on personal and career goals, thereby contributing to clients' motivation, performance, and satisfaction with their life. The counselor listens, understands, and facilitates a better understanding between the individuals involved. A nonjudgmental attitude and confidentiality agreement is part of the whole process.

Successful counselors are those who have a mature and balanced state of mind and disposition, who can place themselves in the shoes of those they are counseling, and have the ability to respect their opinions, thoughts, feelings and (more importantly) emotions.

After evaluating the situation as it is narrated, a realistic, practical solution can be developed by the counselor; individually at first if this is beneficial and then jointly to encourage the participants to give their best efforts toward reorienting their relationship with each other. It has to be remembered that changes in situations like financial state, physical health, and the influence of other family members can have a profound influence on the conduct, responses, and actions of the individuals.

Counseling psychologists, being in one of the largest and most popular fields in psychology, can be found working in individual practices, industry, educational institutions, hospitals, and other mental health facilities. Counseling psychologists are often influenced by the theoretical orientation they adhere to. Their method of therapy will be according to their theoretical orientation.

As there are a total of over 200 theoretical orientations, each providing a different explanation behind the causes of psychological disorders and their appropriate treatments, most psychologists are largely eclectic; they integrate two or more interests into their therapy. Regardless of their orientation preference, counseling psychologists are trained to assist a variety of individuals and their emotional difficulties. Counseling involves working with a variety of individuals and addressing their everyday problems in individual, family, or group settings. Counseling psychologists typically work by helping clients with a variety of problems, which are not usually severe disturbances. Career planning, stress, and anxiety are a few examples of problems they could encounter. Another issue these psychologists might encounter is the feelings and emotions surrounding the death of a loved one. Grief and other strong emotions are often difficult to overcome. Counseling psychologists could assist their clients in the healing process.

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There are some areas in which counseling psychologists could specialize. Family therapy focuses on the interactions between family members. The family is viewed as a single unit and their goal is to change the functioning and relationships within that unit. Another specific area in counseling psychology is couples and marriage therapy. This therapy focuses on strengthening communication between couples. Couples are the subject of a large amount of research, specifically involving marital adjustment and satisfaction. Finally, group therapy is popular because it can serve more than one person at a time. Within groups, individuals can learn newer and more effective ways of relating to others and gain support from other members.

There are many considerations that one has to take into account when training to be a counselor, and educationists have to focus on them when training students to venture into and be successful in this very important profession.

## EDUCATION AND TRAINING FOR CAREERS IN COUNSELING PSYCHOLOGY

**Skills, abilities, and knowledge:** In the United States of America licensure is needed in order to work independently in a private practice. Different states follow different policies. Licensing laws vary from state to state. While most states require that a psychologist complete a doctoral degree before becoming licensed, some permit a license with just a master's degree. However, all states require that applicants pass an examination prior to getting a license. In addition, some states require that clinical and counseling psychologists continue their education for license renewal. In any case, a psychologist without a license, is required to work under the supervision of a doctoral-level psychologist.

In India, we do not have such stringent requirements for being a professional counselor. There is no governing body, which sets down standards and rules that hold the counselors accountable for their actions. This is probably one of the reasons why counseling is such a vague field, where people from many related fields, with little or no training at all, call them to be professionals.

There are a number of possible areas of specialization within the field of counseling psychologist. This helps to make the career more interesting and exciting for students. However, there are positive and negative aspects of counseling psychology. On one hand, this field can be personally very rewarding; one the other hand, it often requires a great deal of education. Among the degrees that could be earned by students, the doctoral degree offers utmost career freedom, including the possibility to practice counseling psychology privately.

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## PREPARATION OF COUNSELORS

A balanced and sound training program should include the following:

- *Basic theoretical preparation*: Understanding of motivation, psychodynamics of human adjustment, learning principles and other concepts that underlie counseling, psychodiagnostic principles and procedures, psychopathology, social psychology, principles and process of counseling, and counseling theory.
- *Technical and applied knowledge*: Knowledge of test use and interpretation, interviewing skills and competencies in specialized procedures of intervention.
- *Practical training*: A broad-based practicum and training for enabling the counselors to meet any exigencies.

The program should subscribe to the developmental-reflective model for professional preparation of counselors. It must provide the students with the theoretical understanding of healthy as well as unhealthy human growth and development, with focus on the application of mental health, psychological, and human development principles through various cognitive, affective, behavioral, and systemic intervention strategies that address wellness, personal growth, and career development, as well as pathology.

The program should also provide the students with strategies to integrate the theoretical knowledge base with ongoing self-reflective development. Continued active professional development is the ultimate goal. The students should be helped to develop a theory-based approach that is congruent with their unique personal qualities. The theory developed should include personal, cultural, social, vocational, psychological, and educational concerns.

Finally, the emerging counselor must be familiar with the cultural background of the clients. Multicultural counseling is now gaining significance in any society, as all societies are becoming more and more pluralistic. Counselors need to have a sound knowledge and critical understanding of individual differences and their significance. The impact of culture on human development is very important. The belief and value systems of the individual need to be understood well in order to design good intervention strategies.

For further specialization, a desirable counseling program must include educational and vocational counseling, group approaches, and counseling of special groups. Counselors are in demand, in every field, from clinical areas to sports. Most of the national teams have a counseling psychologist with them to help the players reduce stress and keep them mentally fit. There are some who work with cancer and AIDS patients, with children, in various areas of deficiency and growth, addictions

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and in homes for the homeless. As the need base expands, so does the demand for counselors.

Educationists should not make the mistake of combating this demand with sending out half-baked counselors into the field. It may work in the short term. But eventually counselors will lose their credibility and respect. And we will come back a full circle to where anyone can profess to be a professional.

At the end of the theory cum training program, the counselors should possess the list of the following counseling competencies:

- Knowledge of human development, the both normal and abnormal
- Understanding the theories of counseling and personality
- Knowledge of and sensitivity to social, cultural, and ethnic issues
- Knowledge of ethical and legal aspects of counseling
- Knowledge of the learning process
- Knowledge of decision making and transmission models
- Ability to diagnose student problems
- Ability to help students form and clarify their educational values and goals
- Ability to help students learn problem-solving and decision-making skills
- Ability to work with students to develop optimal student educational plants
- Ability to facilitate groups and workshops
- Capability to develop effective curriculum
- Knowledge of effective instructional methods and strategies
- Ability to teach counseling courses effectively
- Ability to provide crisis intervention and support
- Ability to provide mental health counseling and a referral to community resources
- Knowledge of career development matters, techniques, and instruments
- Knowledge of changes taking place in the economy and the job market
- Knowledge of the use and misuse of assessment instruments and test data
- Knowledge of educational programs and their requirements
- Knowledge of the structural and institutional relationships in higher education
- Ability to develop and coordinate service programs
- Ability to provide effective consultation to students, teachers, peers, administrators, and community members.

As is obvious from the exhaustive list, students who come out of the program will be able to tackle most of the problems that people face in the society. They will be eligible to work in most fields that require counseling assistance. This is just a broad base. In order to further specialize, students can attend short-term courses and workshops in the field, and also receive on-the-job training.

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## QUALIFICATIONS OF COUNSELORS

The usual route to becoming a counselor is via a college counseling degree. As mentioned before, it is important to know the theory thoroughly to make informed and intelligent choices regarding the right intervention strategy. Albeit, all theory and no practical training is of no use.

If a student wants to pursue a course in counseling, he or she has to find out first about the field and what it involves and ensure that it involves both theory and practical training. They have to be thoroughly prepared for what it entails. Once the student decides on the training, then s/he needs to find out more about the training opportunities in that field.

The counseling program is a two-year or four-semester master's level program, sometimes supplemented by a one-year professional training program. A counselor has to have earned at least a postgraduate degree in psychology with a specialization in counseling and guidance. An additional degree such as M Phil or Ph D could be a further qualification. For a practicing counselor, the former would be sufficient in India. But higher degrees will give the counselor greater credibility and allow him or her to work in research, in a field seriously lacking contributions from Indians.

Some diploma courses in the West last over three years involving many hours of supervised practice. Some diplomas, however, can be obtained by mail order, as also some degree level courses. This is not to say that they are not equally valid; the Open University for example works to a high standard, but standards do vary between one university and another. This also applies to all types of training.

Professional counselors update their knowledge in education and training by reading professional journals, attending workshops, and various training programs: or by actively participating in one of the organizations devoted to counseling. Counseling is a very challenging occupation, requiring a considerable amount of initiative. So at any time, a given amount of preparation can never be complete and final. Therefore, counselors have to constantly keep themselves up to date with latest knowledge and skills.

Counselors have to be ingenious and creative in their outlook. They have to take responsibility for their decisions about intervention strategies, and also be accountable for them: to themselves, to their profession and to their clients. Now, with a growing demand for counselors, attention should be given to their selection and training. More and more of the urban population is turning to counseling as a remedy for their minor problems.

Children's special issues and adolescent issues are becoming acknowledged. The stigma that existed earlier is slowly decreasing. The complexities of modern-day living, globalization, and the implosion of the western culture have left children confused and parents at their wit's end. Parent–child gap seems to be increasing day by day. The two are just not able to get along, let alone understand each other.

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The world has become more competitive, both for students and working adults. Competition has resulted in increase in stress levels. People deal with it in maladaptive ways. They seek temporary solutions. When that does not work, they seek the help of a counselor.

Given the complex scenario, changes in the family structure, social structure, industrial sector, and the political quarter, the counselor has to be very competent. The counselor has to understand the world of the individual, from a subjective as well as objective point of view.

## Training Levels: Master's and Doctorate

The master's degree in counselor education is now considered an entry-level preparation for qualification as a professional practitioner, whereas, not long ago, a bachelor's degree in social work, psychology, or human services was considered sufficient to secure a job in the field (and still is in some rural areas). Today most professional positions in schools and agencies require a master's degree as a minimal credential. The master's degree is, in fact, the foundation for national certification or state licensure as a counselor.

Master's level training is essentially the counseling practitioner's degree. It qualifies them to work and to apply the skills of assessment and clinical intervention in various settings (schools, agencies, universities) and with different modalities (individual, group, and family counseling). Most programs require a minimum of 2 years full-time study, or its equivalent.

Doctoral training places as much emphasis on research as it does on practice. This degree is intended to prepare professionals to function independently as scholars, supervisors, advanced practitioners, and educators. The additional 3 to 5 years spent in school are intended to help the student master the knowledge, research, and skill base of the field. Depending on whether the student's career aspirations are as an administrator, supervisor, researcher, or counselor educator, specialty areas are individually designed. Doctoral-level training is considered a terminal degree, which means the graduate (after completing internship and licensure requirements) may function in an independent position as a supervisor.

Because the variety of specific doctoral degrees in counselor education and counseling psychology fields, choosing to go for a doctorate is not as simple a decision as it sounds. There are different degree areas (such as counselor education, counseling psychology, clinical psychology), specializations (such as mental health, school, business and industry, rehabilitation), and degree designations (such as PhD, Ed D, Psy D), and each serve to confuse the student. However, these differences also serve the purpose of helping one select the program and career path that best matches them.

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Students become knowledgeable about supervisory relationship, supervision models, evaluation, different teaching formats and interventions, current research, legal and ethical issues, ethnic and social class issues, gay and lesbian issues, and women's issues. Finally, students will become experts on several supervisory assessment instruments via a class project.

## In-house Training

Finding trained counselors and paying them becomes a difficult task for some non-profit organizations. Thus, when individuals who do not have the necessary training, but a lot of interest and motivation volunteer, they offer their own training, and over a period of time, with supervision and ongoing training, it is possible for these individuals to achieve a high level of competence in the field. Sometimes, over a substantial period of time, the training offered and the experience gained may equal, and in some cases exceed, that offered by some colleges. These trained volunteers then enter the "profession".

Others have entered counseling via other professions. As part and parcel of their work and training ministers of religion, nurses, care assistants, social workers, teachers, occupational health managers, or occupational therapists may all be taught some basic counseling skills. These are then topped up from time to time with further seminars or short courses. Members of these professions develop an increasing counseling-based practice and acquire considerable counseling experience. Sometimes, almost by default, counseling may become their full-time work; nurses in palliative counseling units, social workers becoming youth counselors, occupational health managers becoming occupational counselors for example.

## Practical Training

Besides, counseling consists of practices and skills involving several counseling processes. Interviewing, case taking, choosing and administering tests, interpreting test results, etc. are important skills to be acquired by the students. These skills cannot be mastered by mere intellectual learning and didactic understanding. The acquisition of these skills of empathizing, diagnosing, resolving conflicts, understanding feelings, ideas, content, and a host of other subtle and sensitive skills needs to be done through practicum work, stress on supervised counseling sessions, and verbatim supervision. This constitutes training.

Counseling is a science and an art. It involves theoretical preparation as well as practical training. Counseling efficiency is closely related to the quality of counselor preparation and training. The programs must be carefully drawn. This will result in better counseling service. It is sometimes argued that counseling skills are inborn

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rather than acquired. There is no opposing the fact that counseling is both an art and a science.

The objectives of counseling can be succinctly stated as follows:

1. To identify the problem areas or difficulties of individuals, their potentialities and limitations
2. To assist people to understand themselves and their situational factors as fully as is practicable
3. To help develop the potential of individuals through a greater self-understanding, to enable them to take full advantage of the environmental resources
4. To help mitigate suffering, reach appropriate solutions, take responsible decisions and thus enable clients to become self-actualized individuals.

## COUNSELOR CERTIFICATION

The code of ethics does not come down hard on the counselors who make mistakes or even fail due to ignorance or lack of training. However, society cannot be at the mercy of ignorant and ill-trained professionals. The public has to be protected against possible harm done by such persons. This is secured by a system of certification or licensing. Individuals are granted professional status and permitted to enter the "occupation" only when the training is adjudged to meet the standards laid down and the prospective entrants qualify by passing the standards set for them.

This is a very important ethical issue, which concerns the competence of the counselor to provide the appropriate service. It is a very tricky question; who ought to be the judge? Once the counselor obtains his certificate after training (and obtains his license or a certificate of practice where such regulation is statutory), he is free to accept any client. He is himself under an obligation to determine and judge whether or not he can provide the necessary help and service to the client. The counselor may honestly believe that he can, but it may be only his misconception. An outsider cannot judge the matter. It is entirely for the counselor to take the responsibility. It should be specifically understood that the counselor must make every effort to correct any false impressions, which the client may derive concerning his qualifications and competence. He should, if necessary, make a referral. Occasionally a client may refuse to accept a referral (such situations are very common and frequent in the field of medical practice). Should the counselor continue to counsel or should he terminate the relationship? It is necessary that the counselor should help the client make a realistic assessment of the situation and act in accordance with his (counselor's) professional advice. If this is not heeded, there appears to be no alternative but to terminate the relationship.

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## Counselor Certification in the United States

As has been mentioned earlier, different states have different laws of licensure and certification. First a college or university voluntarily reviews an accrediting body such as Council for Accreditation of Counseling and Related Educational Programs (CACREP), Council on Rehabilitation Education (CORE), or the American Psychological Association (APA) which are professional accrediting bodies that evaluate graduate education programs in professional counseling, rehabilitation counseling, and counseling psychology, respectively. This ensures professional accrediting bodies that evaluate graduate education programs in professional counseling, rehabilitation counseling, and counseling psychology, respectively. The government sanctioned credential is called licensure and is based on the legal concept of the regulatory power of the state (www.counseling.org).

Separate from this process is a process of voluntary individual certification. There are government sanctioned professional certification organizations for counseling and a host of specializations within the counseling profession. The two leading certification organizations for the counseling profession are the National Board for Certified Counselors (NBCC) and the Commission on Rehabilitation Counselor Certification (CRCC). This certification attests to the fact that the holder of this certification has met the standards of the credentialing organization and is therefore entitled to make the public aware of this as further documentation of his or her professional competence. .

# SELECTION AND TRAINING OF PROFESSIONAL COUNSELORS

Counseling, like many fields of professional work, draws its principles of practice from a number of disciplines. In the early decades of the present century, the ebullient enthusiasm, which marked the counseling movement, tended to emphasize the need for appropriate methods from a pragmatic standpoint, to the neglect of the development of conceptual models, which could form a sound theoretical basis for practice. The counseling movement grew out of the vocational guidance movement, which explains why it did not have a clear theoretical bias. Therefore, it largely tended to be technique-oriented and was less concerned with theory building.

It is being increasingly recognized in any professional field that entrants have to be carefully selected. It is not sufficient to only take into account the intellectual factors or the professed interest in the service to the client. A number of studies have shown that personality characteristics have great significance. Further, the effectiveness of counselors is said to depend on the goals which they may be trying to achieve. No useful purpose is served by listing a string of personality traits which

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would supposedly characterize a successful counselor. A more suitable criterion would be for a counselor to evince interest in helping people. He should be sensitive to the situation around him and the needs of the people and above all he should be sincere and genuine.

In the past, attention was focused on helping the client, without understanding the integrated nature of the human organism and the dynamics of problem appraisal. The resolution of the problem from a psychological point of view did not receive sufficient attention.

This relatively unsophisticated approach to counseling has undergone several decisive changes over the years leading to the emergence of counseling as a professional service.

Individuals who are engaged in professional activities have to face three basic issues concerning (1) the procedures of selection and the training of prospective entrants, (2) academic preparation to reach a level of professional standing with regard to the necessary knowledge and the understanding of the principles and dynamics of human growth, motivation, adjustment and coping mechanisms, and (3) methods of analysis and synthesis and the appropriate application of the acquired skills.

The first and foremost of the professional considerations, therefore, consists of equipping prospective counselors with necessary skills and adequate knowledge. With the progressive growth of knowledge and an increasing understanding of natural phenomena, what is known and acclaimed as the latest is likely to become obsolete as soon as new knowledge and techniques are known. Professional training and skills by their very nature are in need of constant revision and updating.

This brings home the related issue, namely, the question of differential service or different kinds of services to be provided to clients who differ in age, sex, experience occupation, etc. Similarly, clients could differ with regard to the type of problems they have and the kind of service they apparently require. Consideration of these issues suggests that training should not be of an omnibus type. Perhaps there could be different levels of training:

1. A basic or general type of training.
2. Training for different specializations depending on the areas or groups or situations in which the trainees will be called upon to serve.

Counselors vary in the quality of help they can provide. Those who are highly competent and skilled are able to produce better results. Therefore, it is the primary obligation of the profession to provide the expertise to produce desirable results in the clients.

All professional fields attach considerable importance to the selection of suitable persons to be trained to become members of a profession, for example, medicine, engineering, etc. For proper criteria to be laid out it is necessary for the different functions of counselors to be identified. Primarily counseling is a helping function. Therefore, it is closely related to the needs and characteristics of the social system

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in which it is to function and operate, and also to the resources; personnel and material; available to the system. For example, counseling services are comparatively highly developed in the United States. They are almost nonexistent in India. With rapid industrialization and urbanization, the traditional modes of functioning and the characteristics of the Indian society are fast breaking down, necessitating the increasing provision for counseling services. Demographic growth, income distribution, and educational access among others, determine the nature of services required by the society.

In the developing countries, the following limitations have prevented and sometimes distorted the development of counseling:

1. Lack of proper understanding of what counseling is, leading to confusion and false expectations.
2. Lack of financial support owing to the general poverty of the developing countries.
3. 
   - Introduction of unrealistic models of functioning. For instance, imitation and emulation of the kind of services available on the campuses of US universities, such as student personnel services, by the Indian universities. Such services are too expensive to be of value in the Indian context.
   - Emphasis on models of help unsuited to the milieu. For example, the average Indian, or for that matter the average oriental, is largely conventional in his outlook, while in the West, and more especially in United States, people are unconventional and individualistic.
4. Lack of proper coordination between the available agencies of assistance leading to wastefulness and duplication of effort.
5. Absence of educational and employment avenues to serve as the primary source for counseling activity.
6. Social and economic means of a large part of the population falling below the poverty line, making counseling an unrealistic exercise.

Most social systems are committed to achieving human well-being. The leaders of such systems recognize the need for counseling but do not give it the kind of priority it deserves owing to lack of personnel and material resources. More often than not there exists an attitude that we can solve our problems ourselves. We do not need a third party solution. We know more about the issues related to our problem than a stranger. But we fail to understand that standing outside the problem can lend a clarity that being in the problem situation cannot.

Now people are beginning to value and therefore seek counselors for their institutions and organizations. But I feel that this is more out of the fact that people in authority feel that they do not have time for problem-solving, rather than confessing an inability to problem solve. However, counselors are being sought after, and this

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is good news. With the growth and recognition of the profession, the ethical code will also be standardized in India. Then, all counselors will be made responsible and held accountable for their professional behavior.

## COUNSELOR SUPERVISION

Counselor supervision can be defined as 'a distinct intervention that is provided by a senior member of a profession to a junior member or members of that same profession. This relationship is evaluative, extends over time, and has several purposes:

- enhancing the professional functioning of the junior members,
- monitoring the quality of professional services offered to the clients he/she/they see(s) and
- serving as a gatekeeper for those who are to enter the particular profession.

(Bernard & Goodyear, 1992, p. 4).

Supervision is the construction of individualized learning plans for supervisees working with clients. The systematic manner in which supervision is applied is called a "model." The Standards for Supervision (1990) and the Curriculum Guide for Counseling Supervision (Borders et al., 1991) identify knowledge of models as fundamental to ethical practice.

Supervision routines, beliefs, and practices began emerging as soon as therapists wished to train others (Leddick & Bernard, 1980). The focus of early training, however, was on the efficacy of the particular theory and then spread to attitude and skills of counseling.

Supervision of counselors involves an evaluative, long-term relationship between a "more senior member of a profession" and "a more junior member or members of that same profession" (Bernard & Goodyear, 1998, p. 5). The supportive and educative process of supervision is aimed at assisting supervisees in the application of counseling theory and techniques to client concerns (Association for Counselor Education and Supervision, 1993).

Supervision provides a means to support counselors and to address clients' needs, at the same time upholding the professional practice of counseling around the globe. Counseling supervision is a relatively new area in the developed world, and experiences and concepts from developing countries are only in the interim stages of implementation. Therefore, there is a continuing need, especially in developing countries, for "learning by doing" and for documenting how well different concepts

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and practices translate across cultures and settings. As was observed in relation to an effective response to the AIDS epidemic, all counselors require ongoing support, training and skills development in order to prevent or reduce the impact of burnout, as well as to uphold ethical practices in counseling.

Burnout is the gradual process by which a person, in response to prolonged stress and/or physical, mental and emotional strain, detaches from work and other meaningful relationships. The result is lowered productivity, cynicism, confusion, a feeling of being drained, and a sense of having nothing more to give (Mark Gorkin, stressdoc.com).

Ethical practices and policies are designed to ensure that counselors conduct themselves and provide services in a professional manner. They also help to ensure that both the counselor and the client are protected by establishing guidelines for counselors on issues such as responsibility, anti-discriminatory practices, contracts, setting boundaries, confidentiality, and competency.

Success in counseling depends on counselors receiving the education, skills, and support required to adequately meet the needs of their communities and clients. This can be achieved by providing effective counseling supervision mechanisms. In many countries, there are no individuals trained in counseling supervision, and some countries also have limited numbers of adequately trained psychologists and/ or social workers to take on a role as counseling supervisors.

Numerous *developmental models* of supervision have been proffered in an attempt to further advance the sound application of supervisory services (Littrell, Lee-Borden, & Lorenz; 1979; Loganbill, Hardy, & Delworth, 1982; Rodenhauser, 1994; Stoltenberg & Delworth, 1987; Watkins, 1995a). Developmental models of supervision have a common, focus on supervisee change from novice to experienced clinician, through a delineated stage process with representative challenges facing supervisees at each level. The characteristics of each stage provides the supervisors with the opportunity to enhance effectiveness through interventions aimed at facilitating further supervisee development (Rando).

In the past two decades, models of psychotherapy supervision, particularly developmental models, have increasingly been proposed; these efforts have provided us with a useful meta-perspective on the supervisory process, stimulated some valuable thought about intervention, stimulated much research about therapist development and supervision, and substantially advanced supervision theory far beyond anything that therapy-based supervision models have contributed (Watkins 1997, p.13) .

The research in this area focuses on "discovering what supervisory interventions work best for which level of trainees, with which characteristics when used by supervisors with what type of experience and which characteristics at what point in time".

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## What is Supervisory Training?

Supervisory training is field training for the supervisor so as to increase and improve supervisory competency areas. Whether in an administrative or a clinical setting, supervisory training is needed. Experience alone cannot qualify for supervision. Border et al., (1991) described supervisory training as the development of a curriculum guide that utilizes three phases of the current professional standards:

- Self-awareness
- Theoretical and a conceptual knowledge
- Skills and techniques.

They also outlined seven core curriculum areas that compose effective supervisory education. These areas are as follows:

- Models of supervision
- Counselor development
- Methods and techniques
- Supervisory relationship
- Ethical, legal, and professional regulatory issues
- Evaluation
- Executive and administrative skills

This model of supervisory training incorporates conceptual, integrated, and experiential elements.

## Initial Planning

Prior to the initial supervisory training session, a meeting is needed with the supervisor to provide an overview of the supervisory training sessions. During this initial meeting, background information should be obtained to ensure that the supervisor has the requisite background and interest to participate in the training sessions. The supervisor should be informed of the anticipated structure and format of the training sessions. Additionally, the supervisor should understand the expectations and the requirements for successful completion of the supervision training. The following topics should be discussed:

- The amount of time anticipated for completing the supervisory training
- Information about who is responsible for the training sessions
- Responsibilities for the supervisor in training
- Overview of evaluation procedures
- Clarification of how satisfactorily and unsatisfactory performance will be determined
- Confidentiality issues

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## Goals

Four major goals guide the planning of supervision training:

- to provide a theory or knowledge base relevant to supervisory functioning
- to develop and a refine supervisory skills
- to integrate the theory and skills into a working supervisory style
- to develop and enhance the professional identity of the supervisor.

## Need for Supervised Training

Qualities of professional reflectivity are necessary for trainees to adopt conceptual and interactive skills. Counseling trainees progress through a sequence of definitive stages while experiencing increased levels of *emotional* and *cognitive* dissonance. In order to transform dissonant counselor-training experiences into meaningful guides for practice it is necessary to increase *conceptual complexity*, and articulate the difference between novice and advanced trainees. A trusting and *supportive* supervisory relationship is a prerequisite for advanced supervisee development

Counselors often find that they experience tension and while coping with complexity, integrating theory into practice, taking on the evaluative role, and increasing awareness of liability and ethical concerns. A comprehensive program of counselor education should include an intensive supervision curriculum in order to avoid some of the problems. Supervised counseling always helps the future counselor to get a reality check on what is in store in the future. Thus there are many counselor supervision models developed to improve the quality of the trainee, as well as the supervisors themselves.

Today's counselors deal routinely with complicated counseling needs, including cases of severe depression and suicidal ideation, unwanted pregnancy, substance abuse, violence, family problems, problems at work, career issues, personal conflict situations, sexual identity and child abuse. To respond adequately to these needs, counselors must have strong clinical skills and a keen awareness of the legal and ethical ramifications of any actions they may take or fail to take (Barbara Herlihy). Counselors in these situations may feel stressed and overworked and could experience professional burnout. As a consequence, they may become unsure of their abilities and effectiveness and may experience erosion in their skills and competence. This process runs counter to their ethical responsibility to maintain and increase their competence (Crutchfield and Borders, 1997).

Supervision can be an effective means of assisting counselors to maintain and enhance their competence. Supervision can provide opportunities for continuing clinical skill development, ongoing consultation regarding legal and ethical issues, and a professional support system that can mitigate stress and burnout (Barbara

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Herlihy). The primary purpose of supervision is to enhance competence and increase counseling skills of the counselor who is being supervised.

The need for clinical supervision in counseling has gone largely unmet. Nonetheless, it has been observed that supervision enhances effectiveness and accountability, improves counseling skills, encourages professional development, and increases confidence and job comfort.

One reason due to which clinical supervision has been a neglected issue in counseling may be a perception that counselors do not have the same level of need for supervision as do clinical mental health counselors. In the following section we will understand some models, which are popular educational programs.

## Counselor Supervision Models

Supervision norms were typically conveyed indirectly during the rituals of an apprenticeship. As supervision became more purposeful, three types of models emerged. These were: (1) developmental models, (2) integrated models, and (3) orientation-specific models.

### *Developmental models*

Developmental models are based on the notion that people grow in fits and starts, spurts and patterns. Development of strength and growth areas happens through the combination of experience and hereditary disposition. The object is to maximize and identify growth needed for the future. Continuously identifying new areas of growth is typical of a life-long growth process.

Worthington (1987) reviewed many studies on developmental supervision models and noted that there appeared to be a scientific basis for developmental trends and patterns in supervision. The studies revealed that the behavior of supervisors changed as supervisees gained experience, and the supervisory relationship also changed.

*The developmental model of Stoltenberg and De lworth (1987)*

Their model had three levels of supervisees: Within each level the authors noted a trend to begin in a rigid, shallow, imitative way and move towards more competence, self-assurance, and self-reliance for each level. Particular attention is paid to (1) self-and-other awareness, (2) motivation, and (3) autonomy. They also highlight eight growth areas—intervention, skills competence, assessment techniques, interpersonal assessment, client conceptualization, individual differences, theoretical orientation, treatment goals and plans, and professional ethics. The supervisees are helped to identify their strengths and growth areas enabling them to be responsible for their life-long development as both interventionists and supervisors.

1. Beginning: Where the supervisees are dependent on their supervisors to diagnose/understand/explain client behaviors and attitudes and establish plans for intervention.

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2. Intermediate: Where supervisees depend on supervisors for an understanding of difficult clients, but would be annoyed at suggestions about others. Resistance, avoidance, or conflict is typical of this stage, because supervisee self-concept is easily threatened.
3. Advanced where supervisees function independently, seek consultation when appropriate, and feel responsible for their correct and incorrect decisions.

### Integrated models

Eclectic counselors and therapists integrate several theories into consistent practice. Some models of supervision were designed to be employed with multiple therapeutic orientations. Bernard's (Bernard and Goodyear, 1992). The Discrimination Model combines three supervisory roles:

1. Teacher: When they directly lecture, instruct, and inform.
2. Counselors: When they assist supervisees in noticing their own "blind spots" or the manner in which they are unconsciously "hooked" by a client's issue.
3. Colleague (co-therapy situation): They might don a "consultant" role … with three areas of focus for skill building:
    1. Process issues examine how the supervisee is making use of the skills of counseling; is communication being conveyed. For e.g., is the supervisee responding to the client's emotions, is he paraphrasing/reframing well enough, is his attitude helping the client be less resistant?
    2. Conceptualization issues include how well supervisees can explain their application of a specific theory to a particular case—how well they see the big picture—as well as what reasons supervisees may have for what to do next.
    3. Personalization issues pertain to counselors' use of their persons in therapy, in order that all involved are non-defensively present in the relationship, for e.g., awareness of the effect of their body language on the clients, whether their client is attracted to them, etc.

This model is primarily a training model assuming that each counselor trainee/supervisee has certain skills, attitude and philosophical orientation. When these are identified the supervisor can gear the interventions to the needs of the supervisee instead of supervisor's own preferences and learning style.

### Orientation-specific models

Counselors who adopt a particular brand of therapy often believe that the best supervision is analysis of practice for true adherence to the "brand" of intervention. Different theoretical orientations offer different styles for supervision. Eckstein and

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Wallerstein described psychoanalytic supervision as occurring in stages such as the following: (1) The supervisee and supervisor eye each other for signs of expertise and weakness. (2) The mid-stage is characterized by conflict, defensiveness, avoiding, or attacking. (3) The last stage is characterized by a more silent supervisor encouraging supervisees in their tendency toward independence. Behavioral supervision views client problems as learning problems; therefore counseling requires two skills: (1) identification of the problem, and (2) selection of the appropriate learning technique. Carl Rogers felt that group therapy and a practicum were the core of supervision. The most important aspect of supervision was modeling of the necessary and sufficient conditions of empathy, genuineness, and unconditional positive regard (Leddick and Bernard, 1980)

Bernard and Goodyear (1992) summarized advantages and disadvantages of psychotherapy-based supervision models. When the supervisee and supervisor share the same orientation, modeling is maximized and theory is more integrated into training. When orientations clash, conflict or parallel process issues may predominate.

Some specific models of counseling supervision:

## 1. Adaptive supervision in counselor training

Adaptive Supervision in Counselor Training (ASiCT) is based upon Howard, Nance, and Myers' (1986) adaptive counseling and therapy (ACT) model. This model provides a means for supervisors to match supervisee task readiness with the goal of moving them to the next skill and developmental level.

**Supervisee readiness:** Supervisee readiness is the supervisee's willingness, ability, and confidence in addressing a task related to their role as counselor or supervisee. For example, a supervisee may have a great deal of experience in addressing drug abuse or teenage pregnancy in crisis counseling situations. And thus, this supervisee will have a high degree of readiness when dealing with that situation. However, this supervisee may not have a great deal of experience in dealing with rape or incest victimization. Then the supervisee would have a lesser degree of willingness, ability, and confidence in addressing the client concern.

**The supervisory styles:** In order that the efficiency of process of counseling supervision is maximized the supervisors need to match their methods/interventions to supervisee readiness on a specific issue or cluster of issues and move that supervisee to increased readiness to address those issues in the future.

There are four supervisory styles identified within the ASiCT model which are differentiated by the degree of support and direction given by the supervisor to the supervisee, based upon supervisee readiness. The four styles are as follows:

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1. Supportive mentor: When the supervisee is moderately high in readiness the supervisor provides low direction and high support.
2. Teaching mentor: When the supervisee is moderately low in readiness the supervisor provides high direction and maximum support.
3. The delegating colleague: When the supervisee is high in readiness the supervisor provides low direction and low support.
4. Technical director: When the supervisee is low in readiness the supervisor provides less direction and less support.

## 2. Interpersonal process recall model

Some recent models of counseling supervision have tended to be task oriented, emphasizing such competencies as case conceptualization and the attending skills of the counselor (Craig S. Cashwell). However, attention is also needed to increase counselor self-awareness regarding the therapeutic relationship. Interpersonal process recall (IPR) is a supervision strategy developed by Norman Kagan and colleagues. This strategy empowers counselors to understand and act upon perceptions to which they may otherwise not attend, e.g., covert thoughts and feelings of client and self and practice expressing them in the here and now without negative consequences, in order to deepen the counselor/client relationship.

In IPR, counselors (and sometimes clients) re-experience the counseling session via videotape or audiotape in a supervision session that can be characterized by a supportive and nonthreatening environment. The supervisor functions as a consultant, taking on the role of inquirer during the IPR session.

The following steps are intended as a guideline for conducting a recall session:

1. The supervisor creates a non-threatening environment, by emphasizing that the purpose of the session is to reflect on thoughts and feelings of the client and the counselor during the session that will be reviewed and that there is more material in any counseling session than a counselor can possibly attend to.
2. Begin playing the tape; at appropriate points, either person stops the tape and asks a relevant lead to influence the discovery process. If the supervisee stops the tape, he/she will speak first about thoughts or feelings that were occurring *at that time* in the counseling session.
3. During the recall session the supervisee is allowed to explore thoughts and feelings to some resolution (Bernard & Goodyear, 1992).

**Inquirer leads:** Questions can be worded to enhance supervisees' awareness of their blind spots at their own level of readiness and capability (Borders & Leddick, 1987). (e.g., focus on client non-verbals versus counselor's internal reaction to the client). To further an understanding of the inquirer role, the following inquirer

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leads are provided from various sources (Bernard & Goodyear, 1992; Borders & Leddick, 1987; Kagan, 1980):

1. What do you wish you had said to him/her?
2. How do you think he/she would have reacted if you had said that?
3. What would have been the risk in saying what you wanted to say?
4. If you had the chance now, how might you tell him/her what you are thinking and feeling?
5. Were there any other thoughts going through your mind?
6. How did you want the other person to perceive you?
7. Were those feelings located physically in some part of your body?
8. Were you aware of any feelings? Does that feeling have any special meaning for you?
9. What did you want him/her to tell you?
10. What do you think he/she wanted from you?
11. Did he/she remind you of anyone in your life?

## 3. Use of technology in counseling supervision (Watson)

Computer technology has become an important part of our society. It provides users with applications that can simplify several tasks. Counseling professionals can also use this new medium to facilitate their practice. Counselor educators are beginning to acknowledge the value of computer-based applications in the delivery of counseling supervision. The internet is becoming increasingly popular and the use of online, computer-based approaches are becoming more favorable. The counseling profession is beginning to realize the effectiveness of this approach in facilitating the delivery of their services. Researchers have shown that computer usage is becoming an integral part of counseling and counselor training (Lee and Pulvino, 1988).

The use of computers in counselor training is not a totally new concept. Computer applications for training mental health professionals first appeared during the 1960s and were primarily designed to assist in psychiatric interview training (Bellman, Friend, and Kurland, 1966; Starkweather, 1967). In the 1970s and 1980s, counselor educators began to show an interest in computerized training applications. More recently, computers have been used to aid in the delivery of counseling supervision, helping counselor educators train new generations of counseling professionals (Watson). Froehle, (1984) looked at ways computers could be used to monitor student progress in practicum courses which sparked the beginning of supervisors using computer-based applications, to create a more multidimensional approach to their supervision sessions.

Technology can be used at both the practicum and internship stage of counselor development. It can be used to deliver supervision both live and delayed. They can also be used to facilitate more efficient internship communication when proximity

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is an issue computer-based technologies offer several possibilities for supervisors today (Watson) including:

(a) Computer-assisted live supervision: Where immediate feedback is offered. Supervisors position themselves behind a two-way mirror and observe a session. There is a computer screen in the therapy room which can be seen by the counselor and the supervisor, but not the client, Counselors-in-training can receive immediate feedback and suggestions. The supervisors type their comments on the keyboard, which the student can view and integrate into their counseling repertoire. This can be very useful when the supervisor and supervisee are not in the same location.

(b) Electronic mail (e-mail): Allows for regular contact between clinical supervisors and counselor educators (Casey, et al., 1994; Myrick and Sabella, 1995). The supervisor and supervisee can converse regularly without the constraints of physical proximity thus allowing for a more continuous supervisory experience for the supervisee. The use of e-mail is not restricted to academic settings. Counselors in the field can also access this technology and seek out the supervision they may need (Watson). Here the supervisees give a brief description of the client (while maintaining his or her anonymity), the presenting problem, behaviors or thoughts associated with that problem and any interventions already attempted. They then list questions or concerns they have about this case.

(c) Chat rooms provide real-time communication; Allows individuals to post comments and questions to others in a group and receive feedback or suggestions. Supervisors establish a listing of all group members and their assigned/chosen screen names. And they all meet in a designated chatroom. A real-time discussion forum takes place between supervisor and supervisees. Supervisees are also able to communicate with one another.

A variation of this is the instant messenger services of Yahoo, Google, MSN, etc.

(d) Cybersupervision provides supervisors with the most flexibility in working with their supervisees. Audio, video equipments provide supervisors and supervisees the opportunity to interact in real time even when they are in different locations. A real-time discussion forum can take place between supervisor and supervisees. Supervisees are also able to communicate with one another and can share written, voice, and image messages. Supervisors can watch video of counseling sessions and offer instant feedback.

Videoconferencing, the key element in cyber supervision, is more secure than e-mail or chat room transcripts that are considered public record and are used extensively in counselor supervision (Casey, et al., 1994; Myrick & Sabella, 1995). Videoconferencing is more secure because it utilizes a closed point-to-point communication system and occurs in real time (Roblyer, 1997).

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**Ethical considerations for the cyber field of counseling:** The National Board of Certified Counselors (NBCC) and the American Counseling Association (ACA) have developed sets of ethical guidelines for web-based counseling. Issues that may come up include confidentiality, informed consent, and emergency contact/response issues. Supervisors and supervisees need to be familiar with the ethical guidelines of these approaches.

## 4. Systems approach model

The systems approach model is built on seven dimensions, including the institution, the supervisor, the functions of supervision, the supervision relationship, the client, the trainee, and the tasks of supervision. The supervision must always be vigilant, fair, and thorough, with supervisors always staying in contact with their supervisees, lest the pressure and drama associated with a myriad of client personality types take the supervisees into an unreal situation regarding therapy.

In the book, *Clinical Supervision: A Systems Approach* (Holloway, 1995), the author lays out the fact that "supervision is among the most complex of all activities associated with the practice of psychology." he asserts that "clinical supervision which concentrates on developing the supervisee's skills, offers support for and helps frame the vision of the supervisee " goes deeper to the heart of the needs of the counselor than administrative supervision which is about paperwork, recruiting, delegating and "acting as a change agent within the organization."

## 5. Multicultural counseling supervision: A four-step model

This was a model developed by Robinson. Bradley and Hendricks (2000) felt that multicultural elements and issues though being a vital part of effective counseling supervision were not addressed by the traditional counseling supervision models. They then went on to provide a four-step model for the development of multiculturally competent counselors. The four-step model includes the following:

1. Developing cultural awareness of the counseling supervisor
2. Exploring the cultural dynamics of the counseling supervisory relationships
3. Examining the cultural assumptions of the traditional counseling theories
4. Integrating multicultural issues into existing models of counseling.

## Counselor Training in Supervision

### *Training methods*

The course curriculum should emphasize experiential learning while also presenting frameworks for counseling supervision. Training activities should include, but

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not be limited to, practicum (fieldwork), role-plays, games, presentations by participants, case studies, use of transcripts, action planning, small group discussions, brainstorming, and self-awareness exercises. Students taking the course should be expected to fully participate in all activities, and all participants must be aware that if they miss a module, they must make it up and satisfactorily complete it to meet the course requirements to receive a certificate.

At the beginning of the course, trainers should identify the needs and assess the skill levels of participants and shape the training accordingly. For example, trainers should add activities where they see a need for additional skills development or remove activities that are not necessary or not appropriate for the group of participants. Scheduled breaks and timeframes should be flexible and should be determined by the trainer and participants.

The ideal number of participants for the course is 10 to 12, but the course can be designed to accommodate a minimum of 8 or a maximum of 15. Smaller groups allow for greater participation and more practice of new skills, and also allow trainers to better assess and aid the skill development of participants. At the end of each day, a reporter should be selected (by the trainer or by the participants) from among the group to recap the lessons learned and to give a brief presentation (about five minutes) the following morning.

Participants should also fill out on a daily basis the daily evaluation form, which the trainer should hand out every morning. At the end of each module, there is a take-home task that the trainer can give to participants at his/her discretion. The take-home tasks should be completed overnight and handed over the following morning. The take-home tasks will help the trainer monitor the progress of the trainees, that is, how well they have understood and conceptualized the material in each module.

### Selection criteria for trainers

Selection criteria for trainers include the following:

Essential:

- Experience facilitating experiential training
- Minimum two years of counseling (preferably with diverse clientele)
- Understanding of counseling theory and how it applies in practice
- Strong verbal and written communication skills in the required language

Desirable:

- Should have been supervised in counseling practice (past and/or presently)
- Should be supervising a case load of counselors at present
- Have experience participating in a counselor support group and/or network

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- Have one of the following professional backgrounds: psychology, social work, nursing, be a clinical officer, psychiatry, teaching or theology

### *Selection criteria for participants*

Selection criteria for participants include the following:

- Minimum six months of counseling experience with clients from diverse backgrounds
- Counseling qualification (i.e., completion of a minimum of one month of training from a recognized agency/training institution; this is desirable, though in some countries this may not be possible)
- Strong verbal and written communication skills in the required language
- Support of management or the sponsoring agency to undertake the course (as demonstrated in letter of support)
- In a position to supervise counselors upon course completion (as demonstrated in letter of support)

### *Recruitment process for participants*

Individuals can apply to the training institution individually and/or be nominated by a sponsoring agency. Suitability for entry into the course is based on the application form, letter of support and interview.

- Individuals applying or being nominated should complete a standard application form and submit it to the training institution.
- Individuals applying or being nominated must attach to the application form a letter of support from their place of work/sponsoring agency (e.g., in the case of volunteers) demonstrating that the agency supports their attendance and that upon course completion, the participant will have supervisory responsibility within the agency.
- Individuals must attend a screening interview at the training institution to determine their suitability for attending the course. The interviews must use a standardized procedure, including general open-ended questions, a values- and-attitudes-based question and a hypothetical scenario.

Following are the programs for training counselors and supervisors.

## CHOOSING A GRADUATE PROGRAM

### *Personal and professional aspirations*

Like so many important transitions in life, choice of education becomes a series of often-serendipitous events as people influence us often in contradictory ways,

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selecting courses because of convenience, people pressure, and sometimes simply the path of least resistance.

But one cannot count on serendipity. Today we know that it is important to find answers to the following questions: Will the counseling profession suit you and your life style? What factors ought to be considered in choosing a graduate program? What type of graduate training is most likely to meet your needs? What will help you get into the program you choose?

When one is considering counseling as a career for a number of reasons, including some that are universal and others that are unique, generally altruism is tempered with intensely personal motives in choosing counseling as a career. The feelings of power and control, as well as the opportunities to work through one's own issues, are among the most frequently cited reasons. These underlying reasons mean that the counseling profession can be a source of tremendous satisfaction; but it can also become major blocks to professional effectiveness. You can even do great harm to others if you meet your own needs, or act out your own unresolved issues, during sessions. It is for this reason that quality counselor training programs offer components that emphasize personal development as well as skill and knowledge acquisition.

## *Program factors to consider*

There is considerable variation among graduate programs as to their faculty, philosophy, and specialty areas. These factors, as well as training levels, accreditation, and location, need to be considered.

### 1. Faculty

One of the best ways these programs may be observed is to look at how well faculty work together as a unit. What is the diversity of instructors in terms of their theoretical orientations, clinical experiences, teaching methods, cultural backgrounds, gender balance, and personality styles? How well do they get along as colleagues?

Some programs have faculty who are cooperative, supportive, and respectful of one another, making it safe for student to find their own paths to learning. Other programs can have faculty who are unduly competitive, threatened, or perturbed. Sometimes students are caught in the middle of these struggles.

The answers to these questions can be found by speaking to other students about how well they perceive faculty are getting along, how disagreements are handled, and how conflicts are managed. Expect a reasonable amount of intellectual strife.

The strength of a faculty is based on much more than how well they get along, however. Other things to look for include racial, gender, and ethnic diversity; time availability; and diversity in functioning.

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### 2. Ethnic and racial backgrounds

The mandate of our profession is to reach out to those who need our services the most: the disadvantaged and those who are not part of the power base that controls things. One of the ways we help prepare counselors to work with people of diverse cultures, religions, and ethnic and racial backgrounds is to provide models of successful professionals representing diverse cultures.

### 3. Time availability

Who is available? Are students available who are interested in talking to and working with their instructors? Is there a faculty that is interested in talking to their students? Who is available when needed is a barometer that can be used to assess the commitment of faculty to students.

### 4. Diversity in functioning

The best way to do counseling and the best way to develop counselors are the subject of a heated debate, but it is generally agreed that it is advisable to be get exposure to many theoretical approaches and teaching styles during one's tenure as a student. By learning in a variety of settings, content focused, experientially based, interactive, introspective, supportive, controversial, informal, and highly structured, one can select features that best fit one's personality, career goals, and preferences. This exposure to many different models also prepares you better for the variety of employment, organization, and peer styles that will present themselves after graduation.

### 5. Philosophy

Training programs were once easily identifiable as subscribing to the tenets of a single theoretical base, such as psychoanalytic, humanistic, or behavioral. It is now quite rare to find allegiance among all staff members to a particular counseling approach; but even then there are methods of instruction among faculty which are likely to be more similar than different. One of the joys of the profession is that each of us is permitted to discover ways of helping others that suit us best, as long as we maintain ethical and competence standards established by our peers.

Nevertheless, in spite of the variations in methods of instruction, approaches to counseling, and even personality styles of faculty, many departments do espouse a particular philosophy of counselor education. This mission statement may be simply the requirement of an accredition standard, or in many cases, it represents a well-thought-out summary of what the program intends to do and how these goals are to be carried out.

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### 6. Polarities in counselor training

| Competency based | Experience based |
|---|---|
| Emphasis on courses | Emphasis on learning experiences |
| Emphasis on content and skill development | Emphasis on process and skill development on moral and emotional development |
| Lecture and discussion | Interaction and group experience, and self-reflective activities |
| Evaluation by exam | Self-evaluation and evaluation by writing papers |
| Reliance on the technology of systematic instruction | Reliance on the human dimension |

Few programs are as pure as those described in the table. However, the emphasis today is on integration and synthesis. The best features of competency- and experience-based approaches are combined into programs that include (1) content and information acquisition, (2) skill development through systematic modeling and supervision, (3) process interaction in small groups, (4) emotional/personal development through group and self-reflective assignments, (5) evolution of a personal style of practice through supervised experience, and (6) refinement of counseling interventions through feedback on videotapes.

### 7. Specialty areas

One of the keys to securing employment is developing an area of expertise that is both interesting to you and in demand by others. The function of program specialization is to compensate for the increasingly complex circumstances in which counselors are asked to work. Having specialized training in a given area increases the likelihood that the counselor is insensitive to unique client needs and unaware of the most current thinking on dealing with those issues.

All counselors receive exposure to the core knowledge base of our profession, including developmental theory, career development, assessment, multicultural awareness, and individual and group interventions as well as training in the skills of helping. However, most practitioners also choose to concentrate in a particular professional area that requires specialized training. This choice of a specialty may be based on a deliberate personal decision. Such a decision may also be based on expediency, such as a surplus of specialized jobs in a given geographic area.

Most counseling programs emphasize on several distinct specialties rather than one general program. Typically all students take a core set of courses together. These include foundation classes in human development, research methods, assessment techniques, counseling theory, multicultural issues, vocational development, and other subjects considered to be part of necessary training for all practitioners,

regardless of the specialty. Then, depending on such factors as faculty interests and qualifications, program accreditation, the institution's historical precedents, and the area's political climate, particular specialty areas may be developed.

How can you choose the best specialty for you? Several factors should be considered when making a tentative specialty choice:

1. What you are qualified for (for example, attaching certificate may be required for school counseling)
2. The population you prefer to work with (young children, adolescents, adults, older adults)
3. The job opportunities available in your preferred geographic region
4. The drive and passion you feel toward a particular kind of professional identity
5. The relative strength of the faculty, resources, and support within the various specialties available
6. The match between your personal strengths and weaknesses and those of a particular specialty (for example, crisis intervention versus longer term counseling relationships)

## Counseling Faculty

Counseling discipline in any university ensures professional education and training at the master's level, leading to appropriate counseling knowledge, competencies, and skills.

The student population is vastly different in terms of their educational social and cultural diversity, hence counseling faculty needs to address the student's academic as well as counseling needs. They need to play an important and a significant role in providing support to the students. Thus, the counseling faculty needs to be trained in counseling skills and be familiar with the entire curriculum. Quality counseling programs staffed by professional counseling faculty are critical to ensure that students achieve their educational and career goals. Today's students face a myriad of complex academic and personal issues and concerns. Counseling faculty helps students identify these issues and deal effectively with them through academic, career and personal counseling, and help students to be successful both academically and personally.

It is the responsibility of the faculty to provide every student the opportunity to realize his or her intellectual, emotional, and vocational potential. The student's goals and aspirations which often change during the educational experience should be understood and dealt with accordingly. The faculty must assist students in identifying their talents and ability, direct them to specializations that meet their needs, and maintain standards designed to ensure their success.

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The students of today tend to think more about the future than the present. They appear to be more interested in their jobs and placements and less in their studies. Hence, they do not do very well in their examinations. Counseling faculty must help the students of the university. This can deter the students from disastrous self-placements and impossible workloads and help students to develop hope, confidence, and commitment to realistic aspirations. They can also help the students whose academic abilities do not match their aspirations. Counseling faculty have the obligation to provide counseling programs to help students decide what they want from higher education, plan their route through the system to achieve these goals, and help them overcome the barriers that may impede progress towards those goals.

## Counseling Faculty: Qualifications, their Roles and Activities

Counseling faculty is professionally trained to diagnose the difficulties students face in the educational arena, to prescribe solution, and to support students during their struggle to success. In order to do this effectively the faculty needs to understand the students' stated goals in the context of human development and the inevitable changes that occur as they undertake college education. Even when students initially present clear goals, counseling faculty understand that students change as the result of their unfolding education or personal situations. This requires careful attention to cues that suggests students need assistance in reevaluating their goals.

In these tasks, the role of counseling faculty is unique among the faculty of colleges and universities. The counselor's role is even more crucial to students' success when we consider that it is not just likely that students at colleges will encounter difficulties—it is almost inevitable.

The minimum qualifications as prescribed by UGC are masters in counseling, rehabilitation counseling, clinical psychology, guidance counseling, educational counseling, or their equivalent. The professional education and training required of a college counseling faculty enable them to play a variety of roles and offer a range of activities to meet students' counseling needs. They are needed to assist the individual in decisions which affect educational, vocational and personal goals, and provide appropriate support and instruction which will enable the individual to implement these decisions. The implementation may include selection of appropriate institutions, academic planning, and dealing with learning handicap-, making the transition from college to work, or to an appropriate higher level college or university, and assistance in handling personal, family or social problems which may interfere with educational goal attainment.

The student should also be assisted in assessing, planning, and implementing his or her immediate as well as long-term academic goals. Career counseling, in which the student is assisted in understanding his or her attitudes, abilities, and interest

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and is advised concerning the current and future employment trends, is done by the counseling faculty, including programs for students with special needs, skills testing programs, financial assistance programs, and job placement services. This work is usually undertaken by the counseling department in many universities.

Career counseling helps students figure out what they really want to do and how to get there. Otherwise they put in more effort in unnecessarily wrestling with career decisions. They may take up unwanted courses, and finally, lose motivation and drop-out. A counselor's help through this natural struggle could be quite effective. Many students experience some form or educational or occupational uncertainty during the course of their college careers, and uncertainty for a new student increases rather than decreases during the first two years of college. Personal counseling is critical to ensure the success of the students. Students with psychological disabilities, and students who experienced crisis situations while on campus need to be assisted with sensitive counseling. Personal counseling benefits many students and helps them manage their difficult life situations while they progress in college. Young students experiencing the stress of transition into adulthood are bound to face these kinds of conflict and confusion, their goals becoming undermined by their personal conflicts.

Counseling discipline in any university involves professional education and training at the Masters level leading to appropriate counseling knowledge, competencies and skills. But there is no definition of or the limitations on the role of the counseling/ advising para-professionals, and in some places the role of professional counseling faculty and para-professionals are blurred.

The student population is vastly different in terms of their educational, social and cultural diversity. The counseling faculty needs to address the student's academic as well as counseling needs. They need to play an important and significant role in providing support to the students. Thus the counseling faculty needs to be trained in counseling skills and be familiar with the entire curriculum.

It is the responsibility of the faculty to provide every student the opportunity to realize his or her intellectual, emotional, and vocational potential. The student's goals and aspirations, which often change during the educational experience, should be understood and dealt with accordingly.

## ❖ Summary ❖

It is important for students of counseling to familiarize themselves with problems concerning ethical behavior, which invariably accompanies the development of a profession. Counselors should be aware of certain legal and ethical issues related to practice of counseling. Confidentiality is an ethical term that refers to the client's right to privacy, guiding counselors

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to disclose information only with the informed consent of the client. It includes the clinical or counseling practice of psychology, research, teaching, supervision of trainees, development of assessment instruments, conducting assessments, educational counseling, organizational consulting, social intervention, administration, and other activities as well. Psychologists work to develop a valid and reliable body of scientific knowledge based on research. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.

Counseling discipline in any University ensures professional education and training at the masters level leading to appropriate counseling knowledge, competencies and skills. The counseling faculty needed to address the student's academic as well as counseling needs. Quality counseling programs staffed by professionals counseling faculty are critical to assure that students achieve their educational and career goals. Today's students face a myriad of complex academic and personal issues and concerns. By helping students identify those issues and deal effectively with them through academic, career and personal counseling, counseling faculty provide a means for students to be successful both academically and personally.

The counseling faculty must help the students of the University. This can deter the students from disastrous self-placements and impossible workloads and they can help students develop hope, confidence, and commitment to realistic aspirations. Counseling faculties have the obligation to provide counseling programs to help students decide what they want from higher education, plan their route through the system to achieve these goals, and help them overcome the barriers that mere impede progress toward those goals.

Counseling faculty is professionally trained to diagnose the difficulties students face in the educational arena, to prescribe solution in difficulties, and to support students during their struggle to success. The minimum qualifications as prescribed by UGC are masters in counseling, rehabilitation counseling, clinical psychology, guidance counseling, educational counseling, or the equivalent.

The counseling faculty needs to address the student's academic as well as counseling needs. Quality counseling programs staffed by professionals counseling faculty are critical to ensure that students achieve their educational and career goals. Today's students face a myriad of complex academic and personal issues and concerns. By helping students identify those issues and deal effectively with them through academic, career and personal counseling, counseling faculty provide a means for students to be successful both academically and personally.

An applicant for Professional Counselor certification receives the professional supervision required by subsection (A) from a Certified Behavioral Health Professional Counselor or an individual eligible for such certification. Under Laws 1991, Ch. 253, §4(c), an applicant for Professional

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Counselor certification who meets all other requirements may submit a written request to the Counseling Credentialing Committee for waiver of the requirement that professional supervision be provided by a Certified Behavioral Health Professional Counselor or an individual eligible for such certification. The Counseling Credentialing Committee shall grant the waiver if it determines the applicant was supervised by a certified or licensed behavioral health professional or other behavioral health professional who has education, supervision, and experience acceptable to the Counseling Credentialing Committee.

Counseling, like many fields of professional work, draws its principles of practice from a number of disciplines. Thus, the relatively unsophisticated approach to counseling has undergone several decisive changes over the years leading to the emergence of counseling as a professional service.

The supportive and educative process of supervision is aimed toward assisting supervisees in the application of counseling theory and techniques to client concerns (Association for Counselor Education and Supervision, 1993).

Supervision provides a way to support counselors and to address clients' needs while at the same time upholding the professional practice of counseling around the globe. Success in counseling depends on counselors receiving the education, skills and support required to adequately meet the needs of their communities and clients. This can be achieved by providing effective counseling supervision mechanisms. In many countries there are no individuals trained in counseling supervision, and some countries also have limited numbers of adequately trained psychologists and/or social workers to take on a role as counseling supervisors.

The characteristics of each developmental stage afford supervisors the opportunity to enhance effectiveness through interventions aimed at facilitating further supervisee development.

Supervising training is training for the supervisor in the field so as to increase and improve supervisory competency areas. Experience alone cannot qualify for supervision. Prior to the initial supervisory training session, a meeting is needed with the supervisor to provide an overview of the supervisory training sessions. The supervisor should be informed of the anticipated structure and format of the training sessions. Additionally, the supervisor should understand the expectations and the requirements for successful completion of the supervision training.

Supervision can be an effective means of assisting counselors to maintain and enhance their competence. The primary purpose of supervision is to enhance the competence and increase the counseling skills of the counselor who is being supervised.

The need for clinical supervision in counseling has gone largely unmet. Nonetheless, it has been observed that supervision enhances effectiveness

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and accountability, improves counseling skills, and encourages professional development, and increases confidence and job comfort.

One reason clinical supervision has been a neglected issue in counseling may be a perception that counselors do not have the same level of need for supervision as do clinical mental health counselors.

Counseling supervision models are basically of three types—developmental, integrated and orientation specific. Some counselor supervision models are:

- Adaptive supervision in counselor training (ASiCT)
- Interpersonal process recall
- Use of technology in counseling supervision
- Systems approach model
- Multicultural counseling supervision: a four-step model

Counselor training in supervision is very important. The course curriculum should emphasize experiential learning while also presenting frameworks for counseling supervision. Choosing a graduate program requires a lot of thought and introspection. Quality counselor training programs offer components that emphasize personal development as well as skill and knowledge acquisition. Master's-level training is essentially counseling practitioner's degree. This degree is intended to prepare professionals to function independently as scholars, supervisors, advanced practitioners, and educators.

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# 6
# The Counselor and the Counselee

## Chapter Overview

- ❖ The Counselor
- ❖ Philosophy and attitude of the professional counselor
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## THE COUNSELOR

Why do People become Counselors?

- ❖ Most believe they can really help people.
- ❖ Some have a desire to help those who are less fortunate.
- ❖ Some want to help prevent people from having difficulties in the first place.
- ❖ Some want to help people reach their full potential.
- ❖ Some believe that it is a very rewarding and uplifting experience.

There are many reasons why a person chooses to become a counselor. The association between the counselor characteristics and the efficacy of the counseling process cannot be undermined. Along with the rigorous training required for a student of counseling, his or her personal qualities go a long way in supplementing

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that training. Counseling usually helps people but also can harm them. "Good" counselors have unique and identifiable personal characteristics. Clients react differentially to counselor characteristics and that those reactions are important components of counseling outcomes. Today, the study of counselor characteristics is getting a renewed focus and is intended to facilitate "matching" of counselors and clients. Many counselor characteristics are being investigated; however, Hiebert (1984) has suggested this effort would be better invested in defending the worth of counseling services.

## PHILOSOPHY AND ATTITUDE OF A PROFESSIONAL COUNSELOR

The counselor is a trained professional who should manifest the following personal and professional characteristics:

- The belief that counselees are unique individuals of significant value
- The knowledge of how an effective individual functions
- The belief that counselees are capable of change
- That their knowledge and skills are necessary to help individuals overcome functional limitations
- The willingness to become involved in this interpersonal process
- The understanding of oneself and one's own skills and limitations
- Non-judgmental acceptance of people
- Belief that people are basically good
- Acceptance of and positive use of transference
- Helping the person see reality, encourage objectivity
- The purpose is to remove the veil of ignorance

### *Belief that Counselees are Unique Individuals of Significant Value*

All human beings are worthwhile, valuable, and unique. This is an essential conviction that every counselor must have in order to relate to each counselee in a positive and constructive manner. Moreover, this acceptance of, and a sincere belief in the counselee, must be felt as an experience and not an abstract philosophical concept. It means that the counselor must have a genuine interest in the counselee and the presenting issues. It does not mean that one must not approve or disapprove of a particular act or like or dislike a particular trait manifested by a counselee; but rather that, *in spite of* these, the counselor should have a genuine interest in the counselee, and respect the counselee as an important, valuable, and worthwhile human being. This is what Carl Rogers called "unconditional positive regard".

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The counselor must understand that a counselee's perceptions about self, and perceptions of the world constitute reality for *that* person. The counselee's problem should be approached from that frame of reference. The socioeconomic, religious and cultural background, education, and family factors of the counselee are of utmost importance when we try to understand where he or she is coming from. The beliefs, attitudes, feelings, and impressions that the counselee has about self and of the environment strongly influence the way the person behaves. A counselor needs to focus on understanding these perceptions and comprehending the meaning of the counselee's behavior. Understanding where the counselee is coming from, his or her internal frame of reference, will give valuable clues to his or her problem.

The counselee's sense of worth and uniqueness has to be appreciated and encouraged. This will create a feeling of trust between the counselor and the counselee. The counselor's belief in the counselee and in his sense of self-worth is expressed verbally, paraverbally, and non-verbally. Nonverbal expressions are promptness, posture, and facial expressions. Paraverbal expressions are tonal quality. And verbal expressions are responses that are sensitive to the feelings and attitudes of the counselee.

### Belief that counselees are capable of change

When someone asked me, "Do you think he will change?" My answer was, "I wouldn't be in this business if I did not believe that." It is true. We are all capable of change. We will have to make that decision on our own. It only requires determination to do so. A counselor's theoretical orientation and basic assumptions about the nature of human beings strongly influences the counselor's belief regarding the kind of change and amount or degree of change possible for any individual counselee. Counselors may hold distinct and varied opinions on the kinds of change that they believe are possible. But it is important for all counselors to believe that counselees are capable of change.

A counselor has to be optimistic. The belief that all counselees can, at least to some extent, modify their feelings, attitudes, cognitive structure, and behavior is imperative to all counselors if they have to prove themselves helpful to the process. Change is never easy. They need to recognize that it is not easy to help people change. And it is not possible to help all people to change. Sometimes a counselee may just not be ready; he or she may not be willing to change. There may not be any necessity for the counselee to change, rather it may be the counselee's surroundings that need to change or be changed.

As a counselor one must communicate to the counselee this belief that he or she can change. Without the counselee's cooperation it would not be possible to achieve a change. Thus it is not enough if the counselor believes that the counselee can change, it is equally important that the counselee believes that he or she can change.

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### The knowledge of how individuals function

All counselors must understand the psychological principles that guide human behavior and the environmental factors that influence behavior. The counselor's education in psychology courses at the undergraduate and postgraduate level is therefore imperative. This knowledge will help the counselor see the counselee as an individual as well as a member of the society. The unique ways of the individual and of his or her functioning in the world out side should be very carefully understood by the counselors. Knowledge of how individuals function within the framework of the self and in relation to the outer surroundings is essential to the entire counseling process. This will form the foundation of a trust in a working relationship, which attempts to explore and understand the factors that are delimiting the counselees behaviors, deciding upon a particular treatment program, working on it in a sound and appropriate manner, and deciding when to terminate a case, and also when to refer.

### Knowledge of how to assist individuals

Counselors must provide assistance to individuals in pain. They must have appropriate clinical skills in order to do that. It requires a high level of sensitivity born out of training to find the impediments that block the counselee's ability to undergo changes and functions at a more effective or higher level. A large variety of approaches, methods, and theoretical analysis must be employed by the counselors. Every individual is unique. The counselors must make tailor-made intervention strategies to suit this particular counselee.

Students of counseling can undergo supervised training and practice to experiment with various approaches, and then gradually find their own style of functioning. Assisting the individual in overcoming her functional limitations and moving towards personal growth is a time-consuming process. Actually it is a two-step process: one is to work upon the present maladaptive behavior and to reduce that; and then to work toward personal growth. Students can try to emulate the behavior of their supervisor in the beginning and eventually they will find their comfortable level of working.

Counseling should not only be seen as an analgesic which helps alleviate pain, but also as a vitamin to enhance growth and prevent pain. Understanding of individuals not only helps counselors in intervention strategies, but also keeps the focus on prevention as well as growth.

### Willingness to become involved

The counselor must be prepared to commit her time and energy to assist the counselee. That apart, the counselor's interaction with the counselee is also important. One must go beyond a merely giving time and energy. One must demonstrate

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a willingness to become involved in this interpersonal process called counseling. It involves the ability to communicate one's understanding of the counselee, the willingness to listen patiently to the counselee, and the total commitment to the process. Concentrating on the counselee's internal frame of reference and reaching out to the counselees needs are all very important in the counseling process. This approach has many advantages. First of all it gives the counselee an impression that the process cannot be taken lightly, helps to build a rapport with the counselee, and then build up the trust in their relationship. It also gives the counselee a sense of importance and raises the self-worth of the counselee. Furthermore, this motivates the counselee to engage more actively in the process and finally motivates him or her to change. Commitment is infectious. And that is what the counselee sees when the counselor exhibits a deep willingness to become involved in the counselee's life.

### Knowledge of self

Counselors must have a very good knowledge about themselves. They must be aware of their feelings, thoughts, and behavior, must have understood and processed their own attitudes, values and motivations for working with others, and must be constantly in search of personal growth. They must be aware of their strengths and limitations and must realize that they cannot help everyone. Sometimes they may not be comfortable with a particular counselee or a particular type of problem. In such a situation, they need to be confident enough to refer this counselee to somebody who could be more helpful. This requires a great deal of honesty and integrity. It also requires a high degree of understanding and appreciation of one's own feelings, thought, and behavior.

Counselors who have a good sense of self-esteem, adequacy, and self-discipline transcend their own limitations and are free to give the necessary attention to their counselees and focus on ways to assist them. These counselors are warm, understanding, sincere, and generally interested in the counselee's health.

### Prayerful

The role of spirituality in the healing profession is being increasingly recognized. Counselors are starting to realize that emotional problems can be alleviated through spiritual counseling. Counselors can be most effective in helping counselees who suffer from helplessness and hopelessness related to anxiety and stress by recommending a prayers to alleviate their fears and concerns. Prayers may not eliminate the circumstances causing the stress, but will sparkle hope and instantly relax the mind, and thus bring the symptoms under control. It is with the combination of prayer, support of the counselor, and the counselee's own effort that the counselee will have the best chance of overcoming his or her distress.

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## PERSONALITY OF EFFECTIVE COUNSELORS

Numerous studies have demonstrated the significance of the therapeutic relationship in determining effective counseling (e.g., Martin, Garske, & Davis, 2000). Moreover, the quality of the relationship is partially determined by the personal qualities of the counselor, which have been shown to be more important to counselees than particular techniques or interventions (Lambert & Cattani-Thompson, 1996; Sperry, Carlson, & Kjos, 2003). Empathy, warmth, and positive regard are also interrelated with the therapeutic relationship and the counselor's attributes.

Several studies have attempted to determine the personality characteristics of counselors, which are basic to effective counseling. Counselors are interested in helping people. They have a "social service need." Many researchers have found that this is necessary for success and satisfaction with a counseling job. Counselors generally like people and are interested in helping. This attitude makes the counselees feel comfortable in their presence.

Perceptual sensitivity is also an important characteristic of the counselor. The counselor should perceive and understand the thoughts and feelings of the counselee and should be sensitive to the clues given by him or her.

It is important for the counselor to be well-adjusted, not necessarily perfectly adjusted. Counselors must be able to cope with their problems in a constructive manner, and not attempt to try and solve the problems of the counselees when they are themselves facing acute problems.

A feeling of personal security is another very important factor. Internal security will give the required clarity required to effectively help the counselee, which would help not only in the counseling process, but in all life situations.

Genuineness is a personality trait that is of utmost importance in any relationship, including counseling relationship. Counselees can very easily pick up a fake, put on warmth, which can harm the process. The counselor should establish a genuine relationship with the counselee, and should be "real" to the counselees.

Counselors are abstract in thought and speech, cooperative in reaching their goals, and directive and introverted in their interpersonal roles. They focus on human potentials and think deeply in terms of ethical and human values. They have an unusually strong desire to contribute to the welfare of others and genuinely enjoy helping their companions. They find great personal fulfillment in guiding people to realize their *human potential*.

Although counselors tend to be private, sensitive people, they make effective leaders and work quite intensely with those close to them, quietly exerting their influence behind the scenes with their families, friends, and colleagues. They have great depth of personality; they are themselves complicated, and can understand and deal with complex issues and people.

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Counselors have an unusually rich inner life. They are not reluctant to express their feelings of love and appreciation, as well as the difficult ones of hurt and pain. Thus, they have a strong ability to understand the feelings of others. They have strong empathic abilities. They can become aware of another's emotions or intentions sometimes even before that person is conscious of them. They have this ablity to feel the hidden distress or illnesses of others to an extent, which is difficult for others to comprehend. Counselors are able to understand and deal with complex ethical issues and with deeply troubled individuals.

They find it relatively easy to get in touch with their counselees' innermost thoughts and feelings. Their personal warmth, their enthusiasm, their insight, their devotion, their originality, and their interpretive skills help them a lot in their profession.

Counselors are both kind and positive in their handling of others; they are great listeners and seem naturally interested in helping people with their problems. They understand and use human systems creatively, and are adept at consulting and cooperating with others. They enjoy pleasing others and they find argument or debate disagreeable and destructive. They use approval as a means of motivating others.

Counselors are warm, exceptionally loving parents, deeply concerned about the comfort, physical health, and emotional well-being of their children. A counselor mother will naturally try to form a special mental and emotional connection with her children, sometimes wanting to bond so closely that it can be unhealthy for both of them. More often, however, counselors are content to be good friends with their children, wanting to treat them as much as possible as adults, while still keeping a firm hand on discipline.

## SKILLS OF A COUNSELOR

Counseling is a skilful activity, albeit that its skills are grounded in the practitioner's personal development. Counseling approaches vary in their conception of skill development. Some hold to a reductionist emphasis whereby skilful behavior is subdivided into smaller units of discrete skills. Training exercises are then developed for each discrete skill with feedback and assessment available to the course member. Once discreet skills are practiced and developed, they can then be built upon each other once more to create integrated skilful behavior.

Other approaches hold to a holistic emphasis whereby skilful behavior is recognized but there is a reluctance to break it into smaller units lest the integrated quality be lost. The view taken here is that the whole is more than the sum of its parts and cannot be assembled from those parts. Another presumption within this emphasis

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is that the skilful behavior is inextricably tied to the personal development of the counselor and to try to separate specific skills would be to encourage incongruence. "Skills training" proceeds, but in a holistic fashion. Rather than discrete skills being practiced, the emphasis is on conducting whole interviews or parts of interviews and monitoring the experience of those involved as well as the development the counselor is making.

It is probably fair to say that no counseling approach is exclusively reductionist or holistic in its emphasis. However, approaches vary considerably in their leanings towards the reductionist or the holistic. For example, Egan's skilled helper approach leans heavily toward the reductionist while psychodynamic and person-centered counseling favor the holistic.

Carl Rogers always maintained a holistic conception of skill development but his encouragement of research, particularly research of a reductionist character, inevitably created products, which could be viewed, in a reductionist fashion. Truax and Carkhuff (1967) and Carkhuff (1969) fruitfully employed a fairly reductionist perspective to the core conditions and offered much by way of operational definition of these conditions, though that work has not survived into present day training methodology, which is more holistic in character.

### Broad skills in the counseling process

- Releasing empathic sensitivity
- Responding in a range of ways that assist the counselee's focusing
- Releasing a widening portfolio of ways of communicating warmth
- Releasing congruent responsiveness
- Communicating clearly and openly
- Addressing difficult issues, even underlying issues, directly
- Expressing confusion where that persists
- Challenging the counselee in ways that encourage the counselee's congruent response
- Developing ways of tapping the counselee's experience of the process and the relationship
- Maintaining empathy across a range of "difficult" counselees
- Experiencing a consistent congruent non-judgmental attitude across a range of counselees
- Establishing psychological "contact" with counselees who are "difficult to reach"
- Establishing psychological "contact" with different parts of the counselee's self (where such boundaries have already been symbolized by the counselee)
- Relating unself-consciously with the counselee
- Achieving "stillness" to meet the counselee

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- ❖ Entering the counselee's world with willingness, confidence and noninvasive respect
- ❖ Comprehending and responding to a range of counselee's "personal languages"
- ❖ Focusing on self to identify personal issues that may be projected into the counselee material
- ❖ Remembering important matters of fact about the counselee
- ❖ Remembering key personality dynamics, conditions of worth, introjections, discovered denials and other constituents of the counselee's self-structure
- ❖ Remembering precisely the words used by the counselee to describe aspects of his self-structure and elements of his experience
- ❖ Remembering the changes and development in nomenclature used by the counselee to denote aspects of his self-structure and experiences
- ❖ Becoming aware of the degree of externalization or internalization of the counselee's locus of evaluation
- ❖ Developing an ability to stay close to the counselee's expression where relevant (for example, in the case of a counselee whose locus of evaluation is highly externalized)

Counseling is a complex process based on knowledge of psychological aspects of human growth and human adjustment to a changing society. Effective counseling requires knowledge of many sources of information about individuals, and a deep conviction that these individuals do have a capacity for self-understanding and self direction.

The single most important goal of any counseling skills training course is to improve the quality of students' listening. Even experienced counselors have to monitor the quality of their listening all the time. Listening skills play a crucial role in building positive relationships with both counselees and their families. Listening (active listening) is very important in communication and in building healthy relationships.

This set of skills is not intended as a "bag of tricks" for the counselor. Memorization of the leads will provide no magic powers for any counselor. There is no intent to oversimplify the counseling process, for the mere use of the skills or leads or techniques do not constitute counseling. Counselees soon lose respect for a counselor whose outward approach to the counseling process seems inconsistent with his or her attitudes and value orientation. Counseling is not an act, a role to be played, it is a process based on sincerity, empathy, and a deep appreciation of the values of both the individual and the process.

The understanding of the basic techniques and relationships to basic facts and basic assumptions is one of the many ways in which the professional counselor can improve his or her capacity for constructive service.

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Effective use of the techniques will be determined to a large extent by the self-concept and self-value of the counselor and by understanding of personality structure and of psychological growth and development. The counselors would be wise in selecting the techniques that are consistent with their personality and training. That will make the counselor more confident and hence more genuine. Otherwise there will be incongruence and a lack of integrity in the process.

Prominent counseling skills trainers like Gerard Egan advocate the microskills approach. This approach developed out of the microskills approach to teaching, where single communication skills units of the process were identified and taught sequentially as separate units. Illustrative counseling microskills include attending behavior, open and closed questions, and reflection of feeling.

Training in these microskills involves the following:

1. Warm-up and introduction to the skill
2. Example of the skill in operation
3. Practice
4. Feedback from the supervisor
5. Self-assessment
6. Back into practice

### *Basic communication skills for counselors*

**Attending:** The counselor's posture, gestures, facial expression and voice send out non-verbal messages to the counselee. Gerard Egan, in his book *The Skilled Helper* talks about the SOLER attending model.

- S – Face your counselees squarely. This says that the counselor is available fully for the counselee.
- O – Adopt an open posture. This says that you are open to your counselees and non-defensive.
- L – Lean toward the counselee at times. This underscores your attentiveness and lets the counselee know that you're with them.
- E – Maintain good eye contact without staring. This tells your counselee of your interest in them.
- R – Remain relatively relaxed with counselees. This indicates your confidence in what you are doing and also helps counselees relax.

**Listening and responding:** Listening is about focusing on the person who is speaking. An active listener needs to focus full attention on the person who is speaking. Listening and responding well are skills that require practice. In order to get the information you need to help a counselee, you must listen attentively. This technique involves communicating, without words, your interest in the needs the counselee expresses. You can open up communication by using silence. You can let the counselee know that you are listening by maintaining eye contact, leaning

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forward, occasionally saying words like "yes," "uh-huh," and "please continue" — these are signs of respect and generate a feeling of well-being in the person who is being heard. There are good listening skills, and there are bad listening skills. Good listening is active listening. Active listening involves listening to feelings and facts, the verbal and nonverbal communication of the counselee. It involves certain microskills, such as the following:

- *Desire to listen*: Want to listen to the information being delivered.
- *Note taking*: Always being prepared to take notes when necessary. That means having writing tools readily available.
- *Clarification*: Repeating the information you heard by saying, "I hear you saying ... Is that correct? If the speaker does not agree, repeat the process to ensure understanding.
- *Probing*: Remain curious and ask questions to determine if you accurately understand the speaker. Most of the time, ask open-ended questions in order give the counselee more scope to answer clearly and accurately. Active-listening questions intend to do the following:
  - Clarify meanings: "I hear you saying you are frustrated with Johnny, is that right?"
  - Learn about others thoughts, feelings, and wants: "Tell me more about your ideas for the project."
  - Encourage elaboration: "What happened next?" or "How did that make you feel?"
  - Encourage discovery: "What do you feel your options are at this point?" Gather more facts and details: "What happened before this fight took place?"
- *Listening* by using the ears to hear the message, the eyes to read body language (when listening in person), the mind to visualize the person speaking (when on the telephone), and intuition to determine what the speaker is actually saying.
- *Paraphrasing*: Repeating in your own words what the counselee is saying, tentatively; almost like a question. Paraphrasing is a tool you can use to make sure that you understand the message that you think your counselee is sending. It is restating the information you just received to make sure you understand it. For example, your counselee says, "I hate math and the teacher because she never lets us do anything cool!" You might say, "It sounds like you're having a hard time with math and that makes you feel frustrated and bored." This technique helps counselors and counselees communicate in several ways.
  - First, it helps counselors make sure they understood the message correctly.

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- ➢ Second, by restating or paraphrasing, counselors draw further information from their counselee.
- ➢ Third, paraphrasing allows the counselee to know that the counselor has heard them and is interested in what he or she has to say.
- ➢ Fourth, it allows the counselee an opportunity to correct any misunderstanding immediately.

❖ *Being silent:* Silence is the technique by which the counselor encourages the counselee to comment by remaining completely silent and waiting for the counselee to go on.

❖ *Acceptance or non-judgmental listening:* This is the non-directive technique through which you try to indicate that you are interested in what the counselee is saying. It is important not to interrupt the continuity of thought of the counselee.

❖ *Simple reflection:* It is the technique of acting as a mirror for verbal expression. In this technique, the counselor restates the last words of the counselee. Showing the counselee how s/he sounds encourages the counselee to clarify and expand on her remarks.

❖ *Reflection of feeling:* In this technique, the counselor tries to express verbally the attitudes of the counselee. This is an extremely important lead used to bring feelings to the surface and to get more verbalization by the counselee. It serves to bring problems into focus without the counselee feeling that he or she is being probed or pushed by the counselor. Reflective listening can be a powerful tool of communication. In reflective listening, you simply reflect to the counselee what you think you heard, making sign to reflect their feelings.

❖ *Thinking and mentally summarizing:* Weighing the evidence, listening between the lines to tones of voice and evidence.

❖ *Paraphrasing, summarizing, and clarifying:* This technique involves repeating, synthesizing, or summarizing in other words what the counselee has told you. This helps the provider clarify what the counselee is saying, and helps the counselee to feel that he or she has been heard.

❖ *Reflecting and validating feelings:* This technique involves clarifying the feelings the counselee expresses in order to help understand his or her emotions. It is helpful to counselees to let them know that their reactions to a situation are normal, and that those feelings are common to other people in similar situations. You can communicate that the feelings are valid.

❖ *Giving clear information:* Before you give any information, it is helpful to ask questions to determine how much the counselee already knows. It is important to provide information using words that the counselee can understand. Ask counselees to repeat the information you have given them to verify that they understood.

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- *Arriving at agreement:* This technique involves clarifying and summarizing the decisions that a counselee has made during the counseling session.
- *Power of reflective listening:* The power of reflective listening lies in three distinct forces:
  1. As the counselor processes what the counselee is saying through the counselor's own experience and reflects it to the counselee in the counselor's own words, it lets the counselee know that the counselor has not only heard the counselee but has *understood what has been said.*
  2. The counselor is telling the counselee what he or she is saying in an accurate way, it is clear the counselor has been listening and not distorting what the counselee has told the counselor.
  3. As the counselor reflects to the counselee what the counselor's understanding is, the counselee has an opportunity to hear him or herself in a new way.
- *Establish rapport* by following the counselee.
  - Match the momentum, tone of voice, body language, and words used by the speaker.
  - Please use common sense when matching. If the speaker is yelling, don't do the same because it will make a bad situation worse.

**Poor listening skills:** A poor listener—

- May be abrupt and/or give one-word answers such as no, yes, and maybe.
- Will be easily distracted looking around the room as opposed to focusing on the speaker's face.
- Constantly interrupts, making the speaker feel that what he or she has to say is not important.
- Finishes the counselee's sentences, implying that the listener already knows what the speaker is about to say.
- Changes the subject without even realizing it.
- Looks at the watch, signaling that the counselee is wasting time.

**Results from active listening:** Active listening takes time and practice and does not produce results overnight. Usually, each time the counselor and the counselee talk, the conversation will get easier and will include more active listening, not just from the counselor but from the counselee too. The counselor has to lead the way.

## Empathy

"*Empathy is the counselor's ability to sense the counselee's world the way the counselee does and to convey that understanding.*"

—Frank A. Nugent

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"*Empathy is the skill of reflecting back to another person the emotions he or she is expressing so that he or she feels heard and understood.*"

— Opendoors.com

"*Empathy involves listening to counselees, understanding them and communicating this understanding to them so that they might understand themselves more fully ad act on their understanding.*"

—Eagan (1994)

The word was first used in English in the early twentieth century to translate the German psychoanalytic term *Einfühlung*, meaning "to feel as one with", though in practice more closely translating the German *Mitgefühl*, "to feel with" someone.

The word "empathy" is actually a poor and misleading translation of the German word "*einfuhlung*." The correct translation would be "in feeling" or "feeling into something" according to Judy Harrow (1996):

It is easy to know when you are being empathic because

- your body language and tone match
- your tone and your feelings match
- you are focused on what your counselee is saying and meaning

You are trying to see things from your counselee's point of view, which requires that you do the following:

- you do not impose your feelings, thoughts, and ideas any time throughout the conversation.
- you refrain from immediately giving advice.
- you are tired after listening because it takes a great deal of energy.
- you ask yourself if you would make that same statement to an adult. If not then think twice about making it.

Decisions are processed logically, but made emotionally. Counselors help counselees make decisions. And decision-making involves emotions. Empathy is not a trait, but a skill. It is not something that the counselor is or has, but does. It is the active process of feeling into the inner world of another.

The first step to empathy is listening openly, without judgment or expectation. This brings out the objectivity in the counselor. An effective counselor not only conveys accurate empathy, but also recognizes whether the empathic responses will indeed be experienced with equal accuracy by the counselee. Research has demonstrated that empathy increases when counselors modify their empathic response style to fit the counselee's definition of helpful, empathic responses (Lambert & Barley, 2001); the ability to do so corresponds to counselor sensitivity to individual and cultural differences, which is also a determinant of a quality therapeutic relationship and effective counseling (Sperry et al., 2003).

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Effective understanding, communication, and relationships emerge from empathy and trust. Part of the "empathy process" is establishing trust and rapport. Establishing trust is about listening and understanding—not necessarily agreeing (which is different)—to the other person. It is important to know that the counselee is not the counselor. So it cannot be a state of total identification with another's situation, condition, and thoughts. The counselee comes with his or her own formative experience which can be very different from the counselors'. The action of understanding, being aware of, being sensitive to and appreciation of another person's problems and feelings needs to be restricted to the cognitive level without experiencing the same emotional reaction. This is where it is distinguishable from sympathy, which is usually nonobjective and non-critical. Sympathy is feeling with the person whereas empathy is feeling *for* the person.

Carl Rogers emphasized that integral to the counseling process is a special kind of relationship, focused on the counselee's feelings and needs, while the counselor offers consistent empathy, warmth, and respect. Given these "core conditions," people seem able to explore their issues, not just the easy ones but those that go deep, perhaps hurt bad, and potentially release real change.

Commitment and sincerity to the process of counseling cannot be faked or forced. No one can fake empathy, warmth, or respect which are the essential conditions of the counseling relationship. Genuineness is one of the most requisite attitudes which needs to be nurtured and developed over time by the counselors. So it is best to be honest about one's limits and only attempt to enter into counseling relationships where genuine empathy, warmth, and respect are really possible. Where theory and practice can meet together and agree there is congruence Judy Harrow.

### *Empathy involves two major skills: Perceiving and communicating*

**Carl Rogers on empathy:** "The therapist is sensing the feelings and personal meanings which the counselee is experiencing in each moment, when he can perceive these from the inside, as they seem to the counselee, and when he can communicate that understanding to his counselee, and then the third condition has been fulfilled."

The counselor needs to ask himself or herself some of the following questions:

- Will it be possible for me to step into the counselee's world so completely that I lose all desire to evaluate and judge it?
- Can I allow myself to enter the counselee's world and see his or her personal meanings and feelings as he does?
- Can I be sensitive enough to move freely in the counselee's world without trampling on meanings that are precious to him?
- Can I extend this understanding without limit?

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- Can I sense it so accurately that I can catch both the obvious meanings as well as those which are implicit and expressed as confusion?

## Empathic listening techniques

### Encouragers

- These are "continuers". They communicate listening, the willingness to listen and the desire to understand more about the counselee's experience."
- They can be verbal (giving permission, requesting additional information, and providing direction), nonverbal (include nodding of head, leaning forward, making sounds like "umm, ahh," etc., and facial expressions like smiles and grimaces) or a mixture.

### Reflections

Reflective listening is a powerful tool of communication. When the counselor simply reflects to the counselee what he or she thinks they have heard in terms of content and feeling, it helps the client hear himself in a new way, it lets him know that the counselor has not only heard but has also understood what has been said, and also lets the counselor clarify whether he has his facts right.

### Empathic comments

- Through the empathic comment the counselor sends the message to the counselee that the latter has been heard and understood.
- Rogers (1995) wrote: "To be with another in this way (empathetic) means that for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice. In some ways it means you lay aside your self.'
- Empathic comments include using encouragers and reflective listening, parroting or repeating word for word what the counselee said, summarize with reflective statements, etc.

## Barriers to empathic listening

- Any ongoing personal issues or preoccupations that tend to distract the counselor
- Cultural differences
- Gender
- Counter transference and therefore role confusion
- The counselor's inner-world (inscape)
- The counselor's preconceived ideas and beliefs
- Discomfort in the presence of the counselee's strong emotions—grief, anger or pain

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## VALUES IN COUNSELING

Counseling is not a value-free human endeavor. All counseling is intimately involved with cultural, moral, and ethical values related to the three major spheres of life: the educational/vocational dimension, the marital and family dimension, and the social/cultural dimension. Both counselors and counselees bring to the counseling relationship deeply cherished values concerning education, work, marriage and family issues, and the individual's obligations and responsibilities to those in his or her immediate environment as well as those incumbent upon him or her as a citizen.

Generally speaking, value issues become critical in the counseling process when one of the following situations occurs.

- ❖ The values of the counselee and the counselor are different.
- ❖ The values of the counselee are causing some difficulty in his or her environment.

The only value that may appear overtly in a counseling session is the dignity and respect that both participants reveal in their treatment of one another. However, other values are usually implicit in the relationship and are not obvious, principally because both the counselee and the counselor are working under the same value system and do not need to discuss them.

### *Awareness of his/her own cultural values and biases*

The earlier segment told us how it is important for the counselor to be aware of his or her self, feelings, and thinking patterns. This awareness is a vital element in learning to work with culturally different students whose backgrounds differ from that of the counselor. It is important for counselors to be aware of their own socio-cultural backgrounds, assumptions, biases, values, and perspectives with regard to culturally different students. Only then will the counselor be able to work effectively with them. Issues such as racism, sexism, casteism, economic and social classes, and other realities have to be understood in depth if they want to understand diversity and the experiences of counselees from diverse backgrounds.

Critical self-examination may sometimes be threatening to the counselors because it involves their beliefs, biases, and feelings related to cultural differences. As counselors are products of their own culture. they are conditioned by it and operate from that worldview. They should recognize the impact of their beliefs on their ability to respect others different from themselves.

It then becomes very important for counselors to look into their inscape and explore their own values, beliefs, and assumptions about culturally different individuals, their behaviors, and lifestyles. Counselors need to learn to respect the cultural differences of their counselees. If not there is more likelihood of counselors imposing their values and standards on culturally different counselees. Skilled

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counselors are sensitive and actively engaged in avoiding discrimination, prejudices, and stereotyping.

Counseling in an educational institution may bring the counselor face-to-face with his or her own value biases. If this is not identified and taken care of in the initial stages, she may find that the chances for successful interactions are majorly compromised. If she needs to help in broadbasing the use of counseling services by the students in various educational institutions, she will have to pay serious attention to her own values and belief systems.

When one begins to understand the world, one will start with the history, experiences, values, and lifestyles of culturally different counselees. An awareness of the counselees' historical and cultural background should be understood in the current social context relating to perceived racial, gender, cultural, and other differences. It is crucial that the counselor relates first to the interpretations of experiences that the student provides in terms of the counselees' background, the frame of reference, and norms of social behavior (Chandras, 1997).

The counselee needs to experience a sense of freedom in order to express and then explore his or her feelings and other sensitive issues surrounding a problem. For effective counseling, a suitable psychological climate should be established where both the counselor and the counselee are able to appropriately and accurately send and receive both verbal and non verbal messages (Chandras, 1997; Sue & Sue, 2003) , it is then that the culturally different counselee will experience the freedom that is necessary to initiate a productive counseling relationship. Only through accurate empathic understanding of the counselees' world can the counselor create a positive psychological climate.

Difficulty communicating with others due to a language barrier, style of dress, skin color, and physical appearance, all are factors which contribute to the counselee's stress and inability to involve him or herself in the counseling process. The counselor needs to be sensitive to that; and if necessary, refer the counselee to someone who can provide the necessary help.

Special attention should be given in order to develop a constructive and empathic relationship when dealing with culturally different counselees. This means not only fostering the relevant necessary attitudes and behaviors, but also avoiding those that will foster a negative or destructive relationship with the counselee. A counselor who continually shows behaviors that are judgmental, non-empathic, defensive, sexist, or argumentative is not fostering a positive trusting relationship. The counselor should avoid these characteristics and behaviors and exhibit other qualities that will foster a positive relationship with students.

Building a positive trusting relationship with culturally different counselees require the counselor to have certain characteristics:

❖ Empathy

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- Openness
- Pragmatism
- High internal reality
- Good emotional health
- Awareness of and keeping abreast of current world issues
- Nonjudgmental nature
- Warmth
- Acceptance
- Competence

When dealing with a such a counselee, a counselor will do well do follow the rules of interaction so as to not frighten away the counselee or make him or her feel uncomfortable in the situation (Chandras, 2000):

1. The counselor must only ask the most relevant question. This will not threaten the counselee. Too many personal questions asked initially will deter the counselee from feeling free to self-disclose.
2. The counselor's preparation of the counselee is of utmost importance in the Indian situation. As the field of counseling is not very well established, the counselees may come to the counselor for "prescription." If the counselor is from a different cultural or religious background the counselee may be frightened. Therefore, she must be readied for the process. The counselor should explain the stages of counseling, what happens during counseling, and the need for verbal disclosure.
3. The counselor should focus on the specific problem brought in by the counselee and help develop his or her own goals for counseling. These goals should reflect the counselor's understanding of the counselee's culture and value system. Any goal that requires one to abandon their cultural background could be perceived as a very threatening event. If the goal is to be pursued at all, the counselor must tread very carefully, and help the counselee process her feelings and thoughts regarding the goal with sensitivity. For example, it would be very difficult for an abused woman in the Indian setting, and that too from lower socioeconomic strata to leave her husband who abuses her.
4. In India, the counselor should play an active or direct role because most culturally different counselees have an external locus of control. Due to historical and cultural reasons, compliance is valued more than cooperation. Most people are trained to obey the rules rather than understand them. Thus, when a counselee seeks help, it is likely that she seeks more of advice and direction rather than help in independently processing her feelings and situation.

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5. The counselor should fully analyze the environmental concerns of the counselee. Any process that goes against her views of the world will be resisted. And the entire counseling process will be nullified. The counselor should go with the flow of the counselee and then seek to help make changes. The counselee my perceive drastic changes as very threatening and see them as impossible. This will result in the counselee losing confidence in the process or even in the counselor herself.

### *Cultural issues in India that counselors need to be aware of*

In India we are passing through an unenviable phase of transition. There is a tendency to cling to past values and simultaneously crave for things, which are not consonant with the past values. This has resulted in an identity crisis, particularly in the youth. The changes in our social systems, the forceful advent of the western media in our lives, and the world getting reduced to a global village is making the people very anxious, especially today's youth. They are torn between the values they are presented with in society and the values that they have been taught to uphold by their parents. This has resulted in uncertainty as to what values to hold and what to follow. Parents are their wit's end. They are confused as to how to help their children; they are finding it more and more difficult to compete with the outside forces in influencing their children. This creates the parent–child gap that is tearing several families apart.

Another issue that is causing a rift in family relationships is the breakdown of the joint family system, known traditionally to provide social and economic security to its individual members. The unit families are confronted with problems that they had not bargained for. This has meant for many people an increase in anxiety and stress resulting from uncertainty and isolation. The wisdom of the elders is no longer counted as one of our assets. It is a very sad situation. Thus, those problems that can be easily resolved by the intervention of our family elders now seek resolution in the courts or counselor's offices.

Social change has affected not only family life but also several other things, for example, the status of women. This issue involves a change in several other types of relationships as well. These include parent–child and husband–wife relations. Many families today are characterized by a lack of understanding even when there is no open conflict between the generations. Sexual relation is another area which is not easy for the counselor to advise those families in which the parents have one set of standards and the children another. An interesting phenomenon increasingly becoming apparent is "ascending education" in which the young become teachers of the old. It is not uncommon to hear from the young that adults do not know about new things and that they have to learn from them.

One aspect that is becoming increasingly important is our concern and anxiety for modernization. We are engaged in a drastic movement from traditional to the

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modern form of living, and by "modern" we tacitly mean westernized technological modes of living. Many aspects of this movement are of considerable concern to the counselor. What are the effects of this thrust? Is it true that the effects of rapid industrialization are the disruption of interpersonal relations, an increase in crime, alienation of the youth, disrespect for elders, sharp increase in delinquent behavior and other maladjustments? How should the counselor deal with this situation?

With advances in the field of medicine, environmental hygiene and better nutrition, man's longevity has increased. Again, the breakdown of the joint family system has a great impact on the role and status of these older people in society. Retirement from positions of authority and prestige can be a very devastating experience. How can the "retirement-shock" be assuaged? The counselor's role should be to assist the "senior citizens" to make optimum adjustment.

The tremendous technological progress has created problems for youth seeking employment as well as for the older people in employment. While the youth pass out from their education that has the latest technological advances incorporated into their curriculum, the older people have no idea of it. For example, the use of computers. They feel lost when asked to use a computer in their work. The youth on the other hand prove themselves very useful. But we cannot do away with the experience and wisdom of the older people. The management has a tough job when their offices are modernized with computers. They have to provide training for the people working there, which is expensive and time-consuming. The counselor will, therefore, have to play the role of a cultural mediator and help individuals adjust themselves to the new conditions of living.

The next issue concerns decision-making. In the western culture, autonomy and independence and the ability to stand on one's own feet and make one's own decisions are stressed upon. Even if the student decides to take a year off his or her studies, the individual makes it on his own. But in oriental cultures in general, and India in particular, decision-making is to a certain extent culturally determined. A young man or a woman is expected to consult the adult members of the family in matters, such as choosing a course of study, entering a specific occupation or choosing a life partner. The counselor should remember to include the parents and/or other significant members of the family when the counselee has to make a decision.

The counselor has to be mature enough to strike an appropriate balance and help the youth to have sound values. The counselor could have problems with his counselees who may be struggling with the new values and trying to cling to the past values. This may lead to a clash between loyalty to old values and the desire to pursue new values. The counselee's value structures are thus of a crucial nature and the counselor has to work in terms of his own value structure, which may not be similar to that of the counselees.

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As has been mentioned earlier, the attitude toward women has undergone a considerable change. They are no longer confined to their homes but are taking up careers, which earlier were exclusive only to men. The counselor, therefore, should not look askance at a female counselee who does not propose to enter into matrimony or one who proposes to enter such fields as mountaineering, forestry, and the like. The counselor would do well to present the facts in full and not try to influence the counselee.

The Indian attitude toward sex has been that it is looked upon as something intimate, precious, and sacred. It is not identified with the fulfillment of carnal desire. Premarital sex is considered a sin. Women are not expected to freely mix with men and they are expected to maintain a certain distance. Questions, such as what should be done about premarital sex, sex outside marriage, bigamous relations, etc., loom large. The bias in the favor of males in this regard is still upheld in most Indian societies. The man is virile but a woman is promiscuous. Though one should admit, this attitude is fast disappearing in urban, educated societies. Different standards for men and women create avoidable confusion, conflict, and also crisis.

The counselor must of necessity widen his field of work to include the new problems, which are surfacing as a result of rapid change. If the counselor, is understood to be a culture interpreter, culture mediator, and an agent for culture change, he must of necessity move into a wider area (of human life) and make it the canvas for his work.

When the counselee and the counselor have different values regarding an issue that is relevant to the counseling relationship, the counselor needs to remain aware of these differences and respect the counselee's right to his or her own values about a particular issue. India is a pluralistic society, and counselors must work within that system.

Because the goal of any counseling relationship is to help the counselee resolve his or her own problem, you should, if at all possible, try to work within the counselee's frame of reference and value system to find a solution. However, sometimes you may find that it is impossible to do this. When this occurs, the conflict should be discussed openly with the counselee, and if further counseling proves impossible, a referral to another counselor is mandated.

When the counselor's value system is causing the counselee difficulty, the counseling is clearly value dominated. Again the counselor must remember that the overall goal of the process is to help the counselee help himself or herself. Therefore, you need to help the counselee discuss his or her values in the counselee's own environment, and help the counselee resolve the difficulty or cope with the situation in a more effective way.

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## ETHICAL CONSIDERATIONS FOR A COUNSELOR

It is important for students of counseling to familiarize themselves with problems concerning ethical behavior, which invariably accompanies the development of a profession. Since the counseling relationship is a highly personal one, there is a danger of its abuse. Although few counselors would deliberately misuse the counselor–counselee relationship, we cannot be complacent and content. A profession is greater and wider than most of its members, either taken individually or collectively. It is, therefore, essential that professional rules or ethics be laid out or spelled out in no ambiguous terms. This will create public trust and confidence in the profession.

The American Psychological Association has drawn up quite an exhaustive list of rules and regulations to be followed by practitioners and academicians alike. They have attempted to set down the ethical and legal standards for psychologists, violation of which will hold them legally accountable.

It is known that India does not have any governing authority for psychologists. This has been mentioned in more than one section in this book. Psychologists in India neither have a body to who we are accountable, nor do they have a grievance forum to whom they can address their grievances. There are many small counseling organizations that are attempting to gather counselors together from various fields, holding seminars and workshops to improve their knowledge in the field, and providing a platform for them to meet one another, and discuss professional issues.

Schwebel (1955) explains unethical practice as arising from (1) ignorance, (2) inadequate training, and (3) self-interest. Though a counselor may fail owing to ignorance or lack of proper training it is termed unethical only if he or she acts out of self-interest.

Ethics is a difficult concept to define, however it must be done in order to provide, to the maximum extent possible, some concrete guidelines for the members of the profession to follow in their everyday professional activities. It must be noted that these guideline are professional and not personal guidelines. This issue of ethics is of utmost importance in any profession. They provide the bridge of confidence and trust between the counselor and the counselee.

For example, the Medical Council, the Bar Council, and other such bodies have spelled out rules of conduct for their members. Likewise, in the field of counseling, the American Counseling Association has published a code of ethics to which the members are required to conform. This code can be accessed at www.counseling.org/files/fd.ashx?guid=ab7c1272-71c4-46cf-848c, it can be downloaded as a PDF file.

The code frames guidelines for the entrant into the professional field and he cannot claim ignorance as a legitimate defense for his perversion or noncompliance. The

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codes of conduct formulated by professional bodies can only be recommendatory and not mandatory. For strict enforcement of the code of ethics, they should have legal binding, that is, they should be made statutory either by an Act of the Parliament or by an Act of the State Legislature. The former is preferable to secure uniformity throughout the country (the US).

The code clearly outlines the mission and purpose of the code of ethics. The contents are:

Section A – The Counseling Relationship
Section B – Confidentiality, Privileged; Communication, and Privacy
Section C – Professional Responsibility
Section D – Relationships With Other Professionals
Section E – Evaluation, Assessment, and Interpretation
Section F – Supervision, Training, and Teaching
Section G – Research and Publication
Section H – Resolving Ethical Issues

A code of ethics, however exhaustive, is not enough. There is a need for arousing the ethical sense in the professional practitioner. It should become a part of his or her professional self-concept. In fact there are so many dilemmas and delicate issues, which may come up in everyday practice, for which the code of ethics may not have answers. It is not possible to foresee, or even spot all the problem situations in the field of counseling.

As in any profession, the counselor has a primary responsibility to his counselee. This may sometimes clash with the interest of the institution, which employs the counselee or clash with the interests of the counselee's family or those of another individual. Yet the counselor's responsibility cannot be compromised. His or her responsibility is to the *counselee.* The second is the counselor's responsibility to the society, in as much as all citizens are responsible to the society to which they belong and in a wider sense to humanity as a whole.

The counselor has a responsibility to the profession. He or she should work for the progress of the profession and strive at all times and in all situations to further its interests. Next, the counselor has a responsibility to self, as an individual, as a member of his or her family and as a member of this community.

Usually, the several responsibilities and most of the life situations are compatible with one another. Occasionally there may arise situations in which the counselor is confronted with dilemmas and conflicting situations. In such situations, the ethical codes may not be of much value to the counselor, who has to fall back upon his or her "own sense of values" or value system, self-concept, and sense of self-regard. This would help in arriving at and relying on his or her judgment.

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# THE COUNSELEE

## THE COUNSELEE CHARACTERISTICS AND VARIABLES

The importance of counselee variables cannot be overemphasized in any discussion on counseling. Counselee variables have both a direct as well as indirect impact on the process and outcome of the intervention efforts. They are highly relevant to the various intervention models that stress the importance of matching therapy with relevant characteristics of the counselee. Based on extensive reviews of counseling outcome research, Lambert (1992) concluded that the counselor's techniques account for only 15 percent of the total therapeutic outcome. Another 15 percent is attributable to expectancy and placebo effects, which relate to counselees' belief that their counseling will result in desired changes. The therapeutic relationship, interpersonal variables of the counselor, and core conditions of empathy, warmth, and positive regard account for 30 percent of a positive counseling outcome. The greatest proportion, 40 percent, is estimated to be due to counselee variables.

A large portion of a positive counseling outcome is determined by the counselee (Lambert, 1992: Lambert & Barley, 2001; Lambert & Cattani-Thompson, 1996). The counselee's level of pathology, motivation for change, expectations from treatment, coping skills, personal history, and other external resources all influence how effective the counseling experience will be (Lambert, 1992; Lambert & Cattani-Thompson, 1996). Counselees clearly benefit by actively participating in the counseling process. The more collaborative, motivated, and engaged counselees are, the more they tend to be involved, which results in effective counseling (Sperry et al., 2003). Variables relating to the counselee contribute to outcome much more than the counselor (Lambert, 1992). Counselee characteristics, such as help-seeking attitudes and attachment style have been found to be related to counselee's use of counseling, as well as expectations and outcome. Stigma against mental illness can keep people from acknowledging problems and seeking help. Public stigma has been found to be related to self-stigma, attitudes towards counseling, and willingness to seek help (Vogel, D. L., Wade, N. G., & Hackler, A. H., 2007). In terms of attachment style, counselees with avoidance styles have been perceived to face greater risks and fewer benefits, and are less likely to seek professional help, compared to counselees who are more secure. Those with anxious attachment styles are perceived to face greater benefits as well as risks to counseling. Educating counselees about expectations from counseling can improve counselee satisfaction, treatment duration and outcomes, and is an efficient and cost-effective intervention.

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The counselee characteristics that strongly influence counseling and the intervention approach include the following:

- The kind of problem or nature of pathology
- The scope of the problem
- The historical and idiosyncratic pattern employed to solve problems and resolve issues
- Demographic characteristics such as socioeconomic status race, gender, and developmental level. Meta-analyses have identified that gender is a potential moderating factor in the therapy–outcome link, with some support for the hypothesis that girls respond better to counseling than boys
- Personality characteristics
- Intelligence
- Reading ability
- Cognitive style
- Temperament
- Level of motivation
- Counselee's degree of functioning
- Strengths and resources of the counselee
- Reluctance and resistance
- Values and beliefs of the counselee
- Cultural background and experiences

## CHARACTERISTICS OF A SUCCESSFUL COUNSELEE

- Openness to new experiences, willing to do something new or different
- Responsive, willing to listen to other people, to accept negative as well as positive feedback, to take instructions, and to do what is expected
- Assertive, willing to ask for help, clarification, or additional instruction or guidance
- Communicates expectations clearly
- Understands the process of counseling and allows a reasonable amount of time for progress
- Goal-oriented, focused on producing results or changes
- Enthusiastic, eager to learn
- Attending sessions regularly and being on time
- Working diligently on all the homework that they might be required to do
- Knowing that they are responsible for their own success

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## COUNSELEE EXPECTATIONS

Both theoreticians and practicing counselors have long been in agreement that counselees bring expectations and beliefs to counseling situations. It is believed that these expectations can influence both the counseling process and its outcome.

Counselees' expectations affect many aspects of counseling, including the length of their stay in counseling, their satisfaction with the counseling, and how much and how rapidly they improve. Counselee expectations need to be recognized and taken into account in order to enhance the efficacy of counseling. Despite the significance of these expectations, the bases of counselees' expectations have rarely been studied. Expectations might be mediated by counselees' specific types of disorders, such as depression, or by specific constructs related to disorders, such as hopelessness or negative self-view (Goldfarb, 2002).

The counselees' trust in the counselor and the counseling process is established and later enhanced by the counselor's attitudes and behaviors (genuineness and acceptance), or the counselor's ability to help people in general (expertise). Many potential counselees never seek counseling because of their low expectation of being helped. Considerable research has been done on the relationship between the counselee's expectation of gain and the counseling outcome. The expectation of gain is a powerful determinant of counseling effectiveness. These expectations may be important determinants of where the person turns for help (Snyder, Hill, & Derksen, 1972; Ziemelis, 1974), whether the person discontinues counseling after the initial interview (Heilbrun, 1970, 1972), and the effectiveness of counseling (Frank, 1968; Goldstein, 1962).

It has been found that the counselees' strongest expectation is to see an experienced, genuine, expert, and acceptable counselor they could trust. It is widely believed that persons enter counseling with expectations about what it will be like (Bordin, 1955; Frank, 1968; Goldstein, Heller, & Sechrest, 1966). The counselee's experience of feeling empathically understood has been shown to be a primary component of effective counseling and the best predictor of a successful outcome (Lambert & Barley, 2001; Lafferty, Beutler, and Crago, 1989).

The counselor is expected to be warmly interested in each counselee, to be highly trained and experienced, and to be confident of his or her ability to help the counselee. The counselor is expected to be problem-centered on a personal level, thoroughly prepared for each interview, to be at ease with the counselee and his or her individual problem, and to maintain confidentiality.

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## COUNSELEE PERCEPTIONS

Counselees enter into counseling with an idea of "what counseling will be like." They form an "ideal picture" of the method they want and will respond (Hoch, 1955). Thus, the helping process and its outcome are influenced by counselee's perceptions. All counselors at some point or other in their career have come into contact with counselees who are negatively biased toward the process and hence have made no progress, causing immense frustration. There are other instances where the counselee had come in with very low expectations and a negative attitude, but had started actively participating in the process owing to the skill and knowledge of the counselor.

This is perhaps the first lesson that a student of counseling has to learn. Not all counselees come in with a resolve to change or even accept the process. They may be here due to pressure from others, or as a last resort, or even to prove to others that this is not a good idea. Such counselees have to be dealt with very carefully. These counselees can be very demanding as well as extremely frustrating for the new counselor. It is important to know how much leeway to give before one starts to confront the counselee regarding his/her attitude and the damage it is doing to the process. Also, it is vital to know that though the counselor can help in changing the attitude of the counselee, there may be times when it cannot be done. At these times, the counselor will do good to not doubt her skills and training. A 100 percent success rate is not only unrealistic, but actually impossible.

Losing patients is a very traumatic experience for a new counselor. Self-doubt immediately emerges causing anxiety, guilt and even depression. If the counselor is satisfied that she/he has done his or her best in the situation, and honestly tried to work with the counselee, then she/he must learn to let it go.

The counselees' perceptions of type of problems that require counseling becomes all important when seeking out counselors. Bachelor (1988) underscored the central importance of counselee perceptions of what therapists think they are offering. His study indicates significant variation between counselees in terms of what is perceived as meaningful therapist empathy. Around 44 percent of counselees specifically valued a cognitive type of empathic response, whereby the therapist indicates an understanding of the counselee's subjective state or motivation. About 30 percent valued an affective-style response, whereby the therapist indicates that they are themselves participating in the same feeling the counselee is expressing. Finally, about one quarter took empathy to be either a sharing of personal information via relevant self-disclosure or the offering of a particularly nurturing or supportive response. The bottom line is that there is no single form of empathy and what is an effective style of empathic response for one counselee may not be empathy at all for another counselee.

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## Some things that the Counselor can Encourage the Counselee to think, Expect and/or Do

It is important that the counselor encourages the counselee to do the following:

- ❖ Talk about their expectations and needs. Just like any other relationship, the more one knows and can communicate what they want and need, the better chance they will have of receiving it and speeding the process. The counselor does not have a crystal ball, neither can she/he mind read. Thus, they will not know the counselees needs or thoughts without them communicating it. If people feel more comfortable with writing than actually saying aloud they can do so. It is likely that the counselee is entering therapy for the first time and has no idea of what will happen, other than the expectation of feeling better than they currently do. This expressing of feelings, thoughts, hopes and fears the start to can very helpful to the counseling environment if progress is to be made.
- ❖ Good therapy is not something done to or for the counselee; it is a living process within which both the counselor and counselee play active parts. Counseling works best when it is an honest two-way process of communication, and both have an equal responsibility.
- ❖ The counselee can also be told that it takes time to establish a trusting relationship, so expect it to take a few sessions before she/he feels comfortable.
- ❖ The counselee can be reminded that it is important that she/he goes at their own pace and not be pressurized to overwhelm themselves. It cannot be stressed enough to not try to rush things for a quick fix.
- ❖ The process of counseling is a journey towards change. Everyone resists change, and the counselee can be warned not to be l surprised if she/he is tempted to quit therapy just before some real changes or breakthroughs are about to happen.
- ❖ Therapy is very often hard work, and can be emotionally draining at times. Sometimes, therapy can release emotions and memories that have been "locked in time" for many years. After an intense therapy session the counselee can be told to expect to feel exhausted and emotionally drained for a while.
- ❖ If during therapy you feel that you are unable to get on with your therapist, it is first worth considering that the reason you may feel the way you do might have something to do with the way you relate to others; and the very issues you need to resolve. The therapeutic relationship can often be a reflection of outside relationships, and the difficulties you similarly experience in therapy, are then important opportunities that can lead to insight and resolution. It may also be that you are becoming afraid of the

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change that is happening. It is wise to talk to your therapist about all these normal feelings; the way your therapist reacts can be very informative. Ultimately however, therapy is your responsibility, and if you really are unhappy with your therapist or the style you must consider looking for something new.

## ❖ Summary ❖

This chapter has dealt with the essential characteristics of the professional counselor proceeding from the knowledge that the characteristics of the ideal counselor must match the roles, responsibilities, and identity of the counseling profession. The chapter elucidates the characteristics of the professional counselor, with specific reference to communication skills, empathy, cognitive abilities, professional knowledge base, values, ethics, and a social-cultural understanding.

Counseling involves working with a variety of individuals and their everyday problems in individual, family, or group settings. Counseling psychologists typically work helping clients with a variety of problems, which are not usually severe disturbances. Counseling psychologists would assist their clients in the healing process.

Characteristics of the professional counselor include the belief that clients are unique individuals of significant value, the belief that clients are capable of change, the knowledge and skills necessary to help individuals overcome functional limitations, the willingness to become involved in this interpersonal process, the willingness to become involved in this interpersonal process and The knowledge of oneself and one's own skills and limitations.

Personal characteristics of the counselor are as important to the counseling process as their professional ones. They include the following: They focus on human potentials and think deeply in terms of ethical and human values. Work quite intensely with those close to them they have strong empathic abilities and can become aware of another's emotions or intentions—good or evil—even before that person is conscious of them. Counselors are both kind and positive in their handling of others; they are great listeners and seem naturally interested in helping people with their problems. They understand and use human systems creatively, and are adept at consulting and cooperating with others.

When the counselor's value system is causing the client difficulty, the counseling is clearly value dominated. Again, the counselor must remember that the overall goal of the process is to help the client help herself. Therefore, the counselor needs to help the client discuss her values in the client's own environment, and help the client resolve the difficulty or cope with the situation in a more effective way. It is important not to impose the counselor's values on to the client.

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Certain personality variables are associated with, or are the cause of, the different degrees of counselor competence. It has been shown that some students of counseling appear to be readily adapt to the role of counseling, whereas others struggle, are confused and in conflict, and generally ill-suited to the counseling education.

Whatever the type of counseling being carried on, whatever the setting in which the counselor works, many of the important decisions which may decide the eventual success or failure in helping the counselee depend on the characteristics of the counselor as well as the characteristics of the counselee.

The client expectations and perceptions of counseling as well as the counselor determine the difficulty value of the counseling process. The counselor needs to be aware of them and tailor his or her counseling approach, skills and techniques to the specific individual client.

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# 7
# *Counselor Database*

## Chapter Overview

- Role of communication in the process of counseling
- Stages in the counseling process
- Evaluation of the process
- An indigenous model of counseling

Counseling as a professional field is just emerging in India. Students attend counseling for allotment of courses, a talk show host with no training at all counsels her guests, and a manager in the industry counsels his subordinate. The functions of a counselor are not very well defined. Only of late, the family courts, educational institutions, and industrial organizations are realizing the importance of counselors and the counseling profession. The aim of counseling and psychotherapy is to assist one's increasing awareness by mastering conflicts and patterns that have previously determined one's thoughts, feelings, actions, and decision-making skills.

Helping clients become more effective, fully functional, and more independent is the ultimate goal of any counseling process and is implicit in all counseling approaches (Doyle, Robert E, 1992). They all describe how a person functions effectively or ineffectively in one or more of the following dimensions of life: satisfaction of needs, stress and the coping processes, developmental task attainment, social contact, and interpersonal relationship skills, other personal or characteristic attributes, and discusses the major problems that can impede the effective functioning of individuals. They illustrate at length that individuals who are functioning effectively usually (1) satisfy their needs in appropriate ways, (2) deal with pressure efficiently, (3) handle their emotions as well as emotional reactions effectively, (4) learn tasks that are appropriate to their developmental stage, (5) have meaningful social interactions and interpersonal relationships, and (6) display other positive attributes.

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Counseling skills are basic communication skills. The only difference is that counselors work under the canopy of their understanding of human behavior and relationships. There are various theoretical orientations to counseling. Any counselor tilts toward one, or receives training in one area of therapy. Whatever orientation the counselor majors in, whatever type of therapy he/she provides, training in soft skills, or communication skills is essential.

Communication skills training forms the very core of person-centered approach to counseling. Communication is the most important component of counseling. Apart from theories regarding human nature and behavior, counseling involves the skills of effective communication.

## ROLE OF COMMUNICATION IN THE PROCESS OF COUNSELING

We engage in communication and conversation everyday. In order to accomplish tasks, communication and conversation are employed. At work we must communicate with our employers as to the status of our work, or as employers, we must communicate with our employees regarding responsibilities and expectations. We must communicate with our children's teachers in order to help them to be at their best in school and we must communicate with our friends and family members. Most importantly, we must communicate our feelings, our expectations, our sorrows and our joys with our significant other.

Without effective communication and conversation skills, relationships can be intimidating and overwhelming. Gatherings involving groups can be utterly devastating, causing individuals to avoid social situations.

Helping relationships involve connections between individuals who need help and individuals who provide that help. This connection is the essential characteristic of any relationship. The helpers use counseling skills to assist clients in alleviating their pain and suffering.

Counseling skills are basic communication skills. The only difference is that counselors work under the canopy of their understanding of human behavior and relationships. They have a sound foundation in the theories relating to human behavior, pain and its source, and the various intervention strategies that can be employed to help clients through that pain.

### *Definition of communication*

Communication may be broadly defined as the transmission of information and the exchange of ideas. Communication skills include ability to initiate conversations,

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maintain social interactions, express one's thoughts and feelings to others, and accurately comprehend the expression of others.

Communication skills training forms the core of person-centered approach to counseling. Carl Rogers also stressed the counselor's attitudinal qualities lest the whole approach be reduced to a mechanistic skill. Thus, person-centered counselors identified attitudes, such as empathy, nonpossessive warmth, genuineness, congruence, and respect.

Communication is the most important component of counseling. Apart from theories regarding human nature and behavior, counseling involves the skills of effective communication. A counselor can be effective only when he/she is an effective communicator. Let us see how these communication skills can be instilled and improved.

### *Why communications skills are so important?*

Clarity and unambiguity in getting the message across to others define the purpose of communication. This involves effort from both the sender of the message and the receiver. And it's a process that could be fraught with error. Messages can often be misinterpreted by the recipient causing tremendous confusion, wasted effort, and perhaps missed opportunity.

When the receiver understands the information sent just as it was meant to be understood, then, and only then is it successful communication. There is no error or misunderstanding. By successfully getting a message across, thoughts and ideas can be conveyed effectively. When communication is not successful, the thoughts and ideas that one sends do not necessarily reflect one's own feelings, causing a communication breakdown.

Effective communication, though stressed upon in all walks of life, especially in the helping professions, many continue to struggle. Progress in any relationship is achieved by getting the message across the way it was meant. In order to do this one needs to understand what their message is, have the knowledge of the target audience, and how it will be perceived. Situational and cultural context surrounding the communications should also be taken into serious consideration.

To understand the process of communication clearly it needs to be broken down into different components. These are:

1. Sender: The sender needs to be clear about the what and why of the particular communication. Also, she/he needs to be assured that information is useful and accurate.
2. Receiver: The receiver is the audience. When communicating, the receiver's actions and reactions need to be objectively anticipated. The cognitive, emotional and behavioral responses of the receiver upon receiving the information needs to be considered before communicating, and should be acted upon accordingly.

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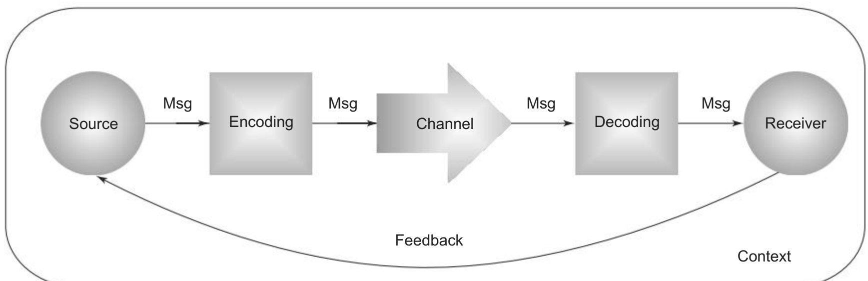
3. Channel: The channels are many—verbal face-to-face meetings, telephone and videoconferencing; and written channels including letters, emails, memos and reports. Different channels have different strengths and weaknesses.
4. Message: The message is the information that one wants to communicate.
5. Feedback: The best and most honest feedback about our skills are those that are provided by the client: verbal and nonverbal reactions to the processes provide an important insight on how the process is being received. Depending on the feedback the counselor can continue doing the same or change his/her communication methodology.
6. Context: It is the situation (surrounding environment or broader culture) in which counseling takes place. The counselor would do well to recognize the sensitivities and sensibilities surrounding the client issues.

The process takes place as follows:




Source: (http://www.mindtools.com/CommSkll/CommunicationIntro.htm)

Encoding: This is the skill of changing the information into a form that can be sent and correctly decoded. The success of this process depends on how accurately the sender has perceived the reception by the receiver, personally as well as contextually.

Decoding: depends a lot on the receiver's readiness to receive the information, knowledge of the information, mental state (pre occupations, etc).

It then is quite obvious that problems can arise at every stage of the process and have the potential to create misunderstandings and confusion. To be an effective communicator one's goal should be to lessen the frequency of these problems at each stage of this process with clear, concise, accurate, well-planned communications (www.mindtools.com).

### *Making a great first impression*

This is very important in the counseling process. It ensures the client's commitment to the process. Or in other words, it decides whether the client is going to be back or not. It takes just a quick glance, maybe three seconds, for someone to evaluate you

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when you meet for the first time. In this short time, the other person forms an opinion about you based on your appearance, your body language, your demeanor, your mannerisms, and how you are dressed. With every new encounter, you are evaluated and yet another person's impression of you is formed. These first impressions can be nearly impossible to reverse or undo, making those first encounters extremely important, for they set the tone for the all the relationships that follow (mindtools.com).

1. Be on time
2. Be yourself, be at ease
3. Present yourself appropriately
4. Total conformity or losing one's individuality is not at all necessary.
5. A winning smile
6. Show openness and confidence through body language
7. Be courteous and attentive

## Communication in a group setting

Counselors are not only trained to deal with individual clients but also group counseling. The *Johari window* is a very good concept for the counselors to be trained in, in order to start handling a group.

### The Johari Window

#### *Creating better understanding between individuals and groups*

The Johari Window is a communication model used to help people to understand their interpersonal communications and relationships better. This is a cognitive psychological tool developed by Joseph Luft and Harry Ingram in the US in 1955.

The Johari Window can be used as a heuristic exercise to improve understanding between individuals within a team or in a group setting. Using the Johari model, each person is represented by his or her own four-quadrant, or four-pane window. Each of these contains and represents personal information—feelings, motivation—about the person, and shows whether the information is known or not known by themselves or other people.

The four quadrants are as follows:

*Quadrant 1:* Open Area

What is known by the person about him/herself and is also known by others.

*Quadrant 2:* Blind Area, or "Blind Spot"

What is unknown by the person about him/herself but which others know. This can be simple information, or can involve deep issues (for example, feelings of inadequacy, incompetence, unworthiness, rejection) which are difficult for individuals to face directly, and yet can be seen by others.

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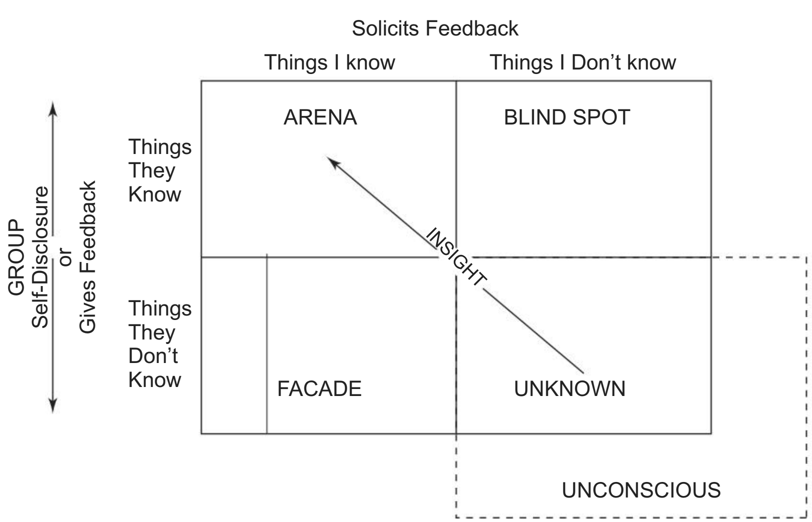
*Quadrant 3:* Hidden or Avoided Area

What the person knows about him/her that others do not.

*Quadrant 4:* Unknown Area

What is unknown by the person about him/herself and is also unknown by others.




The Johari Window is a communication model that can be used to improve understanding between individuals. Individuals can build trust between themselves by disclosing information pertaining to them. It is also a tool for self-discovery. They can learn about themselves and come to terms with personal issues with the help of feedback from others.

There are three main processes which are explored by the Johari Window:

1. Feedback
2. Self-disclosure
3. Insight

The Johari Window maintains that for a person to be very comfortable with himself or herself, when alone or in the company of others, the first quadrant must be the biggest. And constant efforts must be directed towards this. For people to build up trust and form a deeper relationship they need to know more about each other. The diagram shows that in order to do that individuals need to make the 'hidden' quadrant smaller. This can be done by self-disclosure. And in order to gain more self knowledge the 'blind' quadrant needs to reduce in size. This can be done by soliciting feedback from others.

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These processes are relatively simple compared to the process of reducing the 'unknown' quadrant. This consists of information unknown to both the self and others. Hence, neither soliciting feedback, nor self-disclosure will do any good. Insight, interactions, introspection or contemplation during therapy are the only things that will help. This can neither be forced nor pushed. It has to happen on its own. And this is only possible if one constantly raises the bar on self-awareness; to catch that glimpse of sudden fractional information and convert it into full-fledged knowledge.

## STAGES IN THE COUNSELING PROCESS (Radhika Soundararajan, 2010)

The counseling process always starts with the emergence of a problem. Therefore, the discussion should begin with the understanding of various types of problems, and then later on to recommend remedies.

### The Problem

Problems or conflicts are reduced to means and end. No matter how unpleasant or distracting, there is the clarity that there are two ways to approach the solution:

1. Knowing the end and thus to adopt the appropriate means; or
2. Knowing the nature of the problem and thereby to know the nature of the solution.

The first situation is definitely easier to handle and execute. It may or may not require very intense external help. It is the second situation that becomes very stressful and difficult to handle. When one does not know what is wrong, and is just aware that something is wrong, that is when *self-enquiry* should begin—to ascertain the nature of the problem that is to be solved. That in turn will reveal the nature of the solution. It is from this very simple viewpoint that counseling operates.

All of man's problems and seeking originate in his mind. When he is in deep sleep he is not conscious of any struggle. There is nothing he wants to do, nothing he wants to change. But when awake or dreaming his peace of mind is constantly challenged by thoughts and situations. And his urge is to resolve all disturbances, to make things better.

Problems can be categorized in the following manner:

1. According to the source: There are two sources.
   - ❖ Problem for which the solution is external; for example, the first three levels of Maslow's hierarchy of needs. There are many problems of this kind in individual and social life.

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- ❖ And then there are problems for which the solutions are within the problem itself. Problems due to attitude, perceptions, thinking, memory and motivation require the individual to look within for the answer.

2. According to the level: There are two levels.
   - ❖ The first level is that of a situational or topical problem. The problems of the here and now. These are problems which can be solved by planning and effort, taking into account the resources at our disposal. But as we will see in the following sections these are but band-aid solutions. Solution to the topical problems lies elsewhere and one has to seek where the problem lies.
   - ❖ The second level is that of a fundamental problem. This problem ironically stems from the glory of the human mind; its unique capacity to inquire into the nature and meaning of things, to reason out, to analyze, to appreciate subtleties, to imagine, to conceptualize, to come to conclusions, and to make choices. Man has an intellect, a thinking faculty, and mere bodily survival does not make his life. He not only wants to go on living, but to live in a particular way as well. The mind of a person makes him self-conscious and self-aware. Being self-aware he cannot but be a desirer, a seeker. At any moment in a person's life we find that the life he leads is but an expression of his desires. While the specific want varies from person to person and from time to time, what doesn't vary is "I want." What a person really wants is to be free of want. To say "I want" is really to say, "I don't want to have any want". And that is the fundamental problem; the constant desiring and moving to achieve it. And counseling should help the individual solve this fundamental problem, and thereby solve all his situational problems.
3. According to the nature of the problem: There are basically six dimensions of psychological functioning:
   1. Need satisfaction
   2. Developmental task attainment
   3. Managing stress – developing coping strategies
   4. Interpersonal relationship skills
   5. Developing emotional maturity
   6. Developing spirituality

Difficulties in one or many of the above areas may instigate the client to seek counseling. The major goals of counseling are then twofold:

1. Helping them get through the present problem situations and
2. Educating them to handle future situations.

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## Process

The actual process of counseling starts much before the counselor–counselee interaction. It proceeds in the stages described below.

### *Stage 1: The awareness of the problem*

Having a mind that is self-conscious, the individual is appreciative of a lack, something that he misses in himself. His mind being an instrument of reason, he looks into this constant tendency to desire and according to his knowledge and values, he tries to achieve it. Being acutely aware of his anxieties and lack of peace within, he tries to overcome it through the resources available to him. This awareness has three dimensions:

1. Awareness of the intensity of the problem depending on how unpleasant it makes one feel
2. Awareness of the consequences of the problem, how bad they are
3. Awareness of the depth of the urge to come out of the problem

### *Stage 2: Recognition and acknowledgement of helplessness*

When one recognizes his helplessness, uncertainty, and incapacity to order things as he wants; that there is uncertainty with reference to the fulfillment of wishes and desires; that there are limitations of strength in terms of will and the capacity to make the necessary effort; that there are also limitations in terms knowledge and resources; that there is an absence of freedom in one's mental life; there is the acknowledgment of one's helplessness.

### *Stage 3: Recognition of the need for an external guide*

When one acknowledges that he feels helpless, one seeks external help. That external help is often first in the form of prayer. Ancient Indian wisdom says "Effort, initiative, courage, intelligence, resourcefulness, and perseverance. Where these six qualities exist, there the Lord will always be helpful." But, even when one has every one of the six qualities, still there will be some unknown factor that can cause a problem. Any number of things can happen. Thus one requires the grace of God to help one through problems.

Thus, one seeks the help of an external guide, be it a spiritual teacher, or a professional counselor. In seeking help from the spiritual teacher, the gain is *self-knowledge* (which is the remedy for all problems, be it worldly or cosmic).

### *Stage 4: Providing emotional support*

The counselor then provides the emotional support to help release the thinking faculty of the individual to a functioning mode. Thinking is the operating skill with which intelligence acts upon experience (Edward de Bono). When one is in

the throes of emotion this thinking is de-capacitated. Only when the emotion is explored and processed does it allow the thinking to emerge and assess and evaluate the situation. Only then the solution comes to the forefront. Ancient Indian wisdom says that the solution is always there within each and every one of us. For it to be seen the intellect has to function effectively.

### *Stage 5: Education/guidance from the counselor*

The counselor then works with the client to sort out the different dimensions of the problem, and provide guidance with various available solutions. The counselor plays the very important role of a *psycho-educationist*. He or she not only helps the client identify and understand the cause and the nature of the problem, but also educates the client regarding the nature of his personality and the role of perception, thinking, attitude, beliefs and values in contributing to problems in general.

### *Stage 6: The learning process*

The client/student learns by following the three step process.

1. The client pays close attention to the words of the counselor. Asking questions and clarifying doubts, the client not only hears the words but also listens to their meaning, both direct as well as inferred.
2. Once the client understands the concepts, he/she assimilates them internally by reflecting on them over and over again, going back to the counselor who is ever ready to help remove uncertainties, fears, misgivings, and conflicts. This continues until the client is absolutely sure of the subject matter.
3. Profound and repeated meditation on what has been taught.

## EVALUATION OF THE PROCESS (Swami Paramarthananda Saraswati)

Any problem, situational or fundamental, can be solved through the psycho-educational process of counseling. When one understands the nature of the self all kinds of problems see the light of solution. Some of the major benefits of this type of counseling process are:

1. *Intellectual satisfaction.* Human beings, at some point in their lives develop a natural curiosity to know who they are and where they are heading. Mystery is a pain for the intellect. It cannot stand doubt of any kind. Every thinking individual has the natural urge to quench curiosity about the Self, goal, purpose, destination and direction of living.
2. *Fulfillment.* The joy of understanding the self. This lifts the insecurities, fears and anxieties. Peace of mind and ultimately joy descends upon the client.

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3. *Freedom from dependence.* When one discovers that one is actually not dependent on anything, anyone, or any situation in which to be happy or secure, there is emotional freedom.
4. *Freedom from pain.* Self knowledge and the resulting joy serve as an emotional cushion when the going is tough. When there is no dependence, then there is peace of mind. Life is unpredictable, future is uncertain, past cannot be changed: all this knowledge is very helpful in modifying, reducing as well as avoiding pain.
5. *Achieving a poised mind (emotional maturity).* A poised mind is an efficient mind. An emotionally disturbed mind is inefficient. It cannot tap on intellectual resources. A poised mind has the capacity to remain balanced when things are going haywire. It is an emotionally mature mind which is intellectually available.

## AN INDIGENOUS MODEL OF COUNSELING

### Counseling and Spirituality

1. There is a paradigm shift in the healing profession today. From being dogmatically scientific, focusing only on the tangible, the observable and the measurable, therapists are steadily moving towards the intangible, the higher order, the spiritual. Spirituality and religion are significant bases of strength for many clients; they are the core values for finding meaning in life, and can be instrumental in promoting healing and well-being. Transpersonal psychology is gaining more and more significance and acceptance, both among the practitioners as well as the people on whom they are practiced. Spiritual and religious values can play a major part in human life, hence spiritual values should be viewed as a potential resource in therapy. Increasingly, therapists are realizing that religion and spirituality are often part of the client's problem. Ergo, rather than as something to be ignored, they should also be part of the client's solution. In this scenario, it would be foolish, if not suicidal, for counselors to ignore the trend. Thus counseling in India as well should open itself to this. As spirituality and religion are region-specific, the author has made an attempt to extract a theory of counseling from the ancient Indian philosophy *Vedanta*. Vedanta says that the goal of human life is to live and grow into an emotionally mature person. The journey to emotional maturity starts with one's philosophy. This decides one's perceptions. It is well known that emotions follow perceptions and result in action/behavior. The more objective the perception the higher the level of emotional maturity. Counseling can

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help clients gain insight into the ways their fundamental beliefs and values are reflected through their emotions in their behavior, and make use of the spiritual and religious beliefs of their clients to help them explore and resolve their problems.

The search for the meaning of life has nagged man from time immemorial. Every man, subject to his working knowledge of the dynamics of human behavior, has formed his own theory of how best to live. There are scientists who try to make some sense of this seemingly chaotic world around us. And in order to give meaning to all this, there are ideas generated, theories formulated, and laws set down, ensuring that the mechanism of life is well oiled. Yet, in spite of all the efforts, both at the micro and macro level, the concepts of individual and global psychology seems to have yielded little towards alleviating human problems with permanent solutions. People are still struggling with their anxieties, conflicts, and confusion. Any joy or happiness experienced is transient. *Peace of mind and contentment seem just a little further away at best, or a pipe dream at worst.* Where do we find that? More importantly, what can we DO to find that? Or should we ask—what do we have to BE to find that!

Counseling is a psycho-educational process providing help to clients who are in pain and are not able to help themselves. This encompasses life skills for personal growth as well as coping skills for problem solving.

## Counseling for Personal Growth

Smith and White, as quoted by Allen, Mehal, Palmateer and Sluser (1995), say that in a Life Skills group, responsibility for personal growth rests with the client. "The coach's task is to help them learn" (p. 11). Coaches act as facilitators, guides, role-models, trainers, teachers and counselors (Allen et al., 1995). "… Counseling is directed towards helping clients deal with their immediate problems and improve their life situations. And the attitude of the counselor is that of one individual interacting with another, on a more-or-less equal footing" (Belkin, 1988, p. 24). Coaches (…and counselors) encourage students to "develop belief systems which support their rights and the rights of others" (Allen et al., 1995, p.39). Personal growth, counseling and developing belief systems are all part of encouraging psychological growth. Psychological growth must be considered a primary goal of life skills.

Psychological growth and spiritual growth are interrelated and intertwined. More and more professionals from all arenas are recognizing and acknowledging this. Wolman (2001) considers the drive for spiritual self-improvement to be the same thing as the desire for self-actualization. Self-actualizing people provide Maslow with his benchmark for psychological health. Counseling, in its support and

encouragement of personal growth, is involved with supporting and encouraging spiritual growth.

## Counseling as Problem Solving

In his work on identifying and defining intelligences, Gardner (1993) states "An intelligence is the ability to solve problems, or to create products, that are valued within one or more cultural settings (p. x). He has since clarified with "I now conceptualize intelligence as a bio-psychological potential to process information that can be activated in a cultural setting to solve problems or create products that are of value in a culture (Gardner, 1999, pp. 33–34).

Building on Gardner's work, Bowling (1999) and Emmons (1999, 2000a) have proposed the concept of spiritual intelligence. Emmons (2000b) identifies a minimum of four core components of spiritual intelligence: (a) the capacity for transcendence; (b) the ability to enter into heightened spiritual states of consciousness; (c) the ability to invest everyday activities, events, and relationships with a sense of the sacred or divine; and (d) the ability to utilize spiritual resources to solve problems in living (p. 63).

Zohar and Marshall (2000) call spiritual intelligence "our ultimate intelligence" (p. 4). They define it as

"*… the intelligence with which we address and solve problems of meaning and value, the intelligence with which we can place our actions and our lives in a wider, richer, meaning-giving context, the intelligence with which we can assess that one course of action or one life-path is more meaningful that another*" (pp. 3–4).

Wolman (2001) defines spiritual intelligence as " . . . the human capacity to ask ultimate questions about the meaning of life, and to simultaneously experience the seamless connection between each of us and the world in which we live" (pp. 84–85). He sees spiritual intelligence as "the ground on which morality stands" (p. 115) and as being applied in making moral choices and solving moral problems.

Counseling on matters of problem-solving and effective behavior change through choices of action invokes the exercise of spiritual intelligence when problems of right and wrong are focused on; and when decisions about moral courses of action are made.

## The Theory behind the Indigenous Model

In light of the above issues the author has made an attempt to study the ancient scriptures called Vedanta and extract a theory of counseling from them. Vedanta is a serious study of oneself, one's goal in life and its achievement. It says that the

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fundamental problem of human life is subjective perception of the self and the world. This subjectivity causes pain and anguish. The solution is objectivity with respect to the same. The goal of counseling is to help the clients effect change within themselves with respect to the problems they face within and without, and knowledge of the Vedantic principles will help them do just that. The goal of counseling is to help the client process his/her emotions in a way that he/she begins to understand and discern the underlying issues causing the problem; and then to educate the client in the ways to resolve it.

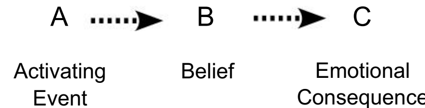
There are as many problems as there are clients. The spectrum is wide and varied. It can be mind boggling to the counselor sometimes, even to the most experienced one. Vedanta simplifies the whole helping process. It brings to light the fundamental problem, the problem beneath all its manifestations, and teaches how to get to the solution.

### *Maturity and human life (Swami Dayananda Saraswati)*

What is the goal of life? Living is the aim of life. What is living? To live is to grow. When an organism is born, it is not adequately mature to begin living. The physical body has to grow, to metamorphose into an adult for which one need not do anything special. Nature takes care of it. The very nature that brought the body into being also takes care of its growth. The body should just keep living. But maturity is not merely biological, physical maturity. There must be *emotional maturity.*

*We are our emotions.* No matter what your learning or understanding is, it does not seem to have any bearing on your day to day responses to the world. This gap between one's understanding of, and the actual day to day living is a problem. *Life is about living; living is about experiencing; experiencing is about emoting; and emoting, is about perceiving/interpretation.*

According to Ellis, we experience activating events (A) everyday that prompts us to look at, interpret, or otherwise think about what is occurring. Our interpretation of these events results in specific beliefs (B) about the event, the world and our role in the event. Once we develop this belief, we experience emotional consequences (C) based solely on our belief.




Consider the following diagram (adapted from Ellis, 1962):
Event ——————> Interpretation ——————> Emotional Response
Here the author would like to present the flow chart as extracted from Vedanta.

**Philosophy → Objectivity → Emotional Maturity**

Vedanta says that the goal of human life is to live and grow into an emotionally mature person. The journey to emotional maturity starts with one's philosophy and personality. These, in combination, decide one's perceptions. It is well known that emotions follow perceptions and result in action/behavior. The more objective the perception the higher the level of emotional maturity. Counseling can help clients gain insight into the ways their fundamental beliefs and values are reflected through their emotions in their behavior, and make use of the spiritual and religious beliefs of their clients to help them explore and resolve their (client's) problems. Whenever an individual encounters a particular situation his/her personality as well as philosophy comes into play. Together they influence the extent of objectivity with which the individual perceives the situation.

The Objectivity → Emotional Maturity equation works both ways; one constantly reinforcing the other. The higher the level of objectivity, the higher the level of emotional maturity. And the more one becomes emotionally mature, the more objective one becomes. Thus, in order to achieve more accuracy, the flow chart can be modified as:

**Philosophy → Objectivity → Emotional Maturity**

## Emotional Maturity is the Final Goal

The final destination for a human being is inner freedom; freedom from all types of dependence on external factors. Dependence on external factors for security or pleasure or satisfaction. One should discover security in oneself, not in people around or in the materials one possesses.

Moksha is freedom from bondage. An individual is said to be attached when the presence of any person, situation, object or relationship is a burden weighing him down; and alternatively, the absence of any person, object, situation or relationship creates a vacuum in his mind (2000, Swami Paramarthananda Saraswati). A mature human being is one who is free from bondage or attachment.

- Bondage is when the mind longs for something, grieves about something, rejects something, holds on to something, and is pleased about something or displeased about something.
- Liberation is when the mind does not long for anything, grieve about anything, reject anything, or hold on to anything, and is not pleased about anything or displeased about anything.
- Bondage is when the mind is tangled in one of the senses, and liberation is when the mind is not tangled in any of the senses.

Liberation is achieved when one is not unduly moved by events, people, relationships or things around. This leads one to that state of mind which is peaceful and serene, not without pain causing incidents, but in spite of them. That is the goal of any person.

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Emotional maturity is inner freedom achieved through a balanced state of emotions, which in turn is a direct consequence of objectivity. Human beings can never achieve perfection. Yet the striving for it is never given up. It *should not* be given up. Any behavior involves a goal. The goal is the one that is seen first. And then the mind works out the means. Vedanta talks not only about the goal but also the means.

## Components of Emotional Immaturity

- Dependence
- Dissatisfaction
- Helplessness
- Insecurity
- Insignificance
- Emotional instability

### Qualities of an Emotionally Mature Person

The following qualities describe an emotionally mature person:

1. *Discrimination:* Discrimination is the ability of the intellect to see through a situation and distinguish between the permanent, the relatively permanent, and the impermanent; and act according to what is appropriate for the situation. Discriminative knowledge or clarity of thinking is born out of objectivity; it is also the first step towards objectivity, as opposed to muddled, conflicted thinking.
2. *Dispassion:* This is the freedom from all types of dependence or attachment. It means perceiving both pleasure and pain with an unruffled mind in equanimity. An individual is said to be attached when the presence of any person, situation, object or relationship is a burden weighing him down; and alternatively, the absence of any person, object, situation or relationship creates a vacuum in his mind. Dispassion is born out of discrimination. Dispassion also fosters objectivity.
3. *Desire for liberation:* A person with the above faculties realizes very quickly and easily that all his pursuits are basically directed at bringing about a subjective state of freedom and fulfillment. He realizes that every pursuit is motivated and prompted by a 'sense of lack' within. It is this insufficiency which makes one go on trips endlessly. The moment he realizes that he is not driving, but is being helplessly driven, and cannot stop even if he wants, there is realization of bondage. Only when we feel bondage, we know the exact nature of bondage, that we will have this clear goal of desiring for *liberation* from it. To be emotionally mature means to diagnose

our fundamental problem, and thereafter with single-pointed application direct all our energies to handle or solve it.

4. *Six-fold qualities:*
   i. *A calm, undisturbed mind:* It means a peaceful, poised, tranquil mind which is not very easily perturbed; a quiet disposition, ability to concentrate on the work at hand, greater enthusiasm to attain our goal, better memory, ability to feel what the intellect is thinking, etc, it is this quality to turn back one's mind from thoughtless preoccupations using just proper understanding and logic, and turn his attention thoroughly to ones goal once again.
   ii. *To be in command of senses or external sense organs, the external faculties of perception:* The said faculty is under direct control of the intellect. The ability to live and work as per the directions and convictions of the intellect without bringing into its own whims and fancies is called control. There is no question or implication of suppression here. It is simply acceptance of the hierarchy of intellect.
   iii. *Maintaining the peace and tranquility that has been acquired:* It involves preventing stress and disturbance to bother the individual. The *Kathopanishad* in this regards presents a beautiful and an appropriate simile of a chariot, where the self is the chariot, the intellect is compared to a charioteer, the mind with reins and the sense organs with horses. The most ideal condition is that when the reins and the horses are in full control and command of the driver. Thereafter, any great journey is not only possible but enjoyable too. What is basically required is an integrated personality, where all faculties work in unison; otherwise the person becomes his or her own enemy.
   iv. *Endurance (both physical as well as emotional):* This implies that irrespective of the situation outside our mind does not get disturbed. We should be able to remain undisturbed by small pinpricks of life, as though nothing has happened. Acceptance but that also without any grudge or helplessness. With the ability to retain our balance we can not only observe a situation properly but also go deep into it.
   v. *The ability to fix one's mind on some thing:* In this both our emotions and understanding are involved and thus, it results in bringing about greater joy and better understanding of the "object" of our attention. The mind is quiet and at peace, yet fully awake and dynamic. It is brought about by a combined effort of "having clarity of our goal", "having love for our goal", and practice.
   vi. *Faith:* It implies a faith in God and his teachings. It is a positive and respectful attitude that they are basically right, coupled with concerted efforts to understand whatever we believe in. It is about respect and

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humility. This humility is a direct consequence of a very healthy sense of self-esteem and self-respect. It takes a great mind to acknowledge the greatness of another. Arrogance is the manifestation of an inner sense of inferiority. Arrogance is a poor attempt to cover the feeling of self- insufficiency. It is a poor defense. It can be understood as a state of denial of perception of oneself as being *not good enough.*

### *Emotional maturity is developed through achieving spiritual maturity*

Spiritual maturity is an assimilation of a working philosophy of life. Philosophy aids in gaining objectivity about the situation in hand. Objectivity leads to an alternative perception which effectively results in alleviation of the pain.

Counseling is a learning-oriented process, in which a counselor seeks to assist the client to discover and understand the self with regard to interpersonal relationships, explore what one wants out of life, figure out one's likes and dislikes and/or one's best abilities and learn to make better decisions, and solve problems effectively. Vedanta says that the solution to the problem always lies within the problem. If subjectivity is caused by preferences and perceptions, and judgments and beliefs; then objectivity should also be caused by the same, but in the opposite direction.

The study of problem-solving should start with the knowledge and understanding of five concepts or principles of living, which the author names The Five Laws, which encompass most of the wisdom necessary to lead a healthy life. These laws are actually universal. They are:

1. The law of Free Will
2. The law of Dharma
3. The law of Karma
4. The law of the 3 Cs
5. The law of Perfection

### 1. The law of free will: Freedom of action

Human life is a privilege, which means that among all living beings, the life of a human being is scarce indeed. It is a privilege to have this human birth. There are several features common to human beings and other living beings: eating, sleep, fear, and love for the perpetuation of one's own species. The human being alone is endowed with a great capacity; and that is the *capacity to understand and make choices*.

Every problem situation can be dealt with in two ways: either do something about it, or accept it as it is. Action or acceptance. These are the only two choices that are available. One may argue that it is so for all living beings. What makes us humans different? The difference is that humans are (or at least should be made) aware of it.

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That would be the task of the counselor: to highlight this major truth to the client. And the solution to the problem, whether it is an action, or acceptance, should be presented as the choice that the client must make. This course of counseling empowers the client in that it does not only help the present problem situation, but gives the client the resource to handle future such situations. Any situation, when it is seen as born out of our choice, only adds strength to our capacity to endure.

A corollary to this concept of freedom of action is the concept of freedom *in* action. The goal of life is to live. Living is to intelligently exercise our choices. And intelligently exercising choices is to differentiate between actions and reactions. Actions are the chosen responses, while reactions are mechanical responses to situations. Emotions and thoughts fall under the latter category. They happen. And one has no control over them. Whereas the consequential behavior can be chosen consciously or let occur thoughtlessly, in which instance it will be called a reaction. Intelligent living would be to maximize the action, and minimize reaction. As choice is available in behavior, not at the thought or emotion level, one would do well to concentrate on that rather than to fret over their uncontrollable occurrence.

### 2. Law of karma

Vedas say that every action produces a result. These results can be tangible and obvious, or they can be intangible and obscure. Either way, they can bring one joy or pain. Those are the only two end results. As mentioned earlier, everyone seeks to avoid pain and seek joy. And the law of action states that this depends on the kind of behavior we engage ourselves in.

The intricacies in this law must be well appreciated. An action can produce a tangibly positive result, but may not be joy-producing in the long run (as in the case of addiction, crime, etc). And the opposite is obviously true (as in the case of sacrifice). Another aspect to consider is the time frame. One cannot know when the fructification of the actions as pain or joy will take place. Just as different types of seeds sprout at different duration, so too the different types of actions have different fructification times.

It follows from the above discussion that one would do well to remember that *all pain is deserved, and all joy is earned.* The decision to act in a particular way is actually a decision to choose joy or pain.

Understanding and assimilating the law of karma has many advantages (Swami Paramarthananda Saraswati, 2002):

1. The law explains the differences or disparities in living beings from birth.
2. The second advantage is one can accept pain and suffering even though they seem disproportionate to the actions performed. Blaming God or fate then seems like immaturity.

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3. The third advantage is that one can take care of the future. By following the idiom "good begets good" one can see to it that pain is minimized and joy is maximized.
4. And finally, this is the law that inculcates and maintains morality and ethics in the society.

This is the essence of the Law of Action. It says that, at any time, one has control over one's actions only, not over the consequence of the actions. That knowledge should not entice one into inaction. One must act as is required, as is appropriate in the situation. One cannot do away with action. That would surely be the difference between being alive and living.

The corollary to this law is that good as well as bad actions can be rated depending on the attitude with which they are performed. Actions and attitudes can be rated on three levels: low, medium, and high. And as various permutations and combinations of the two are possible, the fruits of these actions plus attitude will differ vastly. Added to that, are the fruits of previous actions plus attitude. Thus, the consequence of a particular action is not only the direct result of that action, but also of all the accrued consequences of the past unfructified actions.

### 3. Law of dharma

To live is to act. And one must act sensibly. Dharma is both a discipline and a life of discipline. This lifestyle has to be handed over from one generation to the next. The concept of dharma can be seen from three different vantage points, all three valid, and mutually non-exclusive.

*1.* *Duty*: Duties, as opposed to rights, are to be emphasized. Today's society emphasizes rights. Rights cannot exist without responsibilities and restrictions. They are an integral part of the concept of duty. The idea is that if duties are performed, the rights are automatically taken care of. Rights come naturally as an outcome of performing duties. The goal of life is to live; living is to relate to the world around. It follows that effective living would be to maintain a world that thrives on symbiosis. Everyone needs to gain from the process of living. If the balance is not acutely maintained then there is chaos. Then people start their "rights fight" and the system falls apart.

   For the system to function smoothly and effectively, one fact must be understood clearly. Intelligent living comes from exercising the faculty of choice or free will. One has to choose one's behavior. It closely follows that one cannot choose another's behavior. In other words, one has control over one's own actions and not that of others. Performing duties, or doing what is to be done, is in one's hands. As our rights are dependent on others giving it to us, we become helpless. When our rights are not given, we feel frustrated. And an endless fight ensues.

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2. *Ethics*: The uniqueness of human beings is the faculty of choice. As we can see around us, this faculty can be used, abused, misused, or even disused. One has choice over every situation, except in the use of this faculty. As choice entails responsibility and restriction, there are norms set down by society to regulate people's actions and encourage them to follow the right path. Ethics are all about good and bad, right, and wrong. Even though one knows that the good and the right is to be followed at all times, there are times when one falters. This is, again, because of the faculty of choice as well as the faculty of preferences. Conflicts arise due to the fact that one wants what is not good or right; or one does not want what is good or right.

   One requires being emotionally mature in order to be able to act according to one's convictions. The faculty of choice is controlled by the intellect, while preferences are controlled by the senses. These conflicts will remain until the intellect and the senses are at loggerheads with each other. The solution to this common problem is to bring the senses under the control of the intellect.

3. *Compassion*: Empathy and compassion are values. In any treatise they must be categorized under ethics. But they need to have a separate position. They mention them specially. This is again because human beings are unique, not only in their faculty of choice but also in their ability to care, share, and empathize with the world. It is born out of the understanding that all behavior is directed toward seeking pleasure and avoiding pain. Internalizing the value of compassion is actually assimilation of the fact that this fact is true for all. It is understanding that, as much as we need help in pain, we do not want to be hurt, so too do the others. It requires putting the self and others on the same weighing scale. It can even be called charity or assistance, both material as well as emotional.

## 5. Law of the three C's

Most of man's worries and anxieties, if they are not rooted in guilt and grief about the past, emanate from concerns about the future. A truly liberated person is not concerned with what is going to happen in the future. Thus, the Law of the three C's states that, *as one cannot change the past, nor can one control the future, the only effective way to live is to concentrate on the present and contribute to it wisely and appropriately.*

1. That man cannot change the past: is given. Experiences are about emotions, emotions are about perceptions, and perceptions are about thoughts and beliefs. Unpleasant experiences stay in the mind. Thanks to the faculty of memory one relives the pain and suffering over and over again. This causes

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one to live in utter misery. The more intense the pain, the more vivid the memory.

Counselors can assist clients in dealing with regrets and anguish by helping them accept their past gracefully, through highlighting that there is no other alternative. There are only two options when dealing with the past: accept/forgive or continue in agony. The clients have to go through two stages of processing their pain: first expressing it, and then, when they are ready, counselors can present this concept gently to them. That the past cannot be changed nor can it be forgotten. What can be forgotten is the hurt and pain that the client is reliving time and again.

Thus, the acceptance of the past, along with the understanding that it cannot be changed, coupled with the power of forgiveness, all go towards helping the client deal with it in a positive manner.

2. Cannot control the future: life is uncertain, and one has to face that. And that is because the future is unknown. There is neither certainty nor are there guarantees for the future. Actions based on predictions are called risks. While taking risks is frowned upon, taking calculated risks is seen as being intelligent. That is because the latter is seen as a situation in which the risk-taker is seen more in control of the consequences. However, there is no guarantee. One experiences a lot of pain trying to find ways to control the unknown, the unexpected, and the uncontrollable. This pain can be alleviated by the acceptance that the future is just that.

"*We spend so much of our lives worrying and trying to prevent the bad from happening in our lives that we forget to enjoy the good! Nowhere has it been proven that a rich, joyous, abundant life cannot exist in the presence of uncertainty.*"

—(Susan Jeffers, 2003)

Counselors will be well-advised to educate the clients that one can only conquer uncertainty, or rather the pain of it, by acknowledging it first, understanding it fully, and then later actively accepting it. Once the client embraces this reality, the future course of counseling becomes a lot easier.

3. Can only contribute to the present: this fact empowers the human being no end. It is always important that one separates any given situation into what can be controlled and what cannot. The present and the self will fall into the former category; while the past, the future, and anything other that the self will fall into the latter. Once the sieving is over, counselors can support the clients in making decisions as to the appropriate behavior to engage in.

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## Law of Perfection: It Does Not Exist!

This is a reverse law. The pursuit of goals is a permanent struggle. That is because an ideal set-up or perfection is impossible to achieve. Thus, it has many limitations: pain, dissatisfaction, dependence, emotional instability, helplessness, insecurity, and insignificance. The only answer to this relentless pursuit of perfection is to know that it is impossible to achieve, and be free from the strong desire to achieve it.

As human beings we are endowed with this unique quality of being aware of ourselves. Slowly, through the processes of growth and development, we develop a sense of self-identity. This self-identity is based on our circumstances, past experiences, roles, relationships, etc. Founded upon this self-identity are all of our interactions with ourselves and with the world around us. We act upon the world to achieve something for ourselves. This action leads to a result, which may be desirable or undesirable to us. Based on how we label the result, we emote. These emotions, when unpleasant, inflict pain and suffering on our psyche.

Our interactions are primarily directed toward helping us feel happy and secure within ourselves. With every interaction and exchange with the world, we constantly make revisions in our self-image and self-identity. These revisions contribute toward our apparent inner sense of joy and security. That is because instead of searching for that identity within ourselves, the journey inward we want our society, culture, relationships, and perceptions to resolve our crisis. The more we look outward, the more we feel powerless.

This urge to become something different from what we are is innate. The journey toward being a self-satisfied human being is constant and continuous. Even when certain targets are reached, new ones take form. Hence, we may be rid of that particular goal, but the seeking never ends. Finally, we come to understand that in this manner we may never reach complete satisfaction. And then we despair.

An emotionally mature person understands that perfection is impossibility. He thus does not feel the need to become perfect. This understanding gives permanence to emotional health as well as immunity to pain and sickness, for which we struggle throughout one's life.

## ❖ Summary ❖

Counseling skills are basic communication skills. Rather, basic skills in counseling are amplifications of communication skills. The only difference is that counselors work under the canopy of their understanding of human behavior and relationships. There are various theoretical orientations to counseling. Any counselor tilts towards one, or receives training in one area of therapy. Whatever orientation the counselor majors in, whatever type of therapy she provides, she has to have had training in soft skills, or communication skills.

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Communication skills training forms the core of person-centered approach to counseling. It is the most important component of counseling. Apart from theories regarding human nature and behavior, counseling involves the skills of effective communication.

Listening and assertive communication are discrete skills that can be learned, and once learned, can be used to enhance any relationship. In a professional relationship, basic skills in counseling are hopefully communicated by a counselor's enthusiasm, confidence, and belief in the client's ability to change. Those counselor behaviors are incredibly important in client outcomes, perhaps more important than theory or technique. Thus listening, responding and empathizing form the core skills of the counselor upon which they can build the higher order counseling skills. This chapter has given a general idea of how the process of counseling proceeds through many stages, from the recognition of helplessness by the counselee to termination of the counseling. An indigenous model of counseling founded upon the principles derived from Vedic philosophy, has been elucidated.

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# 8

# Counseling in the Educational Setting and Career Counseling

**Chapter Overview**

- Counseling in an educational setting
- Who is a school counselor?
- System of school counseling—ASCA national model
- Counselor's role and responsibilities in schools
- College counseling
- Career counseling
- Career theories
- Campus recruitment training program

Counseling psychologists are nowadays sought out by a variety of institutions and organizations, including universities, hospitals, schools, governmental organizations, businesses, private practice, and community mental health centers. The key areas of life that counseling can help vis-à-vis self-esteem, trauma, relationships, stress /anxiety can affect anyone, anywhere, playing any role. Gone are the days when counselors were only required by schools, colleges, hospitals, career guidance centers, and corporate industries. Nevertheless, these areas still remain the main settings where the services of a counselor play a very significant role. These will be discussed in detail in the present chapter.

## COUNSELING IN AN EDUCATIONAL SETTING

Before embarking on this topic, I would first like to clarify that the following is what school counseling *ought* to be. It is definitely not how it *is,* in many places in

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India. There are many reasons for that. The first that comes to mind is that school counseling is still a very new area in our country. Thus, there is very little awareness about the role and responsibilities of a school counselor. For many years now teachers have been providing counseling to students and their parents, in whatever way, with whatever knowledge they possess. Owing to their years of experience with the students, many teachers have become quite good at identifying and finding solutions to student problems. Hence, there was a lot of resistance in schools to having student counselors.

But the scenario is changing rapidly. With a lot of emphasis being given to academic achievement, establishment of many new schools increasing the pressure on the schools to stay afloat and come up on top, teachers are realizing that they are unable to find time to help students with their psycho-socio-emotional issues. They are now increasing the pressure on the managements to have a school counselor who will help them take forward the process of counseling the students.

That being so, it is still not clear where the role of a teacher ends and that of a counselor starts, or where the counselor's ends and the teacher's begins. Many counselors who have joined schools are being given the additional responsibilities of taking certain classes, substituting for teachers who are absent, or are bogged down with administrative duties. This is because the students are discouraged, or not allowed to leave the room during class hours to seek the help of the counselor. The only time that is left for the counselor to see students is during the break (when the students would rather play) or after school hours (when the student has to leave as s/he is attending some other evening classes). With all the schools promoting more and more extracurricular activities within the curriculum, there does not seem to be much time for character education or personality development.

School counseling programs are collaborate efforts benefiting students, parents, teachers, administrators and the overall community. School counseling programs should be an integral part of students' daily educational environment, and school counselors should be partners in student achievement (ascanationalmodel.org). It is important for the managements to recognize and utilize the counselor's wisdom, training and experience for augmenting positive emotional climate of their school.

The role of a counselor has undergone a big shift in the West. Today's school counselors are vital members of the education team. They help *all* students in the areas of academic achievement, personal/social development, and career development, ensuring today's students become the productive, well-adjusted adults of tomorrow (http://www.schoolcounselor.org/).

This is the view of the counselor that would be presented in this chapter.

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## WHO IS A SCHOOL COUNSELOR?

A *school counselor* is a counselor and an educator. The professional school counselors are certified/licensed educators with a minimum of a master's degree in school counseling, making them uniquely qualified to address all students' academic, personal/social and career development needs by designing, implementing, evaluating, and enhancing a comprehensive school counseling program that promotes and enhances student success (schoolcounselor.org).

She/he provides academic, career, college access, and personal/social competencies to the students. The counselor develops school counseling curriculum lessons and does annual planning for every student. The interventions include culturally competent group, and individual counseling. School counselors use specific skills in advocacy, leadership, systemic change, technology integration, equity assessment, and teaming and collaboration with other stakeholders in a data-driven comprehensive developmental school counseling program (ASCA, 2005 http://en.wikipedia.org).

Professional school counselors serve a vital role in maximizing student success (Lapan, Gysbers, and Kayson, 2007; Stone and Dahir, 2006). Through leadership, advocacy, and collaboration, professional school counselors promote equity and access to rigorous educational experiences for all students. Professional school counselors support a safe learning environment and work to safeguard the human rights of all members of the school community (Sandhu, 2000), and address the needs of all students through culturally relevant prevention and intervention programs that are a part of a comprehensive school counseling program (Lee, 2001). The American School Counselor Association recommends a counselor-to-student ratio of 1:250.

## SYSTEM OF SCHOOL COUNSELING—ASCA NATIONAL MODEL

In the United States, professional school counselors promote the development of the school counseling program based on the following areas of the ASCA National Model: foundation, delivery, management, and accountability, which is can be a good system to follow changes, and adaptations can be made depending on the management philosophy and counselor accessibility.

### *Foundation*

Professional school counselors identify a philosophy based on school counseling theory and research/evidence-based practice. They put these philosophies into action and guide the development, implementation and evaluation of a culturally relevant

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and comprehensive school counseling program. They support the school's mission and collaborate with other individuals and organizations to promote students' all round development.

### Delivery

Professional school counselors provide culturally competent services to students, parents/guardians, school staff, and the community in the following areas:

1. School guidance curriculum: Character education, life skills training, specific areas management groups, aptitude, and competency training for various careers, and other knowledge and skills appropriate for their developmental level. This curriculum is delivered throughout the school's overall curriculum and is systematically presented in classroom and group activities.
2. Individual student planning: Coordinating ongoing systemic activities designed to help students establish personal goals and develop future plans.
3. Responsive services: Prevention and/or intervention activities to meet students' immediate and future needs requiring any of the following:
    - Individual or group counseling
    - Consultation with all the stakeholders like parents, teachers, and other educators
    - Referrals
    - Peer helping
    - Psycho-education
    - Intervention and advocacy at the systemic level
4. System support: Management activities establishing, maintaining, and enhancing the total school counseling program including professional development, consultation, collaboration, supervision, program management and operations.

### Management

Professional school counselors incorporate organizational processes and tools that are concrete, clearly delineated, and reflective of the school's needs. Processes and tools include the following:

- Agreements addressing how the school counseling program is organized and what goals will be accomplished.
- Setting up advisory councils comprising of students, parents/guardians and teachers to review school counseling program goals and results and to make recommendations.

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- Collecting and utilizing student data to effect systemic change within the school system so every student receives the benefit of the school counseling program
- Develop action plans for prevention and intervention services defining the desired student competencies and achievement results
- Actively encourage active participation in the school counseling program.

### *Accountability*

Professional school counselors develop and implement data/needs-driven, standards-based and research-supported programs, and engage in continuous program evaluation activities to assess immediate, intermediate, and long-range effectiveness of the school counseling programs.

## The Students' Developmental Needs

The school counselor should understand the nature of the developmental stage and the corresponding life tasks and skill sets of the group of students she/he is working with.

"Today's young people are living in an exciting time, with an increasingly diverse society, new technologies and expanding opportunities. To help ensure that they are prepared to become the next generation of parents, workers, leaders and citizens, every student needs support, guidance and opportunities during childhood, a time of rapid growth and change. Children face unique and diverse challenges, both personally and developmentally, that have an impact on academic achievement" (US Department of Health and Human Services).

School counseling is a very challenging job. Students pass through many stages in all areas of their development. Not only are there changes; there are lulls and spurts in their growth, the individual differences are high. Coupled with an indifferent attitude toward counseling, the counselors in India face many difficulties when it comes to counseling children. Unless the child shows marked deterioration in physical and mental characteristics, help is not sought. This is mainly because parents as well as teachers not informed enough to sight and recognize symptoms of ill health in their children. More surprisingly, the medical professionals seem reluctant to associate physical symptoms with psychological factors. This may be due to the fact that most medical curricula do not include behavioral sciences. Also the stigma attached to seeing a mental health professional is still strong. All these factors combined, make it very difficult for the counselors to receive help and support for their endeavors.

School counseling can be divided into three major areas and the skills and techniques the counselor needs to adopt for those areas are different.

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### Primary school students developmental needs (ASCA.org)

During the early school years students begin to develop their academic self-concept and their feelings of competence and confidence as learners. It is the time when they begin to develop decision-making, communication and life skills, as well as character values. during this period students develop and acquire attitudes toward school, self, peers, social groups, and family. Thus, schools need to design and execute comprehensive developmental school counseling programs to provide education, prevention, and intervention services, all of which are integrated into all aspects of children's lives. The counselor's main role would be to identify early children's academic and personal/social needs and intervene when there are obstructions and/ or frustrations in achieving them. this is essential to removing barriers to learning and in promoting academic achievement. The knowledge, attitudes, and skills that students acquire in the areas of academic, career, and personal/social development during these elementary years serve as the foundation for future success.

### Middle school students' developmental needs (ASCA.org)

Middle school is an exciting, yet challenging time for students, their parents and teachers. During this period of passage from childhood to adolescence, middle school students are characterized by a need to explore a variety of interests, connecting their learning in the classroom to its practical application in life and work; high levels of activity coupled with frequent fatigue due to rapid growth; a search for their own unique identity as they begin turning more frequently to peers rather than parents for ideas and affirmation; extreme sensitivity to the comments from others; and heavy reliance on friends to provide comfort, understanding, and approval. School counseling programs are essential for students to achieve optimal personal growth, acquire positive social skills and values, set appropriate career goals, and realize full academic potential to become productive, contributing members of the world community.

### High school students' developmental needs (ASCA.org)

High school is the time of transition into adulthood and the world of work as students. This stage is characterized by separation—kids breaking away from parents and exploring and defining their independence. During these years, students are evaluating their strengths, skills, and abilities The culmination of the journey towards self-discovery, formation of self-identity, identification of aptitude and interests, and what they will do when they graduate all happen during this period. They are largely influenced by their peer group. Their search for company and belongingness lead them to rely heavily on peer acceptance and feedback. In their search for who they are and where they want to go, they experiment a lot and hence, engage in risk behaviors involving sex, alcohol, and drugs while exploring the boundaries of more

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acceptable behavior and mature, meaningful relationships. Here too peer pressure plays a big role in both ways; either egging them to indulge in risky behavior or helping them avoid them. Thus, during this stage group counseling helps much more than individual counseling. They need guidance in making concrete and compounded decisions. They must deal with academic pressures as they face high-stakes testing, the challenges of college admissions and entrance into a competitive job market.

## COUNSELOR'S ROLE AND RESPONSIBILITIES IN SCHOOLS

### *Primary Level*

#### 1. School Guidance Curriculum

- Academic support, including organizational, study and test-taking skills
- Goal setting and decision-making
- Career awareness, exploration and planning
- Education on understanding self and others
- Peer relationships, coping strategies and effective social skills
- Communication, problem-solving and conflict resolution
- Substance abuse education
- Multicultural/diversity awareness

#### 2. Student Planning

- Academic planning
- Goal setting/decision- making
- Education on understanding of self, including strengths and weaknesses
- Transition plans

#### 3. Responsive Services

- Individual and small-group counseling
- Individual/family/school crisis intervention
- Conflict resolution
- Consultation/collaboration
- Referrals

#### 4. System Support

- Professional development
- Consultation, collaboration and teaming
- Program management and operation

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## 5. Collaboration with

- **Parents**
  - Parent education
  - Communication/networking
  - Academic planning
  - College/career awareness programs
  - One-on-one parent conferencing
  - Interpretation of assessment results
- **Students**
  - Peer education
  - Peer support
  - Academic support
  - School climate
  - Leadership development
- **Teachers**
  - Classroom guidance activities
  - Academic support, including learning style assessment and education to help students succeed academically
  - Classroom speakers
  - At-risk student identification and implementation of interventions to enhance success
- **Administrators**
  - School climate
  - Behavioral management plans
  - School-wide needs assessments
  - Student data and results
  - Student assistance team building
- **Community**
  - Job shadowing, service learning
  - Crisis interventions
  - Referrals

## 6. Parenting classes

- Support groups
- Career education

### *Secondary Level*

## 1. School Guidance Curriculum

- Academic skills support including organizational, study and test-taking skills

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- Education in understanding self and others
- Coping strategies
- Peer relationships and effective social skills
- Communication, problem-solving, decision-making and conflict resolution
- Career awareness, exploration and planning
- Substance abuse education
- Multicultural/diversity awareness

## 2. Individual Student Planning

- Goal-setting/decision-making
- Academic planning
- Career planning
- Education in understanding of self, including strengths and weaknesses
- Transition planning

## 3. Responsive Services

- Individual and small group counseling
- Individual/family/school crisis intervention
- Peer facilitation
- Consultation/collaboration
- Referrals

## 4. System Support

- Professional development
- Consultation, collaboration and teaming
- Program management and operation

## 5. Collaboration with

- **Parents**
  - Parent information night
  - Communication/networking
  - Academic planning programs
  - Parent and family education
  - One-on-one parent conferencing
  - Assessment results interpretation
  - Resource referrals
  - College/career exploration
- **Students**
  - Peer education
  - Peer support

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- ➢ Academic support
- ➢ School climate
- ➢ Leadership development

❖ **Teachers**
- ➢ Career portfolio development
- ➢ Assistance with students' academic plans
- ➢ Classroom guidance activities on study skills, career development, etc.
- ➢ Academic support, learning style assessment and education to help students succeed academically
- ➢ Classroom career speakers
- ➢ At-risk student identification and implementation of interventions to enhance success
- ➢ Parent communication/education

❖ **Administrators**
- ➢ School climate
- ➢ Behavioral management plans
- ➢ School-wide needs assessment
- ➢ Student data and results
- ➢ Student assistance team building
- ➢ Leadership

❖ **Community**
- ➢ Job shadowing, service learning
- ➢ Crisis interventions
- ➢ Referrals

6. **Parenting classes**
- ➢ Support groups
- ➢ Career education

### *High School Level*

## 1. Classroom Guidance

- ❖ Academic skills support
- ❖ Organizational, study and test-taking skills
- ❖ Post-high school planning and application process
- ❖ Career planning
- ❖ Education in understanding self and others
- ❖ Coping strategies
- ❖ Peer relationships and effective social skills
- ❖ Communication, problem-solving, decision-making, conflict resolution and study skills

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- Career awareness and the world of work
- Substance abuse education
- Multicultural/diversity awareness

## 2. Individual Student Planning

- Goal setting
- Academic plans
- Career plans
- Problem solving
- Education in understanding of self, including strengths and weaknesses
- Transition plans

## 3. Responsive Services

- Individual and small-group counseling
- Individual/family/school crisis intervention
- Peer facilitation
- Consultation/collaboration
- Referrals

## 4. System Support

- Professional development
- Consultation, collaboration and teaming
- Program management and operation

## 5. Collaboration with

- **Parents**
    - Academic planning/support
    - Post-high school planning
    - Scholarship/financial search process
    - School-to-parent communications
    - School-to-work transition programs
    - One-on-one parent conferencing
    - Referral process
- **Students**
    - Academic support services
    - Program planning
    - Peer education program
    - Peer mediation program
    - Crisis management
    - Transition programs

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- **Teachers**
  - Portfolio development, providing recommendations and assisting students with the post-secondary application process
  - Classroom guidance lessons on post-secondary planning, study skills, career development, etc.
  - School-to-work transition programs
  - Academic support, learning style assessment and education to help students succeed academically
  - Classroom speakers
  - At-risk student identification and implementation of interventions to enhance success
- **Administrators**
  - School climate
  - Academic support interventions
  - Behavioral management plans
  - School-wide needs assessments
  - Data sharing
  - Student assistance team development
- **Community**
  - Job shadowing, worked-based learning, part-time jobs, etc.
  - Crisis interventions
  - Referrals
  - Career education

## COLLEGE COUNSELING

### Differences between high school and college (adapted from http://www.iupui.edu/parents/success1.html)

| In High School | In College |
|---|---|
| **Academic expectations** | |
| Academic expectations are not always set by the person, they are often set by parents and/or teachers . | Academic expectations are more often set by the person, sense of responsibility is much higher. Thus, stress is higher, feelings of guilt rather than anger occur. |
| **Teacher student contact** | |
| Teacher-student contact is close and frequent. Teachers are usually very accessible. | Teacher student contact is less frequent with teachers being less accessible and distant to address student concerns. |

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| Dependence | |
|---|---|
| The teacher prepares a lesson plan and uses it to tell students how to prepare for the next class period (e.g., "Be sure to read Chapter 3 in your textbook," or "Don't forget to study for tomorrow's test"). | The instructor does not organize the material for the students, the constant reminders for submission of work are absent, more autonomy and less guidance given. |
| **Assignments and work** | |
| Students are assigned homework and assignments, which teachers collect and check to ensure that assigned work is being done. Student is told what to do in most situations. Follow-up on instructions is often the rule. | Instructors assume students have learned how to "keep up" with their assignments in high school and can be trusted to do course work without being constantly reminded. Students must exercise more self-discipline in following through and completing assignments. |
| **Counseling** | |
| Parents, teachers, and counselors give advice to and often make decisions for students. Students need to abide by their parents' boundaries and restrictions. | Students must learn to rely on themselves and begin to experience the results of their own good and bad decisions. It is their responsibility to seek advice when they need it and to set their own restrictions. |
| **Responsibility** | |
| Teachers often contact parents if problems occur. Parents are expected to help students in times of crisis. | Students have much more freedom, and must take responsibility for their own actions. Parents may not even be aware that a crisis has occurred. |
| **Distractions** | |
| Distractions from school and community activities are partially controlled by school and home. There are distractions from school work, but these are at least partially controlled by rules at school and home (e.g., curfews, dress codes, and enforced study hours). | Distractions can be numerous because of opportunities to become involved in non-academic activities. Time management and the ability to prioritize become absolutely essential survival skills for college students. |
| **Motivation** | |
| Student gets stimulation to achieve or participate from parents, teachers, and counselors. | Students must become self-motivating. Parents, faculty, advisors less important. |
| **Freedom** | |
| Student activity is generally set by school and community tradition and acceptance. | Student has more freedom, particularly in out-of-class time. She/he must be in charge in scheduling time and establishing priorities and must accept responsibility for own actions. |

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| Value judgments | |
|---|---|
| Student's judgments are often based on parent's values. | Value judgments become more self-oriented. |

The college counselor mainly works with students in the age range 17 to 23 years. The above section makes it very clear that the stage characteristics and developmental tasks are quite different for school and college students. Counseling therefore has to be geared toward helping the college students effectively.

Responsibilities of a college counselor:

- ❖ Review, adjust, and improve the college counseling program each year.
- ❖ Establish and teach the college counseling curriculum in small group
- ❖ Meet with students individually.
- ❖ Oversee progress through the spring process of preparing a summer visit list.
- ❖ Provide college counseling services through group and individual counseling.
- ❖ Organize and maintain College Counseling Center containing college catalogs, brochures, handbooks, and other appropriate resource materials.
- ❖ Coordinate and manage the college and program outreach people who are working with students under the direction of the college counselor.
- ❖ Train and supervise personnel assisting in the College Center, including peer college counselors.

### *Required skills*

1. Ability to work with parents, students, faculty, college educational representatives, as well as community groups.
2. Understanding of student maturity levels and the process of goal selection.
3. Ability to motivate students and provide academic incentives for success.
4. Ability to use culturally relevant and responsive strategies when planning programs and making presentations.

## CAREER COUNSELING

*"No two persons are born alike but each differs from the other in individual endowments, one being suited for one thing and another for another, and all things will be provided in superior quality and quantity and with greatest ease, when each man works at a single occupation, in accordance with his natural gifts."*

—Plato (427–347 B. C.).

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## Definitions

### Career counseling

Career counseling is a largely verbal process in which a counselor and counselee(s) are in a dynamic and collaborative relationship, focused on identifying and acting on the counselee's goals, in which the counselor employs a repertoire of diverse techniques and processes, to help bring about self-understanding, understanding of behavioral options available, and informed decision making in the counselee, who has the responsibility for his or her own actions (Herr & Cramer, 1996).

### Career

Career is the interaction of work roles and other life roles over a person's lifespan including both paid and unpaid work in an individual's life. People create career patterns as they make decisions about education, work, family and other life roles.

### Career development

Career development is the total constellation of economic, sociological, psychological, educational, physical and chance factors that combine to shape one's career (Sears, 1982).

Career counseling is the one-on-one or group professional assistance in exploration and decision making tasks related to choosing a major/occupation, transition into the world of work or further professional training (fact-archive.com). The field is vast and includes career assessment, career placement, career planning, career development, learning strategies, student development. Career counseling advisors assess one's interests, personality, values and skills help them to explore career options. Counselors teach students how to explore and investigate appropriate majors, graduate programs, and occupations (indianchild.com).

Career counselors help people make the right career decisions. She/he assesses the client's personality, interests, educational level, skills and work history, and matches them to a suitable career or work industry. They provide help with job search, job applications, and interview preparations also offering support in cases of job loss, career transition and work-related stress.

Career counselors are very much needed in today's world. The economy is changing rapidly, especially in India and there is a growing trend toward multiple career changes similar to that observed in the West. Very soon there should be no dearth of career counselor jobs.

Career counselors can work in job training centers, in career information centers, and in vocational rehabilitation centers. They can work in local and national government agencies, in the army, in welfare organizations, in business corporations, and in schools, colleges, and universities (wisegeek.com). They may also be self-

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employed in group practices or have their own private practice. The career counselor with a private practice must not only be professionally qualified, but also adept in marketing, in management, in establishing a wide contacts network and in keeping skills and knowledge current.

Through participation in career counseling classes and workshops teenagers benefit tremendously. Not only do they learn which careers they are most suited for, but they also learn which jobs pay the most and sometime even which companies to avoid. Through career counseling they will learn about trends in different industries as well as projected future trends. Students who are happy with their suggested career choices, and the required courses for that career, tend to do better in high school and college.

There's more to career counseling than placement tests, however. Career counselors help in resume writing, suggest efficient methods of searching for employment, acquire and strengthen negotiation skills, and basically assist in getting better salary and promotion packages, and generally steer them in the right direction.

When people are happy in their careers society as a whole benefits. Unhappiness in the workplace causes stress. Happy workers are also productive workers. The advancement and growth of any society rests on people's productivity. There is a growing trend that is observed among many business leaders who are starting to now send promising employees to receive career counseling to determine where they would be the happiest, and subsequently do the most good, within their companies. This way they can provide them with work conditions, physical or material, that will enhance their comfort level and ensure that they get the optimum level of productivity by those chosen. This benefits the economy as well. Those who are happy with their jobs are less likely to become unemployed. This means there's a lower turnover rate among businesses that encourage career counseling for their employees.

There are various assumptions underlying the practice of career counseling (UNESCO 2002).

These include the following perspectives:

1. People have the ability and opportunity to make career choices for their lives. The amount of freedom in choices is partially dependent upon the social, economic, and cultural context of individuals.
2. Opportunities and choices should be available for all people, regardless of sex, socio-economic class, religion, disability, sexual orientation, age, or cultural background.
3. Individuals are naturally presented with career choices throughout their lives.
4. People are generally involved in a wide range of work roles across their lifespan. These roles include both paid and unpaid work.

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5. Career counselors assist people to explore, pursue, and attain their career goals.
6. Career counseling basically consists of four elements: (a) helping individuals to gain greater self-awareness in areas such as interests, values, abilities, and personality style, (b) connecting students to resources so that they can become more knowledgeable about jobs and occupations, (c) engaging students in the decision-making process in order that they can choose a career path that is well suited to their own interests, values, abilities, and personality style, and (d) assisting individuals to be active managers of their career paths (including managing career transitions and balancing various life roles) as well as becoming lifelong learners in the sense of professional development over the lifespan.
7. The reasons why individuals enter particular occupations vary according to the amount of importance placed on personal preferences, such as interests, or external influences, such as labor market trends or parental expectations.
8. Career decision-making is not something that happens only once in a person's life but, rather, it is an ongoing process that might take place at any age.
9. All forms of work are valuable, and contribute to the success and wellbeing of a society.

## CAREER THEORIES

There are several types of theories of vocational choice and development. They include trait factor theories, social cognitive theories, and developmental theories.

1. **Holland's Career Typology,** 1959: John Holland's theory explained that individuals are attracted to that occupation that meets their personal needs and provides them satisfaction .This he calls modal personal orientation or a developmental process established through heredity and the individual's life history of reacting to environmental demands. Holland's theory rests on four assumptions:
    1. Individuals can be categorized as one of the six vocational personality/ interest types: realistic, investigative, artistic, social, enterprising or conventional.
    2. There are six modal environments: realistic, investigative, artistic, social, enterprising and conventional.
    3. People search for environments that will let them exercise their skills and abilities, express their attitudes and values, and take on agreeable problems and roles.

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4. Behavior is determined by an interaction between personality and environment.

A hexagonal model was developed to illustrate the relationship between personality and occupational environment. Congruence is seen when a person's vocational interests match his or her work environment types. Congruence has been found to predict occupation and college major (Betz, N., 2008).

2. **The theory of work adjustment (TWA):** It was published by Dawis, England and Lofquist in 1964 as Monograph XV of the Minesota studies of Vocational Rehabilitation, University of Minnesota. It deals with the problems of description, prediction and facilitation of work adjustment. The authors say that many problems posed by work, such as choice of career, continuing in and progressing in a career, performing satisfactorily in jobs, and deriving satisfaction from work all can be understood from the understanding of work adjustment. The TWA is based on the concept of correspondence between the individual and his environment and its. this correspondence can be seen in many ways which later lead to different results. A harmonious relationship between the individual and the environment predicts job satisfaction, and the suitability of the individual to the environment and of the environment for the individual predicts job satisfactoriness. The individual brings into the environment his requirements, skills and knowledge; and the environment likewise has its own requirements and expectations of the individual also providing rewards (wages, prestige, personal relationships) to the individual. Job satisfaction and satisfactoriness together should determine how long one remains at a job. In order to survive or exist in the environment, the individual must achieve some degree of correspondence. When there is a discrepancy between a worker's needs or skills and the job's needs or skills, then change needs to occur either in the worker or the job environment.
3. **Lent, Brown and Hackett's Social Cognitive Career Theory, 1987:** The SCCT has grown out of Albert Bandura's social cognitive theory. It attempts address issues of culture, gender, genetic endowment, social context and unexpected life events that may interact with and supersede the effects of career-related choices. It reflects Bandura's work on self-efficacy and expands it to interest development, choice making, and performance. In SCCT, focus is on the connection of person variables which include self-efficacy beliefs, outcome expectations, and personal goals that influence the individual's career choice. The model also includes demographics, ability, values, and environment. SCCT proposes that career choice is influenced by the beliefs the individual develops and refines through four major sources:

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(a) personal performance accomplishments
(b) vicarious learning
(c) social persuasion
(d) physiological states and reactions

The individual develops an expertise/ability for a particular endeavor. When this meets with success it reinforces one's self-efficacy or belief in future continued success in the use of this ability/expertise. As a result, one is likely to develop goals that involve continuing involvement in that activity/endeavor. This is an evolutionary process which begins in early childhood, continues throughout adulthood, and helps the individual narrow the scope to successful endeavors which gives them a sense of their competence at a vast array of performance areas and then to focus on and form a career goal/choice at which they are successful and offers valued compensation.

The contextual factors come into play by influencing the individual's perception of the probability of success. If the person perceives few barriers the likelihood of success reinforces the career choice, but if the barriers are viewed as significant there is a weaker interest and choice actions.

Through a process of intervening learning experiences that shape further one's abilities and impacts self-efficacy and outcome beliefs, one's vocational interests, choices and performances are shaped and reshaped. Efficacy and outcome expectations are theorized to interrelate and influence interest development, which in turn influences choice of goals and then actions. Environmental supports and barriers also affect goals and actions. Actions lead to performance and choice stability over time.

4. **Super's Theory of Vocational Choice, 1954:** Career development theories propose vocational models that include changes throughout the lifespan. Super's model proposes a lifelong six life and career development stages.

These stages are

1. The crystallization stage, ages 14–18
2. Specification stage, ages 18–21
3. Implementation stage, ages 21–24
4. The stabilization stage, ages 24–35
5. Consolidation, age 35
6. Readiness for retirement, age 55

These stages followed the pattern of growth, exploration, establishment, maintenance, and disengagement. Throughout life, people have many roles that may differ in terms of importance and meaning. Super also theorized that career development is an implementation of self-concept. He recognized that the self-concept changes and develops throughout people's lives as a result of experience. Over time people successively refine their self-concept(s). And its application to the world of work creates adaptation in their career choice.

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5. **Ginzberg, Ginsburg, Axelrad and Herma Theory, 1951:** They recognized that vocational choice is influenced by four facts:
   1. the reality factor
   2. the influence of the educational process
   3. the emotional factor
   4. individual values

   …and proposed that it is a development path that leads to career choice. He also said that individuals pass through three stages:

1. Fantasy stage where the child is free enough to pursue any occupational choice. Through this process the child's preferred activities are identified and related to future career choices.

2. Tentative stage begins in the preteen and continues to high school. During this stage the individual further defines his or her interests in, capacity for and values of an occupational choice. The cumulative effect of the process is the transition process in which the adolescent begins the career choice process, recognizes the consequences and responsibility of that choice.

3. Realistic stage spans from mid adolescence through young adulthood. This has three sub-stages: exploration, crystallization and specification. During the exploration stage the adolescent begins to restrict choice based on personal likes, skills and abilities. In the crystallization stage an occupational choice is made. This is then followed by the specification stage where the individual pursues the educational experiences required achieving his career goal.

6. **Linda Gottfredson's theory of career development—Circumscription and Compromise, 1981:** Vocational choice is seen as a search for a life career that fits one's concept of self, both socially and psychologically. Linda Gottfredson perceived career choice as having a developmental trajectory. According to this theory, four developmental processes guide the person-job matching process during the first two decades of life:
   1. age-related growth in cognitive ability (cognitive growth)
   2. increasingly self-directed development of self (self-creation)
   3. progressive elimination of least favored vocational alternatives (circumscription)
   4. accommodation to constraints on implementing most favored alternatives (compromise).

That is career choice evolves within an individual as they grow up in their family and society. However there are the effects of socialization which play a major part in determining career choices. She theorized about a cognitive career decision-making process that develops through the lifespan.

She begins with four assumptions:

1. Cognitive Growth: The career development process begins in childhood. Cognitive growth is the development of thinking …intuitively in preschool

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years; concretely in the elementary years to abstractly in adolescence. As this process moves on they become able to absorb, comprehend, and analyze complex information, make out subtle distinctions among people and occupations, compare them along more dimensions, make inferences about internal states, and discern patterns in their own behavior. And then by adolescence, they are able to perceive the complex social structure of work that adults do, and make a cognitive map of occupations which arrays jobs according to sex type and prestige level and, within that array, according to field of work. Young people develop increasingly individualized self-concepts are better able to discern who they are as unique psychological beings. The challenge for counselors is to enhance learning by reducing the complexity of the information they provide and accommodating counselees' differences in ability to learn and comprehend (Gottfredson).

2. Self-Expression: Career aspirations are self-expressive reflecting the origins and boundaries of the individual's self-concept. Individuals are not born with a sense of self. It develops through the experiences of the individuals and are shaped by the interactive influences of the genotype and environment. The self-concept is the individual's perceptions of intelligence, social status, gender, values and personality. It is based to a large extent on social identity. Career choice is an attempt to implement that self-concept.

3. Circumscription: Early vocational choice proceeds as a process of elimination. As children become aware of occupational differences in sextype, then prestige, and finally field of work, they rule out successively more sectors of work as unacceptable for someone like themselves.
   Stage 1: Orientation to Size and Power (Ages 3–5)
   Stage 2: Orientation to Sex Roles (Masculinity/Femininity) (Ages 6–8)
   Stage 3: Orientation to Social Valuation (Prestige) (Ages 9–13)
   Stage 4: Orientation to Unique, Internal Self (Personal Interest) (Ages 14 and Older)
   Career satisfaction is dependent on the degree to which the career is congruent with self-perceptions. Lack of knowledge about the extent of historical and societal influences causes them to doubt their career choice in times of duress. At this point the individual feels, as Gottfredson puts it, "circumscribed".

4. Compromise: Accessibility to the perfect person-job match is limited the cost and effort of locating current opportunities for education, training, and employment, by labor market conditions, the availability of appropriate training, and many other factors over which the person has no control. Not all suitable choices are accessible, so individuals must often compromise. The theory predicts that first the individual compromises on personal interest, then their prestige and only last on their gender stereotype.

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The counseling challenge is to minimize unnecessary compromise by optimizing self-investment, specifically, by helping young people assess the accessibility of their preferred education, training, and employment, and by promoting self-agency in improving their own opportunities, qualifications, and support network.

### Career Counseling

Career counseling may include provision of occupational information, modeling skills, written exercises, and exploration of career goals and plans (Whiston, S.C. and Rahardja, D., 2008). It also involves the use of personality or career interest assessments, such as the Myers-Briggs type indicator or the Strong Interest Inventory, which makes use of Holland's theory.

Career counseling can also focus on helping those who need to obtain work. When people seek out a career counselor or are referred to one, they may work with that counselor to evaluate skills, learn how to improve skills, learn how to successfully search for jobs, and develop methods for effectively applying and interviewing for work.

## What does a Career Counselor do?

The career counselor can also help individuals who have trouble maintaining jobs or who have certain skills that are no longer in demand. This person experiences a need to transition to a new career. Also people who are finding it difficult to find employment due to limiting factors as age or disability definitely benefit from seeing a career counselor. They are helped not only to search for accessible opportunities, but also to accept or compromise on their expectations or interests.

The vocational counselor identifies interests of the client, through standard tools of assessment and, of course, conversation. The client who is seeking a new career is asked by, the counselor to complete some tests that would determine the client's strengths. A very common method of doing this is the SWOT analysis which brings to light the counselee's strengths, weaknesses, opportunities and threats. The individual can do a personal SWOT And professional SWOT analysis. The counselor then helps the counselee analyze employment options, match his or her personality, aptitude and interests with a career or job and develop the skills necessary to get a job. If the client has enough skills in a certain area the counselor encourages the counselee to immediately start applying for work. If not, the counselor could recommend training programs to gather more skills and find employment in an area the client could enjoy.

The counselor contacts hiring managers at various companies to determine if the individual receiving career counseling is a good fit for their organization. Although the role of a vocational counselor is similar to that of *employment agencies*, differences exist. Rather than working to *make a profit* off job placement, he or she

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works with the goal of helping job seekers who are unsuccessful in finding work to obtain employment.

A career counselor begins the job by meeting with client and assessing his or her abilities, reviews the resume and discusses the professional and educational experience contained within. Through a series of questions the counselor then determines what kind of work the client prefers. The counselor also asks about any special skills the client possesses while discussing technical proficiency. Once the career counselor understands the client's background and goals, he or she can work with companies in need of staff to find a potential employment match.

A career counselor can also be extremely helpful in situations where individuals need to change careers. These are difficult times, times of recession, and people are often facing situations, such as downsizing or the gradual obsolescence of a particular line of work. The counselor then assesses the client's background, skills, and experience and help identify other career options that may or may not have occurred to the displaced employee. This process leads to discovering a whole new way to make use of the abilities of the employee in a new setting, or identifying what type of training would be needed to make the employee attractive to prospective employers.

Many high school and college campuses have career counselors to help students evaluate their interests and abilities. These counselors provide the student guidance with decisions on the "right" educational plan:

- Which college/company?
- How much will it cost?
- Understanding the college admission /job seeking process
- Instruction in techniques for the admission/job seeking process
- Support for complying with procedures and timetables
- Learn lifelong skills in
- Resume writing
- Interviewing

## CAMPUS RECRUITMENT TRAINING PROGRAM

Most colleges have a placement training cell so as to help students find placements. The term "campus recruitment" refers to the system where various organizations visit college campuses to recruit bright youngsters to work for them. It provides a platform for the companies to meet the aspirants and pick up intelligent, committed youth who have the requisite enthusiasm and zeal to prove themselves. With the growth in IT industries the need for talented and self-motivated youth has grown.

Globalization has caused companies to raise the bar or efficiency and attitude of the workers. In order to find the best possible placement, students, good or mediocre,

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need to put up their best. The competition has become significantly stiffer and the companies do not want to compromise on quality. They are willing to pay for the best. Again, brilliance in academics alone is not going to get the students through the rigorous recruitment process. Their communication and presentation skills have to be polished and perfected.

The campus recruitment training program is designed to aid the students in their preparation for recruitment. Students in their final leg of studies or qualified candidates looking for placement in reputed organizations make are provided this training to get trained to deliver their best in the selection processes of organizations. The participants are trained thoroughly. The various stages of the selection process stay generally the same for the companies, with maybe some slight variations. The following are the stages that students normally go through as part of recruitment process:

1. Aptitude tests
2. Group discussion process
3. Interview process

### *Aptitude tests*

The aptitude tests are used by most organizations as a process of elimination, especially when the number of applicants is considerable. In addition to that, these tests give the selectors a good idea of the candidate's reasoning ability, critical thinking ability, and communication skills. The campus recruitment training program hones the students' existing skills and teaches tips that will help them ace such Aptitude Tests.

### *Group discussions*

Group discussion exercises are designed to test the candidate's ability to act as a leader and a team player. The other traits displayed in such exercises are clarity of thought process, the ability to think differently, and the ability to lend direction. The preparation for the GD includes providing basic guidelines on facing a GD panel and mock GDs to ensure that students gain confidence and overcome their misgivings. In order to hone their skills and polish their performance these mock GDs are followed by individual and group feedback sessions.

### *Personal interviews*

The last leg of the selection process is usually a personal interview, which gives the selectors an opportunity to know the candidate better and to assess the suitability of the candidate's skills to the requirements of the organization. Mock interviews are conducted by expert trainers. Feedback sessions form part of each mock interview so that the candidate can implement the suggestions and incorporate the feedback for later mock interviews.

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## ❖ Summary ❖

Today's school counselors are vital members of the education team. They help *all* students in the areas of academic achievement, personal/social development, and career development, ensuring today's students become the productive, well-adjusted adults of tomorrow.

A *school counselor* is a counselor and an educator. Certified/licensed to address all students' academic, personal/social and career development needs by designing, implementing, evaluating, and enhancing a comprehensive school counseling program that promotes and enhances student success. She/he provides academic, career, college access, and personal/social competencies to the students. Through leadership, advocacy, and collaboration, professional school counselors promote equity and access to rigorous educational experiences for all students.

In the United States, professional school counselors promote the development of the school counseling program based on the following areas of the ASCA National Model: foundation, delivery, management, and accountability. The school counselor should understand the nature of the developmental stage and the corresponding life tasks and skill sets of the group of students she/he is working with.

School counseling can be divided into three major areas and the skills and techniques the counselor needs to adopt for those areas are different.

The counselor is required to possess the following skills: ability to work with parents, students, faculty, college educational representatives, as well as community groups, understanding of student maturity levels and the process of goal selection, ability to motivate students and provide academic incentives for success, ability to use culturally relevant and responsive strategies when planning programs and making presentations.

Career counseling is a largely verbal process in which a counselor and counselee(s) are in a dynamic and collaborative relationship, focused on identifying and acting on the counselee's goals, in which the counselor employs a repertoire of diverse techniques and processes, to help bring about self-understanding, understanding of behavioral options available, and informed decision making in the counselee, who has the responsibility for his or her own actions.

Career counselors help people make the right career decisions. She/he assesses the client's personality, interests, educational level, skills and work history, and matches them to a suitable career or work industry. They provide help with job search, job applications, and interview preparations also offering support in cases of job loss, career transition and work-related stress.

There are several types of theories of vocational choice and development. They include trait factor theories, social cognitive theories, and developmental theories.

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Most colleges have a placement training cell so as to help students find placements. The term "campus recruitment" refers to the system where various organizations visit college campuses to recruit bright youngsters to work for them. It provides a platform for the companies to meet the aspirants and pick up intelligent, committed youth who have the requisite enthusiasm and zeal to prove themselves. With the growth in IT industries the need for talented and self-motivated youth has grown. The following are the stages that students normally go through as part of recruitment process:

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# 9
# Workplace Counseling

**Chapter Overview**

- Why workplace counseling?
- Models of workplace counseling
- Theoretical models of stress
- Workplace counseling in India

The role of the organization is to support the process of employee empowerment through promoting mental health education, counseling and other information services to the workforce.

N. Tehrani, *Counseling Psychology Quarterly*

Workplace counseling is the latest buzzword in corporate HR across the world—”Employee Counseling at Workplace.” The level of stress in organizations seems to be at an all-time high. The modern work place is very demanding with the employees suffering from “presenteeism”—the need to be seen at work while being overstressed doing the job. Insecurity about their jobs makes them afraid to take time off. As employees struggle to cope, employers as well as health experts are working overtime to develop new ways of managing workplace stress and its inevitable implications.

There are several reasons why employers need to be closely involved in the physical and mental well-being of their employees. A psychologically healthy workplace fosters employee happiness and well-being while enhancing organizational performance and productivity. In today’s fast-paced corporate world, stress cannot be avoided––meeting deadlines, achieving targets, lack of time to fulfill both personal and family as well as professional commitments. The employees are stressed, depressed, suffering from too much anxiety arising out of various workplace-related issues.

It is getting to be a huge challenge for the organizations to maintain a stress-free yet motivated and capable workforce. Therefore, many companies have integrated the counseling services in their organizations and making it a part of their culture.

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Organizations are offering the service of employee counseling to its employees. In such ever-increasing complexity and stress, employee counseling has emerged as the latest HR tool to attract and retain best employees and to increase the quality of the workforce in an organization.

There are times in people's lives when problems arising from the place of work or personal life increase their stress levels and start to affect their performance. Counseling in the workplace provides help and support to the employees to face and sail through these difficult times in life. The counselors analyze work-related performance and behavior of the employees to help them cope with it, resolve conflicts and tribulations and reinforce the desired results.

## WHY WORKPLACE COUNSELING?

Illness and productivity do not go together. Every employer has an idea about the work involved and the resultant pressure and stress. They are now beginning to realize that it is wise to anticipate stress, and the risks involved and keep counseling support services handy.

With the economy finding its feet, many organizations are undergoing many changes. All that they had planned for but were unable to fulfill due to the recession are starting to take off. As change is never easy, it disrupts, disorients, and throws people out of balance and causes grief. Support is needed then for the individuals to cope and adjust, and transition into the new. Counseling helps and improves mental health and personal effectiveness.

The growth and long-term sustainability of any organization is firmly rooted in its human resources. Counseling highlights the value of people as organizational assets. Employee happiness and satisfaction lead to a sense of ownership and belonging toward their organization. When employees feel that they are well taken care of, the drive to work and perform will be very high.

Apart from their personal problems, there are various reasons that can create stress for the employees at the workplace like unrealistic targets or workload, constant pressure to meet the deadlines, career problems, responsibility and accountability, conflicts or bad interpersonal relations with superiors and subordinates, problems in adjusting to the organizational culture. Counseling helps the employee to share and look at his problems from a new perspective, help himself and to face and deal with the problems in a better way. Counseling at workplace is a way of the organization to care about its employees. Counseling programs at the workplace work toward stimulating personal growth and offering help in addressing many situations that cause emotional stress.

Counseling services need not necessarily be interventive. They need to be preventive too. Instead of waiting for a crisis to happen and then intervene, employees are encouraged to attend and participate in education and counseling workshops and programs that prevent mental illness. A "wholeness" approach to employee well-being is now being adopted everywhere catering to physical, cognitive, emotional, social, and spiritual needs.

A very important duty of the workplace counselor, as with any other counselor, is appropriate referrals after assessment. Every problem cannot be solved at the workplace during the work time. And the counselor may not have time for long term therapy. Some employees may not feel comfortable dealing with their personal problems in their work environment. These are some of the good reasons for the workplace counselor to refer to an outside counselor. In case of clinical problems, the employee needs to be referred to a psychiatrist or a clinical psychologist.

## Benefits of a Psychologically Healthy Workplace

*Benefits to employees*

- Increased job satisfaction
- Higher morale
- Better physical and mental health
- Enhanced motivation
- Improved ability to manage stress
- Helping the individual to understand and help himself
- Understand the situations and look at them with a new perspective and positive outlook
- Helping in better decision making
- Alternate solutions to problems
- Coping with the situation and the stress

*Benefits to the organization*

- Improved quality, performance, and productivity
- Reduced absenteeism and turnover
- Fewer accidents and injuries
- Better able to attract and retain top-quality employees
- Improved customer service and satisfaction
- Lower healthcare costs

Typical problems that affect work and productivity can be both professional (arising out of and existing in workplace) as well as personal. They include the following:

- Poor relationship between two key members of a production team.
- People who fail to deliver what they promise.

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- People who take up more time than necessary with gossip or other time-wasting activities during meetings.
- Not having the authority to do what is required.
- Dealing with incompetence in others.
- Poor or no direction from the person assigning the task.
- Too many tasks and responsibilities—and not enough time to do them.
- Inadequate acknowledgement of your efforts.
- Criticism from others.
- An employee who forgets to do an assignment or who flagrantly refuses to do an assigned task (insubordination or refusal to accept a reasonable and proper assignment from an authorized supervisor).
- Receiving and making excessive or lengthy personal phone calls (excessive use of the telephone for personal reasons).
- Speaking to a co-worker or supervisor or anyone using undesired and/or vulgar language (use of profane/abusive language).
- Disappearing or leaving the work area without informing a supervisor for an indefinite or unreasonable period (leaving work station without authorization).
- Sexual harassment
- Domestic violence
- Alcoholism
- Divorce, grief, and other personal problems
- Career change and job stress
- Social and emotional difficulties related to disability and illness

## Problems of Women at the Workplace

Even though we are progressing and more women are taking up careers, it still seems to be a man's world. Social attitude to the role of women lags much behind the law. A gender bias creates an obstacle at the recruitment stage itself. There is a lot of gender bias dictating what careers women are good at, what roles they must play, where they are better suited, etc. Thus, women find employment easily in the routine submissive or caring and nurturing sectors as nurses, doctors, teachers, secretaries or in assembling jobs. However preference is given to a male even if well-qualified women engineers or managers or geologists are available.

Family responsibilities, pregnancy, and preferred work timings are stacked up against women's smooth upward movement in their chosen career path. In fact, they have to prove themselves not equal to but better than their male counterparts in order to receive the same treatment. And even then it is not personally satisfying as there is a lot of stress to maintain that position. As many women become frustrated and quit trying to move up after a certain level, the persistently ambitious ones face

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loneliness at the top. Their co-workers mainly are men and they have problems fitting in: right from seemingly very minor issues as coffee break camaraderie, restroom conversations, and afterwork hangouts, to important decisions being made over a drink at the pub in an informal meeting, or casual phone calls. Most of the top managers are men and they also prefer to talk with their subordinates who are men. The sexual harassment claims have not helped either. Men are very careful to not be too casual or over friendly with their female co-workers. This leads to a sense of discomfort, suspicion, and therefore distance between the sexes, which affects women more negatively.

After crossing all these hurdles if women do manage to reach the top, they are expected to perform much better in terms of expertise and efficiency than the men, to command respect and allegiance, and maintain their position. In many places, the inbuilt conviction that women are capable of less work than men or less efficient than men governs this injustice of unequal salaries and wages for the same job.

In addition to their problems at work, it is important to note that womens' work is not merely confined to paid employment. Almost always she has to shoulder the burden of the household as well. This coupled with her reduced control over the money and financial decision making in the family, makes her frustrated and depressed. So the basic motive for seeking independence through employment independence is nullified in many women's case. This affects her productivity at work. This leads to employers choosing men over women and thus completes a vicious cycle.

Maternity leave is seldom given. It is much easier to terminate the woman's employment and hire someone else. Sexual harassment is one more issue—physical harassment during travel by public transport, unwanted attention offered by colleagues, and sexual demands by a higher officer. To add insult to injury, if a woman is praised for her work or promoted on merit, her colleagues do not hesitate to attribute it to sexual favors.

Another facet of women's stress is the fact that they are seldom considered for out-of-town training programs, conferences or workshops. Sometimes due to family commitments, women, on their own accord, decline. If she declines twice, she is not considered the third time. This is not the fault of the employer. She declines as there is no support at home.

All this puts a very high level of stress and strain on the women. The psychological pressure of all this can easily lead to women quitting their jobs. Thus, they tend to be less eager to progress with their careers in male-dominated fields, and revert to choosing less demanding jobs for which they may be overqualified.

Now where do we begin to resolve these issues? Most of the problems that beset working women are in reality rooted in the social perspective of the position of women. Traditionally, men are seen as the bread winners and women as the house-keepers, child bearers and rearers. This typecast role model continues to place

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obstacles before working women. A fundamental change is required in the attitudes of employers, policy makers, family members and other relatives and the public at large.

Counselors at the workplace can help by conducting awareness programs, life skills training workshops, personal group effectiveness modules, support groups, etc. Women can receive extra help in ways such as the following:

- Performance counseling: It should cover all the aspects related to the women's performance like the targets, responsibilities, problems faced, aspirations, interpersonal relationships at the workplace, etc.
- Personal and family well-being: Families and friends are an important and inseparable part of womens' life. Many a time, women carry the baggage of personal problems to their workplaces, which in turn affects their performance adversely. Therefore, the counselor needs to strike a comfort level with the women and, counseling sessions involving their families can help to resolve their problems and getting them back to work—all fresh and enthusiastic.
- Other problems: Ranging from work-life balance to health problems. Counseling helps to identify the problem and help her to deal with the situation in a better way.

## MODELS OF WORKPLACE COUNSELING

*Organizations have not quite known where to put this stranger in their midst. A growing number recognize its value. Yet how to position the counseling function, where and how to link it into other organization processes, whilst maintaining its independence, is still unclear to many. Not knowing how to position counseling, many organizations have it "outside". From there it is unable to reach or address many of the issues …*

—J. Summerfield and L.van Oudtshoorn, in *Counseling in the Workplace*

We saw in the last chapter that career counseling is oriented to diagnosis and prescriptions to see the job-person fit at the point of entry to work. Some experts feel that it has moved from that to being concerned with development, in particular development of occupational identity. However, for the purpose of this book I will hold that workplace counselling differs from career counselling. Many contemporary organizations are fast recognizing the need to harness people as valuable assets. Personal development is seen at par with, or even synonymous with corporate development. Workplace counseling is thus one of the many different types of activity that can be used to help individuals with their career development.

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The workplace counselor understands that stress and its intervention requires a hard look at both the individual as well as organizational facets. It is important to de-individualize stress (placing the onus on the individual) as it can be a reflection of an organizational dysfunction and/or organizationally-induced. Thus, the intervention strategy should focus both on individual as well as organizational assessment.

Stress counselling is largely multi-modal. The duration of stress as well as the way the individual copes with it largely depends on his or her perception of it. To this extent stress counseling must be tailored to the individual. It must draw on different techniques and address issues of how the event (which caused stress) was perceived, appraised and coped with. Current models of stress counselling emphasize the importance of a theoretical basis and an integrative approach. They integrate "humanistic/person-centred" considerations with a "cognitive-behavioural" problem-solving approach.

Counseling conducted in the "helping" framework is described with reference to two models: the skilled helper model and the workplace counseling model. Both are models that puts the onus on the counselee and assume that she/he is responsible for problem definition and solution or management. All models are built on an assumption of the importance of the therapeutic relationship as a base line for effecting client change. All models also progress the counselling process with an action focus.

Carroll's (1996) model emphasizes, in addition to the individual factors, the administrative (establishing, running, and evaluating counseling provision) and organizational dimensions (that is, organizational influences on the counseling service, organizationally induced client problems and conflicts of loyalty and interest) of counseling.

The skills of helping are divided into those concerning the development of a therapeutic relationship and working alliance and the techniques of listening and questioning. The "organizational" roles, responsibilities, and potential contributions of the counselor are increasingly recognized (for example, as an agent of organizational change, as having a responsibility to tackle stress at an upstream strategic as well as a downstream individual level). However, this raises various unique ethical and professional dilemmas for the counselor, for which as yet there are few best practice "solutions" or guidelines for dealing with them.

Author Michael Carroll has presented nine models of workplace counseling in his book *Workplace Counseling – A Systematic Approach to Employee Care.* They are as follows:

1. *Counseling-orientation models:* They are characterized by the use of a counseling approach as the key factor in employee counseling. Several authors have taken particular counseling orientations and reviewed how they might apply these in the workplace counseling, for example, cognitive-behavioral

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therapy (Webb, 1990), neuro-linguistic programming (Sanders, 1990); Psychodynamic (Gray, 1984), rational–emotive therapy (Morris, 1993).

2. *Brief therapy models*: Brief therapy or focused counseling may not be suited for all clients or all problems. The choice of brief therapy in the workplace may be guided more by economics of the situation rather than by client need. Occasionally an impression is given in workplace counseling by the authorities who are anxious that employees will abuse the counseling provision, shirk duties and responsibilities
3. *Problem-focused model*: This model sees the counselor's role as helping with the immediate problems that the employee brings in.
4. *Work-oriented model*: This model is centered solely on issues blocking an individual in his or her work. They pinpoint the immediate problem as a workplace issue and work with it. Not much attention is paid to the underlying issue, the root cause of the problem, and how to go about solving that. The aim is to resolve the symptom and get the employee back on track as regards work.
5. *Manager-based model:* It involves viewing managers as quasicounsellors. When managing people they use basic communication skills, which then double up as counseling skills. As they are well-informed about the role, responsibilities, ambience, constraints, and complaints of the employees, they are more accessible and become the best resources for employee counseling.
6. *Externally based model*: The counseling resources are outsourced. This form of counseling need not necessarily be face to face, but can be through telephone or online counseling.
7. *Internally based model* requires in-house provision for a counselor (can be part time or full time).
8. *Welfare-based model:* It is based on being sociable, which means combining a number of roles with the employee: befriending, orienting, information giving, and counseling.
9. *Organizational-change model*: This model is not very clear according to Carroll. He says it is perhaps the process of integrating counseling into organizational growth, development and, in particular, transition so that the employee is directly and the organization is indirectly benefited.

## THEORETICAL MODELS OF STRESS

1. Carroll's (1996) integrative model of workplace counseling: Currently, this is the only model solely focused on counseling in an organizational context.

The five stages in this model are as follows:

Preparation and assessment of the individual—diagnostic, psychometric, interpersonal + organizational assessment, contracting/referral, counseling

The "ecology" of the organization; administration

Termination

2. Palmer and Dryden (1991): Transactional Model
   - Stage One: pressure emanates from the environment
   - Stage Two: perceptions of pressure and self-appraisal of ability to cope
   - Stage Three: stress reaction (psychophysiological)
   - Stage Four: consequences of coping strategies
   - Stage Five: feedback
3. Abrams and Ellis (1996): Rational-emotive perspective
   - Stress does not exist per se, but via the perceptions/reactions of the individual
   - Dogmatic irrational beliefs–anguish–stress reaction.
   - "Awfulizing" (It would be really awful if…), "unconditional demands" (I must be…).
   - Aim of therapy: change detrimental personal philosophies
   - Active-directive disputing (question "musts," "awful ifs…")
   - Reframing (Pollyanna principle)
   - Emotive-evocative dramatic techniques (e.g., role play)
4. John Lees (*Eclecticism and Integration within Workplace Counseling*) talked about the relevance of integration and eclecticism for workplace counselors. He said that typically a workplace counselor needs to assess a specific problem, sometimes defined using diagnostic classification such as the DSM IV. They then have a limited number of sessions, often using cognitive-behavioral (or at least problem solving and client empowerment) techniques to bring about change. They may attempt to demonstrate progress either through clearly stated outcomes or measurable results using quasiexperimental psychometric techniques. Further exploration would then generally involve referral to someone else (if this was an option as far as the client and organization were concerned).
5. The behavioral coaching model in the workplace (coaches-learning-center.com)

Behavioral coaching integrates research from many disciplines into a validated, user-friendly model of practice. It incorporates knowledge from psychology (behavioral, clinical, social, developmental, industrial and organizational), systems theories, existential philosophy, education, and the management and leadership literature.

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The behavioral coaching model emphasizes the following aspects of behavior and learning:

- ❖ Much of human behavior is acquired through learning.
- ❖ There are positive as well as negative consequences of the behavior, both for the individual and those around him or her.
- ❖ Individuals are systems within systems. It is a two-way process where the individual affects as well as is affected by these systems and the constant changes they both are undergoing.
- ❖ Individuals' current status and developmental progress need to be defined in terms of behavior, rather than personality traits or styles.
- ❖ Specifying the target behavior impacting on the task at hand and measuring it.
- ❖ Behavioral change can be effected by exploring and changing core values, motivation, beliefs, and emotions.
- ❖ Assessing covert behaviors (thinking patterns and emotions) in relation to overt actions.
- ❖ Accessing and assessing emotional events.
- ❖ Assessing environmental events and the interactions between behavior and environment.
- ❖ Providing statistical proof of beneficial change/learning acquisition
- ❖ Having regular follow-ups for feedback and assessment of mentoring and coaching strategies.

Norman Claringbull (www.counsellingatwork.org.uk) insists that workplace counseling should become a knowledge-based, regulated, advanced professional specialism.

He says, (The workplace counselors) should have a "systematic understanding … critical awareness of current problems ... forefront of academic discipline … professional practice." Advanced professional-level training and knowledge of the following clusters would greatly increase the marketability of future workplace counseling specialists:

**Cluster 1:** Organizational awareness, dynamics, systems and issues; understanding the world of work; awareness of different and differing workplace cultures and environments; putting counseling into context.

**Cluster 2:** Ethical issues/dilemmas around the three-way contract; understanding the dual client-employer relationship; confidentiality and data protection; employer best practices (HR, employment law, discipline, etc.).

**Cluster 3:** Client assessment; mental health assessment; risk assessment; risk management.

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**Cluster 4:** Critical incident work; time-limited therapy; mediation work; stress analysis.

In addition to all the above there is plenty of evidence that there are significant educational, intellectual and professional benefits in inculcating transdisciplinary critical reflexivity as an essential factor in specialist-level knowledge acquisition, intellectual debate and discipline centered discourse. Therefore, it is possible that counseling specialists would better achieve a higher professional status if they acquired both advanced factual knowledge and new, transdisciplinary ways of knowing. This is will often be required to devise innovative solutions to unique problems.

## Counselor Expertise

All employees are expected to perform their jobs in an efficient and effective manner. That is an idealistic view. There are times when supervisors need to deal with workplace problems. These problems arise from individuals and may be discipline-based, performance-based, or both. In either situation, it is important to keep the channels of communication free and open. The supervisor should communicate directly and immediately with the employee when problems or deficiencies first arise. Any delays in making an employee aware of unacceptable conduct or behavior and deficiencies in work performance may appear to sanction such behavior (hr.sc.edu).

Most companies do not want to employ counselors. They would rather train their managers to perform the role of the counselor as they are in constant touch with their subordinates and also have an idea about their job profile and portfolios, and thus will be better equipped to help them integrate their personal and professional lives.

In an ideal setup, there is a trained and qualified counselor in the organization attending to the counseling needs of the employees. The person of the counselor, the maturity, knowledge, and experience are all significant for counseling to be effective. Vouching confidentiality above all should be among the first things done. They need to give assurance of complete confidentiality. The organizations would do well to provide a respectable, quite place for the counselor where the employee feels free to express himself/herself in private.

## Basic Requisites of Employee Counseling

- Employee counseling needs to be tackled carefully, both on the part of the organization and the counselor. The counseling can turn into a sensitive series of events for the employee and the organization; therefore, the counselor should be either a professional or an experienced, mature employee.

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- ❖ The counselor should be flexible in his or her approach and a patient listener. She/he should have the warmth required to win the trust of the employee so that she/he can share his or her thoughts and problems with the counselee without any inhibitions.
- ❖ It cannot be stressed enough that the most important aspects of the employee counseling is active and effective listening.
- ❖ Time should not be a constraint in the process.
- ❖ The counselor should be able to identify the problem and offer concrete advice.
- ❖ The counselor should be able to help the employee to boost his or her morale and spirit, create a positive outlook, and help him take decisions to deal with the problem.

The competent stress counsellor: Milner and Palmer (1998); Palmer and Dryden (1996)

- ❖ Cognitive-behavioural techniques
- ❖ Rational-emotive behavioural techniques
- ❖ Counselling and listening skills
- ❖ Group facilitation skills
- ❖ Problem-solving skills
- ❖ Can educate
- ❖ Can use psychometric tests
- ❖ Has sound knowledge base (relevant research)
- ❖ Has knowledge of various lifestyle options
- ❖ Understanding of organisational and occupational issues

## WORKPLACE COUNSELING IN INDIA

Workplace counseling is still to pick up and become prominent in India (Kaila, 2006). It is still considered a taboo and person who avails counseling is looked down. Though many organizations like the BPOs and IT companies are now employing counselors to cater to employee well-being, the counselors have a hard time impressing upon the employees to seek help. The employees would rather pay exorbitantly and go to private practitioners than go see the workplace counselor for free! This is quite frustrating for the workplace counselors as well as the organizations, which in good faith want to do good for their employees.

Even so, these organizations are few and far between. Author Kaila has quoted Bhooma Dand, Assistant Manager, CETC, who says that workplace counselors have yet to become a permanent feature in companies. Organizations are unwilling to spend money on the well being of the employees. She says in India counseling in workplace has emerged in three trends.

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1. The first trend was seen when organizations started to recognize the importance of HR training to resolve problems and enhance productivity. These programs covered topics like stress management, time management, assertiveness, communication skills, etc., these increased employee problem-solving skills and thus, self-esteem.
2. As the employees began to undergo these training program they were increasingly sensitized to their own counseling needs. The managers and superiors started to lend a helping ear to the employee problems. However, they were not very effective as they did not have the appropriate training or skills to handle deeper level problems. Also it is uncomfortable to talk about work problems with superiors.
3. Thus, the people started to feel the need for an objective, unbiased, trained professional to help them with their problems (be they professional or personal).

As mentioned earlier organizations are still not keen on hiring an in-house counselor. Added to that is the problem of a reporting structure: if there is to be a counselor who should she/he report to, how much to report, how to bring about the confidence of the employee to share, etc.

Author Kaila has quoted a primary research carried out by Professor Ghauri Joshi at a manufacturing company in Mumbai in 2002. The results were as follows:

- Majority of the employees of the company (61 percent of the sample) were unaware of the concept of employee counseling. Those who had a partial correct idea (25 percent) knew that it was related to helping an employee in distress, advising, creating self-awareness and personality development. The remaining 14 percent had an incorrect understanding about the concept.
- After the researcher had explained what employee counseling was all about, 69 percent of the sample agreed that there was a (perceived) need for employee counseling in the company.
- 78 percent agreed that it was part of HR function.

Thus, the awareness of the concept of workplace counseling is quite low in India both among employers as well as employees. However, with the corporate sector in India opening up to the world economy employee-oriented HR practices like counseling, coaching, and mentoring are becoming routine in organizations, albeit in a small way.

## ❖ Summary ❖

Workplace counseling is the latest buzzword in corporate HR across the world. Employees suffer from 'presenteeism' where they want to be seen at work while being overstressed doing the job. The modern work

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place is very demanding. Insecurity about their jobs makes employees afraid to take time off. As employees struggle to cope, employers as well as health experts are working overtime to develop new ways of managing workplace stress and its inevitable implications.

In today's fast-paced corporate world, stress cannot be avoided. A psychologically healthy workplace fosters employee happiness and well-being while enhancing organizational performance and productivity. Employers now see that they need to be closely involved in the physical and mental well-being of their employees. Every employer is now beginning to realize that it is wise to anticipate stress, and the risks involved and keep counseling support services handy.

Counseling highlights the value of people as organizational assets. Employee happiness and satisfaction lead to a sense of ownership and belonging toward their organization. When employees feel that they are well taken care of, the drive to work and perform will be very high. Counseling helps the employee to share and look at his problems from a new perspective, help himself and to face and deal with the problems in a better way.

Counseling at workplace is a way of the organization to care about its employees. Counseling programs at the workplace work toward stimulating personal growth and offering help in addressing many situations that cause emotional stress. Counseling services need not necessarily be interventive. They need to be preventive too. Counselors at the workplace can help by conducting awareness programs, life skills training workshops, personal group effectiveness modules, support groups, etc. Workplace counseling is thus one of the many different types of activity that can be used to help individuals with their career development.

The workplace counselor understands that stress and its intervention requires a hard look at both the individual as well as organizational facets. It is important to de-individualize stress (placing onus on the individual) as it can be a reflection of an organizational dysfunction and/or organizationally-induced. Thus, the intervention strategy should focus both on individual as well as organizational assessment.

Current models of stress counselling emphasize the importance of a theoretical basis and an integrative approach. They integrate "humanistic/person-centred" considerations with a "cognitive-behavioural" problem-solving approach.

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# 10
# *Hospital Counseling*

**Chapter Overview**

- ❖ Grief counseling
- ❖ Counseling the terminally ill
- ❖ Pain management counseling
- ❖ Rehabilitation counseling in the hospital

Psychology is relevant to anybody who works in a clinic or medical setting. That is why it is important for students pursuing any medical or paramedical courses to take psychology courses as part of their studies.

The services that can be provided by psychologists at hospitals are myriad. A few examples are (psywww.com):

- ❖ Diagnostic testing, using standard psychological tests to assess mental disorders, level of adaptive functioning, brain damage, or other clinically-relevant characteristics.
- ❖ Patient interviews to determine the possible relevance of psychological factors or possible need for counseling before or after medical intervention.
- ❖ Staff support, talking to the physicians and making morning rounds with them.
- ❖ Counseling patients before surgery, chemotherapy, and radiation treatments on what emotional reactions to expect and how to deal with them.
- ❖ Therapy for specific disorders, such as pain, facial or muscle tics, and bedwetting.
- ❖ Rehabilitation counseling and training for amputees and for victims of stroke, burn, spinal cord injuries, and heart disease.
- ❖ Counseling overutilizers, patients who use medical services too often.

Psychologists are being increasingly employed in hospitals. With the fast growing field of health psychology being recognized and accepted by clinicians, health

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psychologists perform a variety of services in the health industry. The biomedical model of medicine suggests that every disease process can be explained in terms of an underlying deviation from normal function such as a pathogen, genetic, or developmental abnormality, or injury. This has given way for the biopsychosocial model, which is a general model or approach that posits that biological (e.g., genetic predisposition), psychological (which entails thoughts and emotions), behavioral factors (e.g., lifestyle, stress, health beliefs) and social factors (e.g., cultural influences, family relationships, social support) all play a significant role in human functioning in the context of disease or illness. Thus, the role of behavioral sciences is widening in the medical context.

The APA defines Health Psychology (division 38) in the following way: "Health Psychology seeks to advance contributions of psychology to the understanding of health and illness through basic and clinical research, education, and service activities and encourages the integration of biomedical information about health and illness with current psychological knowledge." Health Psychology focuses on the more medical aspects of psychology and applies psychological principles to healing physical illness and medical problems.

Health psychologists and counselors in hospitals attempt to aid the process of communication between physicians and patients during medical consultations. Medical terms are not easily understood by the regular patient. As a result there are many problems in this process. One main area of research on this topic involves "doctor-centered" or "patient-centered" consultations. The psychologists in the hospital attempt to get people to follow medical advice and adhere to their treatment regimen. This is a very difficult task. Either people do not remember to take their pills, or are inhibited by the side effects of their medicines. In a country like ours where medicines are expensive and healthcare not easily available or accessible, this has many ramifications. Failing to take prescribed medication proves very costly and wastes millions of usable medicines that could otherwise help other people. Estimated adherence rates are difficult to measure. However, adherence could be improved by tailoring treatment programs to individuals' daily lives.

Health psychology examines how psychological factors contribute to pathology, and demonstrates how psychology can contribute to recovery and illness prevention for such somatic disorders as heart disease, cancer, and diabetes. It focuses on understanding how biology, behavior, and social context influence health and illness. The other terms that are used synonymously with it are "behavioral medicine" and "medical psychology." The health psychologists work in many a setting. They work together with other medical and paramedical professionals (e.g., physicians, dentists, nurses, dieticians, social workers, pharmacists, physical and occupational therapists) in clinical settings providing clinical assessments and treatment services. They work in the community on behavior change in public health promotion. They also teach at universities and conduct research. Health psychologists conduct research to identify

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behaviors and experiences that promote health, give rise to illness, and influence the effectiveness of health care. They also recommend ways to improve health care and health-care policy (Sharman, S. J., Garry, M., Jacobsen, J. A., Loftus, E. F., and Ditto, P. H., 2008). Health psychologists have worked on developing ways to promote health and prevent illness. They have also studied the association between illness and individual characteristics. For example, health psychology has found a relation between the personality characteristics thrill seeking, impulsiveness, hostility/anger, emotional instability, and depression, on one hand, and high-risk driving, on the other (Beirness, D. J., 1993). Its early beginnings can be traced to the field of clinical psychology. However, four different divisions within health psychology—clinical health psychology, public health psychology, community health psychology, and critical health psychology; and one allied field—occupational health psychology have developed over time.

Clinical health psychology (ClHP) is a major contributor to the field of behavioral medicine within psychiatry. It includes education, the techniques of behavior change, and psychotherapy. In some countries, with additional training the clinical health psychologist can become a medical psychologist and, thereby, obtain prescription privileges.

Public health psychology (PHP) is population-oriented and is allied to other public health disciplines including epidemiology, nutrition, genetics and biostatistics. This field works to investigate potential causal links between psychosocial factors and health at the population level and present the research results to educators, policy makers, and health care providers. in order to promote better public health. Some PHP interventions are targeted toward at-risk population groups (e.g., under-educated, single pregnant women who smoke; teenage mothers) and not the population as a whole (e.g., all pregnant women).

Community health psychology (CoHP) investigates community factors that contribute to the health and well-being of individuals who live in communities. CoHP also develops community-level interventions that are designed to combat disease and promote physical and mental health.

Critical health psychology (CrHP) focuses on the distribution of power and the impact of power differentials on health care systems, health experience and behavior, and health policy. It concerns itself with social justice and the universal right to health for all people regardless of any distinctions like races, genders, ages, and socioeconomic positions. It works towards eradication of health inequalities, a major concern. The CrH psychologist strives to be an agent of change, not simply an analyst or cataloger.

Counselors also have a big role to play in hospitals. More and more hospitals are starting to realize that clinical psychologists and psychiatrists are not sufficient

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to take care of counseling needs in hospitals. The focus on family members of the patients has led hospitals to take in counselors. This area has not caught on in India at all. It is felt that the time has come for psychologists to start to sensitize the hospital management to the wide scope for counselors in hospitals.

This chapter focuses on some major responsibilities of the hospital counselor.

1. Grief counseling
2. Counseling the terminally ill
3. Pain management
4. Rehabilitation counseling

## GRIEF COUNSELING

*Grieving allows us to heal, to remember with love rather than pain.*
*It is a sorting process.*
*One by one you let go of things that are gone*
*and you mourn for them.*
*One by one you take hold of the things that have become a part of*
*who you are and build again.*

—Rachael Naomi Remen

### What is Grief?

Grief is a person's response or reaction to loss, which encompasses physical, psychological, social, and spiritual components. The way individuals and families cope with dying, death, grief, loss, and bereavement is as unique as a fingerprint (Ben Wolfe). No two people grieve the same, and no two people grieve for the same time period. The process of grief does not happen in a linear fashion. The process is cyclical and manifests in many different ways. It is a process as unique as an individual person (Michele Metche). The grieving process also includes the process of coping with other life events and adaptations to one's present and future. In the broadest context, losses can be thought of as the loss of one's possessions, one's self, one's developmental losses, or one's significant others.

### Types of Grief (Parkes, 1996)

1. Loss of loved one through death, separation, divorce, incarceration.
2. Loss of an emotionally charged object or circumstance, e.g., loss of a prized possession or a valued job or position.

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3. Loss of a fantasized love object, e.g., death of a intrauterine fetus, birth of a malformed infant.
4. Loss resulting from narcissistic injury, e.g., amputation, mastectomy.

## Loss, Transition, and Change

Loss throws one into a place of uncertainty, even if the loss is anticipated or planned. The experience of loss signals a time of re-evaluation. The loss creates a void and disrupts routine, patterns, and focus. Sometimes this loss is a situational loss. A long-standing job, career, someone moving away, is sick or a divorce or separation. Whatever be the loss it has a profound effect on one's way of viewing the self, a role/ title. The person then has to restructure and reorganize his or her life, way of being and relating without what she/he has lost. There is a gap, a vacuum that needs to be filled.

Change is healing the self. It is taking the time to focus on the loss and bring the meaning of the loss into the present. As there is no time limit on healing and also one does not know how heal the shattered emotions, the person identifies the need for support and seeks it. Support is crucial, to allow the time to grieve, to reminisce, to reflect, to allow a healthy expression of all the emotions and feelings, And in order to accept and come to terms with the loss and then move forward from the loss and what it means needs to be expressed.

## Giving Space to Grieve

Is not grief a normal reaction to loss? Do all need counseling or therapy? Are people not able to cope with loss as they have in the past or are individuals not being provided the same type of support they received in previous generations? Individual and family geographic living arrangements are different in the twenty-first century than in past years. The joint family system in India has given way to nuclear families. The support and care of the extended family that people used to rely so much upon is now a thing of the past. People have moved away from each other, and there is no time stay after the funeral to adjust and rehabilitate one's mind. The bereavement landscape has been changed drastically by traumatic and violent deaths and thus whatever had helped individuals and families in the past in many situations has eroded, sometimes no longer useful.

People do not know how to help a person deal with his/her loss. People are rather uncomfortable when it comes to dealing with a person experiencing a loss. Meaningless statements like "don't worry," it is going to be okay," "try to get on with your life," and "you'll be alright" are made. Otherwise, they avoid eye contact at the least or altogether avoid the person. For many who are grieving the communication from others is loud and clear: "get over it, and soon, so friends and family can feel

more comfortable". The message is hurry up and grieve and then join life again the same way you did before the loss. This message and ultimately this belief system cause stress-distress of the body and mind.

This is where a bereavement counselor or a spiritual counselor or a transpersonal therapist comes in. She/he can help the grieving person understand that if we would keep a space open for loss and what it evokes in us there can be a deeper meaning in our life and new insight and understanding.

Grief counseling is used not only by individuals and families, but in many situations by schools, agencies, and organizations, and in some cases by entire communities affected by death (Ben Wolfe). The need for grief counselors is starting to be realized more and more by hospitals now as they are aiming to move towards becoming a "wholesome" health services provider taking care of not only the physical but also emotional health needs of clients.

## Grief Counseling and Grief Therapy

Grief counseling is a form of therapy, which focuses on the individual's intense feelings of loss. This may be used for an individual or for groups. Counseling may be undertaken in case of death of a loved one or even during other grief-provoking situations, such as the diagnosis of a fatal illness, the break up of a marriage, the loss of a job, or a myriad of other reasons. Grief counseling in group settings is quite effective because peer counseling and relationships with others who can empathize with one's loss reduce feelings of isolation caused by grief.

These are some key stages and feelings that come up for an individual, a family, or a nation when encountering the process of dying, death, loss and major change. The process of counseling the bereaved is quite complex and requires a lot of expertise and practice. No two people grieve the same, and no two people grieve for the same time period. The process of grief does not happen in a linear fashion. The process is cyclical and manifests in many different ways. It is a process unique for each individual person. The counselor is there to hold a space for healing and create a safe place for feelings to be expressed and explored. Obviously this needs to be done in a nonjudgmental way and in a way that honors the individual's inner process. There needs to be flexibility in approach and in assistance. The individual, family or group grieving will not always need the same assistance.

On the other hand, the goal of the counselor is to be "present" for the bereaved. This is sometimes called *compassioning*. Being there for the counselee may be to help the person by simply listening in an active manner and demonstrating empathy. There is the recognition among grief counselors that grief is a process that cannot be rushed. Thus one attempts to be "right there" in whatever stage of grief the person is currently experiencing. Reminding the person that the feelings they have or choices they make while grieved are quite natural and normal becomes a major part of grief

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counseling. Initially when a person loses a loved one, he or she may receive lots of kind attention from friends and family. And then friends and family may move on. The grieving person on the other hand, may not be ready to "move on." This is when grief counseling becomes most effective. It gives the person a way to continue to process their loss and receive compassion that may not be available from society or even close friends or family. The counselor does not want to speed up the process of grieving. She/he also understands that grief is felt and expressed differently by people, which is also important. For example, some couples seek out grief counseling after the loss of a child. Most likely, part of the difficulty for the couple is that each partner will grieve differently, and may not grieve in a fashion that seems as intense as his or her partner. Counseling becomes a learning process—learning that grieving can be done in many ways, often saving couples/families from accusing each other of grieving too much or too little. Each learns to respect the unique process of grief undergone by each person. This can, in turn, promote empathy and a greater degree of intimacy between partners/family members.

Grief therapy, on the other hand, utilizes specialized techniques that help people with abnormal or complicated grief reactions and helps them resolve the conflicts of separation. This is also supplemented by pharmacotherapy. Worden (1991) believes grief therapy is most appropriate in situations that fall into three categories: (1) The complicated grief reaction is manifested as prolonged grief; (2) the grief reaction manifests itself through some masked somatic or behavioral symptom; or (3) the reaction is manifested by an exaggerated grief response.

## Goals of Grief Counseling and Therapy

Grief counseling is a little different from grief therapy in that the principal goals are not quite the same. In *Grief Counseling and Grief Therapy* (1991), the clinician and researcher William J. Worden, PhD, makes a distinction between grief counseling and grief therapy. He believes counseling involves helping people facilitate uncomplicated, or normal, grief to a healthy completion of the tasks of grieving within a reasonable time frame. Grief therapy is where one wants or needs to change behavior. Professionals believe that there are diverse frameworks and approaches to goals and outcomes of the grief counseling and therapy process. Robert Neimeyer (1998) believes, "The grief counselor acts as a fellow traveler [with the bereaved] rather than consultant, sharing the uncertainties of the journey, and walking alongside, rather than leading the grieving individual along the unpredictable road toward a new adaptation" (Neimeyer, 1998). Janice Winchester Nadeau clearly reminds grief counselors and grief therapists that it is not only individuals who are grieving, but entire family systems. A person is not only grieving independently within the family system, but the interdependence within the family also affects one's actions and

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reactions. According to Worden there are three types of changes that help one to evaluate the results of grief therapy. These are changes in (1) subjective experience, (2) behavior, and (3) symptom relief.

## Stages of Death and Dying: Elizabeth Kubler-Ross

Much of grief counseling theory today is based on the fundamental work of Elizabeth Kubler-Ross, who identified several stages of grief. Kubler-Ross' work has become a springboard for other theories that expand on her work. For many, prior to Kubler-Ross' work, there existed little understanding that grief is a non-linear process that can take a great deal of time.

1. *Shock and denial:* Patient's initial reaction is shock, followed by denial that anything is wrong. Some patients never pass beyond this stage and may go doctor shopping until they find one who supports their position. During this stage, as not much reaction is expressed, it may look as if the person is dealing rather well with the loss. They may even talk and laugh as if there was nothing wrong and tell others that they are fine, nothing to worry. It may be difficult to ascertain whether this is real or whether they are denying their feelings. The counselors will do well to give them some time when it will become apparent that their services are needed.

2. *Anger:* Patients become frustrated irritable, and angry that they are ill; they ask, "Why me?" Patients in this stage are difficult to manage because their anger is displaced on doctors, hospital staff, church/God, and family. Sometimes anger is directed at themselves in the belief that illness has occurred as a punishment for wrongdoing. They may feel angry with themselves for having argued or fought with the loved one who is now dead. They need to be given "permission" to verbally express those feelings by letting them know it is alright, and actually healthy, to feel anger over the loss.

3. *Bargaining:* This stage is characterized by the "if-then" thinking. *If only I had done this…this would not have happened!* Counselee may attempt to negotiate with physicians, friends, or even God, that in return for a cure, he/she will fulfill one or many promises, e.g., give to charity or attend church regularly. Helping them sort out what was and was not within their control can be quite soothing and comforting. Also the counselee may need know that whatever they did it was out of love for the dead one, and that they would have tried their best to do what is right. The counselee may have had to make tough choices like adhering to the "Do not resuscitate" instructions of the loved one. The counselee is likely to feel very lonely and may miss the departed very much. There may also be feelings of guilt over somethings that had been said or done that had hurt the loved one, or even over the feeling of relief if the person had died after a long illness. Explaining that these feelings are normal always helps. A little self-disclosure on the part of the counselor

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explaining personal stories of grief can be helpful. However the focus should be on the process of adjustment to the death yourself.

4. *Depression:* Patient shows clinical signs of depression: withdrawal, hopelessness, psychomotor retardation, sleep disturbances, and possibly suicidal thoughts. The depression may be a reaction to the effects of the illness on his/her life, for example, loss of job, economic hardship, isolation from friends and family, or it may be in anticipation of the actual loss of life that will occur shortly.

5. *Acceptance:* Person realizes that death is inevitable and accepts its universality.

These stages do not always follow one after another, and thus cannot be used as a checklist toward acceptance. The transition from one stage to another is neither smooth nor assured. Many get stuck in the denial stage it self not being able to move further. The individual may go back and forth a lot of times. It is also normal to skip certain stages, or re-visit a single stage while progressing through the others. It is important as a counselor to listen to the individual and be aware of their emotional needs and cues as much as possible.

Counselors please note that I have mostly talked about the stages as if the loss were death of a loved one. But the situation or the handling of it can very easily be extrapolated and generalized to any loss.

## Stages of Loss and Bereavement

1. *Denial and disbelief* or *numbness*
2. *Alarm*—anxiety and fear
3. *Pining*—searching for or being reminded of the lost person.
4. *Anger and guilt*
5. *Bargaining*
6. *Despair and depression*
7. *Identification phenomena*—adopting traits, habits of deceased/adopting behavior patterns to insure that the loss/perceived loss does not occur again in the person's environment. One may also begin to repress certain aspects of their personality and curtail their instinct to reach and respond in relationship to their environment and world.
8. *Pathological variants*:
   (a) *Depression*—feelings of hopelessness, withdrawal from family and friends, cannot go on living.
   (b) Delayed/prolonged/inability to grieve.
   (c) Listlessness and lack of motivation "why try again?" "It's no use."
   (d) The individual may feel "stuck," blocked, or feel a virtual victim of circumstance and environment.

   In order to move through the cycle and restructure it is important for the individual to grieve. It is at this point that many people may.

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9. *Acceptance:* Non-acceptance or resignation? This is the beginning of the road to recovery where the individual is faced with a decision-making situation. A resolution is mandated at this point.
10. *Recovery and reorganization:* The realization that life goes on, does not wait for anyone. New adjustments are required and the goals may be different. At this juncture, the restructuring begins.

## Four Tasks of Mourning (Worden, 1991)

1. To accept the reality of the loss
2. To work through the pain of grief
3. To adjust to an environment in which the deceased is missing
4. To emotionally relocate the deceased and move on with life.

Anything the counselor can do that helps family members stay connected to each other and to extended families and extra familial resources will have a profound impact on the long-term post death adjustment of the family.

## Process of Bereavement Counseling: Transitional Counseling

1. The counselor help the person actualize the loss. Talk about the loss. Visit the gravesit.
2. The counselor needs to aid in identifying and expressing feelings of anger, guilt, fear, anxiety, and sorrow, those that are the stumbling blocks in the person's moving forward in life.
3. The counselor helps the counselee to imagine and then live a life without the deceased/person/situation/job/status/income.
4. Slowly the individual must start feeling detached from the loss. It is important to help the counselee realize that this detachment does not reduce the significance of the lost person or relationship or thing. Emotional withdrawal only helps reduce the pain.
5. Grief and its expression are very important for the counselee to fully process the pain and come out of it.
6. The counselor needs to assess the counselee's behavior/relating pattern and identify whether it is "normal" or "pathological", assess for referral if there is absence, deferred or prolonged grieving and arrange a referral.
7. The counselor must allow for individual behavior and support the emotional expression or maybe refer to a support group.
8. The counselee's defenses and coping mechanisms (alcoholism, drug addiction, withdrawal) must be explored to identify the ones that are helpful and those that are not.

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## Normal Grief

1. Feelings—sadness, anger, guilt and self-reproach, anxiety, loneliness, fatigue, helplessness, shock, yearning ("pining"), emancipation, relief, numbness.
2. Physical sensations—hollowness in the stomach, tightness in the chest, tightness in the throat, oversensitivity to noise, depersonalization, shortness of breath, weakness in the muscles, lack of energy, dry mouth.
3. Cognitions—disbelief, confusion, preoccupation, sense of presence of the deceased, hallucinations.
4. Behaviors—sleep disturbances, appetite disturbances, absent-minded behavior, social withdrawal, dreams of the deceased, avoiding reminders of the deceased, searching and calling out, sighing, restless over-activity, crying, visiting places or carrying objects that remind the survivor of the deceased, treasuring objects that belonged to the deceased.

## Abnormal Grief Reactions—Diagnostic Clues (Worden, 1991)

1. The person cannot speak of the deceased without experiencing intense and fresh grief.
2. Some relatively minor event triggers an intense grief reaction.
3. Themes of loss come up in the person's talk.
4. The person who has sustained loss is unwilling to move material possessions belonging to the deceased.
5. The person is developing physical symptoms like those the deceased experienced before death.
6. The person makes radical changes in lifestyle following a death or excludes from their life friends, family members, and/or activities associated with the deceased.
7. The person seems chronically depressed (together with persistent guilt and low self-esteem) or experiences false euphoria following a death.
8. Person shows a compulsion to imitate the deceased.
9. Self-destructive impulses.
10. Unaccountable sadness occurring at a certain time each year.
11. A phobia about illness or death.
12. Facts about how they acted at the time of the death (e.g., avoiding visiting the grave or participating in funeral, etc.).

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## Useful Techniques
## (Adapted from Robert Neimeyer (1998), Michele Meiché)

1. Evocative language
2. Use of symbols
3. Writing: it helps to write about the loss, not necessarily literally, but what it invokes in you. Writing letters to deceased, journaling (keeping a journal of the thoughts and feelings)
   Creating – drawing/art/sculpture/(esp. with children), poetry
4. Role playing
5. Cognitive restructuring—identify damaging self-talk, e.g., "No one will ever love me again."
6. Memory book
7. Directed imagery—imagine deceased as present and address him/her
8. Video filming
9. Collage the person's life
10. Collage what you are feeling and experiencing because of the loss
11. Reading books on loss—reading about others' experiences with loss, such as C.S. Lewis' *A Grief Observed*
12. A pictorial memorial
13. Writing a biography of the deceased
14. Writing an epitaph of the deceased
15. Examining how we are like the deceased (also known as a life imprint)
16. Integrating objects that link the deceased into our lives
17. Writing about the loss as if you are a third person describing it
18. Constructing a memory book honoring the deceased
19. Using metaphors to describe the loss and your reactions to it
20. Expanding the metaphors into a metaphoric story
21. Going on a personal pilgrimage
22. Creating and conducting a personal ritual about the loss
23. Art and music therapy
24. Meditation
25. Creation of personalized rituals
26. Spiritual counseling
27. Communication with the deceased (through writing, conversations, etc.)
28. Bringing in photos or possessions that belonged to the person who has died
29. Role playing: the "empty chair" or Gestalt therapy technique is also an approach widely used by grief counselors and grief therapists. This technique involves having an individual talk to the deceased in an empty chair as if the deceased person were actually sitting there; afterward, the

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same individual sits in the deceased person's chair and speaks from that person's perspective. The dialogue is in first person, and a counselor or therapist is always present.

## Factors Affecting Degree of Disruption to the Family System (Worden, 1991)

1. Social and ethnic context
2. History of previous losses
3. Timing of death in the life cycle
4. Nature of death
5. Family position of the dead or dying family member
6. Openness of the family system (differentiation/level of family stress): the lower the level of differentiation (and the higher the level of stress), the lesser the ability to express directly to each other divergent or anxiety-provoking thoughts and feelings without either becoming angry or upset.

### *Funerals as rites of passage—Family systems issues*

It is important to note that it is really the family that is making the transition to a new stage of life rather than the identified member. The months before and after rites of passage are "nodal" periods that function as "hinges of time." As events occur, not at random, but at critical times in the family life cycle this is the time when family relationship systems unlock so that doors between family members can be opened or closed with less effort than at other times.

Death creates a vacuum, and emotional systems will rush to fill it. Six opportunities during this rite of passage:

1. This can be the time when the individual can take or shift responsibility.
2. This may be a time when the individual can reestablish contact with distant relatives (or close relatives who live at a distance). This socializing opportunity somehow helps in venting the grief, and sharing it with others who feel similarly.
3. It many be an opportunity to learn family history. Connecting with people who are in the family but one has never met, or getting to know the family tree is quite rejuvenating.
4. The funeral can be a learning experience a chance to learn how to deal with the most anxious forces that formed one's emotional being.
5. It can be a chance to shift energy directions in the family triangles, all of which seem to resurrect themselves at such moments.
6. Chance to reduce the debilitating effects of grief.

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## Grief Counseling in India (Swami Tejomayananda, Chinmaya Mission)

Grief counseling takes the form of spiritual counseling in India. Ancient Indian philosophy is all about understanding that the true nature of the self is not this transient physical body, nor the mind. Thus, there is no need to fear loss or death, or grieve over it.

*King Yudhishthira of ancient India when asked, "What is the greatest wonder in the whole world?" replied: "That we see people dying all around us and never think that we too will die."*
*"You are grieving over those that should not be grieved for; yet, you speak words like a man of wisdom. The wise grieve neither for the living nor for the dead"*

—Bhagvad Gita: II:11

In India it is natural to invite death into spiritual practice. Death is an inescapable and inevitable reality (Swami Adiswarananda). To ignore it is utter foolishness. To avoid it is impossible. To hope for physical immortality is absurd. It is important to do the following to "beat" death:

(a) Make death a part of life by understanding that life without death is incomplete. As soon as we are born, we begin to die. Life is sacred and so we cannot afford to squander it in daydreams, fantasies, and false hopes. Life without death, pleasure without pain, light without darkness, and good without evil, are never possible. We must either accept both or rise above both, by overcoming embodiment through the knowledge of the self. Death is certain for all who are born. As the *Bhagavad Gita* says: "For to that which is born, death is certain, and to that which is dead, birth is certain. Therefore, you should not grieve over the unavoidable."

(b) Develop immunity against death by practicing meditation and dispassion. In meditation, we try to reach our true identity, the deathless Self, by crossing over the three states of consciousness—waking, dream, and deep sleep—and becoming *videha*, or bereft of body consciousness. In this practice, we partially and temporarily die in our physical and mental existence. Along with meditation, practice dispassion, which is knowing that nothing material will accompany us when we leave this earth, and that nothing in this world can be of any help to us to overcome death.

(c) Build your own raft. Vedanta compares this world to an ocean, the near shore of which we know, while the far shore remains a mystery to us. The ocean has bottomless depth, high winds, fearful currents, and countless whirlpools. Life is a journey, an attempt to cross this ocean of the world and reach the other shore, which is immortality. No one can take us across

this ocean. Vedanta urges us to build our own raft by practicing meditation on our true self. No practice of this self-awareness is ever lost. As we go on with our practice, all our experiences of self-awareness join together and form a raft of consciousness, which the Upanishads call the "raft of Brahman." Sitting on this raft of Brahman, a mortal crosses the ocean of mortality: "The wise man should hold his body steady, with the three (upper) parts erect, turn his senses, with the help of the mind, toward the heart, and by means of the raft of Brahman cross the fearful torrents of the world."

(d) Free yourself from all attachments. Our attachments and desires keep us tied to our physical existence. We often hope for the impossible and want to achieve the unachievable. To free ourselves from these attachments and desires, we need to cleanse ourselves. Just as we cleanse our body with soap and water, so do we cleanse our mind with self-awareness. The Mahabharata advises us to bathe in the river of Atman: "The river of Atman is filled with the water of self-control; truth is its current, righteous conduct its banks, and compassion its waves. O son of Pandu, bathe in its sacred water; ordinary water does not purify the inmost soul." (13)

(e) Know your true friends. Know that our only true friends are our good deeds: deeds by which we help others in most selfless ways. At death, everything of this world is left behind; only the memories of all the deeds we performed in this life accompany us. The memories of good deeds assure our higher destiny and give us freedom from fear of death, while the memories of bad deeds take our soul downward. Therefore, a person must try to accumulate as many memories of good deeds as possible while living.

(f) Perform your duties. Life is interdependent. For our existence and survival, we are indebted to God, to our fellow human beings, and to the animal and vegetable worlds. Many have to suffer to keep us happy, and many have to die for our continued existence. We are indebted to all of them. To recognize this indebtedness and make active efforts to repay them is the sacred duty of life. By doing our duties, we become free from all sense of guilt. Be a blessing to all, not a burden. Remember, when you were born you cried, but everybody else rejoiced. Live your life in such a way that when you die everybody will cry, but you alone will rejoice.

(g) Know for certain that death has no power to annihilate your soul. Our soul, our true identity, is the source of all consciousness. It is separate and different from our body and mind, which are material by nature and are subject to change and dissolution. The consciousness of the soul in each of us is part of the all-pervading Universal Consciousness and is the deathless witness to the changes of the body and mind. The Universal Consciousness is like an infinite ocean and we are like drops of water. We rise to the sky

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from the ocean, and again we fall into the ocean as raindrops, will in the end, sooner or later, come together as part of the ocean. In the words of Swami Vivekananda:

"*One day a drop of water fell into the vast ocean. When it found itself there, it began to weep and complain just as you are doing. The great ocean laughed at the drop of water. "Why do you weep?" it asked. "I do not understand. When you join me, you join all your brothers and sisters, the other drops of water of which I am made. You become the ocean itself. If you wish to leave me, you have only to rise up on a sunbeam into the clouds. From there you can descend again, a little drop of water, a blessing and a benediction to the thirsty earth.*"

This counseling is also used for counseling the terminally ill. The only difference is that when counseling the person awaiting death it that person receiving the counseling, and in grief counseling the next of kin.

## COUNSELING THE TERMINALLY ILL

One of the most difficult areas for counselors to work is in hospice settings with individuals who are dying. The needs of the dying are complex and little has been written to guide counselors in providing service.

Counselors provide service in a variety of settings and to diverse individuals with many different challenges (Darlene Daneker, 2006). The diagnoses of a terminal disease is rarely met immediately with a sense of peace and acceptance. As we have seen in the section on grief counseling, it is quite normal for the individual in question will travel though five separate stages of grief-denial and isolation, anger, bargaining, depression, and finally acceptance. It is important for the counselor to recognize the stage of grief the individual is currently experiencing. That helps to tailor the counseling approach to the exact need of the counselee.

The first stage of denial cannot be dealt with by repeatedly confronting the counselee with the reality of the situation. This will only anger him or her further, cause more pain as well as create a wall of resentment. Counselors can take this as an opportunity to educate the counselee on the specifics of their condition and the various treatments available. The energy of optimism that accompanies the denial can be taken advantage of to replenish the strength within the counselee.

At the same time it is imperative to help the counselee combat the desire to isolate themselves from friends and family. Often, as the disease progresses, the individual may start becoming increasingly tired. They may be sedated or in extreme pain and may require the soothing company of their near and dear. However, they must also

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be allowed their space sometimes to express their pain in their own company. It can be embarrassing to have someone see them in so much discomfort. But they can be encouraged to involve their family and friends in everyday tasks, as well as enjoyable outings that will create comfortable memories for everyone involved.

Grief counselors have found that the most difficult stage to deal with is the anger stage. Anger is the outcome of fear, disappointment and coming to grips with the inevitability of the situation. It is the time when all options and ways out have been explored and acceptance is the only choice left. The inner self or what lay people call ego does not want to let go of hope. Defiance creeps in making it very difficult for everyone who is helping the individual. The person can be very rude and mean causing the caregivers to distance themselves from him or her. And this may result in feelings of guilt in the survivors. The counselor can step in and provide the necessary understanding of the situation and help bring in peace and calmness in the relationships. The friends and family have to understand that the individual's reactions have nothing to do with them or their behavior. It is part of a normal process of grieving. And this stage will give way to more serene times, once acceptance has set in. also they must be helped to understand that distancing themselves from the person can harm the individual's trust and make them more scared. Thus, the adverse reactions due to fear can be dealt with by letting the individual know that you are there should they need you. That it is okay for them to be angry, scared or feel defenseless.

The bargaining stage is typically characterized by "if/then" thinking…*only if I had taken care, then I would not be here*…this is bargaining with the past. Then they can also bargain with their future…making pacts with God…*heal me and I will…*

This stage very quickly leads to despair and depression. The knowledge that the condition and its course are here to stay and nothing can ever be done about it is pretty frustrating. If individuals hold themselves responsible for their situation then they experience extreme guilt, not only because they have let themselves down but also because they have let others who care for them down. If they do not hold themselves responsible then they suffer from extreme self-pity and view their situation as unfair punishment or simply undeserved.

Here religious or spiritual counseling has proven very effective. This has been dealt with in the previous section on grief counseling. Also it is important to take care of the individual physically as they would take care of themselves, for instance grooming, cleaning, etc., change flowers in the vase everyday, make them watch TV and update themselves with current affairs. Everything other than their illness can be kept normal. It is very important to let the individual know that you are not afraid to face their illness or death and there is no reason for them to fear them either. Constantly reassure them that it is ok to be sad.

If this stage is handled effectively, then it will lead to acceptance—acceptance of their illness, the various issues they have dealt with in life, and an acceptance

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of their coming death. This time then is filled with writing or updating wills, settling financial and relationship matters, saying goodbye, finishing the unfinished businesses, forgiving and asking for forgiveness, expressing love and admiration, and spending intimate time with loved ones. Counselors can help them by being there, helping out with planning and executing of the counselee's agendas.

## Needs of the Terminally Ill

A counselor working in with the terminally ill works on a multidisciplinary team. The tasks of counselors include helping the dying individual prepare for the reality of death through education and supportive therapeutic interventions about the dying process that address the physical, emotional, social, spiritual, and practical needs (Davies, Reimer, Brown, and Martens, 1995; Doka, 1997; Parkes et al., Rando, 1984; Rando, 2000).

*Physical needs:* One of the most important concerns of caring for the terminally ill is pain management (National Hospice Foundation, 2001). Today a multi-pronged approach is adopted in addition to pain medication like the use of traditional psychological interventions—biofeedback, hypnosis, relaxation, and imagery techniques which provide skills that increase the client's awareness and control of pain (Arnette, 1996; Cook and Oltjenbruns, 1998; Rando, 1984; Rando, 2000). The counselors need to educate the individuals about the physical changes and common processes prior to one's death providing information on how the body changes, what changes to expect in the future, and when to contact a physician so that they can be well prepared. This helps in alleviating anxiety and diminishing erroneous preconceptions about dying (Parkes et al., 1996; Rando, 1984; Rando, 2000). The media's portrayal of death can be quite different from actual reality. Dying individuals who have preconceived notions from the media may be disillusioned when their notions do not match reality (Cook and Oltjenbruns 1998). Counselors need to address the clients experience of loss in strength, increased fatigue, requiring greater sleep and rest, decrease in or loss of appetite due to nausea, constipation, and pain, loss of functional ability as the illness progresses. The individual finds it difficult to lead life as before, is not able to do the things he/she was once able to do. All this affect the individuals' emotional state, producing feelings of sadness, anger, helplessness, and hopelessness. In addition to that the feeling of guilt at being a burden to the caregivers can be quite depressing. Reconciling the loss of body parts or changes from treatment (e.g., hair loss) with the individual's identity is important for emotional health (Cook and Oltjenbruns, 1998).

*Emotional needs:* This is the time when dying individuals have to cope with intense emotions such as anger, fear, guilt, and grief (Doka, 1997; Rando, 1984). Counselors can help by explaining that these emotions are both a normal part of the process of dying. Addressing the anticipatory grief of the individual which includes

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helping clients redefine life as it currently is, facilitating expression of feelings of being a burden, providing emotional support clients as they struggle with change, encouraging the search for meaning, and allowing the client to live day-by-day (Davies et al., 1995) is critical for counselors (Parkes et al., 1996; Rando, 2000). The counselor needs to encourage open communication within the family during this stressful time.

*Social needs:* The social environment is as important and needed or even more so than he or she did before the illness (Davies et al., 1995; Parkes et al., 1996). Interventions by a counselor can facilitate the ability of friends and family to enable the dying individual to maintain a social life in the face of physical limitations (Davies et. al., Kubler Ross, 1969; Rando, 1984). The individual needs to attend to unfinished business, like taking care to mend relationships with friends and family, connecting with long-term friends, expressing love and asking forgiveness. This is an important part of this social realm—are all important to the dying individuals' peace of mind (Davies et al., Rando, Shneidman). Developmentally appropriate care should be given by counselors working with dying children. They need to be aware of the unique social needs of children to provide that (Stevens and Dunsmore, 1996). Intervention can take the form of play therapy, art therapy, peer support, and support groups are common forms of intervention that allow children with serious illness to live as normally as possible (Cook and Oltjenbruns, 1998).

*Spiritual needs:* Spirituality may be heightened as one confronts death" (Doka and Morgan, 1993, p. 11). We have seen in an earlier chapter how Erikson has described the last stage of human life. This is the stage where people tend to slow down and productivity decreases. Then they begin to explore life, the achievements and failures, try to integrate them into a whole and see whether as a whole their life has been a success or fruitful. Each one has his or her parameters for defining success and according to that they rate their lives. If on their scale they have failed, this leads to despair when they look back on a life of disappointments and unachieved goals. So too the terminally ill individuals goes through the rigors of examining his or her life and makes certain conclusions. The counselor's objectivity can facilitate the integration of life events and experience to create meaning by providing time for reflection and encouraging exploration of events that have been witnessed or things the individual has done. This way individuals can find meaning in their lives and in the illness the failure to find which can create a deep spiritual pain or emptiness. Also this kind of exercise helps in giving the individual hope that there are still some things that may be rectified (taking care of unfinished business) and resolved. Doka (1993) discusses helping clients create a personal definition (in a way that is consistent with their self-identity) of an appropriate death—manner of death, care of the body after death, and the disposition of possessions after death. Indian philosophy (as explained in the earlier section) helps the clients transcend death. Doka states that an important spiritual need is transcendental in that we

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seek assurance that our life has had meaning and we have contributed something of value.

*Practical problems:* Such as distribution of possessions, settling financial affairs, arranging wills and trust funds, and prefuneral planning are all important topics for discussion, but are ones that family members often are hesitant to approach (Rando, 1984) is an area where counselors often are involved.

*Supervision of others:* Although this area is not often mentioned in the grief literature, Vacc (1989) found that the single greatest proportion of time for counselors working with oncology patients was spent in supervising volunteers and counselors in training. Counselors also may be involved in training other professionals in the emotional, psychosocial, and spiritual needs of the dying individual and their family (Parkes et al., 1996).

## Preparing for Serious Illness

As people develop symptoms of advanced illness, they increasingly lose control over their bodies and lives. One task of counseling is to help clients recognize what they can control. It is best to raise the difficult and painful issues long before there is any apparent need for them when he or she is more likely to have the necessary energy to plan for these difficult realities. It helps to discuss concrete plans like a living will, medical proxy, and treatment options.

## Crucial Points to Specifically Discuss with Clients (Michael Shernoff, 1996)

- Which hospital does he or she want to be taken to in the event of an emergency? Who in their support system is aware of this?
- If the client lives alone or with small children, who will help them get to the hospital and/or to care for children or pets during a crisis?
- A current and complete list of all prescribed medications and dosages that should be brought to the hospital during an emergency admission.
- How aggressively they wish to be kept alive if there is not any reasonable hope for recovery or for a good quality of life. If a client does not wish to be resuscitated then a “do not resuscitate” (DNR) order needs to be written and placed in his or her chart. Clients need to be reminded that they can always revise these instructions if any of their feelings change over the course of their illness.
- A living will.
- Designate a health care proxy (a family member or close friend) to ensure that the client’s wishes will be followed even if those wishes are contrary to what the proxy feels is best.

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## Pain Management

As Rabkin et al., (1994) state, "Most people fear that they will be in excruciating pain as they near death from a terminal illness. Clients need to be assured that they will not suffer. Most major hospitals have physicians who are pain management specialists who can consult with the patient about helping him or her remain comfortable at this phase of the illness. Some people prefer to be unconscious, others wish to be alert, but sedated and pain free." Thus, in order for the physician, or others who are helping them manage the pain like nurses, hypnotherapists, counselors, physiotherapists, yoga masters, etc., to take good care of the patients, the latter need to explicitly describe how much pain they are experiencing. Not everyone knows how to communicate their pain effectively and they have to be taught. They can be taught in the earlier stages so that when they are is acute pain the process will be more efficient.

Some patients may require those medicines that may be addicting which physicians may be reluctant to prescribe. Conversely some patients may not absolutely require them but their fear of pain or the 'good feeling' that the drugs may cause they may insist upon. Counselors, nurses as well as hospital social workers need to take the right call and advocate for or against as the case may be. At these junctures it is recommended that they take a collective call with the physician and other care managers who are working with the patient. Counselors and social workers need to be alert to the above mentioned dynamics and be prepared to advocate for chemically dependent patients who are not being adequately medicated. The counselors may need to remind people that taking prescribed medication to alleviate pain is not the same as abusing drugs. And if the patient is insisting on a drug that in expert's opinion they may not need counselors can intervene with psychological techniques to manage pain such as visualization, relaxation, etc.

## Choices in Dying

People who are dying are faced with a major issue—the diminished or total inability to control what happens to them. Counselors can help them greatly by engaging them in a discussion about where they want to die. This exercise of choice makes them feel empowered and less depressed. They can make this choice, whether to die at home, in the hospital or in a hospice along their loved ones can and should do this in consultation with the physician. This can be done in a few separate sessions. First the counselor can help the patient explore all of his or her feelings about this emotionally laden issue. Next the discussion can be continued with the people who are part of the client's support team, such as next of kin, friends, etc., in order to explore all the emotional as well as logistical and practical issues involved.

It is an essential and completely appropriate role of the counselor to encourage the client to explore his or her feelings about whether or not to cease treatments

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or to continue fighting for extra time. This time can be a time to bond, finishing unfinished businesses, achieving closure both for the terminally ill person as well as those who love him or her. Rabkin et al., (1994) correctly note that it is far easier to believe in the right to choose the timing of one's death when the person is actively dying and when their remaining time is likely to be hours or days. Once the client has decided to discontinue medical procedures or drugs is started with the double purpose of alleviating pain and possibly, accelerating the timing of impending death.

## PAIN MANAGEMENT COUNSELING

*One who has control over the mind is tranquil in heat and cold, in pleasure and pain, and in honor and dishonor; and is ever steadfast with the Supreme Self.*

—The Bhagavad Gita

For the last 300 years, the human body has been seen as a complex machine which is separate from the process of perception. This idea has dominated the understanding of pain dominated. But it has now been acknowledged and understood that pain is an experience which cannot be separated from the patient's mental state, the environment and cultural background. These factors can be so critical that they can actually cause the brain to trigger or abolish the experience of pain, independent of what is occurring elsewhere in the body. Therefore, when assessing a complaint of pain, it is critical to also investigate the appropriate mental and environmental factors (Steven Richeimer, 2000).

Living with pain often causes a ripple effect that touches many parts of life. One may feel a range of emotions, such as fear, anger, hopelessness, confusion, and isolation. Those around him or her may have similar feelings. Individual counseling and in some cases, counseling with the family can help. Many people find great benefit from individual or group counseling specifically focused on pain and related worries. Counselors and therapists teach useful skills and provide needed emotional support and guidance.

Pain management is a branch of medicine employing an interdisciplinary approach for easing the suffering and improving the quality of life of those living with pain (Hardy, Paul A. J., 1997). The typical pain management team includes medical practitioners, clinical psychologists, physiotherapists, occupational therapists, and nurse practitioner (Main, Chris J.; Spanswick, Chris C., 2000). Treatment approaches to long term pain include pharmacologic measures, such as analgesics, tricyclic antidepressants and anticonvulsants, interventional procedures, physical therapy, physical exercise, application of ice and/or heat, and psychological measures, such as biofeedback and cognitive behavioral therapy (en.wikipedia.org).

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## What is Pain?

Pain is a complex experience. It includes both physical as well as psychological factors. It can be defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (healthpsychology.net). Pain can be classified as either "acute" or "chronic." Acute pain is the most common reason why patients seek medical attention. Acute pain usually comes on quickly and severely and lasts for a short duration of time. It is the normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus; can be the signal of tissue being damaged and typically is associated with invasive procedures, trauma and disease. It is generally time-limited and usually disappears when the injury heals, e.g., headache, skinned knee, muscle aches, labor pain. Acute pain is an adaptive, beneficial response necessary for the preservation of tissue integrity (*The Neuroscientist*, Vol. 5, No. 5, 1999) because it alerts us to the presence and location of tissue injury and corrects behavior that may be causing or contributing to it. Acute pain has a crucial function for good health because it is a warning of actual or potential physical harm. In situations of acute pain the pain usually stops before physical healing is complete (painrelief.co.nz).

Chronic pain has several different meanings in medicine. Traditionally, the distinction between acute and chronic pain has relied upon an arbitrary interval of time from onset; the two most commonly used markers being 3 months and 6 months since the initiation of pain, though some theorists and (wikipedia.org). It has no protective role and is not necessarily associated with tissue damage as viewed from imaging techniques, such as MRI or X-ray. Failure to treat acute pain promptly and appropriately at the time of injury, during initial medical and surgical care can contribute to the development of chronic pain. Chronic pain is often associated with functional, psychological and social problems. It is easy to see how then chronic pain can have a significant impact on the person, his family and friends.

## Types of Pain

Pain can be of many types. The differences are important for understanding the nature of the pain problem and especially for determining how to treat the pain (Richeimer, 2000).

1. Nociceptive pain: A nociceptor is a sensory receptor (nerve) that sense and respond to potentially damaging stimuli from parts of the body which are affected. When activated, they transmit pain signals (via the peripheral nerves as well as the spinal cord) to the brain. This process, called nociception, usually causes the perception of pain. They signal tissue irritation, impending injury, or actual injury. The pain is typically well localized, constant, and often with an aching or throbbing quality.

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Nociceptive pain is usually time limited, meaning when the tissue damage heals, the pain typically resolves (Except arthritis which is not time limited). Nociceptive pain can be divided into two separate categories.

- ❖ *Somatic pain*: Caused by the activation of pain receptors in either the cutaneous tissues (body surface) or deep tissues (musculoskeletal tissues). Common causes include post-surgical pain or pain related to a laceration.
- ❖ *Visceral pain*: "Viscera" refers to the internal areas of the body that are enclosed within a cavity. Visceral pain is not well localized, and is caused by activation of pain receptors resulting from infiltration, compression, extension, or stretching of the chest, abdominal, or pelvic viscera. Visceral pain is usually described as pressure-like, deep squeezing.

2. Neuropathic pain: Neuropathic pain is the result of an injury or malfunction in the peripheral or central nervous system, often triggered by an injury which may or may not involve actual damage to a nervous system. Nerves can be infiltrated or compressed by tumors, strangulated by scar tissue, or inflamed by infection. The patient in neuropathic pain describes the sensation as "shooting," "electric," "stabbing," or "burning." they may feel it traveling along a nerve path from the spine into the arms and hands or into the buttocks, legs, or feet. Neuropathic pain is frequently chronic and can be managed with proper treatment.
3. Mixed category pain: In some conditions the pain appears to be caused by a complex mixture of nociceptive and neuropathic factors. An initial nervous system dysfunction or injury may trigger the neural release of inflammatory mediators and subsequent neurogenic inflammation. For example, migraine headaches.
4. Phantom pain: Phantom pain sensations are described as perceptions that an individual experiences relating to a limb or an organ that is not physically part of the body. Limb loss is a result of either removal by amputation or congenital limb deficiency (Giummarra et al., 2007). It is a sensation of pain coming from a part of the body that has been amputated, i.e., below the level of the amputated limb, or in that part of the body where the nerves have been destroyed and sensation is impossible.

## Pain Measurement

Pain is a personal, subjective experience influenced by cultural learning, the meaning of the situation, attention, and other psychological variables. Pain scales are based on self-report (verbal and numeric self-rating scales), observational (behavioral), visual or physiological data. The subjective nature of the experience often becomes a source of frustration to the person with chronic pain who frequently hears "you don't look like you're in pain!" And so it is for physicians who are unable to find

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structural pathology to account for a person's pain complaint. The factor of empathy or understanding the pain of another becomes a difficult task as what one person finds painful may not be painful to another. The complex nature of the experience of pain suggests that measurements from these domains may not always show high concordance. Because pain is subjective, patients' self-reports provide the most valid measure of the experience (Katz J, Melzack R, 1999).

There are a few scales for measuring pain. They are as follows:

1. Numerical Rating Scales: A scale of 0 to 10 where 0 signifies "no pain" and 10 signifies "worst possible pain". The Individual is asked to choose a number from 0 to 10 that best reflects their level of pain.
2. Visual Analogue Scales: These scales use a vertical or horizontal line with words that convey "no pain" at one end and "worst pain" at the opposite end and the individual is asked to place a mark along the line that indicates the level of pain.
3. Wong-Baker FACES Pain Rating Scale:
   Face 0 is a happy face (no hurt)
   Face 1 is still smiling (hurts a little bit)
   Face 2 is not smiling or frowning (hurts a little more)
   Face 3 is starting to frown (hurts even more)
   Face 4 is definitely frowning (hurts a whole lot)
   Face 5 is crying although you don't have to cry to choose this face (hurts the worst)

This scale is particularly useful for individuals who may not have verbal skills to express their pain level, especially children.

## The Pain Cycle (Adapted From Healthpsychology.Net)

As we have already discussed earlier, the experience of pain s a combination of actual physical, physiological discomfort as well as perceptual factors. Thus the focus on emotional well-being can help alleviate the pain to a large extent. Reactions to chronic pain include feelings of irritation, frustration, depression, fear and anxiety. Other factors, such as mood, beliefs about pain, and coping style have also been found to play an important role in an individual's adjustment to chronic pain. All this can make it very difficult for the individual to conquer the pain. Addiction to pain relieving drugs (e.g., alcohol, narcotics, even prescription medications) is also quite common. This complicates the situation further. As the pain causes the individual to slow down on activities, including work, social activities, or hobbies, it can lead to withdrawal and isolation from the social milieu, increasing depression. Being less active or perhaps totally inactive can cause their muscles to weaken. The individual may begin to gain or lose weight, and the overall physical conditioning may decline. This can contribute to the belief that one is *disabled*.

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The persistence of the pain may lead to the development of negative beliefs about the experience of pain (e.g., "this is never going to get better") or negative thoughts about themselves (e.g., I'm worthless to my family because I can't work). These thoughts, along with decreased participation in enjoyable and reinforcing activities, can lead a person to feel depressed and anxious (*distress*). All of these things can fuel and maintain the pain cycle.

Thus, the vicious pain cycle—

PAIN ⟶ DISABILITY ⟶ DISTRESS ⟶ PAIN

### Treatment of chronic pain

The treatment of chronic pain can be pretty challenging. As most often the reason is not clear, and it may take several different types and combination of treatments before one finds relief. As the treatment starts, the patient may find that the pain has increased. This may be due to the fact that their chronic pain had rendered them inactive causing them to lose their strength and flexibility. However, over time treatment may reduce the pain and increase one's ability to function. It also possible that the individual learns new ways of doing ordinary tasks to fell less pain. It is important to note that chronic pain may not be cured, but can be treated and managed so that quality of life can be significantly improved.

A multidisciplinary treatment approach comprising of psychology, anesthesiology, neurology, physical therapy, yoga and spirituality, is the most effective way to address the complex problem of chronic pain. The multidisciplinary treatment teams, each with expertise in the assessment and treatment of chronic pain, combine to help the patient. Members of the team work together in a coordinated manner to provide the best treatment for a patient's pain.

### Initial treatment

The goal of any treatment is to reduce distress and, if possible, remove the cause. In chronic pain physicians are doubtful if the latter can be done. Thus, the goal becomes reduce the pain and increase the ability to function effectively. The stress is on getting rest, sleep, improve coping skills and reduce stress that causes hypersensitivity. Thus, the individual can return to the regular activities. The nature and level of pain, its origin perhaps (illness, injury, or unknown) is identified and assessed. And then a combination of therapies is administered.

Along with pharmacotherapy rest, exercise, balanced diet, and alternative medical approaches (acupuncture, meditation) are recommended.

## Psychological Approaches to Pain Management

Endorphins ("endogenous morphine") are endogenous opioid peptides that function as neurotransmitters. They are released in the body in response to pain or sustained

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exertion. They are produced by the pituitary gland and the hypothalamus in vertebrates during exercise, excitement, pain, consumption of spicy food and orgasm, and they resemble the opiates in their abilities to produce analgesia and a feeling of well-being (http://en.wikipedia.org/wiki/Endorphin#cite_note-UPMC-1). They serve as internal analgesia. These need to be increased. Psychological approaches such as stress management, wellness techniques and exercise aid in doing just that. Dialogical therapy, inspirational narratives, reading autobiographies of people who have overcome pain and gone on to do something big, all help to release these endorphins, help dopamine production, which act as antidepressants, reducing the perception of pain and encouraging the individual to fight the pain. Meditation and spiritual counseling lessens stress and creates a calm which in turn reduces the experience of pain.

Health psychology attempts to find treatments to reduce and eliminate pain, as well as understand pain anomalies. Psychological therapy that can help people in chronic pain are counseling, cognitive behavioral therapy (CBT), biofeedback, and hypnosis.

CBT has proved to be very effective in helping patients to reduce all aspects of the pain cycle—pain, distress and disability perception. Modifying negative thoughts related to pain leads to increased activity and productive functioning and the feeling of well being that results from that. Treatment can be delivered individually or in a group. Techniques of CBT include:

1. Relaxation Training
2. Cognitive Restructuring
3. Stress and Anger Management
4. Sleep Hygiene
5. Activity Pacing

This is a short term, focused form of psychotherapy. The client and the therapist identify goals and use problem-solving approach to find ways of reaching them. With any type of therapy, it is important to take an active role in the process. Patients who are assertive and fully engaged in their own health care cope better than those who are more passive. Mindfulness-based cognitive therapy, the use of stress reduction and relaxation, has been found to reduce chronic pain in some patients (Kabat-Zinn, J; Lipworth, L; Burney, R (1985), Kabat-Zinn, J (1982)). Applied behavior analysis views chronic pain as a consequence of both respondent and operant conditioning, where a patient learns to display pain behavior in the presence of specific environmental antecedents and consequences (wapedia). The calming strategies of CBT stress counseling, meditation and the here-and-now emphasis are likely to increase the release of GABA (gamma-aminobutyric acid)—which prevents neuron hyperactivity and decreases sensitivity to pain causing stimuli.

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### *Counseling (Ivey et al., 2009)*

Impact of counseling on the brain, or affecting neurotransmitters through effective and quality counseling is being seen by many therapists, informally. Scientific research is yet to emerge in the area. The microskills of attending, observation, and the basic listening sequence culminating in the communication of empathy cause changes in the brain activity of the client. Other microskills like encouraging, paraphrasing, and summarizing causes the brain to conclude that something good is happening and creates a feeling of pleasure. The limbic system organizes bodily emotions and includes the amygdale, hypothalamus, thalamus, hippocampal formation, and cortex. Reflection of feelings and empathizing reduce the intensity of emotions and thus those that psychologically increase the perception and experiencing of pain are lowered resulting in decrease in experience of pain. Gentle and supportive confrontations often can reach underlying emotional structures as the empathic atmosphere provides the setting for creative new learning. This helps the client devise newer techniques and methods to manage pain. Reflection of meaning works like an antidepressant and this reduces the experience of pain. As Victor Frankl points out, pain can be endured when there is meaning attached to it.

### *Biofeedback*

Biofeedback is a learning technique that utilizes specialized equipment to assist a person in gaining control of their natural body functions. It involves the monitoring of a life process (bio) and the return of that information to the patient and therapist in a meaningful form (feedback) (www.agscenter.com/glossary.asp). It is the process of becoming aware of various physiological functions like brainwaves, muscle tone, skin conductance, heart rate and pain perception, using instruments that provide information on the activity of those same systems, with a goal of being able to manipulate them at will. Biofeedback may be used to improve health or performance, and the physiological changes often occur in conjunction with changes to thoughts, emotions, and behavior. Eventually, these changes can be maintained without the use of extra equipment (Durand, Vincent Mark, Barlow, David; 2009).

Three professional biofeedback organizations, the Association for Applied Psychophysiology and Biofeedback (AAPB), Biofeedback Certification Institution of America (BCIA), and the International Society for Neurofeedback and Research (ISNR), arrived at a consensus definition of biofeedback in 2008:

"Biofeedback is a process that enables an individual to learn how to change physiological activity for the purposes of improving health and performance. Precise instruments measure physiological activity such as brainwaves, heart function, breathing, muscle activity, and skin temperature. These instruments rapidly and accurately 'feed back' information to the user. The presentation of this information—often in conjunction with changes in thinking, emotions, and

behavior—supports desired physiological changes. Over time, these changes can endure without continued use of an instrument (http://en.wikipedia.org/wiki/Biofeedback_Therapy).

In this technique people are trained to improve their health by using signals from their own bodies. This can be used for a number of conditions like helping stroke victims regain movement in paralyzed muscles, helping tense and anxious clients learn to relax, helping patients cope with pain.

Using this treatment technique the connections between emotions and health are monitored and fine tuned. To do this devices sensitive to very small changes in bodily conditions are used. These are called sensor modalities. These devices include:

- ❖ Electromyograph (EMG) uses surface electrodes to detect muscle action potentials from underlying skeletal muscles that initiate muscle contraction.
- ❖ Feedback thermometer detects skin temperature.
- ❖ Electrodermograph (EDG) measures skin electrical activity directly (skin conductance and skin potential) and indirectly (skin resistance)
- ❖ Electroencephalograph (EEG) measures the electrical activation of the brain from scalp sites located over the human cortex.
- ❖ Photoplethysmograph (PPG) measures the relative blood flow through a digit to monitor the temporal artery.
- ❖ Electrocardiograph (ECG) uses electrodes placed on the torso, wrists, or legs, to measure the electrical activity of the heart and measures the interbeat interval.
- ❖ Pneumograph or respiratory strain gauge can provide feedback about the relative expansion/contraction of the chest and abdomen, and can measure respiration rate.
- ❖ Capnometer uses an infrared detector to measure end-tidal $CO_2$ exhaled through the nostril into a latex tube. Shallow, rapid, and effortful breathing lowers $CO_2$, while deep, slow, effortless breathing increases it.
- ❖ Hemoencephalography measures the differences in the color of light reflected back through the scalp based on the relative amount of oxygenated and deoxygenated blood in the brain.

Clinical biofeedback techniques that grew out of the early laboratory procedures are now widely used to treat an ever-lengthening list of conditions. These include the following:

- ❖ Migraine headaches, tension headaches, and many other types of pain
- ❖ Disorders of the digestive system
- ❖ High blood pressure and its opposite, low blood pressure
- ❖ Cardiac arrhythmias (abnormalities, sometimes dangerous, in the rhythm of the heartbeat)

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- Raynaud's disease (a circulatory disorder that causes uncomfortably cold hands)
- Epilepsy
- Paralysis and other movement disorders
- ADHD
- Panic attacks and stress, anxiety disorders and depression
- Asthma and other psychophysiological disorders

There is much ongoing research linking specific modalities to specific disorders. For, e.g., HRV biofeedback is used when treating asthma, depression, unexplained abdominal pain; EMG used for worry, chronic pain, anxiety, headache, lower back pain, etc., EEG or neurofeedback for addiction, attention deficit hyperactivity disorder (ADHD), learning disability, anxiety disorders (including worry, obsessive-compulsive disorder and posttraumatic stress disorder), depression, migraine, and generalized seizures; etc. Specialists who provide biofeedback rely on many other techniques in addition to biofeedback. Patients are taught some form of relaxation exercise. Some learn to identify the circumstances that trigger their symptoms. They may also be taught how to avoid or cope with these stressful events. Most are encouraged to change their habits, and some are trained in special techniques for gaining such self-control (psychotherapy.com).

Thanks to biofeedback, the connection between the brain and the body becomes a two-way street. Biofeedback basically provides visual or auditory information about normally undetectable physiological processes.

## Hypnotherapy

Hypnotherapy is often applied in order to modify a subject's behavior, emotional content, and attitudes, as well as a wide range of conditions including dysfunctional habits, anxiety, stress-related illness, pain management, and personal development (wikipedia.org). When used in an appropriate manner, hypnosis has proven itself to be an effective tool in the management of pain and pain perception. Trained hypnotherapists use hypnosis as an adjunct to their treatment programme, create an environment by which the clients can access their inner resources in their own, unique way.

### *Modalities*

Traditional hypnotherapy mainly employed direct suggestion of symptom removal, with some use of therapeutic relaxation. Hypnoanalysis was used by Freud and Breuer to regress clients to an earlier age in order to help them remember and abreact supposedly repressed traumatic memories. Ericksonian hypnotherapy made use of a more informal conversational approach with many clients and complex language patterns, and therapeutic strategies. Cognitive/behavioral hypnotherapy (CBH)

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is an integrated psychological therapy employing clinical hypnosis and cognitive behavioral therapy (CBT).

### How hypnosis works

The mechanism of hypnosis is yet to be conclusively explained. Unfortunately the psychological and physiological mechanisms by which hypnosis operates are neither well characterized, nor understood. The most common psychological explanation for how hypnosis works is based upon a dissociation model which is commonly referred to as the "hidden observer" model of cognition.

### Pain management through hypnosis (Edward and Newton, 2001.)

Pain management should only be taught on the strength of a doctor's referral and frequently in consultation with and supervision by him/her. There is good reason for this: pain is a symptom of something wrong in body and/or mind. If the primary cause of the pain is physical, the client can be taught to induce analgesia or anesthesia in the painful area.

Pain management techniques:

**Objectification and identification:** The pain is objectified and then identified as an external shape (e.g., circle) or object whose visual imagery can then be manipulated (e.g., moved away from the self, diminish, melt away, etc.) resulting in lower pain. The success of the technique depends on how well the patient has objectified his pain.

**Pain displacement or pain transference:** moving the pain to an insignificant place in the body (e.g., an earlobe) where it can be modified and reduced.

**Glove anesthesia:** One of the hands is made numb and then that numbness is applied to the painful site as it leaves the hand.

**Ideomotor exploration and turning pain off at unconscious level:** The source of the pain can be discovered with questions to be answered by ideomotor signals (the movement of a finger perhaps). Then an "on/off" switch can be imagined which when moved to the "off" position in hypnosis turns off the pain.

**The inner advisor:** The client imagines an inner advisor who will modify or release the pain.

**The protective shield:** Here, the client imagines a protective dorce around the body shielding the body from pain and/or unpleasant feelings.

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**Time and body dissociation:** Escape to the enjoyment of a pleasant past event while healthy and pain free and/or escape to a peaceful place.

## REHABILITATION COUNSELING IN THE HOSPITAL

Rehabilitation Psychology is the helping profession dedicated to assisting people—individuals, family members, and caregivers who are struggling with the effects of a disability and are seeking to restore hope and meaning to their lives (findcounseling.com). It is the study and application of psychosocial principles on behalf of people who have physical, cognitive, developmental, or emotional disabilities (Bruyere, 1992). Whatever is the origin or type of disability the individual is generally faced with personal, social, and situational barriers to effective functioning in society. Disability refers to a limitation. This limitation can be in any one or more areas—physical, sensory, cognitive (thinking), emotional functioning which can affect the individual's capacity to work, to learn, to manage personal or family responsibilities, to maintain relationships, or to participate in recreational activities.

Some barriers (such as movement, self-care, etc.) are inherent in the disabling condition, while others (psycho-emotional-socio-environmental) arise out of widespread myths which contribute toward a devaluation or neglect of people who are perceived as different from others. Dembo, Diller, Gordon, Levitan, and Sherr (1973) conceptualized rehabilitation as that branch of psychology characterized by concern with the amelioration of problems of deprivation and disability. Other authors distinguish rehabilitation psychologists from other psychologists by the importance placed on the stresses arising from socio-environmental factors: the rehabilitation psychologist focuses on assisting people with disabilities to identify and remediate barriers in their interpersonal or physical environment that may be impeding their maximum participation in the community at large (Eisenberg and Jansen, 1983).

Rehabilitation is "restoration to a satisfactory physical, mental, vocational or social status after injury or illness, including mental illness and congenital malfunctioning," for example, rehabilitation counseling and training for amputees and for victims of stroke, burn, spinal cord injuries, and heart disease. Psychologists are involved in two different types of *rehabilitation* at medical centers (Dewey @ www.psywww.com):

1. *Rehabilitation psychology* or *rehabilitation counseling* is aimed at helping people adjust to the after effects of injury or disease, counsel people suffering medical disorders or facing medical treatment that requires lifestyle adjustments.

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2. *Psychological (or psychiatric) rehabilitation* is aimed at helping of formerly-hospitalized psychiatric patients to adjust to the "outside world" so they can live independently outside the hospital Psychologists aid in the adjustment.

## Stroke Rehabilitation

A stroke is caused by a clot or a bleed in the brain which causes brain cells to die. People affected by stroke may experience the following (adapted from royalbucks.co.uk/neurorehab):

- Motor impairment, weakness, causing difficulties in walking, movement, or coordination or paralysis (often affecting one side of the body, known as hemiparesis or hemiplegia).
- Swallowing difficulties causing trouble with eating or drinking, if not managed effectively food or liquid passes into the windpipe and lungs instead of the gullet resulting in chest infections including pneumonia. Lack of proper food and fluid intake can cause dehydration or constipation.
- Speech or language difficulties, usually a result of damage to the brain's left hemisphere, including difficulties in understanding, speaking (dysphasia, aphasia), reading, writing, and calculation.
- Problems of perception can include trouble recognizing or being able to use everyday objects such as a kettle or teapot, difficulties telling the time, and problems interpreting what the eyes see, even where vision is not affected.
- Cognitive difficulties such as thinking clearly and logically, learning, attending, memory, decision-making, and forward planning.
- Behavior changes: These may include being slower to react, excessive caution, disorganization, difficulty in adjust to change and becoming confused or irritated.
- Difficulties with bowel or bladder control (urinary or fecal incontinence
- Fatigue: (the reason for which is not fully understood) sleep disturbance which is caused by damage to areas of the brain controlling the body's sleep-wake cycle or could also be linked to depression which is extremely common following a stroke.
- Psychological impairment/mood changes/mood swings, irritability, inappropriate laughing or crying or even when not triggered by internal happiness or sadness, depression, and changes in cognitive functioning. Other symptoms, such as loss of appetite, insomnia, crying, low self-esteem, and anxiety that can all be signs of depression.
- Post-stroke pain: some people develop a burning, shooting, throbbing pain that does not respond to painkillers following a stroke.
- Epilepsy: 7–20 per cent of people who have strokes develop epilepsy.

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### *Recovery from stroke and rehabilitation*

About half of people who survive a stroke will be left with significant disability. However, the adaptability of the brain helps the cells that have sustained damage to recover some of their functions. Also other areas of the brain take over the functions performed by the cells that have died. Commonly it takes about a year to 18 months for the people to have a surge of recovery. However, the time is extremely variable. Rehabilitation following stroke is about the process of achieving the best level of independence as possible by

- learning new skills
- relearning skills and abilities
- adapting to the physical, emotional and social consequences of the stroke.

Therapy aims at providing a patient-centered, goal-orientated approach to stroke rehabilitation to enable the individuals to reach their optimum level of recovery.

## Head Injury Rehabilitation

Head injury is a trauma to the head resulting in injury to the brain which can include complications, such as trauma, hypotension, intracranial hemorrhage and raised intracranial pressure. Head injury, similar to stroke, can result in one or more physical, cognitive, emotional, and behavioral deficits, for example:

- Memory problems – both short-term and long-term
- Executive functioning – planning, organization, problem solving
- Information processing – speed, capacity, and control of information
- Communication problems
- Changes in mobility
- Sleep disorders
- Mood and personality changes

These are just a few of the range of difficulties people may experience. These problems are often multiple and overlap in a complex way.

## Other Neurological Conditions

### *Multiple sclerosis*

Multiple sclerosis (abbreviated MS, also known as *disseminated sclerosis* or *encephalomyelitis disseminata*) is a disease of the central nervous system where the fatty myelin sheaths around the axons within the brain or spinal cord becomes inflamed and then destroyed by the person's own immune system. This leads to demyelination and scarring in some areas of the brain or spinal cord. Disease onset usually occurs in young adults. MS affects the ability of nerve cells in the brain and spinal cord to communicate with each other. Almost any neurological symptom can

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appear with the disease, and often progresses to physical and cognitive disability (Compston A, Coles A; April 2002).

### Parkinson disease

Parkinson disease (PD) is a chronic as well as a progressive disorder. It is a neurodegenerative condition of the central nervous system leading to the death of dopamine containing cells of the substantia nigra often impairing the sufferer's motor skills, speech, and other functions. PD belongs to a group of conditions called *movement disorders* and the primary symptoms include muscle rigidity, tremor, a slowing of physical movement (bradykinesia) and even loss of physical movement (akinesia) in extreme cases. Secondary symptoms may include high level cognitive dysfunction and subtle language problems. Though it is predominantly a movement disorder, people can develop psychiatric problems, such as depression and dementia.

### Motor neuron diseases

Motor neuron diseases (MND) are group of progressive neurodegenerative disorders that attack the upper and lower motor neurons—the cells that control voluntary muscle activity, including speaking, walking, breathing, swallowing and general movement of the body. Degeneration of the motor neurons leads to weakness and wasting of muscles, causing increasing loss of mobility in the limbs, and difficulties with speech, swallowing and breathing.

### Spinal injury

Spinal cord injuries cause myelopathy or damage to nerve roots or myelinated fiber tracts that carry signals to and from the brain (Lin VWH, Cardenas DD, Cutter NC, Frost FS, Hammond MC, 2002; Kirshblum S, Campagnolo D, Delisa J. Lippincott Williams and Wilkins, 2001). A spinal cord injury is damage or trauma to the spinal cord that results in loss or impaired function, resulting in reduced mobility or feeling. It is often caused by: trauma, tumor, ischemia, developmental disorders, neurodegenerative diseases, demyelinative diseases, transverse myelitis, and vascular malformations. The resulting damage to the cord is known as a lesion, and the paralysis is known as quadriplegia, or tetraplegia if the injury is in the cervical region, or paraplegia if the injury is in the thoracic, lumbar, or sacral region.

The effects of spinal cord injury depend on the type and level of the injury. Injuries can be divided into two areas:

*Complete*—There is no function (no sensation or voluntary movement) below the level of the injury.

*Incomplete*—There is some function below the level of injury. A person may be able to feel parts of the body that cannot be moved, she/he may be able to move one limb more than the other.

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## Cardiac Rehabilitation

Cardiac rehabilitation is a medically supervised program that helps improve the health and well-being of people who have heart problems. These rehabilitation programs include exercise training, education on heart healthy living, and life-style counseling to reduce stress and help the patient return to an active life. the focus of the program is not only rehabilitation after a heart attack or heart surgery. It focuses on preventing future hospital stays, heart problems, and death related to heart problems by addressing risk factors. These risk factors include high blood pressure, high blood cholesterol, overweight or obesity, diabetes, smoking, lack of physical activity, and depression and other emotional health concerns that lead to coronary heart disease and other heart problems. Counseling helps the patients adopt healthy lifestyle changes including a heart healthy diet, increased physical activity, and learning how to manage stress. Overall the goal is improved health and quality of life.

Negative emotional states, such as stress, anxiety, depression, and anger which must have had an impact on traditional cardiac risk factors and pathologic precursors such as decreased heart rate variability, impaired hemodynamic recovery, and increased platelet aggregation need to be addressed in counseling. As they must also have had an indirect influence on these factors via their link to unhealthy lifestyle patterns and poor adherence to treatment recommendations, these must be focused on during cardiac rehabilitation counseling in order to prevent future problems. It is very easy for the patient to slip back to earlier lifestyles and ways of behaving.

A significant number of cardiac patients experience clinically significant adjustment problems, clinical depression, anxiety disorders, increased irritability and marital problems following their event, which places them at higher risk for poor medical outcomes and increased rates of cardiac morbidity and mortality. Psychological interventions address these problems and improve cardiac patients' medical risk factor profile, adherence to lifestyle and medication regimens, return to premorbid levels of psychosocial functioning and quality of life to a great extent, thus reducing the risk of cardiac morbidity and mortality in the years following a cardiac event.

Psychologists also target the "at risk" population. They educational programs that include instruction in nutrition, exercise and stress management, information on cardiovascular disease, and supervised exercise sessions. They receive cognitive-behavioral therapy (CBT) strategies for stress and depression management, and relaxation training, address their lifestyle adherence concerns. The individual sessions can also be supplemented with group seminars, e.g., groups for depression, various anxiety disorders, and insomnia, a more extended course of CBT. Patients with severe levels of distress need to receive crisis intervention and be referred for more extensive individual CBT to address their illness adjustment problems. Psychotropic medication is often recommended for these individuals.

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## Amputee Counseling

Most of us are born as whole complete human beings. Mind and body is connected through nerves, muscle, and bone. Unfortunately, this system is sometimes torn apart by disease or unfortunate accidents. Regardless of the cause of the amputation, the person goes through basically the same five psychological stages of grief (Kubler-Ross). When a limb or a part of a limb which everyone takes for granted is functionally useless and has to be removed, a person naturally starts feeling helpless or inadequate. The emotional stress starts when the requirement for amputation is created (Pallavi Bhattacharya, 2004). It is common to experience the feeling of denial initially and a hope against hope that the limb may be saved. And then gradually as the person starts facing the reality, he is overcome by depression. Recovering from a leg amputation can be a difficult and lengthy process that includes physical and mental recovery processes. Some people do it in a short time, while others take several months. It is important, however, that the person acknowledges and understands the process. The loss of a limb is associated with two most common types of grief—anticipatory grief and normal uncomplicated grief. (adapted from http://www.amputee-coalition.org). This is where counselors come in. Amputees feel a loss of possession giving rise to a loss of control. Suicides may be prevented by both pre and post-amputation counseling.

Counselors have a role to play both before and after the amputation surgery. Anticipatory grief occurs before a loss and is associated with a diagnosis of a life-threatening illness, and a forthcoming amputation. The patients need to talk extensively before the procedure so that they know what to expect. It will help to discuss feelings, concerns and information about the procedure and recovery with friends and family.

After the amputation the patient may experience psychological issues following a leg amputation, including depression, fear, anxiety and lowered self-esteem and self-image, fear of rejection from mate, and financial problems. Probably one of the most difficult problems is losing one's sense of independence and having to rely on others for some of the most common everyday needs. During this period, stress is at its highest level. Many amputees undergo counseling to learn to cope with the feelings and thoughts an amputation provokes (eHow.com). The postamputation counseling includes interpersonal therapy, cognitive behavior therapy for both the patient as well as the family members. Although complicated grief is not common in amputee patients, counselors should be aware of its symptoms, which include severe isolation, violent behavior, suicidal ideation, workaholic behavior, severe or prolonged depression, nightmares, and avoiding reminders of the amputation.

Soon after amputation, many amputees feel the presence of a phantom limb or a feel that there is a limb where there isn't. Phantom sensation can range from tingling sensations to a biting pain which needs professional help. Methods of relief from

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phantom pain include medications, electric nerve stimulation, massage, heat, cold, compression, acupuncture, acupressure, cranial sacral therapy, and touch treatment therapy (Bhattacharya, 2004).

## ❖ Summary ❖

Counselors working in a hospital with the bereaved, the terminally ill, individuals in pain or in rehabilitation units of a hospital, work in a multidisciplinary team to provide psychological comfort to the patient and their family. They may normalize emotions during a difficult time, provide spiritual support, educate about normal physical, emotional, and social changes, and assist in managing practical problems. A large part of the counselors' time may be spent in supervising and training volunteers or counselors in training.

One last aspect of this work is self care for the counselor. Working in hospice settings can be emotionally taxing and counselors feel grief when their clients die. It is critical for the counselors to take care of themselves to prevent distancing themselves from their own emotions or their clients' and to prevent burn-out. Some counselors perform rituals to help themselves process the grief, such as lighting candles, keeping a memory journal, attending the funeral, or arranging a memorial service with other team members. It also is helpful to see a variety of clients, for example working with children on social skills or classroom behavior, to provide balance in the counselors' case load. Working with pain, loss and death can be challenging and very rewarding for counselors. Many counselors report feeling greater love of life, greater appreciation of friends and family, and a more spiritual life from this rich experience of working with people during the last dance of life.

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# 11
# Trauma Counseling: Psychological First Aid

**Chapter Overview**

- ❖ What is psychological first aid?
- ❖ Delivering PFA: Professional Behavior
- ❖ Some guidelines for PFA administration
- ❖ Applications of PFA
- ❖ PFA for students and teachers

## WHAT IS PSYCHOLOGICAL FIRST AID?

Counselors are increasingly called to respond to acute emergency and disaster situations. Immediate counseling interventions in a disaster scenario are by necessity short, population-based, and supportive of the natural resiliency of affected individuals and communities (Uhernik, J. A. and Husson, M. A., 2009). In emergency or disaster situations many injuries can occur. So having the skills in basic first aid to help the victim is very essential for all helpers. But what about the injuries that cannot be seen, such as those which are psychological? Using psychological first aid can be a vital first response. When one works with people during and after a traumatic situation, it is common to see reactions of combinations of confusion, fear, hopelessness, helplessness, sleeplessness, physical pain, anxiety, anger, grief, shock, aggressiveness, mistrustfulness, guilt, shame, shaken religious faith, and loss of confidence in self or others. The first responder's early contact with them can help alleviate their painful emotions and promote healing and, more importantly, hope. PFA aims to mollify the painful range of emotions and physical responses experienced by people exposed to disaster and reduce further harm that can result from initial reactions to disasters. The goal of PFA is to promote an environment of safety, calm, connectedness, self-efficacy, empowerment, and hope.

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Psychological first aid (PFA) is as natural, necessary and accessible as medical first aid. It means assisting people with emotional distress resulting from an accident, injury or sudden shocking event. Significantly, like medical first aid skills, one does not need to be a doctor, nurse or highly trained professional to provide immediate care to those in need.

"Psychological first aid (PFA) refers to a set of skills identified to limit the distress and negative behaviors that can increase fear and arousal." (National Academy of Sciences, 2003). It is an acute mental health intervention, seems uniquely applicable to public health settings, the workplace, the military, mass disaster venues, and even the demands of more well circumscribed critical incidents, e.g., dealing with the psychological aftermath of accidents, robberies, suicide, homicide, or community violence (Everly, G. S., Jr., and Flynn, B. W., 2005).

With natural as well as man-created disasters increasing by leaps and bounds, PFA is fast emerging as the crisis intervention of choice in the wake of such critical incidents, such as trauma and mass disaster. Research by Center for Disease Control and Prevention (CDC, 2002) provides insight into the potential need for acute psychological care in the wake of disasters. The American Psychiatric Association (APA, 1954) noted that whether a disaster is a function of nature or enemy attack, people will suffer from a level of stress not usually encountered. It is important that a disaster worker or first responders must be familiar with common patterns of reaction and understand the basic principles for responding effectively with disturbed people. In the wake of critical incidents such as violence, fatal accidents, and disasters, there is a significant need to provide some form of psychological support.

As Raphael (1986) notes "*. . . In the first hours after a disaster, at least 25% of the population may be stunned and dazed, apathetic and wandering—suffering from the disaster syndrome—especially if impact has been sudden and totally devastating . . . At this point, psychological first aid and triage . . . are necessary . . . .*" (p. 257).

The Institute of Medicine (IOM, 2003) has found the following: "In the past decade, there has been a growing movement in the world to develop a concept similar to physical first aid for coping with stressful and traumatic events in life. This strategy has been known by a number of names but is most commonly referred to as psychological first aid (PFA). Essentially, PFA provides individuals with skills they can use in responding to psychological consequences of [disasters] in their own lives, as well as in the lives of their family, friends, and neighbors." (p. 4–5).

Everly and Flynn (2005) have proposed one such model of psychological first aid (PFA) that may be applied to individuals. The National Child Traumatic Stress Network and National Center for PTSD (2005) have collaborated to create a highly useful field manual for mental health personnel in the administration of PFA to

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individuals. Parker, Everly, Barnett, and Links (in press) have even developed specific "evidence-informed" competencies for training public health personnel in PFA.

IOM (2003) defined PFA as "psychological first aid is a group of skills identified to limit distress and negative health behaviors. PFA generally includes education about normal psychological responses to stressful and traumatic events; skills in active listening; understanding the importance of maintaining physical health and normal sleep, nutrition, and rest; and understanding when to seek help from professional caregivers." (p. 7)

### The History of Psychological Response to Disaster

Psychological first aid is a few decades old. The focus on providing psychological help after a disaster came after the Vietnam war. Mental health professionals started to show up en masse in the wake of a major disaster. The US soldiers returned from Vietnam clearly shaken by their battle experiences. They experienced a range of psychological reactions (as mentioned earlier) apart from their physical ailings. It was then the American psychiatry came up with a formal definition of Post Traumatic Stress Disorder (PTSD)—which gave credence to the idea that experiencing a traumatic event emotionally devastates some part of the people exposed to the trauma.

Once that definition was firmly established, trauma started being studied, researched and understood widely. The mental health scientific and therapeutic community became activated and started to provide services for people who are experiencing traumatic events. However, they were not very clear about what to do in the event of such tragedy and the resulting reactions such as how to handle an individual who was in pain, or even how to prevent PSTD. Thus there was a tremendous amount of experimentation, not all of it successful.

Subsequent to the September 9/11 terrorist attacks on the World Trade Center, the CDC Behavioral Risk Factor Surveillance System initiative sampled 3,512 adult residents of Connecticut, New Jersey, and New York via a random digit dialed telephonic survey. The 'results of the survey suggest a widespread psychological and emotional impact in all segments of the three states' populations' (CDC, 2002, p. 784). Around 75 percent of the respondents reported having problems attributed to the attacks: 48 percent of respondents reported that they experienced anger after the attacks, 37.5 percent reported worry, 23.9 percent reported nervousness, and 14.2 percent reported sleep disturbance. Thus, people realized that psychological support is an indispensable part of disaster preparedness, management and response.

### Debriefing Tragedy

One big idea that became popular in the late 1970s, 1980s and early 1990s was "*debriefing.*" Debriefing is a generic word meaning a review after an event. Sometimes it means, "We're going to ask you what happened and talk about it."

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The disaster responders typically utilized components of a Critical Incident Stress Management (CISM) model. This model, originally developed for military use, was later expanded on by Jeffrey Mitchell for use by EMS responders and others such as the police and fire-responders for emergency response use. But typically, what we are talking about in the context of disasters is post-disaster work in Critical Incidence Stress Debriefing (CISD) (Vernberg, 2007). The idea that it was important for the victims to talk about their trauma in detail started to take shape. It seemed like a pretty commonsensical idea that if one is in a tragic overwhelming, life experience, sharing that story with people and going through it point by point... would have a cathartic effect and lessen the emotional damage so that this event would not came back to haunt them in the future. Thus therapists were taught that within days, or even hours, of a traumatic event, s/he should arrive on the scene to carefully walk them through each minute of the horror and ask them to describe how they felt about it. Ideally, the counselor would meet with the survivors over several sessions, often in a group setting, providing psychoeducation as well as talking about details of what happened.

And so, after Oklahoma City, after 9/11, even after Katrina, the Asian Tsunami, etc, mental health professionals rushed in to help. They sat with victims coaching them through these very painful sessions.

By the mid 1990s, research protocols began to investigate the efficacy of CISD procedures. The research did not support the efficacy of CISD in reducing symptoms of post-traumatic stress disorder and other trauma related symptoms following disaster

(Van Emmerik, Kamphuis, Hulsbosch, and Emmelkamp, 2002). They concluded that either it doesn't have any effect in terms of the eventual development of posttraumatic stress disorder (PTSD), or that it actually has the paradoxical and unexpected effect of making symptoms worse rather than better for some participants, i.e., pointed that the cathartic ventilation of feelings and emotion may potentially do more harm and cause re-traumatization of survivors and first responders, than good in the short term as well as long term to have them revisit their trauma in such detail made room for research on how best to handle the victims (Raphael, Meldrum, and McFarlane, 1995; Rose, Bisson, Churchill, and Wessely, 2008; Van Emmerik et al., 2002).

## The New Idea—PFA

Debriefing gave way to what is now known as Psychological first aid. This details how mental health professionals need to approach survivors/victims. It is a practical approach to help the victim physically (food, clothing and shelter) and socially (helping connect with lost ones). Thus, clearing a path for people and reduce the stress on victims, which ultimately helps them avoid more serious psychological repercussions down the road.

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Among a number of response modalities, Psychological First Aid (PFA) is emerging as the preferred response and is now recommended in Federal guidelines as specified in the 2008 National Response Framework (US Department of Homeland Security, 2008).

## Who Delivers Psychological First Aid?

Psychological First Aid is designed for delivery by mental health specialists who provide acute assistance to affected children and families as part of an organized disaster response effort. These specialists may be imbedded in a variety of response units, including first responder teams, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, Community Emergency Response Teams (CERT), Medical Reserve Corps, the Citizens Corps, and disaster relief organizations. PFA is designed for delivery in diverse settings. Sites may include shelters, schools, hospitals, homes, staging areas, feeding locations, family assistance centers, and other community settings. Following weapons of mass destruction (WMD) events, PFA may be delivered in mass casualty collection points, hospitals, and in field decontamination and mass prophylaxis locations.

The latest trend shows that a growing number of counselors are being called upon by various disaster management groups such as the Red Cross, army, etc., for their services. The principles and recommended actions of PFA provide the counselors with the necessary specific tools and guidance for response efforts. Counselors are not only providing counseling services but are also helping in organizing community disaster responses, as well as targeting their services at individualized counseling. They work together with medical, nursing, public health, and mental health professionals.

## Strengths of Psychological First Aid

Whenever there is a disaster, information needs to be gathered to help mental health specialists make rapid assessments of the survivors' immediate concerns and needs and to tailor interventions in a flexible manner. PFA is an evidence-informed modular approach for assisting children, adolescents, parents/caretakers, and families in the immediate aftermath of disaster and terrorism (Brymer et al.,). It is designed to reduce the initial distress caused by traumatic events, and to foster short- and long-term adaptive functioning. According to The Medical Reserve Corp Psychological First Aid Field Operations Training Manual (National Center for Child Traumatic Stress Network, 2006) principles and techniques of Psychological First Aid meet four basic standards. They are:

1. Consistent with research evidence on risk and resilience following trauma
2. Applicable and practical in field settings

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3. Appropriate for developmental levels across the lifespan
4. Culturally informed and delivered in a flexible manner (which is a challenge for any mental health professional)

PFA is straightforward, practical and easily understandable and thus, of great assistance to providers who are often experiencing high levels of stress themselves. Working in post-disaster environments is quite stressful. It is also consistent with common sense, prioritizing the actions of the provider very neatly. A very important strength of PFA is that it does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. Instead, it focuses on the broad range of early reactions (for example, physical, psychological, behavioral, spiritual) that the victims experience and may or may not exhibit. PFA also understands that some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.

PFA offers specific recommendations of actions that seem consistent with our current scientific understanding of trauma recovery (Vernberg, 2007). Psychological First Aid includes basic information-gathering and assessment techniques relying on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings. It is practical making use of handouts that provide important information about post-disaster reactions and adversities for individuals of various ages and cultures for use over the course of recovery.

There is consensus among international disaster experts and researchers that PFA can help alleviate these painful emotions and reduce further harm that can result from initial reactions to disasters.

Psychologists concur in the fact that first responders should not go to post - disaster areas as freelancers, alone. There is the danger of duplicating services, adding to the confusion, or not knowing where to get further help. It always helps to be part of an organized response team to maximize efficiency and effort.

### Basic objectives of psychological first aid (Brymer et al., 2006)

- ❖ Establish a human connection in a non-intrusive, compassionate manner.
- ❖ Enhance immediate and ongoing safety, and provide physical and emotional comfort.
- ❖ Calm and orient emotionally overwhelmed or distraught survivors.
- ❖ Help survivors to articulate immediate needs and concerns, and gather additional information as appropriate.
- ❖ Offer practical assistance and information to help survivors address their immediate needs and concerns.
- ❖ Connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.

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- ❖ Support positive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.
- ❖ Provide information that may help survivors to cope effectively with the psychological impact of disasters.
- ❖ Facilitate continuity in disaster response efforts by clarifying how long the Psychological First Aid provider will be available, and (when appropriate) linking the survivor to another member of a disaster response team or to indigenous recovery systems, mental health services, public-sector services, and organizations.

From a tactical perspective, according to Everly and Flynn (2005), PFA may be intended to achieve any of the following:

- ❖ The provision of information/education.
- ❖ Provision of comfort and support (intervention based on providing soothing human contact is legitimate and can be universally applied).
- ❖ An acceleration of recovery.
- ❖ The promotion of mental health.
- ❖ The facilitation of access to continued or escalated care.

Raphael (1986) suggests that PFA consists of numerous processes that may be summarized as follows:

1. Meeting basic physical needs, such as
   - ❖ physical protection
   - ❖ establishing a sense of security
   - ❖ provision of physical necessities
2. Meeting psychological needs, such as
   - ❖ consolation
   - ❖ provision of emotional support
   - ❖ provision of behavioral support
   - ❖ allowing emotional ventilation
   - ❖ fostering constructive behavior
3. Fostering social support, such as
   - ❖ reuniting victims with friends or family
   - ❖ utilization of acute social and community support networks
4. Fostering ongoing care, such as
   - ❖ triage and referral for those in acute need
   - ❖ referral to subacute and ongoing support networks

Understanding the stress reactions to any trauma is important for any care provider. These can be classified into four reactions: emotional, cognitive, physical and social.

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| **Emotional reactions** | **Cognitive effects** |
| --- | --- |
| Shock | Impaired concentration |
| Anger | Impaired decision-making ability |
| Despair | Memory impairment |
| Emotional numbing | Disbelief |
| Terror | Confusion |
| Guilt | Distortion |
| Grief or sadness | Decreased self-esteem |
| Irritability | Decreased self-efficacy |
| Helplessness | Self-blame |
| Loss of derived pleasure from regular activities | Intrusive thoughts and memories |
| Dissociation | Worry |
| | Defense mechanisms |
| | Cognitive distortions |
| **Physical** | **Social** |
| Fatigue | Alienation |
| Insomnia | Social withdrawal |
| Sleep disturbance | Increased conflict within relationships |
| Hyperarousal | Vocational impairment |
| Somatic complaints | School impairment |
| Impaired immune response | Desire for retaliation |
| Headaches | Scapegoating |
| Gastrointestinal problems | |
| Decreased appetite | |
| Startle response | |

Factors that influence reactions in a crisis situation:

Pre-trauma factors like multiple trauma, mental illness, lower socio-economic status, intensity and duration of the exposure, gender and age. Mistrust, stigma, fear (e.g., fear of deportation), and lack of knowledge about disaster relief services are important barriers to seeking, providing, and receiving services for these populations.

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Post-trauma factors are on-going support, opportunity to share their story, sense of closure, media exposure, substance abuse, re-exposure or re-victimization.

### Goals of PFA

- Enhance immediate and on-going safety by providing emotional support.
- Offer practical assistance and coping skills to help deal with the emotional impact of a traumatic event.
- Recognize common stress responses in children/adults, and provide basic triage skills to know when to refer to professional Behavioral Health services.
- Recognize the signs and symptoms of personal stress and learn self care strategies to increase resilience in yourself and others.
- At the individual level to try to get people to do what they need to do to take care of themselves and avoid doing things that are not in their best interest.
- At the health care system level to try to provide for disaster survivors, and current clients/patients, safeguard staff and first responders, and respond effectively in a crisis.
- At the community level to trying to promote healthy behaviors, reduce illness and injury, promote pro-social behavior, reduce fear, and safeguard the healthcare system.

## DELIVERING PFA: PROFESSIONAL BEHAVIOR

The professional needs to understand the basics of PFA

- Expect normal recovery
- Assume survivors are competent
- Recognize survivor strengths
- Promote resilience

When delivering PFA the care provider needs to:

- Operate only within the framework of an authorized disaster response system, and remain within the scope of expertise and designated role.
- Be visible and available and model sound responses; be calm, courteous, organized, and helpful, maintain confidentiality as appropriate.
- Be knowledgeable and sensitive to issues of culture and diversity (culture alert): Culture sensitivity is number one on the list of 'knowledge to be acquired' by the professional. As they generally move to the disaster hit areas which may not necessarily be their familiar hometown, learning a little about the culture and society of the geographical area beforehand goes a long way to be able to handle alien issues sensitively. The type of

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physical or personal contact considered appropriate may vary from person to person and across cultures and social groups, for example, how close to stand to someone, how much eye contact to make or whether or not to touch someone, especially someone of the opposite sex. Unless you are familiar with the culture of the survivor, you should not go too close to someone, make prolonged eye contact, or touch. You should look for clues to a survivor's need for "personal space," and seek guidance about cultural norms from community cultural leaders who best understand local customs.

- In working with family members, find out who is the spokesperson for the family and
- Initially address this person.
- Pay attention to one's own emotional and physical reactions, and actively manage these reactions. Compassion fatigue is very common among health care providers. One must take care of himself or herself when starting to show signs of stress and burnout. Proceeding when not being able to can seriously compromise the efficacy of the care process and may result in harm or damage.
- Make referrals as they are important when one is not equipped in terms of qualifications, experience, training or capability, or transference and counter-transference issues and additional expertise is needed. In case the person hints or talks openly of suicide or homicide, when there is any indication of a medical emergency, when there is a possibility of abuse or any criminal activity, substance abuse, social isolation, imaginary ideas or feelings of persecution, difficulty in maintaining real contact with the victim, recognized signs of mental illness, referral to a specialist is advised. When doing that one needs to inform the individual about the intentions to refer, confer with the victim and present different options; assure them that you will continue to be in touch if they need you, reassure them of your support until the referral is complete, and arrange for follow up.

## Preparing to Deliver Psychological First Aid

In order to be of assistance to disaster-affected communities, the provider must be knowledgeable about the nature of the event, the post-event circumstances, and the type and availability of relief and support services.

## Entering the Setting

PFA begins when a disaster mental health specialist enters an emergency management setting in the aftermath of a disaster. As mentioned earlier it is important

for the care provider to work within the framework of an authorized organization in which roles and decision-making are clearly defined. Communication must be established with authorized personnel or organizations that are managing the setting and coordinate all activities with them. One also needs to have accurate information about what is going to happen, what services are available, and where services can be found. Effective entry requires that this information be gathered as soon as possible, as providing such information is critical to reducing distress and promoting adaptive coping.

### Providing Services

In some settings, the authorities may demarcate certain areas for PFA. In other settings, PFA providers may need to circulate around the facility to identify those to be approached for assistance. The PFA provider should concentrate on how people reaction to or interact with in any setting. Those showing signs of acute distress such as disorientation, confusion, panic, extreme withdrawal, apathy, hypersensitivity, high irritability, extreme anger, and worry are the ones who need assistance. Identify those you can help and refer the others to a specialist. Plan and arrange for regular meetings, referrals and follow-ups within the time and constraints of the setting.

### Maintain a Calm Presence

It is very important for the PFA provider to maintain a calm presence. This has a calming effect on the victims. This demonstration of calmness and clear thinking helps the individuals feel that they can rely on you. This also helps them remain focused even if they do not feel calm, safe, effective, or even hopeful. PFA providers often model the sense of hope that affected persons cannot always feel while they are still attempting to deal with what happened and current pressing concerns.

### Be Sensitive to Culture and Diversity

This aspect cannot be stressed enough. Sensitivity to culture and ethnic, religious, racial, and language diversity is central to providing PFA. As dealt with clearly in an earlier chapter, it helps to be aware of their own values and prejudices, and how these may coincide or differ with those of the community being served. The victims may need to be helped to maintain or reestablish customs, traditions, rituals, family structure, gender roles, and social bonds. It helps to gather information about the community being served, including how emotions and other psychological reactions are expressed, attitudes toward governmental agencies, and receptivity to counseling beforehand. This can be done with the assistance of community cultural leaders who represent and best understand local cultural groups.

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### Be Aware of At-Risk Populations

Individuals who are at special risk after a disaster include the following:

- ❖ Children (especially those whose parents have died or are missing)
- ❖ Those that have had multiple relocations and displacements
- ❖ Medically frail adults
- ❖ The elderly
- ❖ Those with serious mental illness
- ❖ Those with physical disabilities or illness
- ❖ Adolescents who may be risk-takers
- ❖ Adolescents and adults with substance abuse problems
- ❖ Pregnant women
- ❖ Mothers with babies and small children
- ❖ Professionals or volunteers who participated in disaster response and recovery efforts
- ❖ Those that have experienced significant loss
- ❖ Those exposed first hand to grotesque scenes or extreme life threats

## SOME GUIDELINES FOR PFA ADMINISTRATION

- ❖ First and foremost it is important for the PFA provider to keep in mind that the goal of Psychological First Aid is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses. which can be handled at a later stage.
- ❖ Politely observe first, don't intrude. Let the victim guide the conversation. The victim will talk about what is bothering him or her the most at that time. This gives the care provider an idea of where to start focusing. Then it helps to ask simple respectful questions, either about what the victim is talking, or how to provide assistance.
- ❖ It is important to get a feel of the situation, person or family before embarking on full-fledged intervention to determine that contact is not likely to be an intrusion or disruptive. Initiate contact only after that.
- ❖ Different people react differently. Either they rush to seek help or avoid getting help. The professional needs to be prepared for either situation. Any aggressive move to either make contact with the person who is avoiding or providing help to those who seek help can prove to be ending in frustration for the professional. Thus, one can make brief but respectful contact with each person who approaches and wait to see if those who avoided come forward.

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- ❖ As in all counseling situations this too calls for one to speak calmly, speak slow (if necessary), simple and concrete terms, listen patiently and focus on learning what they want to tell you and how you can be of help—be responsive and sensitive.
- ❖ People need to know what they are doing right, and how they are helping themselves. This instills a sense of hope and confidence in their otherwise shattered mind. The professional can help this only by acknowledging the positive features of what the person has done in order to be safe and reach the current setting by positively reacting.
- ❖ Confusion and panic renders the person oblivious of even what is in front of their eyes. They find it difficult to think and assimilate even simple information. Thus it becomes the job of the care provider to simplify the necessary information, adapt to directly address the person's immediate goals and clarify answers repeatedly as needed.
- ❖ The professional needs to be careful to give information that is accurate and age-appropriate, and correct inaccurate beliefs and myths that float around aplenty in crisis situations. There is no harm in acknowledging that you don't know and offer to find out.
- ❖ When communicating through a translator, look at and talk to the person you are addressing, not at the translator. This helps create personal rapport and make use of nonverbal communication like holding hand, or giving a hug, more effective.

## The Core Actions of Psychological First Aid

PFA is the effort to provide basic needs while providing stabilization of the lives of the individuals who have been affected. It is made of eight core components. Reference to the development of PFA can be found in the Field Operations Guide for Psychological

First Aid published by the National Center for Child Traumatic Stress Network and National Center for PTSD (2006).

Psychological First Aid includes a set of eight interventions that can be used to support survivors after a disaster or traumatizing event. These eight core actions and focus goals include:

### *1. Contact and engagement*

Goal: To respond to contacts initiated by affected persons, or initiate contacts in a non-intrusive, compassionate, and helpful manner. Respect the confidentiality of the individual. Make prudent decisions to divulge information.

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### 2. Safety and comfort

Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort. This is about how to make people feel safe, de-arouse people and make them feel calm.

1. Ensure immediate physical safety
2. Provide information about disaster response activities and services
3. Attend to physical comfort
4. Promote social engagement
5. Attend to children who are separated from their parents/caregivers
6. Protect from additional traumatic experiences and trauma reminders
7. Help survivors who have a missing family member
8. Help survivors when a family member or close friend has died
9. Attend to grief and spiritual issues
10. Provide information about casket and funeral issues
11. Attend to issues related to traumatic grief
12. Support survivors who receive a death notification
13. Support survivors involved in body identification
14. Help caregivers confirm body identification to a child or adolescent

### 3. Stabilization (if needed)

Goal: To calm and orient emotionally-overwhelmed/distraught *survivors.*

1. Stabilize emotionally overwhelmed survivors
2. Orient emotionally overwhelmed survivors
3. The role of medications in stabilization

### 4. Information gathering: Current needs and concerns

Goal: To identify immediate needs and concerns, gather additional information, and tailor PFA interventions.

1. Nature and severity of experiences during the disaster
2. Death of a loved one
3. Concerns about immediate post-disaster circumstances and ongoing threat
4. Separations from or concern about the safety of loved ones
5. Physical illness, mental health conditions, and need for medication
6. Losses (home, school, neighborhood, business, personal property, and pets)
7. Extreme feelings of guilt or shame
8. Thoughts about causing harm to self or others

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9. Availability of social support
10. Prior alcohol or drug use
11. Prior exposure to trauma and death of loved ones
12. Specific youth, adult, and family concerns over developmental impact

### 5. Practical assistance

Goal: To offer practical help to the survivor in addressing immediate needs and concerns.

1. Offering practical assistance to children and adolescents
2. Identify the most immediate needs
3. Clarify the need
4. Discuss an action plan
5. Act to address the need

### 6. Connection with social supports

Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources.

1. Enhance access to primary support persons (family and significant others)
2. Encourage use of immediately available support persons
3. Discuss support-seeking and giving special considerations for children and adolescents
5. Modeling support

### 7. Information on coping

Goal: To provide information (about stress reactions and coping) to reduce distress and promote adaptive functioning.

1. Provide basic information about stress reactions
2. Review common psychological reactions to traumatic experiences and losses
   - ❖ Intrusive reactions
   - ❖ Avoidance and withdrawal reactions
   - ❖ Physical arousal reactions
   - ❖ Trauma reminders
   - ❖ Loss reminders
   - ❖ Change reminders
   - ❖ Hardships
   - ❖ Grief reactions—traumatic and otherwise
   - ❖ Depression
   - ❖ Physical reactions

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3. Talking with children about physical and emotional reactions
4. Provide basic information on ways of coping
5. Teach simple relaxation techniques
6. Coping for families
7. Assist with developmental issues
8. Assist with anger management
9. Address highly negative emotions
10. Help with sleep problems
11. Address alcohol and substance use

### 8. Linkage with collaborative services

Goal: To link survivors with needed services, and inform them about available services that may be needed in future.

1. Provide direct link to additional needed services
2. Referrals for children and adolescents
3. Referrals for older adults
4. Promote continuity in helping relationships

These core goals of PFA constitute the basic objectives of providing early assistance (e.g., within days or weeks following an event). These objectives will need to be addressed in a flexible way, using strategies that meet the specific needs of children, families and adults. The amount of time spent on each goal will vary from person to person, and with different circumstances according to need.

Not much research has been done on the above model. However, slowly researchers are starting to focus on PFA. Ruzek (2007) says, "There is a great need for both program evaluation and RCTs that will evaluate the effectiveness of Psychological First Aid principles in a number of contexts" (p. 5). He maintains that the basic premise of PFA is to support individual and community resiliency, to reduce acute distress following disaster, and encourage short- and long-term adaptive functioning. Napoli (2007), outlines the characteristics of resiliency to include "inquisitiveness, optimal optimism, active coping and problem-solving, effectiveness despite being fearful, emotional self-regulation, bonding for a common mission, positive self-concept, internal control, desire to improve oneself, altruism, social support, the ability to turn traumatic helplessness into learned helpfulness, humor and meaning" (p. 2).

PFA aims to promote resilience in the victims. For disaster responders, the principles of PFA honor the adage of *Primum non nocere* or 'First Do No Harm' as an appropriate initial guide for the application of PFA (Uhernik, J.A. and. Husson, M. A., 2009).

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## APPLICATIONS OF PFA

PFA has evolved such that it has been made applicable for working with specific subgroups of individuals, such as children and adolescents, first responders, groups of survivors, military, and those who may require further assistance or who may have special needs during a disaster.

### *Working with children and adolescents—National Child Traumatic Stress Network*

#### Preschool Through Second Grade (Adapted from: Pynoos RS, Nader K: 1988)

*Response to Trauma*

(1) Helplessness and passivity
(2) Generalized fear
(3) Cognitive confusion (e.g., do not understand that the danger is over)
(4) Difficulty identifying what is bothering them
(5) Lack of verbalization—selective mutism, repetitive nonverbal traumatic play, unvoiced questions
(6) Attributing magical qualities to traumatic reminders
(7) Sleep disturbances (night terrors and nightmares, fear of going to sleep, fear of being alone, especially at night)
(8) Anxious attachment (clinging, not wanting to be away from parent, worrying about when parent is coming back, etc.)
(9) Cognitive confusion (e.g., do not understand that the danger is over)
(10) Anxieties related to incomplete understanding about death: fantasies of "fixing up" the dead: expectations that a dead person will return, e.g., an assailant

*First Aid*

(1) Provide support, rest, comfort, food, opportunity to play or draw
(2) Reestablish the adult protective shield
(3) Give repeated concrete clarifications for anticipated confusions
(4) Provide emotional labels for common reactions
(5) Help to verbalize general feelings and complaints (so they will not feel alone with their feelings)
(6) Separate what happened from physical reminders (e.g., a house, monkey-bars, parking lot)
(7) Encourage them to let their parents and teachers know
(8) Provide consistent caretaking (e.g., assurance of being picked up from school, knowledge of caretaker's whereabouts)

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(9) Tolerate regressive symptoms in a time-limited manner
(10) Give explanations about the physical reality of death

## Third Through Fifth Grade

*Response to Trauma*

(1) Preoccupation with their own actions during the event: issues of responsibility and guilt
(2) Specific fears, triggered by traumatic reminders
(3) Retelling and replaying of the event (traumatic play)
(4) Fear of being overwhelmed by their feelings (of crying, of being angry)
(5) Impaired concentration and learning
(6) Sleep disturbances (bad dreams, fear of sleeping alone)
(7) Concerns about their own and other's safety
(8) Altered and inconsistent behavior (e.g., unusually aggressive or reckless behavior, inhibitions)
(9) Somatic complaints
(10) Hesitation to disturb parent with own anxieties
(11) Concern for other victims and their families
(12) Feeling disturbed, confused, and frightened by their grief responses, fear of ghosts

*First Aid*

(1) Help to express their secretive imaginings about the event
(2) Help to identify and articulate traumatic reminders and anxieties; encourage them not to generalize
(3) Permit them to talk and act it out; address distortions, and acknowledge normality of feelings and reactions
(4) Encourage expression of fear, anger, sadness, in your supportive presence
(5) Encourage to let teachers know when thoughts and feeling interfere with learning
(6) Support them in reporting dreams, provide information about why we have bad dreams
(7) Help to share worries; reassurance with realistic information
(8) Help to cope with the challenge to their own impulse control (e.g., acknowledge "It must be hard to feel so angry")
(9) Somatic complaints
(10) Offer to meet with children and parent(s) to help children let parents know how they are feeling
(11) Encourage constructive activities on behalf of the injured or deceased.
(12) Help to retain positive memories as they work through the more intrusive traumatic memories

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## Adolescents (Sixth Grade and Up)

*Response to Trauma*

(1) Detachment, shame, and guilt (similar to adult response)
(2) Self-consciousness about their fears, sense of vulnerability, and other emotional responses; fear of being labeled abnormal
(3) Post-traumatic acting out behavior, e.g., drug use, delinquent behavior, sexual acting out
(4) Life threatening reenactment; self-destructive or accident-prone behavior
(5) Abrupt shifts in interpersonal relationships
(6) Desires and plans to take revenge
(7) Radical changes in life attitudes, which influence identity formations
(8) Premature entrance into adulthood (e.g., leaving school or getting married), or reluctance to leave home

*First Aid*

(1) Encourage discussion of the event, feelings about it, and realistic expectations of what could have been done
(2) Help them understand the adult nature of these feelings; encourage peer understanding and support
(3) Help to understand the acting out behavior as an effort to numb their responses to, or to voice their anger over, the event
(4) Address the impulse toward reckless behavior in the acute aftermath; link it to the challenge to impulse control associated with violence
(5) Discuss the expectable strain on relationships with family and peers
(6) Elicit their actual plans of revenge; address the realistic consequences of these actions; encourage constructive alternatives that lessen the traumatic sense of helplessness
(7) Link attitude changes to the event's impact
(8) Encourage postponing radical decisions in order to allow time to work through their responses to the event and to grieve

## Counselor Database

Counseling follows through the following stages. Initially the counseling can focus on establishing the focus through free drawing and storytelling. A slight reference to the trauma may be made.

Next, the counselee may be helped to relive the experience through emotional expression (release), reconstruction of the event, perceptual experience, special detailing, talking about the worst moment, any violence or physical mutilation.

The counselee is then helped to cope with the experience. Discuss the expectable strain on relationships with family and peers. Elicit their actual plans of revenge; address the realistic consequences of these actions; encourage constructive

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alternatives that lessen the traumatic sense of helplessness. Link attitude changes to the event's impact. Encourage postponing radical decisions in order to allow time to work through their responses to the event and to grieve.

Finally closure results from doing the following:

(1) Recapitulation
(2) Underscore realistic fears
(3) Universalize the child's responses
(4) Describe expectable course
(5) Acknowledge child's courage in undertaking the interview
(6) Invite child critique of consultation
(7) Proper leave-taking

### Counselor Skills (NCTSN Manual)

- ❖ When making contact with children or adolescents, it is good practice to make a connection with a parent or accompanying adult to explain counselor's role and seek permission. When speaking with a child in distress when no adult is present, it is important to find a parent or caregiver to let them know about the conversation.
- ❖ Sit or crouch at a child's eye level.
- ❖ Help children verbalize their feelings, concerns, and questions; provide simple labels for common emotional reactions (e.g., mad, sad, scared, worried). Match the children's language to help you connect with them, and to help them to feel understood and to understand themselves. Do not increase their distress by using extreme words like "terrified" or "horrified."
- ❖ Match your language to the child's developmental level. Children 12 years and under typically have much less understanding of abstract concepts and metaphors compared to adults. Use direct and simple language as much as possible.
- ❖ Adolescents often appreciate having their feelings, concerns and questions addressed as adult-like, rather than child-like responses.

## PFA FOR STUDENTS AND TEACHERS

Some traumatic incidents that affect just one individual child (being bullied, ragged, abused, etc.,) drastically affects students' thoughts, feelings, and behaviors. This may lead to staying away from school, truancy, psychosomatic symptoms, trouble while sleeping, problems at school and with friends, trouble concentrating and listening, and not finishing work or assignments, irritability, anger, sadness, worry, etc. Just

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as the teachers help students with appropriate academic and counseling services under normal circumstances, he or she is in an excellent position to help students to return to school, stay in school, continue to learn, and return to their usual school-based activities after such an event. The steps of PFA after a disaster, school crisis, or emergency are as follows:

- *Listen:* Listen and pay attention to both verbal and non-verbal cues about thoughts and feelings. Listen to risk factors, such as suicidal thoughts, taking drugs, telling untruths, loss of a family member, schoolmate, or friend, observing serious injury or the death of another person, family members or friends missing after the event. Getting hurt or becoming sick due to the event, home loss, family relocations, changes in neighborhood, and/or loss of belongings, being unable to evacuate quickly, past traumatic experiences or losses, etc.
- Encourage them to talk, draw, and play, but do not force it.
- *Protect:* Answer questions simply and honestly, clearing up confusion student/s may have about what happened. Let know that they are not alone (if it is a school disaster) in their reactions to the event. Talk to students about what is being done by school and community to keep everyone safe from harm. Watch for anything in the environment that could retraumatize, e.g., bullying behavior. One of the best things to do would be to maintain daily routines, activities, and structure with clear expectations, consistent rules, and immediate feedback; and limit unnecessary changes, access to TV and internet that show disturbing scenes of the event. Most importantly the students can be made to feel helpful to the classroom, the school, and the community. Remind students that disasters are rare, and discuss other times they have felt safe.
- *Connect:* Check in with the students on a regular basis. Find resources that can offer support to the students and classroom. Keep communication open with others involved in the students' lives interactive school activities can be restored. *Model.* Be aware of own thoughts, feelings, and reactions about the event, which can be seen and affect students. Model coping behavior. Monitor conversations that students may hear. Acknowledge the difficulty of the situation, but demonstrate how people can come together to cope after the event.
- *Teach:* Positive coping strategies. Help them set realistic, achievable, short-term goals. Remind students that with time and assistance, things get better. If they don't, they should let a parent or teacher know. Help them in problem-solving to get through each day successfully.

These steps can help them bounce back more quickly.

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## ❖ Summary ❖

"Psychological first aid (PFA) refers to a set of skills identified to limit the distress and negative behaviors that can increase fear and arousal." (National Academy of Sciences, 2003). It is an acute mental health intervention, seems uniquely applicable to public health settings, the workplace, the military, mass disaster venues, and even the demands of more well circumscribed critical incidents, e.g., dealing with the psychological aftermath of accidents, robberies, suicide, homicide, or community violence (Everly, G. S., Jr., & Flynn, B. W., 2005). Psychological First Aid is a few decades old. The focus on providing psychological help after a disaster came after the Vietnam War. Mental health professionals started to show up en mass in the wake of a major disaster.

Psychological First Aid is designed for delivery by mental health specialists who provide acute assistance to affected children and families as part of an organized disaster response effort. Whenever there is a disaster information needs to be gathered to help mental health specialists make rapid assessments of survivors' immediate concerns and needs and to tailor interventions in a flexible manner. It focuses on the broad range of early reactions (for example, physical, psychological, behavioral, spiritual) that the victims experience and may or may not exhibit. PFA offers specific recommendations of actions that seem consistent with our current scientific understanding of trauma recovery (Vernberg, 2007).

Psychological First Aid includes basic information-gathering and assessment techniques relying on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings. In order to be of assistance to disaster-affected communities, the provider must be knowledgeable about the nature of the event, the post-event circumstances, and the type and availability of relief and support services.

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# 12
# *Counseling in Special Situations*

**Chapter Overview**

- Relationship counseling
- Rehabilitation counseling
- Issues relevant to the mental and physical well-being of women
- Social injustice issue counseling
- Addiction counseling
- Counseling juvenile delinquents
- Suicide counseling
- Fatigue and taking care of oneself
- Spirituality and wellness

The world is moving forward. Material comforts of life are increasing due to scientific explosion. Myriad studies show that people are enjoying the goodness that a better life-style, standard of living can provide or so it seems. There is equal evidence to show that as material benefits are increasing, mental health is deteriorating. Statistics show that the rate of psychological disturbances leading to suicide, homicide, marital breakdown, alcoholism, drug abuse, etc., is increasing at an alarming rate across the world.

Figures show that 20 to 30 million individuals in India are in need of some form of mental health care, and this figure is increasing every year. These figures do not reflect the ones who have no knowledge of or access to help. It is common knowledge that more than 60 percent of them can recover completely with *specialized* help, which is the key.

Counseling is not a one-size-fits-all-field. There are different kinds of problems for which there are different counselors, those who have had experience in helping

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people handle those specific problems. Thus, there are relationship counselors, de-addiction counselors, pediatric counselors, and so on. This is what the present chapter is all about. This chapter may help the student of counseling decide on his or her specialty according to his or her interest and aptitude. The last part of this chapter is devoted to a very important, perhaps the most important aspect of a professional's life—self care.

## RELATIONSHIP COUNSELING

Relationship counseling is the process of counseling the parties of a relationship in order to try and reconcile differences. The relationship involved may be between people in a family, between employees in a workplace, or between a professional and a client. Relationship counseling as a discrete, professional activity is a recent phenomenon. Until the late 20$^{th}$ century, the task of relationship counseling was informally fulfilled by close friends, family members, or local religious leaders. Psychologists and psychotherapists dealt almost entirely with individual psychological issues. In many less technologically advanced cultures around the world today, the institution of family, the village or group elders fulfill the task of relationship counseling.

Increasing modernization and westernization have seen a perceptible shift toward isolated nuclear families. The old support structures offered by the joint family system are no longer available. This has made the need for relationship counseling greater than ever. In the western society, it is not unusual for people to seek the services of the counselor for even minor issues. This trend towards trained relationship counselors is catching on in India too. Many communities and government departments are beginning to have their own team of trained voluntary or professional relationship counselors. UGC has mandated that every university and college should have a counselor to take care of the students' issues. These counselors can train volunteers from among the student peer group, to operate similar services. Even the corporate world is opening up to the idea and starting to maintain full-time professional counseling staff in order to facilitate smoother interactions between employees, and prevent personal difficulties affecting work performance.

Relationship counselors are extremely helpful at any stage/type of a relationship. There are counselors specializing in premarital counseling, couples counseling as well as those working with married couples experiencing difficulties of many years' duration. Generally, the initial session is with both the counselees, although sometimes one person will start therapy and his or her partner/spouse will join later. Relationship counseling aims to help recognize and to better manage or reconcile troublesome differences and repeating patterns of distress. The goal of relationship

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counseling is to help couples improve communication skills, learn to handle conflicts constructively, and help to resolve old childhood issues that may be hindering the growth of a healthy relationship.

## Couple's Counseling

Couple's counseling is based on the premise that individuals and their problems are best handled within the context of the couple's relationship. Typically, both partners in the relationship attend the counseling session to discuss the couple's specific issues (Will). Couple's counseling aims to help a couple deal appropriately with their immediate problems, to address the dysfunction in their relationship and to learn better ways of relating in general.

Raising children and meeting family needs is becoming more and more complex and complicated. The primary resources, such as extended families and community supports no longer seem to be available. And thus, couples are feeling increasingly isolated as they are expected to manage their lives on their own. Couples in our present culture are less bound by family traditions and are freer than ever before to develop relationships unlike those of the families that they were raised in (Carter B., McGoldrick M., 1989).

Couple's counseling is a useful modality of help for couples who are experiencing difficulties, such as repetitive arguments, feelings of distance or emptiness in the relationship, pervasive feelings of anger, resentment and or dissatisfaction or lack of interest in affection or in a physical relationship with one another (Center for Addiction and Mental Health).

The effectiveness of couple's counseling, in general, has shown that most couples who try it receive good help. However, not all differences can be reconciled and many still go on to dissolve their relationship. In a review of the literature through mid-1996, Pinsof, Wynne, and Hambright (1996: Pinsof and Wynne, 1995) concluded that significant data exists that support the efficacy of the family and couples therapy and that there is no evidence indicating that couples are harmed when they undergo treatment (Friedlander, M., 1997).

Research outcomes on couples counseling suggest the following (Wills, R.M (2001)):

- ❖ At the end of couple's therapy, 75 percent of couples receiving therapy are better off than similar couples who did not receive therapy.
- ❖ About 65 percent of couples report "significant" improvement based on averaged scores of marital "satisfaction."
- ❖ Most couples will benefit from therapy, but both spouses will not necessarily experience the same outcomes or benefits.
- ❖ Therapies that produce the greatest gain and are able to maintain that gain over the long amount of time, tend to affect the couple's emotional

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bonds and help the spouse's work together to achieve a greater level of "differentiation" or emotional maturity.

One of the main reasons why people do not seek counseling is because they believe that that would be an admission that their marriage has failed. That scares them and makes them feel like a failure. However, many couples seek counseling to resolve difficult issues, to confront their own psychological problems within the context of couples' therapy, or to find a neutral space where they can work on their relationship. Some marriage counselors may meet with the partners separately before meeting with them together, or may even have individual counselors who meet with the partners and then have a group session with all the counselors and the partners.

With the aid of a qualified clinician, couples can bring peace, stability and communication back into their relationship, thus affecting their lives and the lives of those most impacted by them and their relationship. The Internet has added new dimensions to traditional face-to-face counseling. It is now possible to engage in counseling sessions with therapists in other states or even other countries via web cams, email, and the telephone.

## Premarital Counseling

Premarital counseling and/or education is a therapeutic couple intervention that occurs with couples who plan to marry. Premarital education is "a skills training procedure which aims at providing couples with information on ways to improve their relationship once they are married" (Senediak, 1990, p. 26). Premarital counseling is a brief intervention, with programs averaging about four hours of contact time with each couple (Silliman and Schumm, 1999).

Premarital counseling is a way to enrich a relationship so that it has every opportunity to grow into a satisfying and stable marriage. Premarital counseling will give a couple clearer pictures of themselves as individuals, and of their relationship as a couple; they will learn their strengths and identify areas where growth is needed. By learning more about themselves, they will be better able to spot problems developing long before they become a serious threat to their relationship. Typically, premarital counseling covers a variety of topics including conflict management, friends, finances, spirituality, sexuality, children, gender roles, and expectations. Individuals will have the opportunity to discuss the families in which they grew up, and learn how their family experiences influence their couple relationship. Premarital counseling will introduce them to effective ways to communicate and solve problems together.

It has been found that couples are vulnerable during the early years, and the rate of divorce is the highest during this time. Premarital counseling is quite beneficial as the couples do not receive any formal training for marriage and family life. Whether it be 'arranged' or 'love' marriage, it is true that one can never be totally prepared.

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The goals of premarital counseling generally include the following: (a) To teach couples information about married life, (b) To enhance couple communication skills (c) To encourage couples to develop conflict resolution skills, and (d) To allow the couple to speak about certain sensitive topics, such as sex and money (Senediak, 1990; Stahmann and Hiebert, 1997). Overall, Stahmann and Hiebert (1980) report that "the goal of premarital counseling is to enhance the premarital relationship so that it might develop into a satisfactory and stable marital relationship" (p. 11).

Recent research has found couples who participate in premarital education have stronger marriages than those who get hitched without such preparation. Researchers at Brigham Young University in Utah and the University of Minnesota analyzed 23 studies conducted over the past 30 years and found that couples who received counseling scored 30 percent higher on tests that rated their level of communication and overall satisfaction with their spouses.

Premarital education often includes teaching couples about conflict resolution, marital roles, sexuality, and financial management. Premarital counseling is a strength-based approach that focuses on a couple's resources to develop a shared vision for the marriage. Background information about premarital counseling and solution-focused therapy provide the framework for the development of intervention strategies that are grounded in the solution-focused approach (Murray & Murray, 2004).

## Marriage Counseling

With increasing divorce rates and millions of couples who are simply unsatisfied with their relationship, an intervention from a professional counselor can be the necessary step for improving the relationship, helping everyone work on key issues that are causing conflict, and working towards improvement (Theresa Anderson). The field of marriage and family counseling has exploded over the past decade. Counselors at all levels are work effectively with couples and families experiencing a wide variety of issues and problems (Smith and Stevens-Smith 1992)

Marriage counseling is a type of psychological counseling where a married couple seeks professional counseling to hopefully heal their marriage (wordiq.com). When one of the partners is considering divorce, marriage counseling can be a type of mediation aimed at conciliation. Some individuals who do go on to get a divorce may use a similar process through divorce mediation to determine issues like custody, spousal support and the division of property.

Marital counseling provides the opportunity for the couple to help discover strengths in their relationship and thereby build a healthy, long-lasting relationship. It provides them with the skills and strategies they need to manage life together in a healthy way. Marriage counseling need not necessarily be for couples with problems in their relationship. It can also be valuable in helping them enhance

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their relationship, providing them with fundamental tools and coping strategies to improve communication, show respect for each other, and grow.

In some marriages the couples are held together by the smooth working of most or all factors intrinsic to relationships—personality compatibility, communication, conflict resolution, and sexuality. In others the marriage hinges more on external elements, leisure activities, religious attitudes, financial management, children, family and friends, and distress predominates.

The marriage starts breaking down generally when they are no longer able to negotiate differences and resolve problems effectively. They need to gain a perspective and work on ways to establish healthy boundaries during conflict. Instead of stepping into a crisis mode each time a difficulty arises, marriage counseling works to prevent negative behavior and attitudes, focusing instead on a results-oriented approach that can benefit both parties (Theresa Taylor).

Many couples who would be benefited by counseling do not seek it thinking that the problem will either go away with time or resolve itself. They might also be under the impression that they have done everything possible, and there is nothing that anyone can say or do any more. They do not realize that all they need is to talk to a person who is qualified to help them, and it might just take a little nudge in the right direction to start working on removing arguments and negative behavior form a relationship. This process can help them resolve a crisis, improve communications, and even help with healing after a difficult period or time of transition.

Marriage counseling provides resources and healthy strategies to cope with challenges and stressors. Educating the couple in the channels of effective communication such as listening, responding, empathizing, etc., is done in the counseling setting. This provides the couple with a neutral setting to share their feelings honestly and openly. The counselor provides the necessary unbiased feedback, and helps discern and address the root cause of the problem.

There are a few techniques that counselors use like the genogram, the family floor plan, reframing, tracking, communication skill-building techniques, family sculpting, family photos, special days, mini-vacations, special outings the empty chair, family choreography, family council meetings, strategic alliances, prescribing indecision, putting the client in control of the symptom. Counselors customize them according to the presenting problem, the individuals involved, the culture, etc.

## Family Counseling

Two people, two minds, two thoughts, two opinions. Imagine a family with many minds. Conflicts therefore are common, even normal, with people living in close proximity. But when normal conflicts magnify and family members begin hurting each other emotionally (and sometimes physically) and a feeling of anger permeates

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the household, then is the time to do something about it. Each family has its own dynamics. And the inappropriate or unacceptable behavior of one or more members of the family affects everyone else. While counselors work with those individuals to try to help them with the cause of their actions, they also work with the entire family so they can provide support for that person and for each other, and to learn how to reduce the conflict (unlimitedinvestigations.com).

Families can be thought of as a system of interacting parts. We teach and learn from one another. Children generally learn by observing their parents and other adults in the family. They learn patterns of thinking, feeling, and behaving from the families in which they grow up. Sometimes these are inappropriate or unacceptable. And when these are not challenged and/or changed, they pass on that legacy to their children and families.

Family counseling involves all the members of a nuclear and/or extended family. It may help to promote better relationships and understanding within a family. It may be incident specific, or may address the needs of the family when one family member suffers from a mental or physical illness that alters his or her behavior or habits in negative ways (wisegeek.com).

Ideally, family counseling should occur with all members of the family unit present. However, some individuals may not be in a position to attend the session (such as physical illness, business trip, etc.). Also these individuals may be the reason the family is seeking counseling.

Family counseling works with individuals in intimate relationships to nurture change and development. It tends to view change in terms of the systems of interaction between family members. It emphasizes family relationships as an important factor in psychological health (wikipedia). Regardless of the origin of the problem, be it an individual or a few individuals seen as contributing to the problem, family counseling tends to view the whole family as needing counseling. Family relationships—the systems of interaction between family members—are the most important factor in the psychological health of any member. Thus, involving families in solutions, in whatever kind of intervention, is often beneficial to all those involved, either directly or indirectly. Family therapy has been used effectively in the full range of human dilemmas; there is no category of relationship or psychological problem that has not been addressed with this approach.

This involvement may be in the form of direct participation in the counseling sessions. The family therapist needs to influence conversations in a way that catalyzes the strengths, wisdom, and support of the wider system.

Family counseling most often is based on family systems approach which regards the family, as a whole, as the unit of treatment, understands the family to be a living organism that is more than the sum of its individual members, and emphasizes such factors as relationships and communication patterns as a whole, rather than traits

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or symptoms in individual members. It evaluates family members in terms of their position or role within the system as a whole.

Relationship or family counseling may be particularly useful for the following:

- Problems developing in one or more family members which affect all (i.e., children's problems, anger, depression in one partner, etc.)
- Family or relationship change, such as divorce, or children leaving home
- Cultural and ethnic conflict within relationships
- Sexual or cultural differences between the family and the larger community
- Finding the satisfaction you seek in relationships

Problems are treated by changing the way the system works rather than trying to "fix" a specific member. Family systems theory is based on several major concepts:

### The Identified Patient

The identified patient (IP) is the family member with the symptom that has brought the family into treatment.

### Homeostasis (Balance)

The concept of homeostasis means that the family system seeks to maintain its customary organization and functioning over time. It tends to resist change.

### The Extended Family Field

The extended family field refers to the nuclear family, plus the network of grandparents, and other members of the extended family.

### Differentiation

Differentiation refers to the ability of each family member to maintain his or her own sense of self, while remaining emotionally connected to the family.

### Triangular Relationships

Family systems theory maintains that emotional relationships in families are usually triangular. Whenever any two persons in the family system have problems with each other, they will "triangle in" a third member as a way of stabilizing their own relationship.

The techniques used in family counseling are: *communication theory*, *psychoeducation*, *psychotherapy*, *relationship education*, *systemic coaching*, *systems theory*,

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and *reality therapy*. Apart from that the techniques that have been mentioned in the earlier section also apply to family counseling.

Family counselors usually evaluate a family for treatment by scheduling a series of interviews with the members of the immediate family, including young children, and significant or symptomatic members of the extended family. Understanding how each member of the family sees the problem, the family's functioning, the level and types of emotions expressed, patterns of dominance and submission, the roles played by family members, communication styles, and the locations of emotional triangles, assessing whether these patterns are rigid or relatively flexible is what the counselor hopes to unearth and identify, then help the family to see the problem objectively.

## REHABILITATION COUNSELING

Rehabilitation is defined as "a holistic and integrated program of medical, physical, psychosocial, and vocational interventions that empower a person with disability to achieve a personally fulfilling, socially meaningful, and functionally effective interaction with the world" (John Banja). Szymanski, (1985) defined it "as a profession that assists persons with disabilities in adapting to the environment, assists environments in accommodating the needs of the individual, and works toward full participation of persons with disabilities in all aspects of society, especially work". Rehabilitation counseling as a process is "a comprehensive sequence of services, mutually planned by the consumer and rehabilitation counselor, to maximize employability, independence, integration, and participation of persons with disabilities in the workplace and the community" (Jenkins, Patterson, and Szymanski, 1991).

Rehabilitation counseling, aims to assist individuals with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in a systematic manner. The counseling process is like any other, involving communication, goal setting, and initiating and augmenting beneficial growth or change through self-advocacy, psychological, vocational, social and behavioral interventions. The specific techniques and modalities utilized in the rehabilitation counseling process may include, but are not restricted to the following:

- Assessment and appraisal
- Diagnosis and treatment planning
- Career (vocational) planning; job analysis and job development
- Provide placement services, including assistance with reasonable accommodations

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- Individual and group counseling treatment interventions
- Relationship counseling
- Case management, referral, and service coordination
- Care and program evaluation and research
- Advocacy and interventions to remove environmental, employment and attitudinal barrier
- Provision of consultation about and access to rehabilitation technology (Commission on Rehabilitation Counselor Certification 1994)

## Rehabilitation Philosophy

The philosophy of rehabilitation rests on the premise that believes in the dignity and worth of all people. The concepts of independence, integration, and the inclusion of people, with and without disabilities, in employment and their communities are valued without exception. It aims to integrate the people who are disabled or differently abled into the least restrictive environment where they can not only survive, but also flourish and grow as a person, as a productive member of society. It involves a massive commitment, based on a model of accommodation, towards equalizing opportunities for all to participate in all rights and privileges available to and to providing a sense of equal justice. Rehabilitation counselors are additionally committed to support the individuals in advocacy activities, in order to enable them to achieve all the aforementioned rights which help them live with dignity and pride; and also further empower themselves. The counselors and their clients work together on this, by mutually planning and integrating various aspects of the client's life, roles and responsibilities, making it a comprehensive effort towards maximizing independence and hence self-worth. This counseling encourages client choice and empowerment. This implies that the individual takes full responsibility for his or her choice for which they have to lose the victim persona and focus on their right and ability to succeed as well as fail. They need to be taught to remember that life does not come with a warranty or guarantee card. This is so for everyone, not only peculiar to them. Every action is a calculated risk taken by individuals in the hope (and prayer) that they will succeed. However, they must be prepared for failure too, and deal with the disappointments in a mature manner as they come. Embedded in this philosophy is the principle of informed consent, disclosure, and maintaining the integrity and dignity of the person.

The terms *disability* and *handicap* are not synonymous. Disability describes the attributes of the persons, and handicap—the sources of limitations, such as attitudinal, legal and architectural barriers. The language chosen by the counselor communicates a philosophical and attitudinal orientation at both a personal and professional level. counselors must communicate clearly and respectfully. The terms

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*differently abled, challenged* and *special* are to be used to describe the individuals. Avoiding the use of term *normal* helps.

## Definition of Disability

Disability is often described in terms of lack of 'normal' functioning of physical, mental, or psychological processes. People who have problems in processing information which reflects in their ability to learn, adjust socially and emotionally are seen as having learning difficulties. this interfaces with a person's normal growth and development. The rehabilitation counselor should be aware of the various definitions of disability, their varied uses, and the relationships among them.

1. Americans with Disabilities Act defines an individual with a disability as a person who (1) has a physical or mental impairment that substantially limits one or more of the major life activities of that person, (2) has a record of such impairment, or (3) is regarded as having such an impairment (web.pace.edu). Major life activities include caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning, and working. Federal law, including the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as well as state and local laws prohibit institutions of higher education from discriminating against students with disabilities.
2. The Disability Discrimination Act (DDA) of UK defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities (direct.gov.uk).

For the purposes of the Act

- ❖ substantial means neither minor nor trivial
- ❖ long term means that the effect of the impairment has lasted or is likely to last for at least 12 months (there are special rules covering recurring or fluctuating conditions)
- ❖ normal day-to-day activities include everyday things like eating, washing, walking, and going shopping
- ❖ a normal day-to-day activity must affect one of the "capacities" listed in the Act, which include mobility, manual dexterity, speech, hearing, seeing, and memory.

The DDA 2005 amended the definition of disability. It removed the requirement that a mental illness should be "clinically well-recognized."

It also ensured that people with HIV, cancer, and multiple sclerosis are deemed to be covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out their day to day activities.

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3. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (India) (adapted from disabilityindia.org and education.nic.in/).

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 has come into force on February 7, 1996. This law is an important landmark and is a significant step in the direction of ensuring equal opportunities for people with disabilities and their full participation in the nation building. The Act provides for both preventive and promotional aspects of rehabilitation like education, employment, and vocational training, job reservation, research and manpower development, creation of barrier-free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability, etc.

The definition of the term "disability" as per the provisions of the Persons with Disability Act 1995 means

1. Blindness
2. Low vision
3. Leprosy cured
4. Hearing impairment
5. Locomotor disability
6. Mental retardation
7. Mental illness

### Main Provisions of the Disabilities Act

1. *Preventions and Detections of Disabilities*
   - ❖ Prevention and early detection of disabilities.
   - ❖ Surveys, investigations, and research shall be conducted to ascertain the cause of occurrence of disabilities.
   - ❖ Various measures shall be taken to prevent disabilities, staff at the primary health centre shall be trained to assist in this work.
   - ❖ All the children shall be screened once in a year for identifying "at-risk" cases.
   - ❖ Awareness campaigns shall be launched and sponsored to disseminate information.
   - ❖ Measures shall be taken for prenatal, perinatal, and postnatal care of the mother and child.
2. *Education—"Right to free Education"*
   - ❖ Every child with disability shall have the rights to free education till the age of 18 years in integrated schools or special schools.

- ❖ Appropriate transportation, removal of architectural barriers, and restructuring of curriculum and modifications in the examination system shall be ensured for the benefit of children with disabilities.
- ❖ Children with disabilities shall have the right to free books, scholarships, uniforms, and other learning material.
- ❖ Special school for children with disabilities shall be equipped with vocational training facilities.
- ❖ Non-formal education shall be promoted for children with disabilities.
- ❖ Teacher's training Institutions shall be established to develop requisite manpower.
- ❖ Parents may move the appropriate fora for the redressal of grievances regarding the placement of their children with disabilities.

3. *Employment*

   *i.* 3 percent of vacancies in government employment shall be reserved for people with disabilities, 1 percent each for persons suffering from:
   - ❖ Blindness or low vision
   - ❖ Hearing impairment
   - ❖ Locomotor disability and cerebral palsy

   Suitable schemes shall be formulated for:
   - ❖ Training and welfare of persons with disabilities,
   - ❖ Relaxation of upper age limit,
   - ❖ Regulating the employment, and
   - ❖ Health and safety measures and creation of a non-handicapping environment in places where persons with disabilities are employed.

   *ii.* Government educational institutes and other educational institutes receiving grant from government shall reserve at least 3 percent seats for people with disabilities.

   *iii.* All poverty alleviation schemes shall reserve at least 3 percent for the benefit of people with disabilities.

   *iv.* No employee can be sacked or demoted if they become disabled during service, although they can be moved to another post with the same pay and condition. No promotion can be denied because of impairment.

4. *Non-discrimination*
   - ❖ Public buildings, rail compartments, buses, ships and aircrafts will be designed to give easy access to disabled people.
   - ❖ In all public places and in waiting rooms, toilets shall be wheel chair accessible. Braille and sound symbols are also to be provided in lifts.
   - ❖ All the places of public utility shall be made barrier-free by providing ramps.

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5. *Research and Manpower Development*
   *i.* Research in the following areas shall be sponsored and promoted:
   - Prevention of disability
   - Rehabilitation, including CBR
   - Development of assistive devices
   - Job identification
   - On site modifications of offices and factories

   *ii.* Financial assistance shall be made available to the universities, other institutions of higher learning, professional bodies, and non-government research units or institutions, for undertaking research for special education, rehabilitation and manpower development.
6. *Affirmative Action*
   *i.* Aids and appliances shall be made available to people with disabilities.
   *ii.* Allotment of land shall be made at concessional rates to the people with disabilities for:
   - House
   - Business
   - Special recreational centers
   - Special schools
   - Research schools
   - Factories by entrepreneurs with disability
7. *Social Security*
   *i.* Financial assistance to non-government organizations for rehabilitation of persons with disabilities.
   *ii.* Insurance coverage for the benefit of government employees with disabilities
   *iii.* Unemployment allowance to people with disabilities registered with the special employment exchange for more than a year and who could not be placed in any gainful occupation.
8. *Grievance Redressal*

In case of violation of rights as prescribed in that act, people with disabilities may move an application to

*i.* Chief Commissioner, for Persons with Disabilities in the Centre or
*ii.* Commissioner for Persons with Disabilities in the states.

## Paradigms of Rehabilitation Practice

A conceptual model proposed by Hershenson (1990) provides a rationale for distinguishing rehabilitation counseling from other helping disciplines involved in rehabilitation, such as medicine or psychology. This system of categories considers

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rehabilitation from the perspective of primary, secondary, and tertiary prevention of disability:

- *Primary prevention* is characterized by the provisions of interventions directed toward preventing the onset of disease or disability. Professionals from such fields as public health and occupational health and safety have traditionally provided primary prevention.
- *Secondary prevention* is characterized by the provisions of interventions directed toward preventing or when that is not possible, limiting the effects of the disease or disability in the persons, when primary prevention has failed. Professionals from medicine, psychology, and similar curative fields have traditionally provided this level of prevention.
- *Tertiary prevention* is characterized by activities directed toward preventing long-term residual conditions from having any greater disabling effects than necessary, once the secondary prevention fields have done all they can to cure of limit the disease/disabling process. Professionals from rehabilitation counseling and allied fields have traditionally provided tertiary prevention.

## ISSUES RELEVANT TO THE MENTAL AND PHYSICAL WELL-BEING OF WOMEN

Until recently, women's specific issues were largely ignored. For too many years research, counseling interventions, and public policy have neglected women's voices and stories. With persistence and vigilance we now see major changes in research and practice that focus on women and their issues (Kopala and Keitel, 2003).

The majority of clients who seek counseling are women. As counselors we need to combine traditional approaches with alternative approaches to counseling women, gain information about the nature of psychological distress commonly experienced by women, develop an awareness of the social and cultural basis of problems commonly experienced by women, examine some specific problems women bring to counseling, and learn about some strategies for helping women deal with distress and problems.

### Rape

Rape is when one person wants and pursues a sexual act on, to or inside another person who does not want to participate, and who does not fully and freely consent to take part in that act. Rape is forced, unwanted sexual intercourse. Rape, sometimes also called sexual assault, can happen to both men and women of any age. We will continue this discussion in the context of the victim being a woman.

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Rape is a life-altering event. Some women who are raped are affected by the trauma for the rest of their lives. Survivors—those who have been raped prefer to be called "survivors," not victims—experience numerous psychological problems, in addition to physical trauma (Norment, 2002).

Rape has a profound effect on how the survivor lives her life. The victim's self-esteem is all but shattered and the trauma changes the way she relates to the men in her life. The feeling that men are dangerous develops very strongly and she finds it very difficult to trust them. She feels very let down and sometimes even angry that she was powerless and let it happen to her.

The figures of rape and sexual assault around the world vary. Inconsistent definitions of rape, over reporting, under reporting and false reporting create controversial statistical disparities, and lead to accusations that many rape statistics are unreliable or misleading (wikipedia). According to *USA Today* reporter Kevin Johnson "no other major category of crime—not murder, assault or robbery—has generated a more serious challenge of the credibility of national crime statistics" than rape (Johnson, 1998).

Society must be made aware of the severity and pervasiveness of the problem. Consequently, schools, organizations, institutions, should take steps to educate men, women, and the public about what rape is and, especially, how to prevent it. Support systems for survivors must be fortified so that they won't be victimized a second or third time by misinformed or insensitive law enforcement agencies and medical professionals. Counseling should be available to every survivor. And most importantly, widespread myths about rape and sexual assault must be dispelled. People must be made to understand what rape is and what is acceptable behavior when it comes to sexual acts.

Many people still believe that rape is a crime of passion, and so the onus of initiating it falls on the victim—her behavior, grooming, etc., are seen as stimulants. They need to be educated on the fact that rape is a crime of violence. It is about violence and control. Rape is about power, not sex. A rapist uses actual force or violence—or the threat of it—to take control over another human being. Some rapists use drugs to take away a person's ability to fight back. Rape is a crime, whether the person committing it is a stranger, a date, an acquaintance, or a family member (kidshealth.org). It is hard for people to understand that point because rape involves sexual contact the rapist is trying to gain control. That is also the case with rape without penetration, sexual assault and sodomy. They all are violent, regardless of whether there is penetration. No matter how it happened, rape is frightening and traumatizing. People who have been raped need care, comfort, and a way to heal.

Earlier most rape incidents used to go unreported. But now, advocates and counselors say, that more women are breaking the silence and speaking out. More and more women are reporting rape to law enforcement officials and seeking medical

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care immediately after an assault. For rape survivors, talking about it is the first step to healing and getting on with their lives.

It is important for survivors to speak out and get counseling so they will understand that what happened to them is not their fault, and consequently they can get over the feelings of shame and guilt.

Rape Trauma Syndrome (RTS) is a form of psychological trauma and post traumatic stress disorder experienced by a rape victim, consisting of disruptions to normal physical, emotional, cognitive, behavioral, and interpersonal characteristics. The theory was first described by psychiatrist Ann Wolbert Burgess and sociologist Lynda Lytle Holmstrom in 1974. RTS also paved the way for consideration of Complex Post Traumatic Stress Disorder, which can more accurately describe the consequences of serious, protracted trauma than Post Traumatic Stress Disorder alone (Bessel et al., 2005).

Victims of rape can be severely *traumatized* by the assault and may have difficulty functioning as well as they had been used to prior to the assault, with disruption of concentration, sleeping patterns and eating habits, for example. They may feel jumpy or be on edge. After being raped it is common for the victim to experience *Acute Stress Disorder*, including symptoms similar to those of *post traumatic stress disorder*, such as intense, sometimes unpredictable, emotions, and they may find it hard to deal with their memories of the event (Bryant et al., 1999).

Survivors of rape and sexual assault are prone to crying spells, depression, thoughts of suicide, drug and alcohol abuse, and low self-esteem. They are at higher risk for unhealthy behavior and difficulties with interpersonal relationships. By talking about the rape, survivors uncover and address the psychological problems some don't even know they have or realize are related to the rape.

It is also important that rape and assault survivors have a supportive network of family and friends. In the past, women were afraid to confide because they were often criticized and made to feel it was their fault. Counselors say it is important for loved ones to listen to survivors and emphasize to them that what happened is not their fault.

## Counseling About Puberty

The onset of puberty is a very important time in the life of a child. At this time, the child needs all the help he or she can get. It is a traumatic time physiologically, physically, and emotionally. Thus, parents, teachers, and counselors would do well to provide the children with the support they need to overcome various problems associated with the stage.

The issues to be addressed are listed below:

- ❖ Abortion
- ❖ Adolescent sexual development
- ❖ Communicating about sexuality issues

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- Contraception
- Counseling skills
- Healthy relationships
- HIV/AIDS
- Male involvement
- Menstrual cycle
- Ultrasound
- Understanding youth culture
- Options counseling
- Reproductive anatomy and physiology
- Risk taking
- Sexual diversity
- Sexuality
- Sexuality and the media
- Sexuality messages and the internet
- Sexually transmitted infections (STIs)
- Teen love and relationships

## Menopause Counseling

Counseling of individuals, couples, and families involves issues related to mid-life decisions and change, including marriage, divorce, and re-marriage, retirement planning, "empty nest syndrome," housing, sex, and health.

Counseling and therapies by a physician and nurse can help reduce one's menopause symptoms and restore balance in life. Some centers also offer hormone testing and menopause typing, as well as hormone balancing with natural hormones and herbs.

With appropriate counseling, managed care organizations and clinicians can help women make the choices that are right for them. Information on methods for managing symptoms and diseases of advancing age, such as coronary heart disease and osteoporosis should be provided to women. The focus should be on informing women about options for managing menopausal symptoms and for preventing some of the diseases associated with aging. Answering questions women have about treatment options, including the known benefits and risks of treatments, the strength of the evidence on those benefits and risks helps women make decisions that are best for them given their own health history, family health history, and personal preferences and concerns. Because our knowledge base in this area is changing daily, women's needs for information are understandable. Professionals need to provide high-quality informational materials, such as pamphlets, audiocassettes, videotapes, or Internet-based media tools for use in combination with one-on-one counseling.

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## Pregnancy Counseling

Worry is caused by fear. And in the age of so much information (and misinformation), pregnant women can hardly help but be fearful. They're bombarded with advice and warnings, most of which are unnecessary.

If reproductive systems were that fragile, we'd have become extinct years ago. Pregnancy is a natural function, and like most of our other bodily functions works correctly almost every time. Fetal development, in fact, is amazingly resilient. Avoiding behaviors that are obviously dangerous and habits that are excessive is smart, of course, but using common sense it is extremely likely that a healthy pregnancy is possible. Radiation fallout from a blown nuclear reactor should be avoided, but indicated X-rays or airport metal detectors should not. Smoking two packs of cigarettes a day can have an effect on the growth of your baby, but encountering a few minutes of second-hand smoke a day won't.

Pregnancy is a joyous and wonderful thing. The more a woman understands about her pregnancy, and what to do to make sure she and her baby stay healthy and safe, the more she will enjoy her pregnancy and the happier and healthier she and her baby will be. She would need counseling if she felt overwhelmed, isolated, and in need of support.

## Career Counseling for Women

Recently, career counseling has become prevalent because working life (career) is becoming increasingly complicated. In other words, working has become the dominant part of one's life and it has become difficult to imagine living without a job, and as a result, people's work lives are becoming more complex and diverse. People have more choices than before and each individual has to choose her own "way of life" and take responsibility for that choice. Those who cannot do so, or who are unaware of the choices they make, have no chance to improve their careers and they encounter various difficulties at work. That is why many people seek advice on their careers.

## Are there any Special Considerations to Keep in Mind when Counseling Women?

Until fairly recently, it was not all that common for women to have jobs, so women have few role models to learn from. Some young women get discouraged, which is why advisors need to help them relate to their role models and encourage them to think constructively about their careers.

In addition, women have more hopes and ideals for their careers than men, and they tend to be influenced by limited information as well. First of all, there is very

little information on jobs and working life for women, and providing that kind of information in a timely fashion is part of the role of job counselors, but it is not their only function. It is more important for career counselors to provide women with guidance on how to fit their jobs into their lives, and to encourage them to think. Through this process, counselors can help women to find the meaning of work and help them pursue careers of their own choice, although job seekers need to make compromises to do that.

Career counselors need to focus on helping counselees recognize that taking a job changes their lives. They need to look beneath the surface of the person who is seeking career advice. At the same time, people who are serious about their careers often focus too much on their own jobs and forget about the importance of creating a good working environment. They need to help maintain a balance. When counseling working women, it is important to fully bring out the values and ideas of the counselee and help her make a satisfactory choice about the roles she wants to enrich (as an employee, as a wife, as a mother, as a daughter, as a member of the community, and so forth).

## SOCIAL INJUSTICE ISSUE COUNSELING

Social injustice is a concept relating to the perceived unfairness of a society in its divisions of rewards and burdens. Historically, writers have used literature to denounce social injustice in their societies.

Human beings have universal rights, or status, regardless of legal jurisdiction, and likewise other localizing factors, such as ethnicity and nationality. This is the premise of human rights. The legal and political traditions of United Nations member states have set norms which include the right to life, the right to an adequate standard of living, freedom from torture and other mistreatment, freedom of religion and of expression, freedom of movement, the right to self-determination, the right to education, and the right to participation in cultural and political life. These are incorporated into international human rights instruments.

Millions of women throughout the world, for reason no other than the fact that they are women, live in conditions of abject deprivation of, and attacks against, their fundamental human rights. Abuses against them are relentless, systematic, and widely tolerated, if not explicitly condoned. Notwithstanding the very real progress of the international womens' human rights movement in identifying, raising awareness about, and challenging impunity for women's human rights violations, violence against them and discrimination are still global social epidemics.

We live in a sad world. A world where women do not have basic control over what happens to their bodies. Being forced to marry and have sex with men they

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do not desire, not being able to make basic decisions about what happens to their bodies are just some of the problems women face. The government also is unable to protect them from physical violence in the home, sometimes with fatal consequences, including increased risk of HIV/AIDS infection. Women in state custody face sexual assault by their jailers. Women are punished for having sex outside of marriage or with a person of their choosing (rather than of their family's choosing). Husbands and other male family members obstruct or dictate women's access to reproductive health care. Doctors and government officials disproportionately target women from disadvantaged or marginalized communities for coercive family planning policies (hrw.org).

Counseling for women who have been subjected to such atrocities follow the pattern of any individual counseling.

## ADDICTION COUNSELING

According to the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), substance dependence is defined as:

"When an individual persists in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. This, along with substance abuse are considered substance use disorders."

A definition of addiction proposed by Professor Nils Bejerot:

"An emotional fixation (sentiment) acquired through learning, which intermittently or continually expresses itself in purposeful, stereotyped behavior with the character and force of a natural drive, aiming at a specific pleasure or the avoidance of a specific discomfort."

The American Society of Addiction Medicine recommends treatment for people with chemical dependency based on patient placement criteria (currently listed in PPC-2), which attempt to match levels of care according to clinical assessments in six areas, including

- Acute intoxication and/or withdrawal potential
- Biomedical conditions or complications
- Emotional/behavioral conditions or complications
- Treatment acceptance/resistance
- Relapse potential
- Recovery environment

Drugs known to cause addiction include illegal drugs as well as prescription or over-the-counter drugs, according to the definition of the American Society of Addiction Medicine (Wikipedia).

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- Stimulants:
  - Amphetamine and methamphetamine
  - Cocaine
  - Nicotine
- Sedatives and hypnotics:
  - Alcohol
  - Barbiturates
  - Benzodiazepines, particularly flunitrazepam, triazolam, temazepam, and nimetazepam
  - Methaqualone and the related quinazolinone sedative-hypnotics
- Opiate and opioid analgesics:
  - Morphine and codeine, the two naturally occurring opiate analgesics
  - Semi-synthetic opiates, such as heroin (diacetylmorphine), oxycodone, hydrocodone, and hydromorphone
  - Fully synthetic opioids, such as fentanyl, meperidine/pethidine, and methadone

Drug addiction is when an individual is dependent on a drug. This dependence can be emotional or physical, or both on the drug. Addiction causes intense cravings for the drug and the need to use it again and again. When the individual stops using the drug she/he may experience unpleasant physical or psychological discomfort.

Though the term is often reserved for *drug* addictions, it is also applied to other compulsions, such as gambling and compulsive overeating. Factors that have been suggested as causes of addiction include genetic, biological/pharmacological, and social factors.

The medical community makes a careful theoretical distinction between physical dependence (characterized by symptoms of withdrawal) and psychological dependence (or simply addiction). However, the two kinds of addiction are not always easy to distinguish. Addictions often have both physical and psychological components.

There is also a lesser known situation called pseudoaddiction. The term pseudoaddiction was first used in 1989 to describe the patient displaying behaviors expressing inadequately treated pain (moaning, grimacing, increasing requests for analgesics) which were wrongly interpreted by the physicians and nurses as indicators of addiction. The patient exhibits drug-seeking behavior reminiscent of psychological addiction, but they tend to have genuine pain or other symptoms that have been undertreated. Unlike true psychological addiction, these behaviors tend to stop when the pain is adequately treated.

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## Methods of Care

*Diverse explanations*: Several explanations (or "models") have been presented to explain addiction- those which stress biological or genetic causes for addiction and those which stress social or purely psychological causes. Of course there are also many models which attempt to see addiction as both a physiological and a psychosocial phenomenon. It can affect anyone, from all walks of life. As a result of their addiction, they suffer from disturbances in their mental health, personal health, careers, or even their social abilities. As the problems are so widespread and complex, helping an individual recover from drug addiction can be more difficult than just the actual addiction itself.

*Addiction treatment* can be for a specific drug or for a broad range of drug addictions. It can also vary depending on the characteristics of the individual. Treatment needs to involve all aspects of their life. Counseling approaches generally integrate psychotherapeutic and coping skills-training techniques. The primary goal is to enhance and sustain patient motivation for change, establish and maintain abstinence from all psychoactive drugs, and foster development of (non-chemical) coping and problem solving skills to thwart and ultimately eliminate impulses to "self-medicate" with psychoactive drugs. There is a combination of CBT, motivational, and insight-oriented techniques. As the counseling process faces with a lot of resistance from the client, confrontation and psychoeducation are widely used.

Addiction counseling works to enhance the client's motivation for change, Teach the client how to break the addictive cycle and establish total abstinence from all mood-altering drugs, teach the client adaptive coping and problem solving skills required to maintain abstinence over the long term, and support and guide the client through trouble spots and setbacks that might otherwise lead to relapse (Washton, 1995).

Because every individual is unique, there is a wide range of addiction treatment approaches available. Here are some of the top choices in addiction treatment: counseling, inpatient, outpatient, and residential. The primary goal of each of these methods of treatment is to assist the individual in stopping their drug use and return them to their families and communities as productive functioning members of society once again.

Residential treatment model has existed for over 40 years and has experienced huge success when it comes to drug addiction recovery, also known as *therapeutic communities.* This environment simulates the real world. The patient here is able to see what life would be like drug-free and experience day-to-day life without turning to drugs to solve problems that arise. With time he or she becomes able to handle more and more responsibility. Additionally, they are able to connect with others who share their same goal of addiction recovery 24 hours a day 7 days a week.

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Active efforts are made in counseling to involve significant others (such as family and friends) in the treatment. The clients are encouraged to attend a family program together with their significant other. The group then provides support, education, and counseling where participants learn and practice specific problem-solving and communication skills using guided role-play exercises, to enhance their ability to cope adaptively with their loved one's addiction and teaching them how to break the vicious cycle of enabling and provoking behaviors that perpetuate the problem. Couples and family therapy are also used to deal with problems that require more individualized attention (Washton, 1995).

### Treatment Modality Matrix

| Behavioral Pattern | Intervention | Goals |
|---|---|---|
| Low self-esteem, anxiety, verbal hostility | Relationship therapy, client-centered approach | Increase self esteem, reduce hostility and anxiety |
| Defective personal constructs, ignorance of interpersonal means | Cognitive restructuring, including directive and group therapies | Insight |
| Focal anxiety, such as fear of crowds | Desensitization | Change response to same cue |
| Undesirable behaviors, lacking appropriate behaviors | Aversive conditioning, operant conditioning, counter conditioning | Eliminate or replace behavior |
| Lack of information | Provide information | Have client act on information |
| Difficult social circumstances | Organizational intervention, environmental manipulation, family counseling | Remove cause of social difficulty |
| Poor social performance, rigid interpersonal behavior | Sensitivity training, communication training, group therapy | Increase interpersonal repertoire, desensitization to group functioning |
| Grossly bizarre behavior | Medical referral | Protect from society, prepare for further treatment |

Adapted from: Lawson, Gary W., Lawson, Ann W., and Rivers, P. Clayton. (2001) *Essentials of Clinical Dependency Counseling.*

## COUNSELING JUVENILE DELINQUENTS

A juvenile delinquent is a juvenile who has been found guilty of a delinquent act. Concept and causes of juvenile delinquency may be new, but the problem of children

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is historically as old as children themselves. Every society has treated its children in accordance with its religious, social, and political beliefs.

Several rapid socioeconomic changes, such as the breakdown of feudalism, rise of industrialism, colonization, migration and urbanization, have influenced societies' attitude to children. These attitudes had also been shaped by catastrophic events such as epidemic, wars, depressions, and breakdown of the family system.

## Concept of Juvenile Delinquency

The term "juvenile delinquency" has been differently interpreted but, generally speaking, it refers to a large variety of behavior of children and adolescents which the society does not approve and for which some kind of admonishment, punishment, or preventive and corrective measures are justified in public interest. The word "juvenile" has been derived from Latin term *juvenis*, meaning young. The term delinquency has also been derived from the terms *do* (away from) and *liquere* (to leave). The Latin initiative "*delinquere*" translates as "emit" in its original, earliest sense. It was apparently used in times to refer to the failure of an individual to perform a task or duty. The term "delinquent" describes a person guilty of an offence against the customs. The concept of delinquency has been viewed differently by various authors. According to Tappan, there are two kinds of delinquency: (a) the adjudicated delinquents who have been processed through the courts and (b) "in-official delinquents" who are handled officially by the police, courts, and other agencies.

One of the most common symptoms of delinquency is truancy. Delinquents commit petty crimes like thieving, shoplifting, etc. Most of them are emotionally immature, and their behavior is a compensatory reaction. Sometimes it is an act of gangsterism. The emotional upheaval and brittleness, caused by from rapid physical growth and accelerated endocrinal functioning, result in extra energy seeking expression in suitable outlets. There is also a greater need for recognition. Media and books provide the adolescent with a convenient form for day dreaming and self-identification. Counseling of such people is not easy.

Ruth Cavan describes delinquency as "A delinquent child is one who, by habitually refusing to obey the reasonable and lawful commands of his parents or other persons of lawful authority, is deemed to be habitually uncontrolled, habitually disobedient or habitually wayward or who habitually is a truant from home or school, or who habitually so deports himself as to injure or endanger the moral, health or welfare of himself or others."

The Second United Nations Congress on the Prevention of Crime and the Treatment of Offenders, held in London in 1960, considered the scope of the problem of juvenile delinquency. Without attempting to formulate a standard definition of what should be considered to be juvenile delinquency in each country,

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the congress recommended (a) that the meaning of the term juvenile delinquency should be restricted as far as possible to violation of criminal law and (b) that even for protection, specific offences, which would penalize small irregularities or maladjusted behavior of minors but for which adults would not be prosecuted, should not be created.

In India, the concept of delinquency does not create any problem as juvenile delinquency is confined to the violation of the ordinary penal law of the country so far as the jurisdiction of the juvenile court is concerned. The term " juvenile" has been defined in clause (h) of Section 2 of the Juvenile Justice Act, 1986, as a boy who has not attained the age of 16 years or a girl who has not attained the age of 18 years. Offence under clause (n) of section 2 of the above Act means an offence punishable under any law for the time being in force, which includes the Narcotics Drugs and Psychotropic Substances Act, 1985. Reading the above two definitions, delinquent juvenile means a boy below the age of 16 years and a girl below the age of 18 years who has been found to have committed an offence punishable under any law for the time being in force. Under the Juvenile Justice Act, 1986, separate provisions have been laid down for the neglected and uncontrollable juveniles. They are dealt with by the Juvenile Welfare Boards and not by juvenile courts. The juvenile courts in India do not have jurisdiction in relation to the neglected juveniles as they have in United States and England.

## Theories of Juvenile Delinquency

Psychologists, psychiatrists, sociologists, lawyers, and philosophers have propounded various theories to understand the deviant behavior of juveniles. Exploration of the causes of juvenile delinquency is the major objective of these persons and their major aim is to develop a body of generalizations, which amount to juvenile delinquency. Most explanations, however, recognize that delinquency and crime cannot be explained in terms of one single causal factor. Generally speaking, three major approaches to juvenile delinquency have been identified: biological,psychological, and sociological. Biogenic views stress faulty bidosy to be the reason for juvenile misconduct. The psychologist takes a more individualistic, specific view of human behavior and personal internal factors that contribute to criminality. The sociologist takes a more general view, looking at the external environment in which the individual lives. The sociologist is concerned with the distribution of crime within the environment and the factors in the system that effect the crime rates.

## Steps for Helping

- Juvenile delinquents need parents who are loving, yet hold them responsible for their actions.

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- Look closely for signs of substance abuse.
- Consider the family. Are there a lot of fights? Violence? Are the parents considering divorce?
- Work closely with the school. Teachers and school counselors may have a good idea about the child's attitude, social group, and behavior problems.
- Get the parents to be cooperative and not offer excuses.
- If the child has been charged as a juvenile delinquent, help the parents hire an attorney to represent child in court.
- The counselor can liaise with police, probation officers, or juvenile officers who are involved in the child's case. Parents should be asked to be friendly and cooperative.
- Listen to the child. Pay attention to what he or she says and how he or she acts. Try to have a conversation without accusing or reprimanding the child. Ask the parents to do the same. Talk about the problems and ask what you can do to help.
- The parents need to express their love for the child in words and actions. Make sure he or she understands that they will always love him or her even if they don't approve of specific things.
- The parents can be counseled to think about all of their options. Maybe their child would make some changes if he or she had stricter rules. Maybe living somewhere other than at home would help. Perhaps consequences for his or her actions are needed.

### Tips and Warnings

- Do not excuse your child's criminal actions. This is a serious problem and needs to be treated as such.
- Understand that one possible result from court intervention is that your child can be removed from your home and placed in foster care or a juvenile facility. Obtain legal assistance to protect your family.

## SUICIDE COUNSELING

India records over 100,000 suicides every year contributing to more than 10 percent of suicides in the world. The suicide rate in India has been increasing steadily and has reached 10.5 (per 100,000 of population) in 2006 registering a 67 percent increase over the value of 1980. Majority of suicides occur among men and in younger age groups. Despite the gravity of the problem, information about the causes and risk factors is insufficient (maithrikochi.org).

Suicide is a complex, multifaceted event precipitated by several cultural, social, interpersonal, or philosophical factors. Even so, it is presently accepted that suicide is always preceded by "pain of the mind" intensely felt by the individual. The World Health Organization (WHO) estimates that each year approximately one million people die from suicide.

After accidents and homicides, suicide is the third leading cause of death among young adults aged 15–24 years. Men usually use violent means to commit suicide than women who are more likely to attempt to commit suicide.

A suicide attempt is a "cry for help" from problems that seem overwhelming and too difficult to handle and also a request for social support. The unendurable mental pain introduces the idea of death—as a means to put an end to the pain forever, thus making suicide appear as a serious option. It is very important to note that suicides can be prevented. If the underlying mental pain can be alleviated the individual will spring back to active life. It just requires someone who will spend time with them, listen, take them seriously and help them talk about their thoughts and feelings.

Suicidal thoughts are troubling and can indicate serious illness. The critical distinction is between a person's thoughts regarding death and suicide, and actually wanting to die. Suicidal ideation can be divided into two categories (emedicinehealth.com):

1. Suicidal ideation can be active and involve a current desire and plan to die.
2. Suicidal ideation can be passive, involving a desire to die but without a plan to bring about one's death.

There are several factors that may contribute to a person having suicidal thoughts. These include the following (emedicinehealth.com):

- ❖ Sudden, unexpected unpleasant change in life circumstances such as loss of a loved one, breaking up with a boyfriend/girlfriend, moving to a new town or school, failing an exam or course, not getting into one's choice of major, etc., can cause such thoughts in otherwise healthy people. These major life changes can cause a person to feel unloved, depressed, isolated, and lonely.
- ❖ Suicidal ideation is part of many mental illnesses, including depression, schizophrenia, PTSD, OCD, etc., as well as drug or alcohol abuse. In the latter two the person may be reckless and impulsive and act on these thoughts.
- ❖ Sometimes a person may face problems which bring in immense pain, and no matter what one does things just do not seem to get better. No one seems to care or can help. This leads to feelings of hopelessness and helplessness, Wanting to end unbearable pain/problems that are so overwhelming, suicide may be considered as the only way out.

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- Negative feelings about oneself. A person who is suicidal experiences feelings of worthlessness and of being a failure.
- Sleep deprivation due to improper lifestyle or problems in going to sleep can increase the risk of suicidal thoughts and attempts
- In rare instances, suicidal thoughts may be associated with medication side effects

## Myths and Facts About Suicide

There are many myths about suicide.

Myth: Asking a person if he/she is thinking about suicide will put the idea into his/her head.

Fact: Discussing the problem openly shows the suicidal student that someone cares and wants to help.

Myth: Once someone decides to commit suicide, there is no way of stopping him/her.

Fact: Even the most severely depressed person has ambivalent feelings about suicide. They do not want to die, only to end their pain. If given proper assistance, suicidal feelings might dissipate and the person returns to active life.

Myth: Suicide happens without warning.

Fact: Suicidal persons give many clues and warnings—verbal and non-verbal, behavioral, psychological—regarding their suicidal intentions.

Myth: Students who commit suicide are mentally ill.

Fact: Most people undergoing suicidal feelings are healthy individuals who are upset, grief-stricken, depressed or despairing, but are not necessarily suffering from mental illness.

Warning signs (ub-counseling.buffalo.edu, and webcache.googleusercontent.com)

### Psychological

- History of a diagnosed psychiatric disorder
- Depression (and depressive symptoms), despair, hopelessness
- Anhedonia (extreme loss of interest)
- Obsessive thinking (including death fantasies)
- Mood swings (emotionally labile)
- Extreme guilt or shame
- Extreme anxiety (panic attacks)
- Somatic symptoms (headaches, stomach aches, back pain, rashes, etc.)

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## Behavioral (verbal and non-verbal signs)

- Verbal indications: overt or subtle
  - "Instructors, classmates, families and friends do not care."
  - "Life isn't worthwhile."
  - "People are better off without me."
  - "Everything seems to be going wrong."
  - "I don't need this any more."
- Prior suicide attempts
- Difficulty in making decisions
- Acute loss of energy
- Change of habits, reduction of pleasurable activities
- Giving away prized possessions
- Insomnia/Excessive sleep
- Sexual dysfunctions
- Withdrawal, alienation from support system
- Lack of interest in personal appearance
- Poor performance in school
- Boredom, restlessness, and loss of concentration
- Lack of interest in friends
- Risk taking behavior: speeding, drunk driving, self mutilation
- Frequent alcohol or drug abuse

## Situational

- Loss of significant other
- Loss of health or functions/abilities
- Loss of status and/or role
- Threatened major change: family/marital status, job, home, security, legalities
- Sexual or physical abuse
- Self-image changes
- Trauma/accident
- Isolation
- Absent support system
- Family history of abuse/suicide/violence/discord

What the counselor needs to do:

- Never leave the person who is suicidal alone. Take action. If possible get family and friends involved. Have them remove accessories which might abet suicide—guns or stockpiled pills.
- Become available. Show interest and support.

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- ❖ Be direct. Talk openly and matter-of-factly about suicide and the person's intention.
- ❖ Listen well and treat it seriously. Allow expressions of feelings. Accept feelings.
- ❖ Be non-judgmental. Do not debate if suicide is right or wrong; feelings are good or bad. Do not lecture over value of life. They will not believe you anyway. For the suicidal person their perception of life may be that it is "worthless". You can, on the other hand reassure them that when they are not depressed they will enjoy life again (webcache.googleusercontent.com).
- ❖ Offer hope that alternatives are available. Encourage the person to approach support groups formed specially for suicidal people, persons or agencies specializing in crisis intervention and suicide prevention.

## FATIGUE AND TAKING CARE OF ONESELF

Many rehabilitation professionals just beginning their careers, have little preparation for dealing with the extraordinary experience of having to be empathically available through intensive counseling interactions with persons who have chronic mental and physical disabilities. Thus, many rehabilitation professionals who maintain a high level of empathy or compassion while helping others who have experienced chronic pain, suffering, trauma, or loss may experience the secondary stressors or parallel feelings of the individuals they serve.

Empirical studies support the theory that counselors who work with the trauma of others have an increased likelihood of experiencing a change in their own psychological functioning (Chrestman, 1995). Reactions may include avoidance of the trauma, feelings of horror, guilt, rage, grief, detachment, or dread, and may possibly lead to burnout and countertransference (Simpson and Starkey, 2006). Counselors who are unaware of this stress response may implicitly convey an unwillingness to hear the details of the client's trauma, or be less likely to ask questions to facilitate dialogue related to the event. This can result in a revictimization of individuals who often have limited environments in which telling their story is safe and acceptable (McCann and Perlman, 1990).

Compassion is an emotion whereby the counselor enters into the world of the client, becomes aware of the suffering and, upon feeling the pain, takes action to ease it. It is defined as a "feeling of deep sympathy and sorrow for another who is stricken by suffering or misfortune, accompanied by a strong desire to alleviate the pain or remove its cause," (Webster's Encyclopedic Unabridged Dictionary of the English Language). The ability to be compassionate and have empathy is a desirable quality

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that contributes to establishing trust and therapeutic effectiveness with patients. Ironically it is exactly this sensitivity that makes care professionals vulnerable. Over time, this positive quality—compassion—can exact an emotional toll.

Compassion fatigue describes the emotional, physical, social and spiritual exhaustion that overtakes a person and causes a pervasive decline in his or her desire, ability and energy to feel and care for others. Such fatigue causes the sufferer to lose the ability to experience satisfaction or joy professionally or personally. Compassion fatigue is not pathological in the sense of mental illness, but is considered a natural behavioral and emotional response that results from helping or desiring to help another person suffering trauma or pain (Figley, Charles R. 1983, 1985).

## What is Compassion Fatigue?

As a career, counseling is recognized as emotionally demanding. Therapists need to be empathic, understanding, and giving, yet they must control their own emotional needs and responsiveness in dealing with their clients. When engaging empathically with a traumatized client, clinicians are at risk of experiencing a state of emotional, mental, and physical exhaustion (Figley, 1995; McCann and Pearlman, 1990; McCann and Saakvitne, 1995). The ancillary effects, frequently experienced by those not directly traumatized, are often defined as secondary trauma or compassion fatigue.

The concept and phenomenon of "compassion fatigue" was first introduced by Joinson (1992) in the nursing literature. This concept was expanded in the psychology and trauma stress literature by Figley (1995). Compassion fatigue is defined as "a state of exhaustion and dysfunction—biologically, psychologically, and socially—as a result of prolonged exposure to compassion stress" (Figley, 1995, p. 253). This term describes the set of symptoms experienced by caregivers who become so overwhelmed by the exposure to the feelings and experiences of their clients that they themselves experience feelings of fear, pain, and suffering including intrusive thoughts, nightmares, loss of energy, and hypervigilance (Panos). It can be cumulative (from the effects helping many clients) or occur in response to a particularly challenging or traumatic individual case. This extreme state of anxiety and preoccupation with the suffering of those being helped becomes traumatizing for the helper. For this reason it is sometimes called "vicarious traumatization" or "secondary traumatization" (Figley, 1995). He said that it is identical to secondary traumatic stress disorder (STSD) and is equivalent to post-traumatic stress disorder (PTSD) in terms of its symptomatology. Within professional literature, compassion fatigue is also known as secondary traumatization, secondary traumatic stress disorder, or vicarious traumatization (Figley, 1995; McCann and Saakvitne, 1995). Work that is focused on the relief of clients' emotional suffering typically results in the absorption of information about human suffering (Figley, 1995).

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Many rehabilitation counselors are exposed to counseling-related activities in which they must be empathically available to individuals and family members who are survivors of a variety of chronic illnesses, traumatic, and life-threatening disabilities (Stebnicki, 2000). Professional rehabilitation counselors are compelled by ethical obligation to sometimes sacrifice their own needs for the needs of their clients. The nature of beneficent actions by rehabilitation counselors are clearly pronounced in the Code of Professional Ethics for Rehabilitation Counselors (1987), which reads: "Rehabilitation counselors shall endeavor at all times to place their clients' interest above their own" (p. 27). As rehabilitation counselors are compassionate and empathic in their service to others, there appears to be a state of emotional, mental and physical exhaustion that may occur as the counselors' own wounds are revisited by issues raised concerning their client's life stories and experience of disability (Stebnicki, 2000).

## Burnout, Empathy Fatigue, and Compassion Fatigue

Burnout, a phrase first coined by Freudenberger (1974), has been described as a syndrome of cumulative physical and emotional stress that is observed among rehabilitation professionals who work in organizations that serve persons with chronic and several disabilities (Blankertz and Robinson, 1996; Cranswick, 1997; Gomez and Michaelis, 1995; Riggar, Godley, and Hafer, 1984;). The hallmark of burnout syndrome, as Maslach (1982) notes, is a negative shift in the way professionals view the people they serve. Burnout stems from dissatisfaction with the work environment. There is a progressive loss of energy, idealism, and personal accomplishment experienced among helping professionals as a result of their working conditions. Pines and Aronson (1988) identified three basic characteristics within the role and function of professional helpers that may contribute to burnout: (a) the work they perform is emotionally draining, (b) they are characteristically sensitive to the individuals they serve, and (c) they typically facilitate a client-centered orientation. These characteristics are similar in nature to the role and function of rehabilitation counselors who work with persons who have acquired or who are survivors of traumatic illness and disability. Rehabilitation professionals who work with these persons may have a similar vicarious experience coping with the psychosocial aspects of adjustment and adaptation to disability (Stebnicki, 1998).

In contrast to burnout, which is a cumulative and sometimes unconscious process, empathy fatigue is perceived to emerge as an acute reaction of physical, emotional, and mental exhaustion. Consequently, rehabilitation practitioners may respond with less compassion, genuineness, or unconditional positive regard for persons they serve if the experience of burnout goes unrecognized or ignored. Historically, considerable attention has been given to developing the skills of empathy as a fundamental tool and resource for the preparation of masters-level rehabilitation

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counselors-in-training (Stebnicki, 1998). Empathy fatigue transcends the experience of professional burnout. The experience of burnout emerges gradually within the individual and results in cumulative emotional and physical exhaustion. Compassion fatigue (Figley, 1995) or empathy fatigue, as described here, can emerge suddenly with little warning as an unhealthy form of counter transference or STS.

Although there is no current measure to assess the emotional affects of empathy fatigue, the most widely used measure to assess the associated experience of burnout is the Maslach Burnout Inventory (Maslach and Jackson, 1981; 1986). Three factors have been identified in the MBI: emotional exhaustion (feelings of being emotionally overextended), depersonalization (an impersonal response style to consumers), and reduced personal accomplishment (absence of feelings of competence and success that occur because of job stress).

## Countertransference

Countertransference, a term first described by Freud in 1910, is currently described as a reflection of the counselor's unresolved internal conflicts, which encompasses reactions of thoughts, feelings, and emotions as it relates to his or her clients' experience (Corey and Corey, 1993). When this phenomenon occurs, the counselor may exhibit reduced feelings of warmth, acceptance, respect, or positive regard for their clients (Rogers, 1961). Rando (1984) suggests that dying persons touch counselors personally in at least three ways. They may (a) make them painfully aware of personally losses, (b) contribute to apprehension regarding potential and feared losses, or (c) arouse existential anxiety in personal death awareness. Rehabilitation counselors, who are unaware of their unresolved personal issues during client–counselor interactions, experience increased levels of countertransference, which may manifest as the experience of empathy fatigue.

Responding empathically to client concerns can either enhance or diminish countertransference within the therapist. Gelso and Hayes (1998) suggest that therapists who convey deep levels of empathy will occasionally experience an overidentification with their clients' issues. They can manage this effectively with an increased level of insight into their feelings and issues, as well as having a greater capacity for empathy and understanding. The identification and awareness of one's emotional feelings and attitudes toward a client are important issues for rehabilitation professionals because having this information can contribute to an enriched client–counselor relationship (Marinelli and Dell Orto, 1999). Overall, the literature suggests that countertransference in helping relationships must be viewed as a natural by-product of caring for persons who have counseling needs. The rehabilitation professional that has an increased level of self-awareness and insight will likely deal more effectively with the phenomenon of empathy fatigue.

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**The personal impact of compassion fatigue (Source: Figley 1995, 2002)**

| Cognitive | Emotional | Behavioral |
|---|---|---|
| Diminished concentration | Powerlessness | Clingy |
| Confusion | Anxiety | Impatient |
| Loss of meaning | Guilt | Irritable |
| Decreased self-esteem | Anger/Rage | Irresponsibility |
| Preoccupation with trauma | Survivor guilt | Overwork |
| Trauma imagery | Shutdown | Withdrawn |
| Apathy | Numbness | Moody |
| Rigidity | Fear | Regression |
| Disorientation | Helplessness | Sleep disturbances |
| Whirling thoughts | Sadness | Appetite changes |
| Thoughts of self-harm or | Depression | Nightmares |
| Harm toward others | Hypersensitivity | Hypervigilance |
| Self-doubt | Emotional roller coaster | Elevated startle response |
| Perfectionism | Overwhelmed | Use of negative coping |
| Minimization | Depleted | (Smoking, alcohol or other substance abuse) Accident proneness, Losing things, Self harm behaviors, Frequent job change |

| Spiritual | Interpersonal | Physical |
|---|---|---|
| Questioning the meaning of | Withdrawn | Shock |
| Life | Decreased interest in | Sweating |
| Loss of purpose | Intimacy or sex | Rapid heartbeat |
| Lack of self-satisfaction | Mistrust | Breathing difficulties |
| Pervasive hopelessness | Isolation from friends | Aches and pains |
| Ennui | Impact on parenting | Dizziness |
| Anger at God | (protectiveness concern about aggression) | Impaired immune system |
| Questioning of prior religious beliefs | Projection of anger or blame | Lump in throat restless-ness |
|  | Intolerance |  |
|  | Loneliness |  |

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| Performance | Morale | Relationship with colleagues |
|---|---|---|
| Decrease in quality and | Decrease in confidence | Withdrawal from colleagues |
| Quantity | Loss of interest | Impatience |
| Low motivation | Dissatisfaction | Decrease in quality of |
| Increase in mistakes | Negative attitude | relationship |
| Obsession about details | Apathy | Poor communication |
| Absenteeism | Demoralization | Subordinate own needs |
| Exhaustion | Lack of appreciation | Staff conflicts |
| Faulty judgment | Detachment | |
| Irritability | Feelings of incompleteness | |
| Tardiness | | |

## Preventing Compassion Fatigue, Increasing Resilience and Promoting Compassion Satisfaction

Unrecognized and untreated compassion fatigue causes people to leave their profession, fall into the throes of addictions or in extreme cases become self-destructive or suicide (Panos). If professional helpers are not empathically available to the persons they serve, then there should be little concern for the influences of STS reactions or compassion fatigue (Figley, 1995). Counselor's compassion, along with the intensity of the work makes them very vulnerable to compassion fatigue. Empathy fatigue is a natural artifact of working at an intense level with persons with acquired chronic illnesses and disabilities. Rehabilitation counselors who may or may not be aware of this parallel process must be open and invited to develop healthy coping responses and strategies that lead to a decrease of the secondary stressors associated with empathy fatigue.

Early recognition and awareness is crucial in being able to be resilient to compassion fatigue. Counselors can take care of themselves and develop resilience by taking days off, destress by involving themselves in enjoyable activities, eating well, excercising, keeping body and mind in good shape. One is more vulnerable physically and emotionally to the effects of distress. If one is disturbed enough that it affects their ability to function effectively, it is important to get medical attention. Therefore, keeping a healthy balance in your life is a requirement to prevent and treat compassion fatigue. Caregivers that have a structured schedule that allow them time to organize and do good self-care are more resilient (Panos, 2007).

In addition to caring for oneself personally, maintaining good relationships with someone (personal or professional) with whom to safely and confidentially discuss

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the distresses one is experiencing. Isolation is a symptom of compassion fatigue and is ultimately dangerous. Such support and connection is absolutely necessary. In addition to all that maintaining a journal, expressing feelings through music and art, diversions and recreation providing mini-escapes from the intensity of the work, turning thoughts "off" work builds resilience. Sometimes this involves developing a little ritual at the end of the day to transition into your life outside of work, while leaving your cares and stresses in the workplace (Panos, 2007).

The health professionals' associations all over the world prescribe some guidelines. Self care is mandatory for all practitioners. The following are the guidelines that are utilized by members of the Green Cross.

## Academy of Traumatology/Green Cross Proposed Standards of Self Care (greencross.org)

### *Standards of Self Care Guidelines*

**I. Purpose of the guidelines:** As with the standards of practice in any field, the practitioner is required to abide by standards of self care. These guidelines are utilized by all members of the Green Cross. The purpose of the guidelines is two-fold: First, do no harm to yourself in the line of duty when helping/treating others. Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services who look to you for support as a human being.

**II. Ethical principles of self care in practice:** These principles declare that it is unethical not to attend to your self care as a practitioner because sufficient self care prevents harming those we serve.

1. Respect for the dignity and worth of self : A violation lowers your integrity and trust.
2. Responsibility of self care: Ultimately it is your responsibility to take care of yourself and no situation or person can justify neglecting it.
3. Self care and duty to perform: There must be a recognition that the duty to perform as a helper can not be fulfilled if there is not, at the same time, a duty to self care.

**III. Standards of humane practice of self care:**

1. Universal right to wellness : Every helper, regardless of her or his role or employer, has a right to wellness associated with self care.
2. Physical rest and nourishment: Every helper deserves restful sleep and physical separation from work that sustains them in their work role.

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3. Emotional Rest and nourishment: Every helper deserves emotional and spiritual renewal both in and outside the work context.
4. Sustenance Modulation: Every helper must utilize self restraint with regard to what and how much they consume (e.g., food, drink, drugs, stimulation) since it can compromise their competence as a helper.

## IV. Standards for expecting appreciation and compensation:

1. Seek, find, and remember appreciation from supervisors and clients: These and other activities increase worker satisfactions that sustain them emotionally and spiritually in their helping.
2. Make it known that you wish to be recognized for your service: Recognition also increases worker satisfactions that sustain them.
3. Select one or more advocates: They are colleagues who know you as a person and as a helper and are committed to monitoring your efforts at self care.

## V. Standards for establishing and maintaining wellness:

Section A: Commitment to self care

1. Make a formal, tangible commitment: Written, public, specific, and measurable promises of self care.
2. Set deadlines and goals: The self care plan should set deadlines and goals connected to specific activities of self care.
3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

Section B: Strategies for letting go of work

1. Make a formal, tangible commitment: Written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiriting, and generate joy of life.
2. Set deadlines and goals: The letting go of work plan should set deadlines and goals connected to specific activities of self care.
3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

Section C: Strategies for gaining a sense of self care achievement

1. Strategies for acquiring adequate rest and relaxation: The strategies are tailored to your own interest and abilities which result in rest and relaxation most of the time.
2. Strategies for practicing effective daily stress reductions method(s): The strategies are tailored to suit your own interest and abilities in effectively

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managing your stress during working hours and off-hours with the recognition that they will probably be different strategies.

## VI. Inventory of self care practice—Personal:

Section A: Physical

1. Body work: Effectively monitoring all parts of your body for tension and utilizing techniques that reduce or eliminate such tensions.
2. Effective sleep induction and maintenance: An array of healthy methods that induce sleep and a return to sleep under a wide variety of circumstances including stimulation of noise, smells, and light.
3. Effective methods for assuring proper nutrition: Effectively monitoring all food and drink intake and lack of intake with the awareness of their implications for health and functioning.

Section B: Psychological

1. Effective behaviors and practices to sustain balance between work and play.
2. Effective relaxation time and methods.
3. Frequent contact with nature or other calming stimuli.
4. Effective methods of creative expression.
5. Effective skills for ongoing self care.
    a. Assertiveness
    b. Stress reduction
    c. Interpersonal communication
    d. Cognitive restructuring
    e. Time management
6. Effective skill and competence in meditation or spiritual practice that is calming.
7. Effective methods of self assessment and self-awareness.

Section C: Social/Interpersonal

1. Social supports: At least five people, including at least two at work, who will be highly supportive when called upon.
2. Getting help: Knowing when and how to secure help—both informal and professional—and the help will be delivered quickly and effectively.
3. Social activism: Being involved in addressing or preventing social injustice that results in a better world and a sense of satisfaction for trying to make it so.

## VII. Inventory of self care practice—Professional:

1. Balance between work and home: Devoting sufficient time and attention to both without compromising either.

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2. Boundaries/limit setting: Making a commitment and sticking to regarding
    a. Time boundaries/overworking
    b. Therapeutic/professional boundaries
    c. Personal boundaries
    d. Dealing with multiple roles (both social and professional)
    e. Realism in differentiating between things one can change and accepting the others
3. Getting support/help at work through
    a. Peer support
    b. Supervision/consultation/therapy
    c. Role models/mentors
4. Generating Work Satisfaction: By noticing and remembering the joys and achievements of the work.

### VIII. Prevention plan development:

1. Review current self-care and prevention functioning
2. Select one goal from each category
3. Analyze the resources for and resistances to achieving goal
4. Discuss goal and implementation plan with support person
5. Activate plan
6. Evaluate plan weekly, monthly, yearly with support person
7. Notice and appreciate the changes

### *Understand precipitating factors*

It is important that professionals continuously monitor their reactions, and not minimize the potential negative reactions, in an effort to prevent the negative effects of compassion fatigue and promote the positive reactions from doing crisis work, called compassion satisfaction. Self-assessment is one method to monitor one's level of compassion fatigue.

As Super (1994) points out, individuals choose occupations that will allow them to function in roles consistent with their self-concepts. Hence, work and the person's *self-concept* are interrelated and occupations are a way for individuals to express their needs, talents and value systems.

### *Know the possible negative effects*

The counselor needs to keep in mind the following symptoms of compassion fatigue and burnout as you monitor your reactions:

- ❖ Cognitive changes: decreased concentration and self-esteem, increased confusion and forgetfulness, traumatic stress imagery, and apathy.

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- Emotional changes: increased sense of powerlessness and helplessness, anxiety, guilt, anger or rage, numbness, fear, depression, hypersensitivity, feeling overwhelmed.
- Behavioral changes: increasingly impatient and/or irritable, withdrawal, changes in sleep patterns and/or appetite, nightmares, elevated startle response, increased use of negative coping methods, such as smoking, alcohol and other substance use.
- Spiritual changes: questioning the meaning of life, loss of purpose, anger towards God or another higher power, questioning of prior religious or spiritual beliefs.
- Interpersonal changes: withdrawn, isolation, loneliness, increased interpersonal conflicts.
- Physical changes: shock, increased sweating, rapid heartbeat, feeling dizzy, other somatic reactions.
- Work performance changes: decreased sense of morale, avoiding certain tasks, increased negativity and absenteeism, poor performance and productivity, increased conflict among staff.

(Adapted from Figley, 2002; Yassen, 1995)

## Develop an adaptive coping response to empathy fatigue

The following strategies are offered to individuals and organizations as an overall approach to cope more effectively with the experience of empathy fatigue.

1. Participate in peer support groups which meet regularly. Peer support groups are critical to allow professionals within the organization or agency to ventilate their emotions regarding the secondary stress or grief reactions felt while working at an intense level of service (Pearlman & Saakvitne, 1995). Structured or unstructured peer groups can be formed during employee lunch breaks or after work.
2. Offer clinical supervision or mentoring to newer and less experienced counselors. The clinical supervisor should monitor the counselor's emotional hardiness and resiliency and adaptive coping mechanisms for dealing with the secondary stressors.
3. Shift the focus of rehabilitation treatment to team meetings. The team (e.g., vocational rehabilitation counselor, psychologist, licensed professional counselor, paraprofessionals) can validate the individual's experience of empathy fatigue.
4. Decrease the number of demanding and time-consuming clients.
5. Promote education and wellness programs for employees.

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## SPIRITUALITY AND WELLNESS

Research has identified a *counselor's psychological well-being* as a contributing factor in the avoidance of compassion fatigue symptoms (Figley, 1995). When considering what makes up psychological well being, the issue of *spirituality* is of key interest. Graham, Furr, Flowers, and Burke (2001) reported on a survey conducted by the American Counseling Association that indicates counselors view spirituality as an important component of mental health. These authors conducted additional research that examined the relationship between religion and spirituality in coping with stress and found a positive correlation between spiritual health and immunity to stressful situations (Graham et al., 2001).

Religion and spirituality has been increasingly supported as relevant to both physical and mental health. When spiritual and religious involvements have been measured, they have consistently been found to be positively related to health and inversely related to physical disorders, mental disorders, and substance use disorders (Cooper, 2003). The development of vicarious traumatization may be linked to the counselor's sense of spirituality and counselors with a "larger sense of meaning and connection" are less likely to experience symptoms of vicarious traumatization (Pearlman and Saakvitne, 1995; p. 161). Spirituality is fundamental to understanding the ways in which a person finds purpose in life. It is thus, a unique, personally meaningful experience, which is positively related to religiosity but is not reliant on any given form of religion. Spirituality is a source of hope, meaning and purpose, particularly during difficult times. (Simpson and Starkey, 2006).

According to Simpson (2005), cumulative reviews of studies have concluded that there is a protective factor of spirituality to health. Similar results have been found relative to mental health as spirituality has been associated with higher self-esteem and lower depression (Koenig, 1998). According to Ellison and Pargment, as reported by Simpson (2005), an increasing number of studies indicate that those who are more spiritual experience a greater sense of well-being and life satisfaction, cope better with stress, and are less likely to commit suicide.

We have seen in an earlier chapter how spirituality and health are related and how spirituality should be integrated into the counseling practice. It is imperative for counselors to incorporate spirituality into their daily practice. People want holistic and wholesome care. Thus, all health care models are changing to incorporate spirituality. Problems seem to have a spiritual origin, and integrating spirituality in the solution only seems the right way to go. Counselees need to be encouraged to explore their own spirituality and use it to assist in the healing process.

Spirituality and compassion (Swami Paramarthananda Saraswati)—

Human life has three components: gross matter which is the body, subtle matter which is the mind and the cosmic matter which is the spirit. The needs of the spirit

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have to be attended to. The issues have to be addressed. Because the spirit is the core of the human personality. It is the journey of discovery. The discovery of oneness. There are two levels of oneness.

- Relative oneness is at the level of pluralism. Where we think, see ourselves as different from others. We are physically different from others. We are emotionally different from others. We are intellectually different from others. At this level if we have to relate with others efficiently it is called harmony.
- But spiritually we are one. There is no difference. This is called Dharma. This is the absolute level.

Why is this important? Why is this oneness important?

The three magnificent pillars on which the care professions rest are:

1. Empathy is identification with and understanding of another's situation, feelings, and motives.
2. Respect a positive feeling of esteem for another
3. Non judgmental is about being open-minded enough to understand that other people have different points of view, and that in their worldview, they may be correct.
4. Unconditional positive regard is acceptance and support of a person regardless of what the person says or does.

All these require a feeling of spiritual oneness with the patient or client. This feeling of non-separateness with another leads us to embrace the person and the problem as if they were our own.

Many a time the health care professional is faced with certain spiritual concerns of the patient like:

- Loss
- Mortality
- Dignity
- Hope
- Isolation and connection
- Existential meaning, purpose
- Closure and legacy
- After-death issues

And some common spiritual questions like:

- Why me?
- Why now?
- What does this mean?
- Is there hope?
- Can I be forgiven?
- What happens when I die?
- How will I be remembered?

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There is not one practitioner who has not been at the receiving end of any one of these questions. Both spiritual concerns and the questions arising out of them need to be effectively addressed. Only spirituality can do that. The feeling of oneness with the patient.

## ❖ Summary ❖

Counseling is not a one size fits all field. There are different kinds of problems for which there are different counselors. Counselors who have had experience helping people handle those specific problems. Relationship counseling is the process of counseling the parties of a relationship in order to try and reconcile differences. The relationship involved may be between people in a family, between employees in a workplace, or between a professional and a client. Relationship counseling as a discrete, professional activity is a recent phenomenon.

Couple's counseling aims to help a couple deal appropriately with their immediate problems, to address the dysfunction in their relationship and to learn better ways of relating in general.

Premarital counseling is a way to enrich a relationship so that it has every opportunity to grow into a satisfying and stable marriage. The goals of premarital counseling generally include the following: (a) To teach couples information about married life, (b) to enhance couple communication skills, (c) to encourage couples to develop conflict resolution skills, and (d) to allow the couple to speak about certain sensitive topics, such as sex and money (Senediak, 1990; Stahmann & Hiebert, 1997).

With increasing divorce rates and millions of couples who are simply unsatisfied with their relationship, an intervention from a professional counselor can be the necessary step for improving the relationship, helping everyone work on key issues that are causing conflict, and working towards improvement (Theresa Anderson). Marital counseling provides the opportunity for the couple to help discover strengths in their relationship and therby build a healthy, long-lasting relationship. It provides them with the skills and strategies they need to manage life together in a healthy way.

Family counseling involves all the members of a nuclear and/ or extended family. It may help to promote better relationships and understanding within a family. It may be incident specific, or may address the needs of the family when one family member suffers from a mental

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or physical illness that alters his or her behavior or habits in negative ways.

Rehabilitation counseling, aims to assist individuals with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in a systematic manner. The philosophy of rehabilitation rests on the premise that believes in the dignity and worth of all people. the concepts of independence, integration, and the inclusion of people, with and without disabilities, in employment and their communities are valued without exception. Until recently, women's specific issues were largely ignored.

The majority of clients who seek counseling are women. As counselors we need to combine traditional approaches with alternative approaches to counseling women, gain information about the nature of psychological distress commonly experienced by women, develop an awareness of the social and cultural basis of problems commonly experienced by women, examine some specific problems women bring to counseling, and learn about some strategies for helping women deal with distress and problems.

Rape Trauma Syndrome (RTS) is a form of psychological trauma and post traumatic stress disorder experienced by a rape victim, consisting of disruptions to normal physical, emotional, cognitive, behavioral, and interpersonal characteristics. Victims of rape can be severely traumatized by the assault and may have difficulty in functioning.

The onset of puberty is a very important time in the life of a child. At this time, the child needs all the help he or she can get. It is a traumatic time physiologically, physically, and emotionally.

Counseling of individuals, couples, and families involves issues related to mid-life decisions and change, including marriage, divorce, and re-marriage, retirement planning, "empty nest syndrome," housing, sex, and health.

Counseling and therapies by a physician and nurse can help reduce one's menopause symptoms and restore balance in life. The more a woman understands about her pregnancy, and what to do to make sure she and her baby stay healthy and safe, the more she will enjoy her pregnancy and the happier and healthier she and her baby will be. She would need counseling if she felt overwhelmed, isolated, and in need of support.

Recently, career counseling has become prevalent because working life (career) is becoming increasingly complicated. People have more

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choices than before and each individual has to choose her own "way of life" and take responsibility for that choice. Those who cannot do so, or who are unaware of the choices they make, have no chance to improve their careers and they encounter various difficulties at work. That is why many people seek advice on their careers. Counseling for women who have been subjected to such atrocities follows the pattern of any individual counseling.

Drug addiction is when an individual is dependent on a drug. This dependence can be emotional or physical, or both, on the drug. Addiction causes intense cravings for the drug and the need to use it again and again. When the individual stops using the drug she/he may experience unpleasant physical or psychological discomfort.

Addiction counseling works to enhance the client's motivation for change, teach the client how to break the addictive cycle and establish total abstinence from all mood-altering drugs, teach the client adaptive coping and problem solving skills required to maintain abstinence over the long term, and support and guide the client through trouble-spots and setbacks that might otherwise lead to relapse.

A juvenile delinquent is a juvenile who has been found guilty of a delinquent act. The counselor can liaise with police, probation officers, or juvenile officers who are involved in the child's case.

India records over 100,000 suicides every year contributing to more than 10 percent of suicides in the world. Suicide is a complex, multifaceted event precipitated by several cultural, social, interpersonal, or philosophical factors. A suicide attempt is a "cry for help" from problems that seem overwhelming and too difficult to handle and also a request for social support. The unendurable mental pain introduces the idea of death—as a means to put an end to the pain forever many rehabilitation professionals who maintain a high level of empathy or compassion while helping others who have experienced chronic pain, suffering, trauma, or loss may experience the secondary stressors or parallel feelings of the individuals they serve.

Unrecognized and untreated compassion fatigue causes people to leave their profession, fall into the throws of addictions or in extreme cases become self-destructive or suicide (Panos). Early recognition and awareness is crucial in being able to be resilient to compassion fatigue. In addition to caring for oneself personally, maintaining good relationships with someone (personal or professional) with whom to safely and confidentially discuss the distresses one is experiencing.

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involvements have been measured, they have consistently been found to be positively related to health and inversely related to physical disorders, mental disorders, and substance use disorders (Cooper, 2003).

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# 13
# Modern Trends in the Field of Counseling

**Chapter Overview**

- Life coaching
- Mentoring
- Consulting
- Training
- Convergence of approaches and thinking
- Stress release scenario in India today

Many Indians know about counseling as an intervention field but now the whole approach to counseling is changing into mentoring, coaching, training, consulting, etc., as the postmodern generation emerges.

## LIFE COACHING

Coaching can be seen as a human development process that involves structured, focused interaction and the use of appropriate strategies, tools and techniques to promote desirable and sustainable change for the benefit of the coachee and potentially for other stakeholders. The International Coaching Federation defines coaching as partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential. Life coaching is a professional service providing clients with feedback, insights and guidance from an outside point of view. People hire a coach when they are making a career transition, starting a new business, ending a relationship, feeling dissatisfied, re-evaluating life choices or simply looking for personal and professional breakthroughs (inbalance.

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org.uk). The coach acts as a catalyst and facilitator of individual development. Life coaching is aimed at helping clients determine and achieve personal goals. It is action oriented and quite specific in the sense that it tends to set specific goals and focus on its achievement.

Coaching is a recent phenomenon and gaining in popularity. However, there is very little documented history of life-coaching. Some experts say that life coaching has its roots in executive coaching, which itself drew on techniques developed in management consulting and leadership training, offered by companies to help improve the performance of their employees. Coaching came into its own in the 1980s, fed by the human potential movement, counseling and therapy, business and organizational consulting (Brain). Writing for the International Journal of Coaching in Organizations, Patrick Williams (2007) states:

It is helpful to understand that both coaching and therapy have the same roots. Coaching evolved from three main streams that have flowed together:

1. Helping professions such as psychotherapy and counseling.
2. Business consulting and organizational development.
3. Personal development training, such as EST, Landmark Education, Tony Robbins, Stephen Covey seminars, and others.

Life coaching also draws from disciplines such as sociology, psychology, positive adult development, career counseling, mentoring and other types of counseling. Coaching then spread beyond the business world with people from all walks of life hiring coaches to assist them in achieving a variety of personal and professional goals.

Life coaching works on the philosophy that people limit themselves and cap their potential due to self-defeating beliefs and patterns. A life coach is someone who believes in the clients' abilities and helps them to identify and set clear goals towards achieving the life they want; helps them to prioritize them and then encourage clients to believe that they really are achievable. Coaching encourages, motivates, supports and sometimes challenges the coachees to move forward.

Coaching also shares similarities with other disciplines such as organizational consulting, management development, and training. Differentiating these can be difficult, for whilst some consultants and management trainers play the expert role, many others adopt a primarily facilitative role not unlike that of the coach (Bluckert).

The Chartered Institute of Personnel and Development (CIPD) lists some characteristics of coaching in organizations that are generally agreed on by most coaching professionals (.brefigroup.co.uk):

- ❖ It consists of one-to-one developmental discussions.
- ❖ It provides people with feedback on both their strengths and weaknesses.
- ❖ It is aimed at specific issues/areas.

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- ❖ It is a relatively short-term activity, except in executive coaching, which tends to have a longer time frame.
- ❖ It is essentially a non-directive form of development.
- ❖ It focuses on improving performance and developing/enhancing individuals skills.
- ❖ It is used to address a wide range of issues.
- ❖ Coaching activities have both organizational and individual goals.
- ❖ It assumes that the individual is psychologically healthy and does not require a clinical intervention.
- ❖ It works on the premise that clients are self-aware, or can achieve self-awareness.
- ❖ It is time-bound.
- ❖ It is a skilled activity
- ❖ Personal issues may be discussed but the emphasis is on performance or work.

### Coaching and counseling share certain common features

Practitioners in both fields work towards bringing about behavioral change and helping people to understand how their cognitive and emotional reactions can interfere with personal effectiveness, performance, and well-being.

In both areas practitioners establish a strong trusting relationship with their clients, and some of the core skills such as deep listening and questions which raise awareness are the same.

The underlying philosophies also overlap like embracing a client-centered, collaborative partnership that encourages clients to acknowledge their creativity and find their own unique solutions.

### Difference between coaching and counseling

In the US, the Society of Counseling Psychology (Div. 17 of the American Psychological Association) views counseling psychology in this manner:

"Counseling psychology is unique in its attention both to normal developmental issues and to problems associated with physical, emotional, and mental disorders." (Div. 17 website) Counseling psychology works with clients who require therapy to address issues (which can range from mild to severe).

Anthony Grant (2006) defines "coaching psychology" this way:

"Coaching psychology can be understood as being the systematic application of behavioural science to the enhancement of life experience, work performance and well-being for individuals, groups and organizations who do not have clinically significant mental heath issues or abnormal levels of distress." Coaching Psychology is a discipline that has a theoretical base stemming from facilitating life skills training, social work and professional counseling.

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Whereas counseling focuses on healing, coaching aims at actualizing one's potential. In other words, the 'coachees' are healthy individuals who have specific goals they want to achieve in their personal or professional life. The focus is on movement and taking action, not on insight and understanding. Another way to look at the two fields is that counselees *need* counseling, whereas coachees *want* to work with a coach.

In counseling the whole person is addressed and that includes his or her past influences, present experiences and future aspirations. Self awareness leading to personal evolution is the aim. The counselee discusses emotional matters, thought patterns, behaviors, unresolved issues, relationships, spirituality and personal growth.

Coaching as has been mentioned is action oriented, task oriented, setting specific, drawing plans and making it happen. The work of the coach is that of an 'accountability partner' to who one has to check in with periodically and update, let them know the actions that have been taken, and the overall progress made. If there are emotional issues the coach needs to refer the coachee to a counselor.

There are three key differences between the ways of coaching and therapy, namely:

*Orientation*: Coaching focuses on the present and future whilst therapy deals with the past. In therapy, the focus is on helping clients deal with the past; whereas in coaching, the focus is on the future and it is assumed that one is ready and able to pursue a fulfilled, authentic life.

*Goals*: Coaching is geared to highly functioning people whilst therapy exists for troubled people with painful, unresolved issues or who have some form of pathology. Therapy aims to "fix" problems, or at least makes them less debilitating; coaching aims to help create new opportunities and get more out of life.

*Relationships*: The therapist–client relationship is often based on an expert–patient model, whereas in coaching, the two are more like partners (Sally Anne Law).

There are other ways in which counseling differs from coaching. *The intentions of coaching and therapy are different as* sometimes the coach guides individuals toward increased awareness and insights regarding how one's thoughts and emotional reactions lead to problematic behaviors in a particular setting (maybe work). Counseling shares this goals of improved personal effectiveness and increased awareness. However, the difference is that counseling also addresses non-work aspects of the individual's life. It involves in-depth explorations of the client's history, and their key relationships with parents and other family members, issues that may be only tangentially related to business effectiveness. Counseling also leads to deep and intense emotional experiences that demand skilful guidance from an experienced practitioner.

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*The training, skill sets, and experience of coaches and therapists are quite different.* In order to take on the deeper self-exploration common to the therapeutic situation counselors and therapists require an extensive training typically far in excess of coach training. This is far more demanding than current coach training offerings which typically vary from a few days to a full year.

## Other Differences

Most corporate coaching exists within a three-way contract involving the coachee, the organization and the coach. The company which is footing the bill expects results. Thus coaching tends to be more results and action-focused than therapy

The delivery of coaching may also involve processes very rarely used in therapy such as structured feedback from bosses, peers, and subordinates. Therapy allows for greater privacy with two-way confidentiality.

**Length of sessions:** Therapy is often conducted within the hour or 50-minute frame. Coaching sessions tend to last longer and be spaced at longer intervals.

**Place of sessions:** Therapy tends to take place in the therapist's consulting rooms whereas coaching can occur in the manager's office, a hotel syndicate room, or by telephone.

**Socialization rules:** Therapists do not have contact with clients socially and are very careful about boundary issues. Coaches regularly accept invitations by clients to attend corporate hospitality and may invite clients to their own events.

**Corporate culture:** also plays an important part in coaching and the executive coach must learn how to handle the complexities of organizational life.

*Fee rates* are also a significant point of difference and can vary enormously between coaching and therapy. Typically, coaching rates can be as much as quadruple those of therapy.

**Qualifications:** A therapist will also have malpractice insurance, whereas a life coach, in most cases, will not.

In the recent book by Skiffington and Zeus, *Behavioral Coaching* (2003), the authors outline a number of commonly asked questions about this subject. They include the following:

- How long should a coach allow the coachee to talk about or ventilate negative emotions?
- How does the coach know when a coachee should be referred to therapy?

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- ❖ How long should the coach allow a coachee to talk about and ventilate negative emotions?
- ❖ How does the coach know when a coachee should be referred for therapy?

Most coaches are not trained to diagnose these conditions and this is one of the reasons why coaches need to be in professional supervision to discuss their concerns with another senior colleague, get support, reassurance, and guidance. Fortunately these issues are the exception, but the professional coach does need to recognize that there may be occasions when referral is the soundest thing to do.

Many different models of coaching now exist. These include:

1. GROW model which is the acronym for GOAL, REALITY, OPTIONS, WILL (or WRAP-UP) (Whitmore 1996; 2004).
2. ACHIEVE model which represents: Assessment of current situation; Creative brainstorming of alternative to current situation; Hone goals; Initiate options Evaluative options, Validate action programme design; Encourage momentum (Dembkowski and Elridge, 2003).
3. POSITIVE model represents Purpose, Observations, Strategy, Insight, Team, Initiate, Value and Encourage. (Libri (2004) OSKAR a solution focused coaching model which represents Outcome, Scaling, Know-how and resources, Affirm and action, Review Jackson and McKergow, (2007).
4. Cognitive behavioural and rational emotive models of coaching include Albert Ellis' well known ABCDE model (Ellis et al., 1997; Palmer 2002) which stands for Activating event or situation, Beliefs, Consequences, Disputation of the beliefs, Effective and new approach to dealing with the issue or problem.
5. SPACE model which represents Social context, Physical, Action, Cognitions and Emotions was developed by Edgerton (Edgerton and Palmer, 2005).
6. Problem-solving models have also been developed for training, counseling, stress management and coaching (for, e.g., Wasik, 1984; Palmer and Burton, 1996; Palmer, 1997 a, b) and used within cognitive-behavioural coaching (see Neenan and Palmer, 2001 a, b) and coaching psychology (Palmer and Szymanska, 2007).
7. PRACTICE model which is an acronym for Problem identification, Realistic, relevant goals, Alternative solutions generated, Consideration of consequences, Target most feasible solution(s), Implementation of Chosen solution(s), Evaluation.
8. PIE: Problem definition; Implement a solution; Evaluate outcome.
9. STIR: Select problem; Target a solution; Implement a solution; Review outcome.

A growing number of psychologists and mental health professionals are transitioning into coaching using life-coaching to aid clients with transitions in their personal life, and in the process of self-actualization. The coach, applies mentoring,

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values assessment, behavior modification, behavior modeling, goal-setting, and other techniques in assisting clients. Coaching can also help the individual who has completed therapy and now feels she/he is ready to move on and set goals for the future, unencumbered by old symptoms from the past. Coaching is thus, a process by which an individual (the coach) helps another to remove internal barriers towards an achievement and helps to learn, perform and achieve. Coaches tend to specialize in one or more of several areas: career coaching, transition coaching, life or personal coaching, health and wellness coaching, parenting coaching, executive coaching, small business coaching, systemic coaching and organizational or corporate coaching. Life coaching can help coachees reach individual goals, enhance relationships with parents, partners and children, or with team members and managers.

The coach gives clear, concise directives, which stimulate creative ideas by which one can move forward to achieve goals. The coach facilitates focus, maintains hope, and builds motivation. They help the coachee figure out why their life is not working the way they want it to. They help them clarify what they actually want from their life and design inspiring yet believable goals for a new life. The coach works with the client to turn problem statements into solution statements, to develop plans to move them toward goals, and to maintain focus and positive motivation to get them there.

## MENTORING

Mentoring is the process by which an experienced person provides advice, support, and encouragement to a less experienced person. A mentor is a teacher or advisor who leads through guidance and example. A mentor provides guidance, wisdom, knowledge, and support in a manner in which a protégé can receive it and benefit from it.

Origin of word/concept Mentor: The original mentor is a character in Homer's epic poem "The Odyssey." When Odysseus, King of Ithaca, went to fight in the Trojan War, he entrusted the care of his kingdom to Mentor who was described by Homer as the "wise and trusted counselor." Athena, in the guise of the mentor, became the guardian and teacher for Odysseus' son Telemachus. Mentor served as the teacher and overseer of Odysseuss' son, Telemachus.

"Mentoring is to support and encourage people to manage their own learning in order that they may maximise their potential, develop their skills, improve their performance and become the person they want to be." Eric Parsloe, The Oxford School of Coaching and Mentoring.

Mentoring is a life educational model based on the principle of a more experienced mentor guiding his or her student, often called a *protege* or *mentee*. It encourages

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a one-on-one level interaction. It can also be seen as a partnership between two people normally working in a similar field or sharing similar experiences. It is a helpful relationship based on mutual trust and respect (mentorset.org). A mentor is a guide who is more experienced or more knowledgeable and helps a less experienced and less knowledgeable *mentee* to find the right direction, and who can help him/her to develop solutions to career issues. Mentors rely upon having had similar experiences to gain an empathy with the mentee and an understanding of their issues. Mentoring provides the mentee with an opportunity to think about career options and progress.

The concept of mentoring can be traced back to the ancient Indian *gurukula* (learning from the master [*guru*] by staying with him for several years) system. In India, we have an unbroken tradition of teaching with regard to the learning of the scriptures, and also of language, logic, music, dance, sculpture, architecture, and so on. This tradition of teaching and learning was carried on in a *gurukula*. A student seeking knowledge in a given discipline lived with the teacher of the respective discipline for a length of time to learn and master the subject matter. In this type of teaching, the teacher had the advantage of knowing the student well, inasmuch as the student lived with the teacher for the entire period of the learning. Whatever be the subject matter involved in this type of learning, the teacher saw to it that the student grew up as a person of culture, committed to a life of *dharma* or righteousness. So was the case in Greece where philosophers such as Socrates routinely took on the role of mentor to young men who demonstrated great leadership potential. In return, their proteges agreed to continue the mentoring relationship with their own students. Master craftsmen would accept promising students as apprentices, guiding them through all aspects of the craft (wisegeek.com).

The need and utility of a mentor is now recognized more and more at all places, especially in the educational institutions and the corporate organizations. Apart from imparting training, the mentor transmits the knowledge and a general understanding of the profession, the mentor also guides the mentee through the various ways in which different situations in life can be handled.

It is the job of the mentor to help the mentee to believe in the self and boost confidence. To this end the mentor generally asks questions and challenges the mentee, while providing guidance and encouragement. Mentoring allows the mentee to explore new ideas in confidence. It gives the mentee a chance to look more closely at one self, related issues, opportunities and what she/he wants out of life. Mentoring is about becoming more self aware, taking responsibility for your life and directing your life in the direction you decide, rather than leaving it to chance (mentorset.org).

For the relationship to be fruitful, the mentor must be a person that the mentee looks up to, trusts and respects. The mentor must also possess all the skills and attitude of a counselor. In order to serve two important functions they are expected

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to namely providing guidance pertaining to career as well as providing psychological support, the mentees must perceive their mentors as a guide who would lead them to greater knowledge and success. Thus, the relationship between the mentor and mentee needs to one of affection and mutual respect. It is necessary that the mentee is confident of the trust, sincerity and integrity of the mentor. Only then can they share a relationship that would optimize the goals. The mentor should be committed to the role, accessible and approachable. Unconditional acceptance, knowledge about the subject, good communication and interpersonal skills and sensitivity to the shortcomings of the mentee are other qualities of a good mentor. And last but definitely not the least, as the mentor and the mentee are in the same field, same organization, professional jealousy may erupt in spite of the mentor being at a higher level. It is paramount that the mentor should not at any time be competing with the mentee.

## Mentoring Techniques

A study of mentoring techniques most commonly used in business was published in 1995 under the title Working Wisdom (Aubrey and Cohen, 1995). These are:

1. Accompanying: Taking part in the learning process by taking the path the learner takes.
2. Sowing: Preparing the learner before she/he is ready to change.
3. Catalyzing: When change reaches a critical level of pressure, learning can jump. Here the mentor chooses to plunge the learner right into change, provoking a different way of thinking, a change in identity or a re-ordering of values.
4. Showing: Showing or making something understandable, or using own example to demonstrate a skill or activity.
5. Harvesting: Create awareness of what was learnt by experience and to draw conclusions.

### Process common to both coaching and mentoring (Megginson & Clutterbuck)

1. Establishing and managing the coaching or mentoring relationship
2. Setting goals
3. Clarifying and understanding situations
4. Building self-knowledge
5. Understanding other people's behavior
6. Dealing with roadblocks
7. Stimulating creative thinking
8. Deciding what to do
9. Committing to action

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10. Managing the learner's own behaviors
11. Building wider networks of support, influence and learning
12. Review and ending the coaching and mentoring relationship
13. Building one's own techniques

**Possible pitfalls of mentoring:** While mentoring is picking up due to it's efficacy in providing guidance to the mentees, it is not always the case. This relationship can be disadvantageous, even detrimental to the mentees. Some of the reasons why this may happen are as follows:

### *"Mismatch" between mentor and proteges*

The mentor and the protégé may be totally mismatched. This can lead to failure of the relationship. In such a situation one or both members of the relationship may feel uneasy with the other, hindering the achievement of that level of friendship necessary for elevation and rich communication. It becomes imperative then to closely monitor the mentor-mentee relationship, detect and identify such issues, and assign the young entrepreneur to a different mentor. If the problem is identified during the first six months of the relationship the change can usually be made in an amicable way with no hard feelings on either side. If this is done by the mentor, then well and good. However, it requires a very high level of objectivity, backed by experience and the ability to do that.

### *Unrealistic expectations*

Unrealistic expectations of the mentee in terms of the time and space of the mentor can lead to problems. The mentor may not be able to, ready to or even willing to give as much support as the mentee requires or wants. It is important, therefore, that expectations are clearly defined from the beginning. The protégé should not expect the relationship to meet every need, nor for it to continue indefinitely. The mentor must also take good care to see that a sense of dependency is not allowed to develop in the mentee.

### *Breaches of confidentiality*

Mentors are bound by a duty of confidentiality. This duty is applicable irrespective of the position of the mentor or mentee in the organization. Exemptions may include information relating to any illegal act, harm to self or others. The mentor should ensure that the mentee is informed that they are unable to maintain confidentiality. The commitment to confidentiality continues after the mentor and mentee have concluded their mentoring contract.

This is very important to facilitate the development of the type of relationship in which the mentor can be effective. Maintaining the confidences of the mentee is

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step one in being perceived as trustworthy. A high level of trust is essential in order that an effective relationship develops and breaching confidentiality is a sure way to harm the process. Codes of conduct regarding confidentiality issues should be clearly defined and understood by both parties at the beginning of every mentoring relationship.

### *Mentors doubling up as counselors*

It is common in India for all and sundry, involved in helping others, to call themselves counselors. As mentioned in earlier chapters, as there is no regulating body of registration and licensing for educationally and professionally qualified counselors, this practice is still on. A HR manager, English teacher, a general physician, a lawyer, a social worker or even a paramedic says that *counseling* is part of their job. This can prove to be harmful to the person being counseled and the healing process itself.

It is therefore important to recognize that mentoring, or coaching for that matter should stay within the limits of their definition, and refer their coachees or mentees to a professionally trained counselor when there are deeper emotional issues.

## CONSULTING

A consultant (from the Latin consultare means "to discuss" from which we also derive words, such as consul and counsel) is a professional who provides advice in a particular area of expertise like law, management, medicine, etc. The consultant is usually an expert in the field with a wide knowledge of the subject matter. This individual is usually self-employed or works for a consulting firm. s/he works with a number of clients who need access to deeper levels of expertise than would be feasible for them to retain in-house. The client has the additional advantage of purchasing only as much service as they require.

This consultant provides advice to clients, may be individuals or companies, in a particular field or specialty. They may work on-site or off-site (home or office). The clients may go to the consultant or have the consultant over, depending on the nature of the advice required.

Business consultants as people are generally (managementconsulted.com):

1. Knowledgeable about the topic at hand
2. Well-connected within the industry
3. Have a reputation and/or brand (based on experience, publications, etc)
4. Effective communicators

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## What is the difference between consulting, coaching and counseling (McKinley)?

One very good way to bring about the differences among the three is:

1. Counseling is helping. Counselors ask the "why" questions. It is the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic intervention strategies, that address wellness, personal growth, or career development, as well as pathology. The therapist is there to alleviate pain and loosen pressure. The counselor has to determine where the problem is, what is blocking ones efficacy in functioning, what is causing pain, and help in routing it out/alleviating it. The process is all about finding out why an individual is hurting, identify patterns that originated and maintain the pain, and then assist in making the corrections.
2. Coaching is educating. Coaches ask the "what" questions. What motivates them, what they want, what they want to be? Then the skilled coach guides the coachee toward realizing those dreams. Through various conversations and interactions, the coachee realizes that what she/he has is not enough, or is not what she/he wants. The coach then provides the conversation that empowers the coachee to live more intentionally. Coaching enables learning and development to occur whereby performance improves, proceeds in the direction of fulfillment of dreams and achievement of goals.
3. Consulting is the expert giving advice or guidance. While the client relies on the consultant to solve and fix the problems consultants help organizations initiate and increase functionality and efficiency. Consultants mainly deal with the "how" questions that the client may have. They show the client how things/processes can be done better, how to fix, how to improve, etc. The consultant identifies the problem and tells the client how to put things back together the right way. In order to do this well, the consultant must possess knowledge and experience in the field that the client services.

The following table describes differences in the three disciplines:

| | COUNSELING | COACHING | CONSULTING |
|---|---|---|---|
| *Relationship* | Cooperative | Partnership | Expert |
| *Goal* | Healing | Changing | Fixing |
| *Methods* | Redirecting | Questioning | Telling |
| *Focus* | Pain | Desires | Problems |

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## TRAINING

The term training refers to the acquisition of knowledge, skills, and competencies as a result of the teaching of vocational or practical skills and knowledge that relate to specific useful competencies (wikipedia.org). Every individual must be trained to possess a core competency. However, the trend today is to continue the training beyond that, to maintain, upgrade, and update the knowledge and skills throughout their working life. In addition to the HR department in various concerns, the department of Training and Development is gaining focus and significance. This department takes care of 'on-the-job' as well as 'off-the-job' training programs for the employees.

Training has very specific goals: improving one's capability, capacity and performance. Training emphasizes growth and development of the individual in an organization. Most of the organizations are starting to invest in the development of the skills of their employees so they can increase their productivity. Both the new as well as old employees need to be trained, the former to induct them into the culture of the concern, the latter to enhance their knowledge and skills.

Reasons for emphasizing the growth and development of personnel include (bizmove.com):

- ❖ Creating a pool of readily available and adequate replacements for personnel who may leave or move up in the organization.
- ❖ Enhancing the company's ability to adopt and use advances in technology because of a sufficiently knowledgeable staff.
- ❖ Building a more efficient, effective and highly motivated team, which enhances the company's competitive position and improves employee morale.
- ❖ Ensuring adequate human resources for expansion into new programs.

It is obvious to see how training, if done well, helps an organization 'stay in shape'. It helps in the following ways:

- ❖ Increases productivity
- ❖ Reduces employee turnover
- ❖ Increases employee efficiency and thus resulting in financial gains
- ❖ Decreases need for supervision

The training design starts with elucidating the organizational objectives. Then the department conducts a needs assessment survey in order to find out what both the employees as well as the employer need to be done in order to increase efficiency. A SWOT analysis can be done to bring out the gaps or the blockades. Then the department forms the training objectives. The next step is to match the training with the employee and selecting the trainees for a particular program according to the need and requirement of the staff. Training methods and mode are developed

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and the training program is conducted. It is important to evaluate the efficacy of the program, and an assessment procedure is identified, developed and implemented.

The most important of all the above steps is to identify the training needs. Training needs can be assessed by analyzing three major human resource areas: the organization as a whole, the job characteristics and the needs of the individuals. This analysis will provide answers to the following questions:

- In which area/department/field is training needed?
- Specifically what must an employee learn in order to be more productive?
- Who needs to be trained?

As mentioned earlier the training department must begin by assessing what the current status of the concern is, its strengths and weaknesses in terms of capabilities of the employees. Goals for the organization as well as individual employees must be charted out both long term as well as short term. As training is gaining in significance, organizations are willing to commit financially to supporting them. Conduct internal audits to detect where (and what kind of training) is most needed. A skills inventory can help determine the skills of the employees, both individually as well as in general. This exercise will also help the organization determine what skills are available now and what skills are needed for future development. In such a competitive, market-driven, customer centered economy, it will also help to get feedback from the customers as to what they think your strengths and failings are.

The next step would be to focus on the content of the program. The program should be designed and developed keeping both the trainees (their ability level, personality and motivation) as well as their jobs in mind. Improvement not only of their knowledge pertaining to their jobs should be developed, but also their soft skills, as well as their attitude. Each and every employee must benefit, otherwise it is de-motivating for the rest to say the least. Selecting the right trainees is important to the success of the program. Specific goals and objectives should be set and all must work towards their achievement. These goals must relate to the needs that emerged from the assessment process. Objectives should clearly outline the specific behavior or skill that will be the focus of the training program. This specificity helps evaluate the training program and also motivate the employees. Allowing employees to participate in setting goals increases the probability of success.

Effective training and development includes using sound principles of performance management and good, basic training techniques. A basic systematic approach is (managementhelp.org):

1. Analyze the organization's needs and identify training goals which, when reached, will equip the learners with knowledge and skills to meet the organization's needs. Usually this phase also includes identifying when training should occur and who should attend as learners.
2. Design a training system that learners and trainers can implement to meet the learning goals; typically includes identifying learning objectives (which

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culminate in reaching the learning goals), needed facilities, necessary funding, course content, lessons and sequence of lessons.

3. Develop a training "package" of resources and materials, including, e.g., developing audio-visuals, graphics, manuals, etc.
4. Implement the training package, including delivering the training, support group feedback, clarifying training materials, administering tests and conducting the final evaluation. This phase can include administrative activities, such as copying, scheduling facilities, taking attendance data, billing learners, etc.
5. Evaluate training, including before, during and after implementation of training.

There are basically two types of training programs (bizmove.com):

On-the-job training is delivered to employees while they perform their regular jobs. On-the-job techniques include orientations, job instruction training, apprenticeships, internships and assistantships, job rotation and coaching. A timetable should be established with periodic evaluations to inform employees about their progress.

Off-the-job techniques include lectures, special study, films, television conferences or discussions, case studies, role playing, simulation, programmed instruction and laboratory training.

Success of the training program decides the future of such execises. There are a few steps that the trainer can do to ensure that (humanresources.about.com):

Provide information for the employee about exactly what the training session will involve, prior to the training. This tells the participant what they can expect and reduces anxiety pertaining to it.

Make clear to the participant that the training is their responsibility and she/he needs to take the employee training seriously. Only then will she/he apply themselves to program fully, before, during and after the program. This includes completing pre-training assignments, actively participating in the sessions, and applying new ideas and skills that have been learnt upon returning to work.

Preparing pretraining assignments in the form of reading materials or activities or self-assessments is an important part of any training program development. This saves time for interaction and new information.

Start the training from upper levels of management and proceed to the lower levels. They need to have learnt the skills and gone through the program in i-order to understand where their juniors are coming from after they back from the training program. This helps to maintain the learnings and proceed from there. This also helps as the supervisor will model the appropriate behavior and learning, provide an environment in which the employee can apply the training, and create the clear expectation that she expects to see different behavior or thinking as a result of the training.

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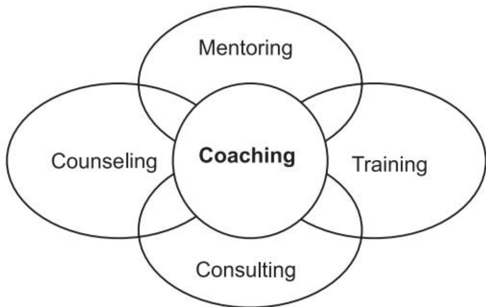
It will help if the supervisors who have undergone the training meet with the would-be participants prior to the training session, iscuss any concerns he may have about applying the training in the work environment and determine what key learning points are important for the organization in return for the investment of his time in the training. After the training session a meeting can be held to discuss the learnings and their application. It helps to identify any obstacles the employee may expect to experience as he transfers the training to the workplace. This will make the training very practical and context based.

## CONVERGENCE OF APPROACHES AND THINKING

Many counselors, clinical psychologists, and management trainers have gone into consulting and coaching taking with them their understandings, skill sets, and professional norms. New models of coaching have been constructed on the proposition that coaching is an amalgam of these different disciplines (pbcoaching.com).

In Greene and Grants' *Solution Focused Coaching* (2003), we find a model that incorporates counseling, consulting, training, and mentoring (from ww.pbcoaching.com):




This model developed out of the Solution Focused Brief Therapy model of counseling. Solution focused brief therapy (SFBT), often referred to as simply 'solution focused therapy' or 'brief therapy' which focuses on what clients want to achieve through therapy rather than on the problem(s) that made them to seek help. The approach does not focus on the past, but instead, focuses on the present and future. The counselor invites the client to envision their preferred future and then both the therapist and client start focusing on the skills and behavior needed to achieve that (wikipedia.org).

Another recent book on leadership development coaching by West and Milan, 2001 is premised on the view that the development coach draws primarily on two

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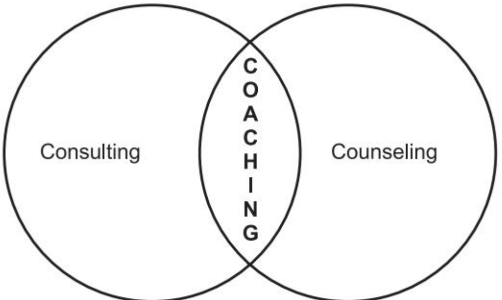
related disciplines—consulting and counseling—and synthesizes these into his or her practice. Their model, which they refer to as a "marriage of two disciplines," looks like this: (from ww.pbcoaching.com).




Hersey and Blanchard(1985) developed the Situational Leadership theory. This theory again draws from counseling, coaching, consulting and training to facilitate growth, both personal as well as professional in the individual. The fundamental concept of the Situational Leadership Theory is that there is no single "best" style of leadership. Effective leadership is task-relevant and that the most successful leaders are those that adapt their leadership style to the maturity of the individual or group they are attempting to lead/influence. That effective leadership varies, not only with the person or group that is being influenced, but it will also depend on the task, job or function that needs to be accomplished.

They characterized leadership/mentoring style in terms of the amount of task behavior and relationship behavior that the leader provides to their followers which differ from each other in terms of the amount of supportive and directive behavior each encompasses:

Hersey and Blanchard characterized leadership style in terms of the amount of task behavior and relationship behavior that the leader provides to their followers. They categorized all leadership styles into four behavior types, which they named S1 to S4:

1. S1: Telling is characterized by one-way communication in which the leader defines the roles of the individual or group and provides the what, how, why,when, and where to do the task.
2. S2: Selling is that at the same time that the leader is still providing the direction, he is now using two-way communication and providing the socio-emotional support that will allow the individual or group being influenced to buy into the process.
3. S3: Participating is now shared decision making about aspects of how the task is accomplished and the leader is providing less task behaviors while maintaining a high relationship behavior.

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4. S4: Delegating is where the leader is still involved in decisions; however, the process and responsibility has been passed to the individual or group. The leader stays involved to monitor progress.

The Hersey-Blanchard Situational Leadership Theory identified four levels of Maturity M1 through M4:

1. M1: They generally lack the specific skills required for the job in hand and are unable and unwilling to do or to take responsibility for this job or task.
2. M2: They are still unable to take on responsibility for the task being done; however, they are willing to work at the task.
3. M3: They are experienced and able to do the task but lack the confidence to take on responsibility.
4. M4: They are experienced in the task, and comfortable with their own ability to do it well. They are able and willing to not only do the task, but to take responsibility for the task.

According to Ken Blanchard, "Four combinations of competence and commitment make up what we call 'development level.'" (Blanchard, Zigarmi, and Zigarmi, 1985).

1. D4: High competence and high commitment
2. D3: Moderate to high competence and variable commitment
3. D2: Some to low competence and low commitment
4. D1: Low competence and high commitment

In order to make an effective cycle, a leader needs to motivate followers properly.

(see http://en.wikipedia.org/wiki/Situational_leadership_theory#cite_ref-0 for more details). At each level the individual being mentored needs a different monitoring style to maximize growth (careerdevelopmentplan.net). The mentoring process can be regarded as the growth of the individual being mentored and his self-concept through goal-directed behavior. The mentee is guided from one goal to a more complex one). The sense of achievement leads to the enhancement of a sense of self-worth. After achieving the goal, it is vital that the mentor assists the individual being mentored to *reflect* on the achievement. Through reflection (which implies honest feedback) self-analysis, and self-evaluation, growth of the self-concept of the individual being mentored is facilitated (Career Expert, 2005).

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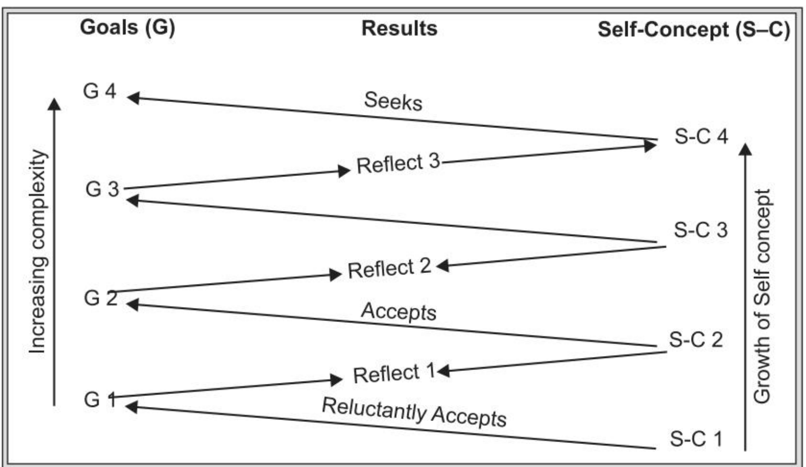


## STRESS RELEASE SCENARIO IN INDIA TODAY

India is in a very interesting place right now, in terms of its culture, values, and integration with Western society. Indian people are now working longer and harder than they have ever done, and facing unprecedented levels of challenges and stresses. It is absolutely and perfectly placed to embrace coaching and all that coaching can offer. As India is such a family-based society, Indians could really take coaching to their hearts and embrace it fully.

In India, there are many retreats budding on the outskirts of big cities and towns providing design, aesthetics, and service and comfort levels, modeled after exclusive and luxurious small hotels. They have a small number of rooms spread across different plantations, gardens, and fields where a few people are unobtrusively tended to as they go about their daily agendas in complete privacy and quiet.

These are places where one can come in touch with the rich and vibrant Indian spiritual tradition that encourages one to search for meaning and purpose of their existence by looking into the depths of their souls. Numerous processes derived from the tradition of *Yoga* and a range of self discovery modules allows guests to truly recharge their body and mind energies and set about resetting their priorities and goals. This is all provided in a private, serene, and spiritual environment (shreyasretreat.com).

In the Indian tradition, all-round excellence is the manifestation, which is the purpose for which our lives have been given to us. This is inherent within us and is to be achieved through harnessing, refining, and purifying our body/mind energies and spiritualizing our actions and emotions, thereby allowing the divine qualities

within to shine forth. The retreat centers help to achieve this by catalyzing the thinking process with inputs from the Indian spiritual tradition.

Apart from these retreat centers, there are many ashrams, or spiritual retreat centers, which have existed for a long time, run by various trusts, and cater to spiritual aspirants from various fields. These people get authentic spiritual guidance in these ashrams. Of late more and more people seem to be flocking to these retreat centers, which run various camps and workshops. With the stresses attributed to technological advances and the resultant mechanized lifestyles, people's thirst for self-knowledge and self discovery is increasing by leaps and bounds.

## What is the "Journey of Self-Discovery"?

As we have seen earlier in the Indian tradition, life is considered to be a journey of experiences that leads us to discover the excellence inherent within us. People are nowadays looking to spend some time reflecting and connecting with their inner core, and the retreat centers provide a sacred space and structure their stay with dedicated yoga classes, rejuvenation, and relaxing massages, light, but wholesome vegetarian food, guided meditation sessions, *mouna* (silence) and *karma yoga* (working with a selfless attitude) hours, and scriptural classes.

Yoga classes are based on classical *hatha yoga* and are combined with *Pranayama* (breathing related) and *pratyahara* (internalization) processes drawn from the Yoga sutras, an ancient yogic doctrine that aims to integrate our body, mind, heart, and souls for complete living. The programs and yoga classes are dedicated to applying the wisdom of the *Vedas* and Indian spiritual tradition to enrich the professional and personal lives the people.

Some retreat centers also include nature-based activities that one can experience, for example, the opportunity to spend time in the herbal and agricultural fields. This seems to be an immensely therapeutic experience in itself, with their stresses disappearing as they were working in the fields.

## How do These Activities Help?

From a spiritual perspective, it can be said that the laws governing external nature are identical to the laws governing our psychophysical personalities. Through observing nature and mindfully participating gardening or farming activities, one can learn a lot about the self.

Another significant therapeutic experience that these retreat centers provide the guests is an opportunity to participate in many community-based activities organized by them like serving meals to village school children, renovating the village school or other essential structures, reading to the villagers or organizing recreational programs for the villagers. This gives them the chance to interact and experience

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the real India. This exercise, which is known as "*Seva*" or service, is the chemistry needed to transform negative emotions such as arrogance into humility, sympathy and indifference into empathy and compassion, and anger into love. Vedanta says that qualities such as empathy and a genuine desire to give—for the sake of giving and not for the sake of personal aggrandizement is superimposed by the layers of our selfish ego personality that is readily seen. This personality needs to be harnessed and employed in our daily work and personal life. and *seva* helps us do that. '*Seva is an effective medium through which the self can encompass and accommodate the whole world'.* The capacity to give without hesitation is accomplishment; and the way to accomplishment is deliberate will-based giving. *Daanam*, giving and sharing is a mark of growth. (Swami Dayananda Saraswati).

Nature walks and agricultural and medicinal herb gardens farming provide the necessary physical stress relief. Yoga classes, wellness, and "stress management" modules, regular yoga retreats where individuals can learn from the physical, physiological, and therapeutic benefits of a simple yoga practice, stress management packages, and retreats for psychosomatic ailments like asthma, high blood pressure, back, neck, and hand pain, etc., seem to be the order of the day in these places. Meals served are vegetarian, and thoughtfully planned to complement the lifestyle one will be experiencing at the retreats.

According to yoga, almost all psychosomatic disorders are caused by "stress," an inability of the body/mind system to cope with the demands made on it both professionally and in personal life. While western medicine and psychiatry deals with stressthrough medicine that induces the release of "feel good" hormones, this does not eliminate the problem.

Vedanta says that the root cause of stress lies in our inability to see the world as one unbroken stream of consciousness flowing through everything and everyone. This is *maya* or illusion, this mistaking ourselves as being separate from the world. Thus we compete with the world for our happiness and that leads to a lot of stress.

Yoga is referred to as a holistic healing science as it encourages us to deal with stress at the physical (with proper diet and *asanas* [physical postures]), physiological (with *pranayama* [breathing practices]), mental and intellectual level (with meditation) India undoubtedly is the World capital of Yoga. Besides, a rich and diversified culture much of Indian life is simple and inspired by yogic principles. Yoga holidays in India are especially desirable as many of them are built around authentic yoga instructions. Many retreat centers offer massages, which are designed to remove knots of stress out of the muscles. Yogic practices, such as *yoga nidra* or deep yogic sleep practices to tackle insomnia, light meals at night, avoiding intoxicants and meditation, various yoga postures that help stretch, relax and strengthen the spine as well breathing and meditation practices to alleviate back pain are just some of the relief that one can expect from the retreat centers.

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Thus, the Indian tradition provides the individual with the opportunity to grow and develop healthily, not only physically, physiologically, but socially, emotionally as well as spiritually. It takes care of all aspects of the human being in order that we live a happy, fruitful and contented life.

## ❖ Summary ❖

Many Indians know about counseling as an intervention field but now the whole approach to counseling is changing into mentoring, coaching, training, consulting, etc., as the postmodern generation emerges. Coaching is a recent phenomenon and gaining in popularity. Both coaching and therapy have the same roots. Coaching evolved from three main streams that have flowed together: 1) Psychotherapy and counseling. 2) Business consulting and organizational development. 3) Personal development training. In addition it draws from disciplines such as sociology, psychology, positive adult development, career counseling, mentoring and other types of counseling, also sharing similarities with other disciplines, such as organizational consulting, management development, and training. It works on the philosophy that people limit themselves and cap their potential due self-defeating beliefs and patterns.

Mentoring is the process by which an experienced person provides advice, support, and encouragement to a less experienced person. A mentor is a teacher or advisor who leads through guidance and example. A mentor provides guidance, wisdom, knowledge, and support in a manner in which a protégé can receive it and benefit from it. It is a life educational model based on the principle of a more experienced mentor guiding his or her student, often called a *protege* or *mentee*. The concept of mentoring can be traced back to the ancient Indian *gurukula* (learning from the master (guru) by staying with him for several years) system. The need and utility of a mentor is now recognized more and more at all places, especially in the educational institutions and the corporate organizations. It the job of the mentor to help the mentee to believe in the self and boost confidence. To this end the mentor generally asks questions and challenges the mentee, while providing guidance and encouragement.

A consultant is a professional who provides advice in a particular area of expertise like law, management, medicine, etc. the consultant is usually an expert in the field with a wide knowledge of the subject matter. This consultant provides advice to clients, may be individuals or companies, in a particular field or specialty.

The term training refers to the acquisition of knowledge, skills, and competencies as a result of the teaching of vocational or practical skills and knowledge that relate to specific useful competencies the trend today

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is to continue the training beyond that, to maintain, upgrade, and update the knowledge and skills throughout their working life. The training design starts with elucidating the organizational objectives. Then the department conducts a needs assessment survey in order to find out what both the employees as well as the employer need to be done in order to increase efficiency. Goals for the organization as well as individual employees must be charted out both long term as well as short term goals.

Many counselors, clinical psychologists, and management trainers have gone into consulting and coaching taking with them their understandings, skill sets, and professional norms. New models of coaching have been constructed on the proposition that coaching is an amalgam of these different disciplines.

India is in a very interesting place right now, in terms of its culture, values, and integration with Western society. Indian people are now working longer and harder than they have ever done, and facing unprecedented levels of challenges and stresses. It is absolutely and perfectly placed to embrace coaching and all that coaching can offer. In India, there are many retreats budding on the outskirts of big cities and towns providing design, aesthetics, and service and comfort levels, modeled after exclusive and luxurious small hotels. Apart from these retreat centers, there are many ashrams, or spiritual retreat centers, which have existed for a long time, run by various trusts, and cater to spiritual aspirants from various fields. These people get authentic spiritual guidance in these ashrams.

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# *Case Studies*

## Hypothetical Case Examples for Which a Counselor's Intervention May be Sought

1. A couple is constantly bickering and expressing anger towards each other. The least comment is taken as an insult or an allusion to the other's failures. In the presence of others, their behaviour is definitely better, but they cannot get along with each other.
2. A man suddenly experiences a series of negative events. He loses his job, his wife and children leave him, and he is diagnosed having cancer. He starts to feel crushed, and depressed.
3. A 20 year old male who is brought by his mother for evaluation. According to her, he had been very agitated for the past few hours. She suspects he is using drugs. She also states that his behaviour has changed over the last four months; he is frequently absent from home and has been taking money from her wallet.
4. A couple lost their three-year-old child due to leukemia approximately one year ago. The mother still does not seem to be able to cope with everyday living. Either she is crying all day … or too tired to do anything … She is not interested in anything that had earlier given her happiness.
5. A nine-year-old boy says he has these difficulties:
   (a) Not enough time to copy from the board
   (b) When the teacher checks his work she finds lots of mistakes
   (c) He is not able to read cursive writing
   (d) He can't see the words on the whiteboard. They move around and sometimes he sees two words the same.

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## Case-1: Couples Counseling

Anand and Sangeetha had been seeing each other since their third year of undergraduation. During the final year they had decided to put off getting married until they were both settled in a job. They both then went on to do their post graduation in different places and then found themselves a job in Chennai. They were very confident of their relationship as it had survived their separation during their post graduate years. They had maintained a long good distance relationship. Finally Sangeetha's parents started to ask her to get married. There was no objection from either family even though they belonged to different communities. All went well. They got married and once the honeymoon phase was over and the routine of life started a few irritations started to erupt.

They were both IT professionals and the odd working hours, the stress of maintaining a functioning home, the lack of time with each other, the expectations from their parents-in-law, all added up until both were either fighting everyday or would maintain an angry silence in each other's company. The recession also had an impact on their sense of internal security. Both of them had to deal with some pretty complicated feelings.

One day Sangeetha announced that it was not working and she wanted to move out of the relationship. Anand was not totally surprised at this. But he did not want to give up. He tried to talk her out of it, argued with her, insisted that they take a holiday to rekindle the fire… but that only made Sangeetha more angry. She felt that Anand was not listening to her and was behaving like he was the good one trying to save the marriage and she was the bad one wanting to break it.

However as luck may have it, a close friend (one who was trusted by both of them) suggested counseling. When I saw them first I wondered what they hoped to get from the sessions. They seemed to have two very different goals in coming to see me. I needed to understand more about each of their personal goals in coming to see me.

As is wont I spoke to each of them personally. I found out that I was right. Whereas Anand wanted to save the marriage at all cost, Sangeetha had lost the will to do it. I also noticed that Anand was not as stressed as Sangeetha. We needed to explore that. A couple of sessions with Sangeetha brought out all her frustrations with Anand as a husband … how different he was from Anand the boyfriend. Similarly a couple of sessions revealed the frustration of Anand's expectations of his wife vis-à-vis his girlfriend. This had led to the complete breakdown of communication between the two.

At this point, my job had been defined. They needed to understand that they still loved each other and should find ways to express that. They needed to rekindle their commitment to their relationship as people and then as husband and wife.

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They also needed to explore the expectations of each other—how they had changed/ remained the same. They needed to re-script their roles and responsibilities.

However, as I sensed a lack of motivation on Sangeetha's part to work on her marriage, I requested her to meet me for a couple of more sessions. Thankfully she agreed. She then talked about her pressures and stresses and grief in her life. Then she talked about her married life. How it was different from her years with him before that. She felt that she had lost her identity. That she was a wife now to Anand, not Sangeetha. She did not feel special anymore. And that was the crux of it.

When we told Anand all that he just stared at us for a few minutes. He had not realised it.

In couples counseling, it is usually the case that both partners have a hand in creating their dynamics. I decided at this point to focus on Anand in order to learn why Sangeetha might feel this way. Then Sangeetha had to talk about how she had changed after her marriage. In a couple of more sessions they decided to work on their expectations and communication pattern.

A follow-up call two months later revealed that both of them felt the relationship was more secure than it ever had been and felt that our session had been largely responsible for the change.

## Group Counseling (Cognitive Therapy)

This group counseling involved eight sessions, which lasted for two hours for each session.

**Session 1:** During this session the focus was on preparing the right environment for group counseling. Attitudes such as empathy, warmth and respect were discussed as being very important to conditions for worth. Relationship building was stressed upon as the key to make progress. The family background of each was discussed both individually and in the group. A couple of activities on emotions and their role in our lives served to ease the tension due to unfamiliarity in the group.

**Session 2:** This session was focused on Psycho-education. The role played by one's view of reality, worldview and perception on emotions and decision-making was discussed. The significance of objectivity was brought out.

**Session 3:** The five Laws of Living (explained in Chapter VII) were explained in detail.

**Session 4 and 5:** These sessions were the intervention phases. During these sessions, the group members were encouraged to talk about their personal experiences or problems. The members then deduced alternate ways to perceive their situation

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(using the five Laws) were elicited. The members were guided to understand the subjective nature of their perceptions. They looked at various episodes in their lives where their perceptions led to the problems they were experiencing. This helped them to have an objective insight into their personal experiences in their respective environment. They were able to assess things/situations/events that led to their problems. These were pretty emotional sessions.

**Session 6 and 7:** The sixth and seventh sessions were the goal setting phases. These focused on action plans and support strategies. The group members were guided to develop a more optimistic attitude and have realistic visions and objectives for the future in short, medium and long term.

**Session 8:** This was the termination session. Closure exercises were done. Feedback was collected. As this was a short time group it was taken care to see that the members did not become too dependent on each other.

A follow up telephone call and email was sent at three and six months to find out how their therapy learnings were holding up.

## Case-2: Psycho-Spiritual Counseling

When Shravan Ahuja was admitted to the hospital with pancreatic cancer, he was quite alone. He had all of his close family members and a few friends visit him everyday. However, with every passing day he became more and more reticent. He would keep to himself, not respond to the visitors and even withdrew from his wife and daughter who were there the whole time attending on him. He seemed to have isolated himself from those around him after his diagnosis.

Daily visits of the counselor was not helping or leading anywhere. He would sit in silence the whole time that she was there. The few questions asked by the counselor would be met with monosyllabic or gestural responses. There would be no interaction at all. This happened for a few days … until one day…

Shravan was not particularly a religious person. However an unexpected visit from his wife's spiritual *Guru* proved enjoyable and helpful for him. Their conversations helped him understand the significance of religion and spirituality in all our lives. He acknowledged his relationship with God and began to realise the connection between relating to God and relating to others. He cried a lot … something that he had not done since the diagnosis.

The next day when the counselor came in, he greeted her with a smile. He voluntarily talked about his fears and trepidations. They discussed end of life issues, organ donation and DNR (do not resuscitate). He was helped to make plans for his

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daughter's wedding as well as his wife's sustenance after his death. He also worked on some regrets and restitutions (*karma, prarabdha and parihara*) leading to inner healing and the healing of some broken relationships. Along with the cognitive course of therapy the importance of prayer was stressed. He had never prayed before. The reciting of *Hanuman Chalisa* and the Vishnu *Sahasranamam* brought him a lot of comfort and assurance. All this helped in his journey toward spiritual reconciliation. He was then at peace.

He then wanted to go home. He did not want to die in the hospital. The counselor liaised with his attending physician and he was discharged. On that day he declared to the counselor, "Now madam, I am ready to die. Please help my family get through this tough time. Make them as unafraid as I am!"

## Case-3: A Case of School Refusal

Anagha was referred to the counselor by her school authorities. It was a month since school had reopened and the child was still having trouble coming to school. Everyday she would come in late. So the matter was referred to the principal and the child's parents were asked to meet with the school counselor.

Anagha was an only child. During the first session she proved to be a very cheerful little girl, very warm and affectionate even towards strangers. She had no trouble talking to the counselor freely. She talked about how much she liked school and how much she liked her class teacher. But when it came to talking about her to refusing to go to school every morning, she prevaricated and tried to change the topic. When her mother tried to get her to talk confronting her with some details she shut up and refused to talk. But to get her to talk again did not take much time. As long as her school refusal was not talked about she was okay.

Anagha's mother was visibly disturbed. She talked quite a lot about how she was scared that her daughter would never attend school. She was also feeling guilty, being the only parent taking care of her. Her father was a software engineer who worked away in the UK. The mother and daughter lived with her grandfather in Chennai. She said that her husband was quite participative even though he was quite far away. He did not hold his wife responsible but she did feel that way.

Anagha had been toilet trained by the time she was one-and-a-half years old. But then she started bed-wetting three months after she started going to the previous school. She would have nightmares and wake up crying. She would insist on sleeping very close to her mother. Even if her mother turned the other way, she would wake up and then insist on her mother's turning towards her.

From the time Anagha woke up she would dawdle and cry, repeating over and over again there she did not want to go to school . Her mother had tried everything

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from scolding to bribing to actually accompanying her child to school. This was a new school that Anagha was attending. It was because of the school refusal problem in the last school that they had actually changed schools this year. Now it was a month into this academic year in the school and the child was still refusing to go to school.

Anagha's grandfather was very supportive. He was not at all worried. He felt that there was no serious problem and that this situation would get better with time. He felt that his daughter worried unnecessarily and that the teachers at school were making too big an issue out of this. He was a homeopathic physician who had seen many children in his time. He had prescribed his granddaughter some medication, which would make her less nervous before she went to school.

Interview with the child, her mother and her grandfather revealed that Anagha's previous school experience had a lot to do with her present condition. The child was a naturally talkative girl, and so would catch her teacher's attention all the time. She had been punished quite a few times. The punishments, which started off mildly with impositions and standing up or even standing out of class, started becoming more and more harsh. The teacher would send her out and ask her to kneel on the ground under the hot sun. Sometimes a teacher would ask her to hold out her hand and beat her palm with the end of scale. She also got beaten on her knuckles. Thus the normally and naturally bright and cheerful child started going more and more into her shell. She would come home crying. And then she started refusing to go to school.

The mother and the grandfather did go to school to find out what was happening. The teachers elaborately explained the child's condition and defended their actions. A talk with the principal also got them nowhere. Thus by February they obtained a transfer certificate from the school and the decided to put her in a well reputed high-end school.

The present school had less number of students. The teacher-student ratio was low. Each child got personal attention. The teachers were quite co-operative and friendly. The principal took personal care in the Anagha's case, as she had seen her outside school during a party. She had seen that the child was actually very bright and cheerful. The stark difference between the reports she got from the teachers, and the affable child in front of her made her think seriously. That was when she called the mother and referred her to a counselor.

During the first session Anagha was given a paper and pencil and asked to draw her classroom. She drew the picture of children sitting down and books open. The teacher was standing with her back to the black board facing the children. What caught the counselor's attention was a very large stick in her hand. When asked about it the child did not respond. Though she talked 19 to the dozen about her

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classmates and friends and books, she refused to talk about the stick. The teacher had no hair unlike the children. When asked about that the child responded with "I don't know".

On the other hand she talked very fondly about her family. Father, mother, grandfather, uncles, aunts and friends. But even when she was shown the picture of a little teddy bear taking a bag to school she did not mention school.

When the counselor asked her to write the alphabets and the numbers from 1-50 she obliged readily. Her handwriting was neat and she took pains to see that she was doing a good job. And she seemed to enjoy writing. But when her mother handed over her schoolbooks, surprisingly there were very untidy, filled with shabby work. Many of the pages were torn, and many assignments were marked incomplete, untidy, poor work etc.

Again when Anagha was confronted about this, and shown the contrasting works, she did not respond. When asked if she liked her school books, she just shrugged. Then she left the room and refused to come back.

This was a classic case of school refusal by a child who was terrified of going to school. Negative and unpleasant experiences in her previous score had rendered her very anxious and afraid of school and if anything to do with school. Though she was going to a different school this year, her memories of her last school superimposed on her present experiences. She was carrying over her, thoughts and emotions about her previous school to the present.

It had become something of her self-fulfilling prophecy. She was afraid of her teachers. She would not do her work well. Her teachers would scold her. She would be afraid of them all over again.

## Counseling Sessions with the Child

The child came in with her mother and grandfather for about five to six sessions. She would come in to the room happy and cheerful. She would be given some paper, crayons, pencil and eraser. She would then sit and draw, or write her school works, as she sang the different rhymes and poetry that she was taught in school. She would even complete her school assignments without help from her mother. Thus she was actually being desensitised slowly to her fear of books and school material. During the third session she happily told the counselor that she had packed her own bag. And by the fourth session she had started going to school without any apprehensions. At the end of her sixth session it was decided that the child no longer needed the counselor's help. She was going to school very happily now. She was making friends. And she even got elected the group leader.

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## Counseling Sessions with the Mother

Counseling was done more with the mother with the child. The mother needed help handling the child. The counselor had to give the mother a strategy. The mother had to follow it and if needed, seek the help of her class teacher too.

## Verbatim of the Counselor's Instructions to the Mother

I understand that this is such a difficult situation. But changing schools often is not a good option. Let us work together to find the best way of coping with the situation. It is important to see that we all face uncomfortable, unhappy distressing things in life. Learning to cope with them effectively builds resilience. Most importantly, children when they are ably supported and can acquire the skills to cope, they can prevent this happening again. Avoidance for safety is always an option; but you have already tried that by moving schools. So we now need to focus on enabling her to feel safe at this school, especially as she seems to have a very supportive principal.

However, before you give attention to my suggestions that follow there is something you should address. How anxious are you about her emotional safety? The answer to this question should guide you to determine whether or not you are unwittingly and unconsciously contributing to his refusal to go to school. Children many times pick up their mother's emotions and automatically play to it, also unconsciously. If this might be an issue, you will need to work on that. The more upset you are the more anxious you get, Anagha is going to pick it up and respond to that. So if I were you I would try to relax and calm down first. This will automatically bring down the level of stress for your daughter.

Ok, with that out of the way:

She needs to understand that she has no options as far as going to school is concerned. Going to this school. And you need it to work for her. Both you, your husband and your father need to make her feel safe and happy about going to school. We can work with her so that she also thinks about what she can do to make school work for her. It is her problem and she does not need you to take over but to support her and enable her to cope.

The first step is not to talk but just listen to her. This requires great self control (coping with your own feelings), and skill. The key is for her to feel she can talk with you about how she feels and what is happening in her young life.

You make it into a story. What you do is tell her you are going to write / tell a story (your aim is for her to fill in the gaps). Create a special time to have together. Little by little every day you try to elicit her feelings and thoughts

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### Example

I have a story to tell you ... about a young girl (give her a name) who ... and you describe her, first as baby, then as a little girl and her first days at pre-school/ kindergarten, school, etc. Then go on to all the important stages, times, teachers, friends, fun times etc. leading into the current year and describe a young girl getting sad and afraid, ... then, ... as you continue the story ask questions: (never why), using what, when, where, which, how, who … as appropriate, to prompt her to tell about how this young girl could have felt in these sad and unhappy times ... and JUST LISTEN. If you make the girl in the story not her but someone else who she can feel empathy with, she can then start her sharing her own story and linking it into the young girl's story. You'll have to pitch the level of sophistication of this approach as appropriate for her.

Do a little every day ... gives her time to think about this girl and what she should do and add her bits into the story.

It is important that *you* don't make the link between your daughter and the girl in the story, ... let her make that link if she so wishes. Just accept anything she says here.

Telling this girl's story (not exactly the same as your daughter's but similar enough for her to feel empathy with this young girl), is enabling her to think about it in safety, without anxiety, and be able to try and help this girl—a bit like having a puppet friend or a doll, who you talk to; and who isn't you but experiences what you do and you can help. In this way you are encouraging her to take steps to correct the situation, which you can then support. This will also help you to maintain the self-discipline necessary to allow her to own and deal with the problem herself.

As the story unfolds and the girl faces unhappy situations, you can start asking questions such as ... What do you think she should do? Who do you think would help her deal with this or that situation? Slowly enable your child to start looking at ways of solving this problem. Don't ever tell her what to do. Just tell the story, ask questions, get her involved, and you will find what is really happening and how she is feeling—it will all come through the third person—this other young girl who is sad and hurting at school.

Your aim is to enable your child to find ways of coping with this situation. She needs to feel empowered so she isn't a victim anymore and can learn to deal with negative feelings about school herself. She has to learn ways to cope, to be able to say to herself, "I can deal with this!" she needs also to know that at times school can be tough on a person. A new school is always tough on a kid.

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I suggest you tell her teacher what you are doing—keep her in the loop. She can do things from her side e.g. for the others in her class not to see her as a possible victim. She must also enable her ... NOT rescue her, which keeps her in the victim role. Also she needs to keep an eye on any students who may be victimising or harassing her and sanction that behaviour behaviour—zero tolerance.

I hope this helps ... you are very upset yourself. That's okay ... but you need to manage that so you can support your child and enable her to cope. Everything you do in this way will hold her in good stead for the rest of her life.

It is important that pediatric counselors realise that they need to teach the parents/teachers how to handle their children. The counselor is there just to assess and identify the problem.

## Case-4: Counseling the Mother of a Mentally Retarded Child

This mother was referred to the counselor by a special educator. She had just learnt that her child was mentally challenged. She was totally broken and angry. She was depressed to the extent that she would not go near a child. Lalitha came from a lower middle-class background. She married late at the age of 28. Her husband worked as a clerk in a private company. This child was their only child.

Her husband and she had been trying to have a child for 4-5 years. Finally at the age of 33 she had a boy child. She did not have any complications during her pregnancy. She had a normal delivery. They did not notice that something was wrong. The child's delayed milestones were explained by her in-laws as something quite natural. As they were living in a joint family system she could not entertain her worries. Whenever she brought up the topic of going to a pediatrician her husband would consult his mother and they would decide against it. She was quite frustrated but was quite helpless to do anything.

Finally when her child could not walk even at 18 months they all got quite anxious. It was then that they decided to consult a pediatrician. The pediatrician immediately saw that there was something wrong and referred them to a Special school for assessment.

The child was assessed and declared to be mentally challenged. The family could not take the news. Slowly they all started blaming Lalitha. She started to become more and more depressed. And then she started to become very angry with her child. Slowly she moved away from her child emotionally and physically.

When she came to the counselor she was very defiant and exhibited a lot of suppressed anger. Initially she would not talk at all. It was three sessions before she began to talk to the counselor. The first session she came in with her mother-in-law.

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The second session she came in with her husband. The third session she came in with her mother. It was then that she actually began to talk.

She talked about many things. She talked about how difficult it had been for her to get married. How difficult it had been after she had got married to be in a joint family. There were so many adjustments that she had had to make. So many insults she had had to endure before she finally got pregnant. Her pregnancy was a time that she remembered fondly. Everybody around her kept her happy.

With the birth of her child she thought her worries were finally over. But then the delay of each and every milestone caused concern to her and her parents. But as her in-laws were not taking her seriously, she had been helpless to do anything. Now she feels so guilty that she had not attended to her son earlier. She could have fought her way. She could have done something. But now she feared that she was too late. Maybe if she had seen a doctor earlier there could have been something that was done to rectify the problem.

It was this guilt and anger towards her own self that caused her to move away from her son. She felt that she had wronged him. Maybe it was something she ate, or did not eat. Maybe it was because she had intercourse during her pregnancy. Maybe it was because she did not take enough care of herself. Maybe ….

There were so many maybes that she was torturing herself with. She could not eat or sleep properly. She had gone into her shell and refused to talk to anyone. All their insults were hurting her. But most of all she was hurt by her son's condition.

## Counseling

You have just learned that your child is retarded. You have a lot of questions. You are worried and a little afraid. The most prominent emotion I see is that of guilt. The best thing you can do to help your child (and yourself, too) is to learn more about mental retardation. Read about it. Understand the condition. If you did do anything to contribute then you must make peace with yourself and move on. If you did not then, you need to stop beating yourself up about it. Now all that needs to be done is helping your son lead a dignified life.

Sometimes it helps to read about a problem to understand it better. Your doctor and the other people who evaluated your child can help you find books, magazines and other information about mental retardation. Some libraries offer videotapes on this topic. If you have access to a computer, you can find many organizations that offer information on the Internet.

Talk with other parents. When we talk to others who are going through similar problems often it helps. We may get ideas about how to help your child learn. Also if your child has some behaviour problems, they may have useful hints about things that worked well for them.

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Support groups are rare in our country. However if a few of you parents want to meet regularly that may be a good idea—a support group of parents in your area who also have children with special needs. Talk to your family doctor and other professionals such as nurses, social workers, therapists, teachers and psychologists who are committed to helping children with special problems and their families. Don't be afraid to ask for help or explanations. They may have ideas to share with you and they may recommend reading materials, videos and other sources for information and support.

The husband was also educated about the child's problem. He admitted that his reaction to the whole situation was unjustified and irrational. It was his mother who was instigating the animosity towards his wife. He was helpless when it came to dealing with his mother as he felt this duty to take good care of her. He agreed that his wife was not at fault and that it was at this time that she needed him to take care of her. Only then can the two of them take care of their son.

During the session it came to light that their son was in the moderate range on the IQ scale. He was trainable. The implications were not very bad. Both husband and wife were relieved. They were more hopeful and less afraid. Also, visits to the special school helped them see that there were other parents who were in the same boat as them. After that his attitude towards his wife has changed for the better. He promised that he would take care of his wife when it came to dealing with his mother.

Initially the mother-in-law was very resistant to any suggestions. She was totally heartbroken that her only son's child was not normal. She did not think that it was her daughter-in-law's fault; but could not help getting angry with her. Two sessions with her failed to see any improvement. After that she refused to even come to see the counselor. But a few weeks later she came of her own accord to meet the counselor. It was heartening to see the improvement in her attitude.

### Follow up

The counseling sessions are still in operation. It is expected that both the husband and wife will need long-term therapy. Also they will need the support of the counselor until they settle into their special school.

## Case-5: Bullying in the Workplace

Pragyan is a 35 year old man who was one of two project leaders in a software company. He had excellent qualifications and 10 years experience as an IT professional. However, ever since he joined this company, he had been having lots of personal attacks against him from the other leader, Vijay, who had been there

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for about 5 years. Vijay openly ridiculed Pragyan at meetings about his lack of organisation, poor communication and writing skills and lowering staff morale on the team. Using his familiarity with his boss, he would miss no opportunity to pull up Pragyan's shortcomings, not giving him time to settle and orient himself to his new workplace.

Vijay's cheap shots and belittling led to confusion and despair which finally resulted in poor performance…for which he was pulled up quite often by his boss. He was finding it difficult to leader his group which did not respect or trust him. All this led to his not being able to spend quality time with his family which added to his stress.

Pragyan did not want to return to work again. His family was devastated and his wife threatened to leave him with their child because she has had enough of his depressive behaviour. No longer able to cope with all of this stress Pragyan attempted suicide. Fortunately he survived and was then referred to the counselor.

The counselor had to use a multi-pronged approach to help Pragyan. He was first sent out for psychiatric evaluation and the psychiatrist put him on a very mild anti-depressant. The counselor then met with his wife and child to discuss the situation. Pragyan and his wife spoke to each other in the presence of the counselor. They both realised that there was a lot of love between them. It was just that Pragyan was so preoccupied with his work problems that he had completely shut his wife out of his emotional space. This first led toanger and then insecurity in her and hence her decision to move out. She then promised to work with him on this and that encouraged Pragyan to combat his problem. He went for the Art of Living course conducted in his neighbourhood and the meditation calmed him. After 10 days he was allowed to discontinue his medication.

The counselor then worked with Pragyan focusing on the meaning of life and humans' responsibility and freedom of choice for deciding their fate. He understood that humans cause problems for themselves by what they think and believe; and discovered how his own thought patterns and worldviews were contributing to his problems.

He started to understand how he could take charge of the situations and how his behaviour needed to change. He saw how being ridiculed and put down in front of others did not reflect his actual capacities. He re-learned to trust himself and think of himself as a worthy leader.

Simultaneously there were a few sessions with Vijay. These sessions brought to light his insecurities and reasons to feel intimidated by Pragyan. Pragyan was more qualified and skilled, and therefore selected for this job. Vijay on the other hand had moved up in the ladder because his boss had moved on. Hence the bullying.

When they were both ready, the counselor arranged a couple of sessions where they talked to each other. It was finally agreed upon that though they may never be the best of friends, it was important to respect each other.

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A follow up session with both after three months showed that things were fine. Though there still existed a very heavy competition between the two to prove themselves the better one, neither tried to deliberately harass the other.

## Case-6: Counseling a Tsunami Survivor

After the Tsunami hit the coast of Tamil Nadu, India, many camps were conducted by counselors to administer Psychological First Aid. Here is the story of Lakshmi, a 30 year old married woman with two surviving children. She had lost one daughter during the tsunami. Her husband accompanied her to the counselor and related that she was always angry and suspicious of others. Ever since that fated day she began to worry a lot, for very small issues. She became increasingly unhappy and was constantly crying. She could not sleep at night and complained of body pain all the time. She was finding it very difficult to do the household chores. Her hands trembled and she was very easily startled. At night she would sit in front of her daughter's picture and talk to it. "Why did you go away from me? Are you angry with me that I did not save you? Why did God have to leave me behind?...I do not believe God exists!"

Lakshmi told the counselor that for a number of months she had been experiencing intrusive, repetitive thoughts, which centred on her children's safety. She frequently imagined that various, serious accidents has occurred and could not put these thoughts out of her mind. For example, on one occasion she imagined that her son had a broken leg playing football at school and actually ran all the way to school to see if he was all right. Even after learning that he was fine, she admitted being somewhat surprised when he arrived home unharmed.

Even though she was afraid for her children she did not have the energy to take care of them properly. Guilt was building up on that account too. She began to feel that they were getting out of control. Any disobedience on their part and she attributed it to the fact that they might be blaming her for the loss of their sister.

Lakshmi started to feel that perhaps she was not a good person and therefore was being punished. Therefore she kept to herself mostly, and avoided almost all social interactions. Even when people came to see her she was quite. And then slowly they started to avoid her…which made her feel worse.

A few weeks ago, the depression got worse, Lakshmi cried and slept every free moment just trying to escape the sadness. If she wasn't sad, she was extremely angry with most everyone for various reasons. At times she would think of how other people were mistreating her and doing her wrong. She thought the world was unfair and rude and she began to react by withdrawing even more into her own shell.

Lakshmi was encouraged to talk to the counselor about her fears and phobias. She talked about her life being very tiring, having to look after her children, her

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husband as well as her mother. She was quite sick of all her chores that she had no help with. She felt quite spent. She talked about her guilt at being alive and that she could not save her daughter. Now she felt that she would not be able to take care of her two sons. She believed that her husband was angry with her as she was neither a good wife nor was she a good mother.

For three whole sessions the counselor allowed her to talk. Surprisingly she did not hesitate to talk about the day of the Tsunami or her frantic search for her daughter who had gone out to borrow a book from her friend. She cried a lot during the sessions. It was discovered that the most guilt she felt was about her not being able to spend quality time with her children, play with them, listen to their school stories and she was also learning English from her younger son! She was also afraid that her husband might leave her as she was not being a 'good wife'.

The counselor decided to first help her deal with the more practical aspects of her life, which could be changed, so that she could have a breather to take care of herself. A timetable was charted to make the process more concrete. She was encouraged to maintain a daily routine, activities and clear structure. With her children she was asked to make clear her expectations of them, making consistent rules and sticking to a disciplining behaviour. This little bit of planning and organising helped to lift up her burdens one by one so she could begin to deal with her innermost feelings.

She now felt that she had more time on her hands and could spend time with her boys being with them while they did their homework or other assignments. She was able to rest more. She then made it a point to spend some time with her husband while having dinner and after. All this made her feel slightly better. Her husband and children were also responding positively to her endeavors, which encouraged her.

She was now emotionally stronger and ready to work on her guilt and the consequent suicidal tendencies, fear of the public, and fear of sickness and fear of her children's death.

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