

# **SKILLS OF COUNSELLING**

## **MICROSKILL MODEL**

**Kinesics and Focusing are included**

***D. John Antony, OFM, Cap.***

**Anugraha Publications**

**Anugraha**

**(Tamilnadu Capuchin Institute for Counselling, Psychotherapy and Research)**

**Nochiodaipatti Post, Dindigul – 624 003, Tamilnadu, India**

**2003**



©D. John Antony, OFM.Cap., 2003

*Other Books by the Author.*

1. Dynamics of Counselling  
Microskill Model  
TA & NLP are included

2. Skills of Counselling  
Microskill Model  
Kinesics & Focusing are included

3. Types of Counselling  
Lifespan Developmental & Situational Approach  
Developmental Psychology is included

4. Psychotherapies in Counselling  
Includes Theories of Personality

5. ஆற்றுப்படுத்தும் கலை  
நுண்திறன் மாதிரி

6. ஆற்றுப்படுத்துதலின் வகைகள்  
வாழ்வு முழுமைக்கான வளர்நிலை மற்றும் சூழல் அணுகுமுறை  
வளர்நிலைக்கான உளநலவியல் இணைக்கப்பட்டுள்ளது

First Edition : July 1995  
Second Edition : June 2003

Published by : Anugraha Publications  
Anugraha  
(Tamilnadu Capuchin Institute for Counselling, Psychotherapy and Research)  
Nochiodaipatti Post, Dindigul – 624 003, Tamilnadu, India

Printed at : Vaigarai Pathipagam  
Beschi College, Dindigul – 624 001, Tamilnadu, India

Available at : Asian Trading Corporation  
58, 2<sup>nd</sup> Cross, Da Costa Layout  
St. Mary's Town, Bangalore – 560 084, India  
Tel: 080 – 5487444, 5490444  
E-mail: mails@atcbooks.net

**TO**  
**ALL**  
**MY**  
**FORMATORS**  
**AND**  
**MENTORS**

## **ACKNOWLEDGEMENTS**

**With my heart welling up with gratitude I thank**

**Fr. Divakar, OFM. Cap., the Provincial for encouraging me to bring out the second edition of this book;**

**Fr. R. Charles, OFM. Cap., the Guardian and the members of Anugraha for their constant support to me while editing the book;**

**Dr. K. Soundar Rajan, Ph.D., for his timely and generous help to complete the typing work, go through the material meticulously and do the proofreading;**

**Sr. Genevieve, SCC., for her careful language correction of the material;**

**Sr. Mary Paul, SAB., Master Shakti S. Rajan and Fr. Isidore Toppo, CMF., for their generous offer to help with the typing work and**

**Fr. S. S. Sahayaraj, OFM. Cap., for his patient and painstaking proofreading of the material and suggestions for the improvement.**

**May the Good Lord bless you, dear friends, for your extraordinary generosity towards me! Thank you ever so much.**

# **SKILLS OF COUNSELLING**

## **TABLE OF CONTENTS**

Dedication  
Acknowledgement  
Table of Contents  
Kinesics (Table of Contents)  
Focusing (Table of Contents)  
Overview of the Microskill Model of Counselling  
Preface

### **INTRODUCTION PRE-HELPING PHASE STAGE - 1**

#### **ACQUAINTING**

COUNSELLOR: ACQUAINTING  
COUNSELLEE: ASSOCIATING

#### **COUNSELLOR'S SKILL: ACQUAINTING**

1. Welcoming
2. Providing Privacy
3. ' Small Talk '
4. Confidentiality
5. Time - limit
6. Previous Counselling
7. Invitation to talk

#### **COUNSELLEE'S TASK: ASSOCIATING**

1. Willingness
2. Greater Responsibility
3. Law of Inertia
4. Fear of Change
5. Reluctant Client
6. Resistant Client
7. ' Coax me ' Game
8. Silence

**STAGE - 2****OBSERVING****COUNSELLOR: OBSERVING  
COUNSELLEE: MANIFESTING****COUNSELLOR'S SKILL: OBSERVING**

1. Body Speaks Most
2. Unconscious peeps through the body
3. Body speaks a language
4. Energy level
5. Eye Scanning
6. Breathing (Calibration)
7. Hand and Arm Gestures
8. Hand-to-face gestures
9. Arm & leg barriers
10. Readiness gestures
11. Courtship gestures
12. Head gestures
13. Smoking gestures
14. Ownership gestures

**COUNSELLEE'S TASK: MANIFESTING**

1. Displaced Activities
2. Psychodynamics of Freud
3. Fixed muscular patterns reveal attitudes
4. Sweatshirts & Ulterior Transactions
5. Written Messages
  - 1) Slants
  - 2) Size of Script
  - 3) Spacing
    - (1) Between Letters
    - (2) Between Words
    - (3) Between Lines
  - 4) Zones
  - 5) Pressure
  - 6) General Style
    - (1) Garland

- (2) Arcade
- (3) Angular
- (4) Threaded

### STATE - 3

#### FOUNDING

**COUNSELLOR: FOUNDING  
COUNSELLEE: INVOLVING**

#### COUNSELLOR'S SKILL: FOUNDING

1. Attending
  - 1) Distance
  - 2) Zone Distance
  - 3) Squaring
  - 4) Seating Arrangements
    - (1) Cooperative Position
    - (2) Corner Position
    - (3) Independent Position
    - (4) Competitive - Defensive Position
    - (5) Counselling Position
  - 5) Eyeing
    - (1) Business Eyeing
    - (2) Social Eyeing
    - (3) Intimate Eyeing
  - 6) Open Posture
  - 7) Leaning Forward
  - 8) Remaining Relatively Relaxed
  - 9) Mirroring
  - 10) Encouragements to talk
  
2. Listening
  - 1) Kinds of Listening
    - (1) Fake Listening
    - (2) Partial Listening
    - (3) Selective Listening
    - (4) Projective Listening
    - (5) Filtered Listening
    - (6) Total Listening

## 2) Reasons for Inadequate Listening

- (1) Physical Tiredness
- (2) Preoccupation
- (3) Attraction
- (4) Similarity of Problem
- (5) Dissimilarity of Problem
- (6) Over eagerness
- (7) Distraction

## 3. Responding

- 1) Reflecting Content
- 2) Reflecting Feeling
- 3) Reflecting Deeper Feeling
- 4) Dealing sufficiently with Feeling
- 5) Dealing with strong negative Feeling
  - (1) Grief
  - (2) Anger
- 6) Responding to Silence
- 7) Spacing Responses
- 8) Kinds of Responses
  - (1) Evaluating or Advising Responses
    - a. May not be useful
    - b. May be useful
    - c. Giving information
  - (2) Interpretative or Analysing Responses
  - (3) Supportive or Reassuring Responses
  - (4) Probing or Questioning Responses
    - a. Facilitative Questions
      - a) Informative Questions
      - b) Specific Questions
      - c) Elaborate Questions
      - d) Personal Affect Questions
    - b. Non - Facilitative Questions
      - a) Curious Questions
      - b) 'Why' Questions
      - c) Closed Questions
      - d) Too Many Questions
      - e) Continuous Questions
      - f) Two Questions

- g) Leading Questions
- h) Threatening Questions
- i) Ambiguous Questions
- j) Poorly timed Questions
- k) Quiz Programme Questions

- (5) Understanding or Paraphrasing Responses
  - a. Internal & External Frame of Reference
  - b. Usefulness of Understanding Responses

### **COUNSELLEE'S TASK: INVOLVING**

- 1. Expressing
- 2. Levels of Expressing
  - 1) Ritual
  - 2) Report
  - 3) Judgement
  - 4) Feeling
  - 5) Gut level
- 3. Types of Problem Situation
  - 1) Experience
  - 2) Behaviour
  - 3) Affect

### **STAGE - 4**

### **DIAGNOSING**

**COUNSELLOR: DIAGNOSING  
COUNSELLEE: INVESTIGATING**

### **COUNSELLOR'S SKILL: DIAGNOSING**

- 1. Problem Areas
  - 1) Psychoneuroses
    - A. Background
      - (1) Freudian Theory of Personality
        - a. Structural or Topographical
        - b. Functional or Dynamic
      - (2) Dynamics of Neurosis
    - B. Kinds of Neurosis
      - (1) Hysteria

- a. Hysterics
  - b. Anxiety Hysteria
  - c. Conversion Hysteria
  - d. Hysterical Dissociative Reaction
- (2) Psychasthenia
- (3) Phobia
- (4) Anxiety State & Depressive Reaction
- (5) Psychophysiological Disorders
- 2) Developmental Problems
- 3) Developmental Defects
  - (1) Personality Pattern Deviation
    - a. Paranoid Personality
    - b. Cyclothymic Personality
    - c. Schizoid Personality
    - d. Obsessive - Compulsive Personality
    - e. Explosive Personality
    - f. Hysterical Personality
    - g. Aethenic Personality
  - (2) Antisocial Personality (Psychopathy)
  - (3) Sexual 'Deviations'
    - a. Satyriasis & Nymphomania
    - b. Incest
    - c. Homosexuality & Lesbianism
    - d. Paedophilia
    - e. Bestiality
    - f. Exhibitionism
    - g. Necrophilia
    - h. Sadism
    - i. Masochism
  - (4) Substance - Use Disorders (Drug & Alcohol Dependence)
  - (5) Mental Retardation
  - (6) Transitory Personality Reactions
  - (7) Psychoses
- 2. Pinpointing the Problem
- 3. Facilitating 'Focusing'
  - 1) Introduction
  - 2) Advantages of Focusing
  - 3) Focusing Attitude
  - 4) Felt Sense
  - 5) Let the Client do the focusing

4. Asking for a Recent Event

**COUNSELLEE'S TASK: INVESTIGATING**

**HELPING PHASE**

**STAGE - 5**

**PACING**

**COUNSELLOR: PACING  
COUNSELLEE: EXPLORING**

**COUNSELLOR'S SKILL: PACING**

1. Genuineness
  - 1) Unfeigning Understanding
  - 2) Expressing Directly
  - 3) Responding Immediately
  - 4) Being Spontaneous
  - 5) Manifesting Vulnerability
  - 6) Clearing Pipelines
  - 7) Being Non - Defensive
  - 8) Being Consistent
  
2. Respect
  - 1) Being Available
  - 2) Paying Attention
  - 3) Being for the Client
  - 4) Physically Prizing
  - 5) Valuing Diversity
  - 6) Valuing Individuality
  - 7) Assuming Goodwill
  - 8) Faith in her Potential
  - 9) Faith in her Responsibility
  - 10) Giving Freedom
  - 11) Remaining Neutral
  - 12) Being Honest
  
3. Basic Empathy
  - A. Components of Empathy
    - 1) Understanding

- 2) Communicating
- 3) To her Satisfaction

B. Sympathy - Empathy Comparison

C. Behaviour Modalities

- 1) Reporting Content & Feeling
- 2) Checking Accuracy
- 3) Picking up Core Messages
- 4) Keeping her on Agenda
- 5) Being Flexible
- 6) Not Parroting
- 7) No Crazy Talk
- 8) No Dawdling
- 9) No Long-windedness
- 10) Not being Impulsive
- 11) Noting Client Resistance

4. Concreteness

- 1) One Issue at a Time
- 2) Direct Question
- 3) Recent Event
- 4) 'I' Statement
- 5) Specific Goals
- 6) Specific Means
- 7) Present Feeling

**COUNSELLEE'S TASK: EXPLORING**

**STAGE - 6**

**PERSONALIZING**

**COUNSELLOR: PERSONALIZING  
COUNSELLEE: UNDERSTANDING**

**COUNSELLOR'S SKILL: PERSONALIZING**

- 1. Personalizing the Meaning
- 2. Personalizing the Problem
- 3. Personalizing the Goal

**COUNSELLEE'S TASK: UNDERSTANDING**

**STAGE - 7****REFRAMING**

**COUNSELLOR: REFRAMING**  
**COUNSELLEE: REORIENTING**

**COUNSELLOR'SKILL: REFRAMING**

1. Introduction
  - 1) Meaning Reframing
  - 2) Context Reframing
  - 3) Advantages of Reframing
  
2. Alternative Frame of Reference
  - 1) Solvable Problem
  - 2) Concentration on Resources
  - 3) Positive Future
  - 4) Dreadful Future
  - 5) Open Future
  - 6) Another Angle
  - 7) Soft Pedalling
  - 8) Two Perspectives
  - 9) Changing Roles
  - 10) Challenging Values
  - 11) Challenging Beliefs
  - 12) Using 'I' Statement
  
3. Advanced Empathy
  - 1) Expressing the Implied
  - 2) Identifying Themes
  - 3) Connecting Islands
- 4) Concluding from Premises
  - 5) Less to the More
  - 6) Summarizing
  
4. Challenging (Caring Confrontation)
  - 1) Challenging Discrepancies Between
    - (1) What She says and Does
    - (2) Her View of Herself & Others' View of Her
    - (3) What She is and what she wants to be
    - (4) Verbal & Non Verbal Expressions
    - (5) Past and Present Utterances

- 2) Challenging Distortions
- 3) Challenging Games
- 4) Challenging Excuses
- 5) Challenging Irrational Inner Rule
- 6) Kinds of Challenging
  - (1) Simple Didactic
  - (2) Hot - Seat
- 7) Guidelines for Challenging
  - (1) Based on Relationship
  - (2) Out of Love
  - (3) With care
  - (4) Depending on her State
  - (5) Build on Success
  - (6) Be tentative
  - (7) Own your Thoughts & Feeling
  - (8) Present it Neutrally
  - (9) Rest the Responsibility on Client
  - (10) Do not overdo it
  - (11) Be open to challenge yourself
  - (12) Be Specific
  - (13) Challenge Strengths than Weakness
  - (14) Encourage Self - Challenge
  - (15) Present Challenges as Feedbacks

## 5. Self - Disclosure

- 1) Kinds of Self - Disclosure
- 2) Self - Disclosure is a Challenge
- 3) Advantages of Self - Disclosure
  - (1) Freedom from Fear
  - (2) Appearing Human
  - (3) Modelling
  - (4) Direction
- 4) Dangers of Self - Disclosure
  - (1) Burdensome
  - (2) Appearing Weak
  - (3) Dominating
  - (4) Counter Transference
- 5) Facilitative Self - Disclosure
  - (1) Relevant & Selective

- (2) Appropriate
  - (3) Flexible
6. Immediately (Direct, Mutual Talk)
- 1) Kinds of Immediacy
    - (1) Relationship Immediacy
    - (2) Here and now Immediacy
  - 2) Components of Immediacy
    - (1) Awareness
    - (2) Communication
    - (3) Assertiveness
  - 3) Purpose of Immediacy
    - (1) To be immediate with Counsellor
    - (2) To be immediate with others
  - 4) Context of Immediacy
    - (1) Trust Issue
    - (2) Dependency
    - (3) Counter Dependency
    - (4) Different Stages
    - (5) Directionless Session
    - (6) Attraction
    - (7) Social Distance
    - (8) Anger

### **COUNSELLEE'S TASK: REORIENTING**

#### **STAGE - 8**

#### **INITIATING**

#### **COUNSELLOR: INITIATING**

#### **COUNSELLEE: ACTING**

#### **COUNSELLOR'S SKILL: INITIATING**

- 1. Change what can be changed
  - 1) Daydream the Goal
  - 2) Power of Possibilities
  - 3) Find Leverage
    - (1) Attend to Crisis First
    - (2) Attend to Pain
    - (3) Attend to what is important for her
    - (4) Attend to Manageable Sub - Problem

- (5) Attend to that which will yield general Improvement
- (6) Attend to Benefits that will outweigh cost
- (7) Instill Confidence in the Client
- 2. Define the Goal
  - 1) Outcome Oriented Goals
  - 2) Specific Goals
  - 3) Measurable goals
  - 4) Goals with Impact
  - 5) Realistic Goals
  - 6) Goals with no Obstacles
  - 7) Goals under control
  - 8) Economic Goals
  - 9) Goals Consonant with her Values
  - 10) Goals with a Time - Frame
  - 11) Satisfying Goals
- 3. Helping Clients commit themselves
- 4. Economy in Action
- 5. Reaching the Goal through Strategies
  - 1) Suspend Judgement
  - 2) Encourage more Strategies
  - 3) Encourage Crazy Thinking
  - 4) Let her choose a Strategy
  - 5) Make use of Old Strategies
  - 6) Sustain Strategies
  - 7) Operationalize the Goal
  - 8) Making Contracts
  - 9) Let her accept gracefully what cannot be changed
  - 10) Prepare her for the worst
  - 11) Prepare her to be happy
  - 12) Help her Focus

### **COUNSELLEE'S TASK: ACTING**

- 1. Willingness to appropriate
- 2. Courage to carry out
- 3. Sustained Attempt
- 4. Resuming after a relapse
- 5. Investing the maximum

**POST HELPING PHASE**

**STAGE - 9**

**EVALUATING**

**COUNSELLOR: EVALUATING  
COUNSELLEE: REVIEWING**

**COUNSELLOR'S SKILL: EVALUATING**

1. On-going Evaluation
2. Client - Centred Evaluation
3. Self - Evaluation
4. Advantages of Evaluation
  - 1) Support
  - 2) Being with
  - 3) Overcoming Initial Difficulties
  - 4) Honouring the contracts
  - 5) Modifying Goals
  - 6) Modifying Strategies
  - 7) Getting Strengthened
  - 8) Learning Process
  - 9) Acknowledging Learning
  - 10) Moaning Failure
  - 11) Failure is Learning
  - 12) Celebrating Victory
  - 13) Enhancing Relationship

**COUNSELLEE'S TASK: REVIEWING**

**CONCLUSION**

1. Introduction
2. Non judgemental Awareness
  - 1) Vulnerability
  - 2) Shadow
  - 3) Projections
  - 4) Polarities
3. Courageous Owning
4. Friendly Attitude
5. Being Sensitive to Oneself

6. With a Sense of Excellence

### **CHARTS**

Chart I: Evolution of Counselling

1. Client - Centred & Non - Directive Model of Carl. R. Rogers
2. Charles A. Curran's Model
3. Integrative & Directive Model of Robert R. Carkhuff
4. Developmental Model of Gerard Egan
  - 4.1 Brief
  - 4.2 Elaborate
5. Microskill Model of D. John Antony
  - 5.1 Brief
  - 5.2 Elaborate

Chart II: Comparison of Counselling Models

Non Directive - Directive - Developmental - Microskill

### **APPENDIXES**

Appendix I: Counselling Format

Appendix II: Focusing Manual

1. Introduction
2. Six Steps Focusing
  - 1) Clearing a Space
  - 2) Having a Felt Sense
  - 3) Getting a handle
  - 4) Resonating
  - 5) Asking
  - 6) Receiving
3. Ending the Session
4. Illustration (1)
5. Illustration (2)

### **ENDNOTES**

### **BIBLIOGRAPHY**

**KINESICS**  
**TABLE OF CONTENTS**

1. Displaced Activities
2. Psychodynamics
3. Fixed Muscular Patterns
4. Sweat - Shirts and Ulterior Transactions
5. Head Gestures
6. Eye Scanning
7. Breathing (Calibration)
8. Handshake
9. Hand & Arm Gesture
10. Hand - to face Gestures
11. Arm & Leg Barriers
12. Readiness Gestures
13. Courtship Gestures
14. Smoking Gestures
15. Ownership Gestures
16. Written Messages
  - 1) Slants
  - 2) Size of Script
  - 3) Spacing Between
    - (1) Letters
    - (2) Words
    - (3) Lines
  - 4) Zones
  - 5) Pressure
  - 6) General Style
    - (1) Garland
    - (2) Arcade
    - (3) Angular
    - (4) Threaded
17. Zone Distance
18. Seating Arrangements
  - 1) Cooperative Position
  - 2) Corner Position
  - 3) Independent Position
  - 4) Competitive - Defensive Position
  - 5) Counselling Position

**FOCUSING****TABLE OF CONTENTS**

1. Introduction
2. Advantages of Focusing
3. Focusing Attitude
4. Felt Sense
5. Let the Client do the Focusing
6. Six - Step Focusing
  1. Clearing a Space
  2. Having a Felt Sense
  3. Getting a Handle
  4. Resonating
  5. Asking
  6. Receiving
7. Ending the Session
8. Illustration (1)
9. Illustration (2)

**OVERVIEW OF THE MICROSkill MODEL OF COUNSELLING**

<b>STAGE</b>	<b>COUNSELLOR'S SKILL</b>	<b>COUNSELLEE'S TASK</b>
1.	Acquainting	Associating
2.	Observing	Manifesting
3.	Founding	Involving
4.	Diagnosing	Investigating
5.	Pacing	Exploring
6.	Personalizing	Understanding
7.	Reframing	Reorienting
8.	Initiating	Acting
9.	Evaluating	Reviewing

## PREFACE

Counselling is an art and as such like any art it requires certain specific skills if it is to be effective. Skills are like techniques related to particular fields. One may have a lot of goodwill but may not have the necessary skills or tools to deal with the job concerned. Hence the need of acquiring the skills that go with the efficiency of a given job. For instance, take a person who is a born artist. He has only the potency to develop his talents of an artist but in fact he may clumsily do the painting without proper initiation and acquisition of the skills. He may do a little better than we do just because he is naturally more gifted than we are. But his performance can be enhanced if only he has the training required and acquires the skills necessary.

In my previous book entitled 'Dynamics of Counselling' I have rather elaborately dealt with all that accompany counselling along with the skills. Of course, skills were spoken of but always in a wider context. That was to serve a particular need of placing the skills in a context. Now in the present attempt I would like to highlight the skills, giving special attention to their various nuances. It would serve me, my colleagues in the counselling profession, those counsellor trainees who are learning the basics of counselling and those lay persons eager to practise counselling. For all of them a systematic presentation of the skills alone will be a handy reference to meet the immediate needs. Practically in training sessions we finally settle down for the skills, asking the trainees to remember the skills they have learned and how they are applied or not applied in their counselling skills practice.

Counselling psychology is a vast ocean though only of late it has become an independent science with its own rights. Every time you deal with people in crisis or give training to the trainees you are rewarded with new insights that go to enhance the whole thrust of counselling. Hitherto I have observed that most of the researches were done in

knowing what in the counsellor facilitated or did not facilitate an effective counselling. Because, any counselling interaction, it is presumed cannot be neutral, for it either exerts a positive influence or a negative one on the client. When counselling met with a major hurdle of not being really useful, since clients spontaneously improved even without counselling, as much as the people who underwent counselling, the attention turned to the person of the counsellor. The researches came up with the astonishing conclusion that it is the quality of the counsellor that made a difference with regard to its effectiveness. I am just wondering whether it is the whole story. Can there not be anything that is vitally required of a counsellee too, taking for granted that a counsellor should be functioning at a higher level, towards worthwhile counselling. In this endeavour I am modestly attempting to spell out those little attitudes of the counsellee that are as essential as those of the counsellor if not more, towards an efficient counselling. I myself am wondering what they might be trying to identify in every situation those elusive attitudes in my search. I know counsellors who are experts in their profession and yet a sizeable number of clients did not profit from such persons. Definitely there could be a number of things wanting in the same counsellors. But is it the whole picture of the complex reality of counselling? With certain hunches, I attempt to trace some qualities needed in the counsellee herself. It seems rather a shared responsibility of the counsellor and the counsellee. If a counselling is not successful, apart from various other reasons, it could be either the deficiency of the counsellor or of the counsellee. In this book, I am making a maiden attempt to underscore the attitudes of the counsellee herself. In this way, this book is different from the previous one in which I had just made mention of those attitudes of the counsellee without dealing with them in detail.

For the above reasons 'Skills of Counselling' comes as a sequel to 'Dynamics of Counselling' mainly complementing and projecting the aspects of skills, exploring into the working of the client and adding new insights gained through experience and reading. I would also like to keep in mind the need of academic aspects being presented in a practical way. Therefore I am concerned about giving a number of examples wherever possible to

illustrate the point at issue. When all is said and done, I prefer to consider this search as a study-process being open to new insights and interpretations. Hence my concern is to keep myself open to feedbacks and comments so that I can profit by them.

The model I present in this book is called 'Microskill Model.' It is definitely an attempt to break the skills into smaller units for the sake of the learning process. Anything in smaller dose is assimilated more easily than a bigger chunk. That is the principle that I keep in mind while presenting the model. I would also like to caution you against the danger of being bogged at every stage forgetting the total vision. There may be two dangers in approaching counselling. The one is to break down into smaller units and get entangled in the steps without looking at the whole process taken together. Here one may lose the total vision and unnecessarily concentrate on a small unit more than needed. The other danger of seeing the whole process of counselling together as integrative though advantageous in itself has the tendency to overlook each step needed. One could make the mistake of being very superficial without any substance since the steps are not dealt with sufficiently either for want of skills or want of time. Microskill model helps you to master each step meticulously and keeps you reminded that the counselling has to be taken as a whole in an integrative way. A balance of being on a step and looking at the end will be the best attitude one could take in approaching counselling.

You are invited to approach counselling as a whole organism while concentrating on each step. While climbing up the stairs, your intention is to reach upstairs but your feet are in contact with every step of the stairs while you try to reach upstairs. That is what I precisely mean when I introduce the 'microskill model.'

Certainly I am not reflecting in the air, I base my findings on the praiseworthy works of the giants in the field of counselling. Carl R. Rogers forms the basic foundation of the edifice of counselling, with Robert R. Carkhuff giving a direction and Gerard Egan elaborating on the skills. Again Richard Nelson-Jones' practical approach finds a place in

my attempt, and Adrian Van Kaam influences my overall approach to counselling. Besides these, I heavily rely on my own experience; for experience is the best teacher, they say. Again it is said that if you want to learn a subject you should teach that subject. My acquisition of the skills is more by teaching than by being taught. Since I intend this book for wider circulation among the persons of counselling profession by necessity I am constrained to speak in a technical language, of course, that which can be understood by the layman as well.

A word about the vocabulary I have employed in the book will be in place. The words 'counseelee' and 'client' are interchangeably used. In the narration, whenever the counsellor is spoken of in general, the person is identified as male and whenever the counseelee is spoken of in general, the person is identified as female for the sake of complementarity.

As I write each word and every sentence, I imagine that I am speaking to persons who hear about counselling for the first time. Since I do my work with this attitude, I hope that you will be able to understand what I write. With this background information being supplied right at the beginning I invite you to scan the pages that follow, wishing you a pleasant and rewarding reading.

D. John Antony, OFM Cap.  
Anugraha  
Nochiodaipatti Post  
Dindigul – 624 003  
Tamilnadu, India  
Tel: 0451 – 2550099, 2550100  
1<sup>st</sup> May 2003  
Email: anugrahacap@eth.net

## INTRODUCTION

Counselling is truly a human encounter. It is not merely a chance meeting or a planned meeting with another human individual where we hold our own masks and recognize only the mask in the other. Encounter is differentiated from meeting since the former goes beyond the latter and the 'we experience' which emerges in encounter has a deeper meaning and is pervaded by a much more genuine humanity and affection than is usually the case in routine meetings which fill our daily lives often marked by indifference. Human encounters are the core of counselling and the basis of change and growth.<sup>1</sup> Adiran Van Kaam speaks of human encounter thus:

*An authentic human encounter always implies that I am, at least for some moments, totally present to a person, that I am fully with him. In a true encounter, I participate in the personal existence of another for whom I really care. To participate means literally to take part in. Thus encounter entails that I share the life of the other, the existence of the other, his way of being in the world.<sup>2</sup>*

In this context of encounter in which counselling takes place we find that it is a two-way collaborative process. Counsellors provide stimulation to the clients and the clients take advantage of the stimulation provided and help themselves for more effective ways of living. If only counsellors were to strive hard without the clients cooperating and taking their share of responsibility, counselling will be a one-way traffic that will sabotage the effectiveness of the very process of counselling. Since it is a collaborative concern, both the counsellors and the clients contribute greatly their share in the human encounter that facilitates growth and change.<sup>3</sup> It becomes clear when we analyse the direction that emerges in counselling. When a counsellor counsels a client no one will be able to predict beforehand what direction the counselling will take since it is not entirely with the counsellor or with the counsellee that the direction rests.<sup>4</sup> The human encounter which is deeply caring brings about a direction that has been fathered by the

counsellor and the counsellee and hence it is rightly a human encounter which is collaborative.

We see this collaborative human encounter as a process of interstimulation. Since no encounter is a neutral type of meeting nor is it a one-way traffic, the interaction between the counsellor and the counsellee is bound to be interstimulating. What could be the implication of counselling being a process of interstimulation? It simply indicates that a counsellor by attending involves the client and this is the first stimulation. Because the client is involved she begins to explore and express her concerns which impels the counsellor to understand the client and to respond to her internal frame of reference and this is the second stimulation in the counselling interview; thus mutually reinforcing each other's effort the counselling glides on. But for the mutual stimulation, the counselling would get stuck midway. We come across certain counsellors who are not able to provide stimulation by appropriate probing and hence lack the knack to reframe the mind of the client. At times the clients are so dull and unresponding that the counsellors do not get the minimal level of stimulation to maintain their effort which is shown in one way or other as reluctance to counsel particular types of counsellees.<sup>5</sup>

In a truly human, caring, collaborative and interstimulating encounter the counsellor gets involved in the personal life of another human being who needs the counsellor in a very special way in some phase of her life and development.<sup>6</sup> Often we do not fully realize the therapeutic effect of presence. For a child the presence of the mother is comforting, for a lover the presence of the beloved is pleasurable, for a friend the presence of her friend is reassuring, for a person in bereavement the presence of her colleagues is consoling and thus we can go on enumerating the effect of mere presence to human life enhancement. That is why Rabindranath Tagore sings of the beauty of mere presence in an ecstatic vein in Gitanjali. He begs the Lord to grant him the indulgence of sitting for a moment by His side.<sup>7</sup> This presence in order to be totally present to the client involves by its very nature breaking through one's unconscious self-preoccupation and leaving behind

one's self-centred world of daily involvement.<sup>8</sup> Even if you are only a few minutes with the client, let the client enjoy your total presence.

The reasons that compel us to accept counselling as a human encounter, simultaneously impress upon us that counselling is a living, organic process.<sup>9</sup> The living organism adapts itself to the constantly changing environmental forces and in the same way both the counsellor and the counsellee keep themselves adjusting not only to each other but to every new emergence of insights in their exploring, understanding and acting, the three main phases of counselling.

Having said a little of the general idea of counselling let me propose a tentative definition which I had already formulated in my previous book 'Dynamics of Counselling.' *Counselling is an interpersonal and collaborative process by which one facilitates growth or change in another by adopting certain attitudes and employing certain skills appropriate to the context.*<sup>10</sup>

The word 'interpersonal' denotes a relationship between two human individuals. According to the existential philosophy I create a world of my own and you create yours. We are indeed worlds apart unless we decide to enter into the realm of the other and let the other enter into ours. Here we need to give more emphasis to the quality of the relationship. Not every type of relationship is conducive for counselling. By the quality of relationship I mean a whole lot of nuances that uphold human relationship and more specifically a non-possessive warmth born of genuineness and nourished by sensitiveness to the thoughts and feelings of the client.<sup>11</sup>

The word 'process' indicates movement, a forward thrust, a flowing. It is opposed to anything fixed, definite, immutable and non-negotiable. The Greek philosopher Heraclitus said that the world is in a flux and as an example he said that we can never set foot in the same river twice, for when we stepped into it for the second time the river that

flowed when we stepped into it for the first time has already gone away. For him the symbol of change is fire, which keeps changing constantly. Counselling is like a fire that keeps constantly transforming. The changes and turns that are being taken with every step in the counselling interview is incredibly in a flux and therefore it is more apt to speak of the interaction as a process than anything else.<sup>12</sup>

The word 'collaborative' means that both the counsellor and the counsellee have to work together for the success of the counselling. The responsibility rests with both of them and more with the counsellee. If any one of them is not minimally cooperating the outcome will not be encouraging.

The word 'facilitates' puts the whole picture of counselling in the context of equality, of collaborative partnership suffused with a tremendous respect for the awesome person of the other. In some centres of counselling counsellors scrupulously avoid using the word 'helping' so that the trainees do not get the impression even unconsciously of giving something to the client. Harvey Jackins has termed his method of counselling at 'Re-evaluation Co-Counselling.' By the word 'co-counselling' he means to respect the dignity of the other and also negates the idea of one-up-and-one-down status between the counsellor and the counsellee. Facilitation can be understood more in terms of stimulation, an invitation, which a client can accept, or decline. Though we think of collaboration and equality among the counsellor and the counsellee we should not forget that counselling is unilateral in the sense that the focus of attention is on the problem of the counsellee and not on that of the counsellor.<sup>13</sup> Even though it is unilateral it is not helping a helpless person but it is seriously stimulating the client to be awake and asserting, to be brave and possessing, to be active and actualising, to be courageous and non-abusing and to be tender and forgiving. The idea of facilitation leaves the responsibility<sup>14</sup> to change with the client herself. Self-help and personal responsibility of the client can be triggered off by facilitation and not by helping.

The words 'growth' and 'change' refer to the goal of counselling. It is with this goal in view that one enters into a counselling interview. Whichever school of thought one may follow, one aims at the clients' managing their lives more effectively and solving their problems and developing opportunities.<sup>15</sup> The word 'growth' underscores the idea of clients' becoming more effective self-helpers. The word 'change' refers to the ability to solve problems and the ability to develop opportunities. The clients either have unsolved problems or do not live as effectively as they would like to live or both together. Counselling is not for nothing, neither is it for the sake of structuring time. It is with the idea of change that counselling is undertaken. In short, the two words refer to the problems of living which are developmental tasks that people face at different stages of their life span like getting married, forming a family, having children and getting old, and the problems connected with the transitions that accompany every stage and the individual tasks like becoming what they want to become.<sup>16</sup>

The word 'attitudes' refers to one's mental orientation. It is a learned and more or less generalized affective tendency. It is out of our attitudes that our feelings and behaviours proceed. If my attitude towards you is positive, my feelings towards you will be one of sympathy and love and conversely if my attitude towards you is negative, I feel angry and behave aggressively. A caring relationship of warmth should be buttressed by a network of attitudes which are interrelated. For example, respect is an attitude. Because I am deeply convinced of your worth, individuality and potentiality and value you as a person with rights, I avoid giving advice or manipulating you. A counsellor is bound to have certain attitudes, which are either positive or negative. But for a warm human encounter we need positive attitudes to permeate the whole relationship. More than the skills what is more appreciated by the clients is the positive attitude the counsellor adopts.<sup>17</sup>

The word 'skills' means expertness, practised ability or facility in an action or doing something. Counselling is not an aimless wandering for which one does not need

skills. Skills are means or tools to achieve the goals. Since we have a definite set of goals in counselling, it presupposes that some skills specific to the field in question are a must. The skills are to be selective and related to the task in hand. By employing the appropriate skills we avoid wasting time and we move in a focused way.<sup>18</sup>

Finally we land on the word 'context.' Skills are to be exercised in certain settings. Take for example self-disclosure, which in itself is a skill. This skill can be exercised at a later stage of the counselling process when the counsellor judges that his self-disclosure will definitely enhance the decision making process of the client. If not used prudently this very exercise of the skill of self-disclosure will be counter productive.<sup>19</sup>

The overview of the facilitating model I present here comprises of two main sections namely Facilitative Dimension (Pacing) and Action-Oriented Dimension (Leading). Under the facilitative dimension I have placed the Pre-Helping Phase with its four stages. Action - Oriented Dimension has two phases namely Helping Phase and the Post-Helping Phase. Helping Phase has four stages whereas the post-helping phase has just one stage.

I know a group of students who attended a German language course in a reputed institute. The course ended with an examination. A brilliant student got the first mark. In practice the one who got the highest mark could not communicate in that very language effectively whereas the students who scored low marks were able to communicate rather well. Therefore it is not so much the amount of knowledge and skills you may have, though of course we do not underestimate the value of such things, but what is practically needed is your ability to make use of whatever you may possess to facilitate the client. Being able to help others even with a little of knowledge should in a way motivate you to learn more and become proficient.

With this introduction, I suppose, you are ready to enter into the different stages of the process of counselling, treading one step at a time, learning it thoroughly and marching forward with a relentless spirit.

**PRE-HELPING PHASE****STAGE - 1****ACQUAINTING****COUNSELLOR: ACQUAINTING****COUNSELLEE: ASSOCIATING****COUNSELLOR'S SKILL:****ACQUAINTING**

Now we are entering into the first stage of the counselling process. Here the task of the counsellor is to get acquainted with the client. Mostly it is a stranger who comes to meet the counsellor and therefore the thing that needs immediate attention is to get to know the client well. Here the counsellor makes himself familiar to the person who has come with a lot of expectation. The first impression is the best impression, they say. And the first impression usually lasts longer compared to the impressions we form later. In a very few instances only we change the first impressions we got of people. When a person meets you for the first time, he forms a judgement about you in 90 seconds. It is estimated that 90 percent of the opinion he makes about you is made within 90 seconds.<sup>1</sup> The rest of the time he spends with you is only to confirm the impression he has formed about you. Because of the impact of the first impression on a stranger who is going to enter into a deep therapeutic relationship, the counsellor will do well to take the necessary steps to present himself in a becoming way without being over-enthusiastic or too dull.

Every time we conduct the counselling course, I notice something curious happening on the eve of the starting of the course when the participants arrive. Some of the staff members make it a point to receive the participants and see that they are accommodated and well attended to. When finally the course is getting over and the participants are about to leave or during the time of evaluation of the course, the participants recall with a grateful heart how they had been first received. What is surprising for me is the fact that a particular individual who received the participants may not have contributed to their learning much during the course compared to the others who spend themselves for the participants. But the participants remember vividly only the person who received them first and not the ones who helped them most. This only goes to tell that the clients form an opinion of the counsellor from the way they have been received. Here the first impression the counsellor makes is of great importance for the ensuing task. Since the clients could form both positive as well as negative opinion about the counsellor looking at the person instantaneously, there is the necessity of having the appropriate skills to present oneself becomingly. When I speak of presenting becomingly, I do not mean to say that one should fake and pretend to be sweet. What is required is far from such manipulation and genuineness should permeate every movement of the counsellor.

You might have noticed when you yourself had been a guest to someone's house or when you received guests into your own house. The guest anticipates and expects a warm reception and every word and gesture of the host is keenly read by the guest in terms of his acceptance or non-acceptance. The reason is rather obvious. The one who comes to you is vulnerable because he is not sure if he will be welcome. Something similar happens to the clients who approach the counsellor and therefore it is recommended that the counsellor receive the clients warmly.

In the first stage, the counsellor sets the tone and the quality of the relationship that will last through the counselling sessions. Therefore we call this stage rapport-

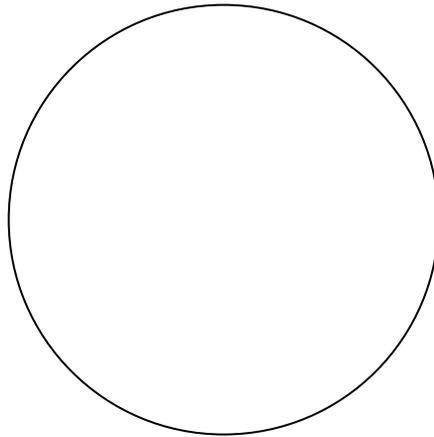
building stage. That which takes place between the counsellor and the counsellee is also termed as 'therapeutic alliance' or 'workable alliance.'<sup>2</sup> An informal contract of what is expected of the counsellor and the counsellee is already drawn as soon as two enter into a counselling interview. In most instances this alliance or contract is not formal. The alliance we speak of implies interpersonal relationship. This helping relationship is not an end in itself. It is not for the sake of relationship that counselling is entertained but this relationship serves as a means to reach the goals of counselling. If a warm friendship were to flower from the counselling it is altogether another story but counselling is not undertaken primarily with a view to establish relationship, though therapeutic relationship is essential for counselling.

## **1. WELCOMING**

Your active presence is a kind of social-emotional presence<sup>3</sup> which speaks in unequivocal terms your willingness to work with the client. Since you commit yourself to her welfare you should both verbally and non-verbally communicate the warmth and willingness of being with the client and working with her. Take the case of Noordeen, an eighteen-year-old student who met a counsellor. Noordeen went to the office of the counsellor and saw the counsellor who pointed to a chair and asked him to sit down while he was busy with his work. When the interaction started Noordeen kept silent for the most part because he felt that he was not welcome. Since much depends upon the reception one receives at the hand of a counsellor, the counsellor should take the initiative to welcome the clients warmly without being affected too much in his manners. A natural way of greeting that is expressive of genuineness and concern is called for. Clients feel either encouraged or put out depending upon the tone of interaction during the first five minutes or so. Every culture has its own ceremony of receiving a guest. That ceremony which is appropriate to your culture cannot be dispensed with in receiving a client.<sup>4</sup>

In welcoming you shake hands with the person whom you are meeting. Here who extends the hand first is significant. The person who is pleased with the arrival of another person is happy to extend his hand to shake hands with the newcomer. Therefore it will always give the feeling of being wanted for the client if you take the initiative to extend your hand and gently shake hands with her.

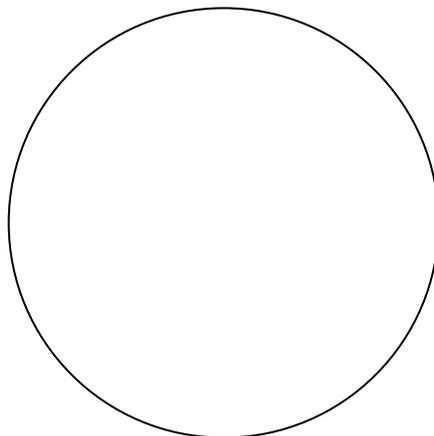
There are different styles in shaking hands. They are unconsciously purposeful. A man of dominant character, or at least the one who wants to dominate the other, places his palm over the palm of the other thus indicating that he wants to take control of the situation (**Figure 1**).



*Figure 1*

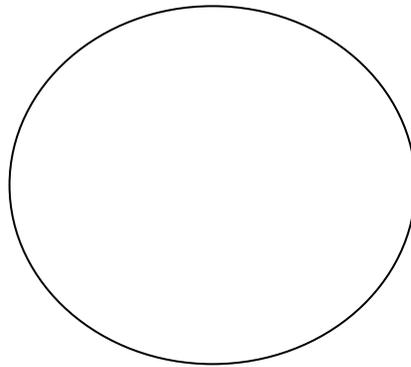
*Wants to take control of the situation*

The one whose hand is down, palm looking upward, is submissive and he gives the control to the other dominant person (**Figure-2**).



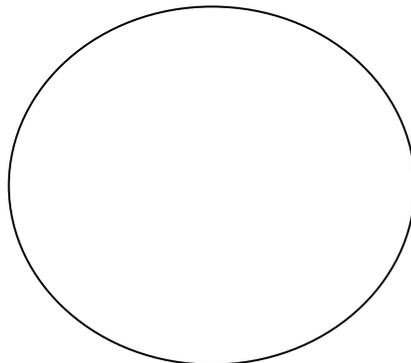
*Figure 2*  
*Submissive*

A partnership handshake with respect and rapport will be a vice-like handshake with both palms remaining in the vertical position (**Figure-3**).



*Figure 3*  
*Partnership Handshake*

With your clients we do not expect that you dominate nor should you be submissive but deal with respect as a partner or collaborator. Then you have the politician's handshake which is otherwise called glove handshake, that is just holding the right hand of the other with both the hands (**Figure-4**).

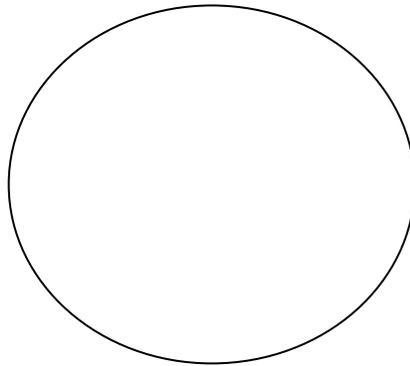


*Figure 4*

*Glove Handshake**Politician's Handshake*

*Wants to give the impression: honest, trustworthy & affectionate*

The one doing it wants to give the impression that he is honest and trustworthy and affectionate. But to do that with a stranger at the first instance may be misunderstood. Perhaps with a very well known person this gesture will be understood but not with strangers. If you are meeting a client for the first time it may not be advisable to use a glove handshake. In counsellor training sessions I make the participants become aware of the type of handshake they use. A few of them in spite of the awareness brought about on their behaviour give a dead-fish handshake (**Figure-5**).

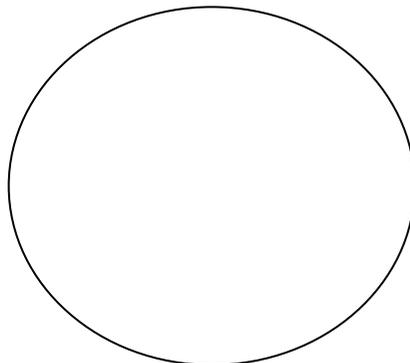


*Figure 5*

*Dead-fish Handshake*

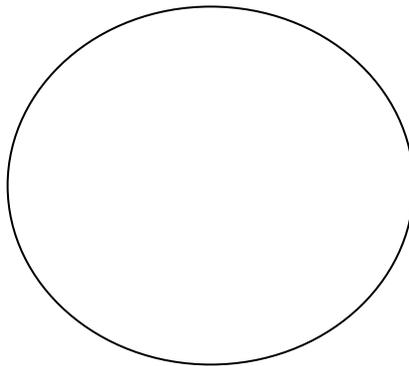
*Weak character, can be easily manipulated*

It is understood that the people who give a dead-fish handshake show a weak character and can easily be manipulated. There are people who squeeze the fingers in such a way that the knuckles crack (Figure 6).



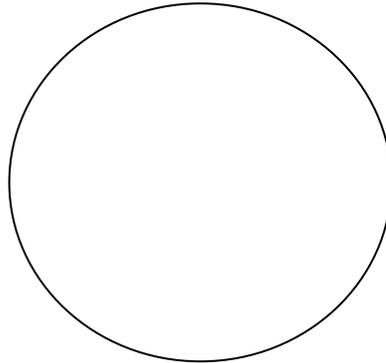
*Figure 6*  
*Knuckles Cracking*  
*Aggressive Person*

It is the characteristic handshake of an aggressive person. When either you give only the tips of your fingers, or others give the tips of their fingers, the message is one of non-confidence; when you grab only the fingertips of the other you show lack of confidence in yourself and when others hold your fingertips only they are lacking in self-confidence. One who gives only his finger tips besides lacking confidence in himself wants to keep the other at a comfortable spatial distance (Figure 7).



*Figure 7*  
*Giving the tips of the fingers*  
*Non-confidence, keeps the other at a comfortable spatial distance*

The right orientation to handshake could be holding it warmly without being too cold or too aggressive with sufficient interlocking of the palms instead of the fingertips. To show depth of feeling towards the other, sincerity and trust, people use double handed handshake. While holding the hand of the other with your right hand, you hold with your left hand the wrist or elbow or upper arm or shoulder of the other (Figure 8).



*Figure 8*

*Double handshake*

This type can be misunderstood like the glove handshake and hence it is advisable to use only when you are on intimate terms with the client and also when you perceive that such an ostentation of feeling is welcomed by the client.<sup>5</sup>

## **2. PROVIDING PRIVACY**

It is imperative on the part of the counsellor to provide privacy for the client to speak freely without the fear of being overheard by others. Privacy is also desired for the sake of emoting, especially weeping. In a college set up I was called by the principal to counsel a girl in the presence of the principal herself. When I proposed that the girl could talk to me privately, the girl herself protested and wanted the principal with her. Anyway a little while elapsed and nothing significant was spoken of. Then all of a sudden the principal had a phone call for which she had to leave us. It was at that time the girl burst into tears telling me that though she had every affluence she was an orphan adopted by the foster parents who are known to the principal as the real parents. The whole problem of the girl was with that issue. Then I kept the principal away and continued the counselling. May be due to the delicacy of the relationship the clients may not openly demand privacy from the

third party that accompanies them. But the counsellor should normally see that the clients are provided privacy.

### **3. 'SMALL TALK '**

Balu was a graduate student. His life seemed to be in a mess and so he sought a counsellor. The counsellor did welcome him warmly and asked him to be seated. No sooner was he seated than he asked him to share his deep concerns and being taken aback he started to share some peripheral problems till the end of the session and came out nonplussed. The counsellor behaved well at the initial moments but later perhaps he was too sudden to ask the counsellee to speak about his problem. Of course the clients come only to speak about their problems and find solutions but they need to calm down and get composed before they could delve deep into their problems. Therefore counselling psychologists recommend that we engage the clients after welcoming in some neutral type of conversations only to ease the fear and anxiety that is written large on the faces of the clients. It could be in the form of enquiring about the weather or the current events that are spoken of or any topic of some interest, topics that are non-threatening.<sup>6</sup>

### **4. CONFIDENTIALITY**

Stella was in her late thirties working as a lecturer in a college staying in the college hostel. Suddenly she was unusually depressed and every effort by the hostel warden to help her proved futile. So she was referred to the college counsellor who met Stella in her office. Stella would break down with tears and would almost want to talk but would hold back as though someone was blocking her. The counsellor was a very understanding lady and she had been quite welcoming and in a way tried to strike a conversation. Yet nothing vital transpired between the counsellor and the counsellee. Later Stella confided to one of her friends that she was afraid if the

counsellor would keep the matter shared confidential. This is an aspect which unwittingly counsellors take for granted. In an official setting and even otherwise when someone comes to confide in you it becomes highly imperative to let the client know that you would keep everything secret and assure her that you would if at all needed to speak anything about the issues shared, to the persons who referred her to you, do so only with her consent and permission. One of the ways to deal with when people ask you a report of the counsellee is not to take up such a commitment and instead tell the person in charge that you will instruct the client to let him know what had happened between the counsellor and the counsellee. This method safeguards the absolute secrecy of the concern shared. Or you could get the consent and permission of the client to talk about whatever is necessary for her own good to the person concerned and rehearse the matter you would talk, to the client and get it edited by her.<sup>7</sup>

## **5. TIME LIMIT**

One of my colleagues met a client by name Haniffa. As he was busy with other commitments he referred Haniffa to a junior staff to counsel him. The counselling was going on very well. They spent an hour and fifteen minutes together, indeed a tiresome session. When Haniffa was at the height of pouring out his feelings the junior staff was reminded of an appointment he had already made with someone else and so he abruptly informed Haniffa of it and wound up the session to the great dismay of Haniffa. The counsellor right at the beginning failed to inform the client how much time was at their disposal which would have saved them from the embarrassing situation. Perhaps the counsellor thought that the session would get over by an hour but by chance things dragged on and the session got lengthened. It is the duty of the counsellor to speak about the time limit in which case the client herself will adjust her interview so that she is able to come to a conclusion on time.<sup>8</sup>

## **6. PREVIOUS COUNSELLING**

Puspha was an intelligent lady who went to meet a counsellor. Her problem was not being able to bear people being happy. She would be upset and annoyed at people who laugh and enjoy life. The counsellor himself was an expert in dealing with difficult cases. As usual he tried various types of therapies and at the end he became aware that he would not be able to facilitate this particular case. On enquiry at the end he realized that Puspha had been to a number of counsellors and had dealt with this problem but to no avail. Only then did it dawn on him that Pushpa's case is a chronic type and it would be better for her to get help from a psychiatrist. The mistake of the counsellor was in not enquiring if the client had any previous counselling for the same problem. This would have saved the time and energy spent unnecessarily on the patient. If the client had had some counselling and undergone certain therapies for her particular problem under discussion, then that information would have been useful to the present counsellor to try other methods of dealing with the client instead of applying those techniques which proved ineffective for the client.<sup>9</sup>

## **7. INVITATION TO TALK**

Durairaj was a good conversationalist. When he went for counselling he was very exuberant to talk about a number of things which were of interest both to the counsellor and himself. After a long time when the counsellor announced that the time was up, he got perplexed for he had not yet spoken of his problem. The client may go on talking unrelated things or may keep mum and in either case the counsellor, after the initial talk to calm down the client, can invite her to speak about the problem. Some clients specially wait for the permission from the counsellor to talk about their problems.<sup>10</sup>

What I have spoken so far is being referred to as 'Initial Structuring.'<sup>11</sup> The objective of the initial structuring as a preparation for the oncoming counselling is to facilitate the process of counselling. Here we find two aspects: one is person-oriented in the sense that it aims at establishing a therapeutic relationship of caring concern with the client, and the other is task-oriented formalities that will reduce wasting of time and energy and help both the counsellor and the counsellee to move forward in a focused way. It is also possible that when you give the permission to talk, the client keeps silent. Here you need a certain knack to elicit a response from the client. If the client is confused as to where to begin you could gently ask her to say whatever comes to her mind. You could also make a statement telling that it is difficult to begin, or simply make statements about what you observe, like telling her that she seems sad or depressed. You could also draw her attention to the obvious fact of what is going on in her mind. These techniques might trigger off and the client might start talking. Perhaps your initial structuring could be like the following: Karuna, I am happy that you have come to speak to me, and whatever you speak to me is confidential. Now we have forty-five minutes together and what would you care to share with me?

While asking the client to speak about the problem the counsellor could be careful in the choice of words he makes. For example, asking a client straight 'Tell me what is your problem?' might be too frightening for a client, since it is a direct question which is personalized. Though clients come to deal with their problems, they may not be very happy to hear the word 'problem.' Therefore you could ask the client like 'What is that you would like to share with me?' or 'What are your concerns that you would like to work on in this session?' These kinds of invitations keep the problems non-personalized, and so the client may not feel threatened.<sup>12</sup>

In the first stage what you are using, whether knowingly or unknowingly, are what we call 'social skills,' which comprise a number of other specific skills like saying 'Good Morning' or 'Good Evening' and introducing your name in a simple understandable way like 'I am George, a full time counsellor at Anugraha Institute and I am happy to meet you; then you have 'politeness skills' like 'Thank you' 'Please' 'Excuse me' 'Pardon me' 'WiÑÁ 7

┘ δ↑ ¿ † ┘ ┘ ×●



$\text{bjbj}U_T U_T$

$\text{J}_T \text{''}_i$



by their clever manoeuvring are able to make the client want counselling. In this case it is no more forced than wanted, though that willingness was brought about by the social influence of the counsellor.

Adrian Van Kaam has something very noble to say about the free response of the counsellee without which the process of the counselling seems meaningless.

*The authentic counsellor wants to affirm the unique personality and the spontaneous initiative of his counsellee; he wants him to grow in his own independent being. But this desire can bear fruit only when the counsellee ratifies my therapeutic attempt by his own consent to my desire for him. Therapeutic care does not want to force or to impose. What is more, as soon as the counsellor tries to overpower the counsellee, if only by suggestion, then his activity is no longer therapeutic care. Counselling can only become authentic by means of the free consent and cooperation of the other.*<sup>14</sup>

## 2. GREATER RESPONSIBILITY

In the introduction of the book, we have seen that counselling is a collaborative process, a two-way stimulation. If it is a collaborative process then the initiatives of the counsellor alone is not enough. The counsellor provides enough of stimulation towards the client's self-help. Finally it is the counsellee who achieves the goal she set, it is she who manages the problem, it is she who decides to live an enhanced life devoid of psychological games. It is more correct to say that the clients achieve their goals through the facilitation of the counsellor. The counsellors do not control the outcome of counselling. In fact, the one who is more responsible for the process, outcome and quality of counselling is the client herself.<sup>15</sup> Her responsibility and cooperation start from the very start by her willingness, right through the process, decision making, and finally rests with her execution of the decisions she makes.

It is widely accepted that counselling will be in good shape not in spite of the lack of goodwill of the client, but because of the goodwill of the client. Take for example clients with antisocial personality disorders who rarely cooperate with anybody and for that matter with any counsellor. It has been found that such clients profit from counselling to the extent they are willing to cooperate with the counsellor.<sup>16</sup> In our own lives we find that if we happen to want a thing we do get it; otherwise any amount of pressure from outside is not going to make us get it.

### **3. LAW OF INERTIA**

The cause of unwillingness could be many, and they all come under one particular principle called law of inertia which states that a thing will rest until something moves it. In human behaviour this physical law can be seen in various forms.<sup>17</sup> The law of inertia is further reinforced by the psychological games the clients play. Dr. Eric Berne speaks of a number of psychological games clients play. They seem to be playing from three different positions or roles. There are in every society some 'persecutors' who nag and ill-treat others. There are also people who are always being persecuted and victimized and they are called 'victims.' Then there come some people who are on the look out for rescuing the victims from the persecutors. Thus there are three roles: the persecutor, the victim and the rescuer. All the three categories of people play their roles unconsciously. Here particularly with regard to the law of inertia, we find that the people who play the role of victim want to perpetuate their role as victims and hinder their own progress unconsciously. For example, the people who play the game of 'Poor Me' will not venture to improve their lot but will keep complaining about everything that happens to them.<sup>18</sup> They are paralysed by inertia and will not take the necessary steps to get the help needed by way of approaching a counsellor or cooperate with him for their own good. Take another example of a person who plays the victim's game of 'if it were not for you.'<sup>19</sup> She would blame her family

background and personal defects as reasons for not improving. These are a kind of passivity and learned helplessness that come in the way of the clients and prevent them from approaching a counsellor or to cooperate with him. The ugly faces of inertia are thus seen in numerous manifestations like passivity of not doing anything, learned helplessness thinking that one is incapable of improving a situation, disabling talk telling that one does not have the potency to manage one's life, and disorganization in which a person will keep her personal and social life in a mess and will not be able to figure out what she could do to ameliorate the circumstances.<sup>20</sup> Thus we find that inertia can be one of the major reasons why clients do not cooperate with the counsellors.

#### **4. FEAR OF CHANGE**

Coupled with the law of inertia we also find the fear of change<sup>21</sup> that prevents the clients from taking adequate steps. Though there is a desire for novelty deep down within us, we are also aware that we do not want any change. There was a devastating flood in 1977 along the riverbed of the Cauvery in Trichy and Srirangam, as a result of a cyclone. Many of the poor people, living in a cluster, lost their houses and property. When some of the voluntary agencies took up their cause and proposed a better place where they would not be affected by flood any more, and where there were plenty of job opportunities, the people simply refused to move, in spite of the new proposal being very appealing intellectually. Though the new proposal promises a better living condition, the fear of a changed life style disturbed the people more than the abject poverty they were facing in the flood affected area.

Something similar happened in Bombay and Calcutta where slum dwellers were proposed with better dwelling places which were quite decent and neat. Before long they all returned to their original dwelling places in the slum because they could not tolerate change in their customary habits. In Andhra Pradesh some bonded labourers

were freed by the Government, and after a few months they went back to their landlords begging to be taken back as bonded labourers. In the same way clients are afraid of a changed way of life because the new way is unfamiliar, or they have to make a number of adjustments or simply they are accustomed to the old ways only.

The feelings of the clients apparently desiring a change and unconsciously deep down fearing the change they ask for are well brought out in subtle verses by Rabindranath Tagore in Gitanjali when he sings:

*The shroud that covers me is a shroud of dust and death; I hate it yet hug it in love. My debts are large, my failures great, my shame secret and heavy; yet when I come to ask for my good, I quake in fear lest my prayer be granted.*<sup>22</sup>

This is a pitiable state of some of the clients who are afraid of taking up the responsibility of changing their lives drastically, when they go for counselling or cooperate with the counsellor.

There are some categories of people who do not seem to benefit from counselling. Children, very old people and people whose intelligence is below average tend not to understand the dynamics of their interaction and are in a way unable to go along the counselling process and also later lack the guts to execute the decisions. In some sense they are unable to cooperate with the initiatives of the counsellor.

## **5. RELUCTANT CLIENT**

Practically we can divide the clients into those who do not want to cooperate and those who though willing cannot cooperate with the counsellor. They are the reluctant clients and resistant clients. Reluctant clients are those persons who do not want counselling at all for their own personal reason.<sup>23</sup> They are not self-referred but

rather referred to by others. Mala aged 45 is a married woman. Her husband feels that she is in need of psychological help, and Mala too agrees to it but is unwilling to meet a counsellor, for the simple reason that an intense interaction in a counselling situation frightens her. Siva's case is quite different. He is suspicious of everyone and has great difficulty in trusting others. His lack of trust comes in the way of approaching a counsellor. Catherine is a cute girl doing her first year of graduation. Her problem is she is very shy. She is not able to face an audience, and even individuals separately. Besides, to share her inmost thoughts and feelings with another person is something shameful for her. Thus her feeling of shame prevents her approaching a counsellor. Thus we find a number of reasons for the reluctance of the counsellee. At times the third party is interested in counselling. This happens mostly with the parents of the teenagers. The parents are sure that things do not go well with their teen-age children and they want by all means that the children should get counselling, but unless the children themselves want counselling it is of no use coaxing them, for they usually do not oblige. Similarly we find persons sent from correction homes by the officials. Since they have to fulfil an obligation of meeting a counsellor they come and for no other reason. From such clients what could be expected except reluctance and indifference?

## **6. RESISTANT CLIENT**

Another category is the resistant clients. They are persons who wanted counselling but later changed their mind and resist every attempt of the counsellor.<sup>24</sup> Resistance could be either conscious or unconscious. If resistance is conscious it almost amounts to reluctance and it is hard to deal with, but if it is unconscious the counsellor can facilitate to remove the unconscious block and help them come up with the necessary cooperation.

## **7. 'COAX ME' GAME**

When speaking of reluctance and resistance I am reminded of a psychological game which the clients might play with the counsellor. The game is 'coax me'<sup>25</sup> which is played from the role of a persecutor. According to the dynamics of this game, the person playing this game is intent on putting the other person down. In the context of counselling, the client unconsciously puts the counsellor off by declining every appeal from the counsellor. It might happen that a counsellor unaware of the game pattern may get hooked by the client and might be playing the complementary role to maintain the game pattern. The counsellor might have tried his level best to convince the client of the need for counselling at a particular phase of her development. The client might say that a particular need has to be met before counselling can be started. When that particular need is met, she might propose another need, and thus the person will go on placing many unreasonable demands and keeping the counsellor coaxing her, and finally the counsellor might get annoyed with the demands and leave the client to herself, meanwhile feeling bad about the whole situation. It had been a perfect game plan that had been worked out. When clients are either reluctant or resistant, it is worth exploring if the clients are playing the game of 'coax me.' If it is a game plan that is cunningly executed, then the counsellor can address the client in words similar to the following and stop the game proceeding further: 'You seem to be finding it difficult to talk to me. I would like to assure you that I am available to you whenever you decide to speak up, and for the time being we wind up the session.' This unexpected response from the counsellor might shake the client, and she might leave behind her game pattern and begin to answer.

## **8. SILENCE**

Silence is an enriching experience. It is in silence that great insights are gained. Both the counsellors and the counsellees can utilize silence for the maximum outcome.

For whatever reason silence does occur, the counsellor should be prepared to deal with it.<sup>26</sup> It is likely that silence opens the very session. After your initial formalities and invitation to talk, the client might sit quiet. As I have already remarked, the counsellor could invite the person to say whatever comes to her mind, or could say that she is thinking of something, or she is finding it hard to speak. If it is during the counselling interview, check if you have responded to the previous statement of the client. If so, then take this occasion to summarise the materials so far shared, or ask the client to summarise the materials by herself or find out the core messages. After all these, if the client keeps silent, then better respect the silence.

We have reached the end of the first stage of understanding and analysing the skills of the counsellor and the tasks of the counsellee, and let us pass on to the next stage.

**STAGE - 2****OBSERVING**

**COUNSELLOR : OBSERVING**  
**COUNSELLEE : MANIFESTING**

**COUNSELLOR'S SKILL:****OBSERVING****1. BODY SPEAKS MOST**

The surest way to understand a person is to observe her nonverbal behaviour. The training we receive in the schools and the society does not teach us to read the non-verbal behaviours. In counselling situations, the counsellor can get lots of information (and more or less accurate information) by observing the non-verbal behaviour of the counsellee. Robert R. Carkhuff recommends observing the nonverbal behaviour thus:

*Observing skills involve the helper's ability to see and understand the non-verbal behaviour of the helpee. These skills are essential because the richest source of empathy is the helper's observation of the helpee's physical behaviours. We must observe those aspects of the helpee's appearance and behaviour which tell us about the helpee's energy level, her feeling and her degree of congruence (whether she really is as she appears). The helpee gives us many cues to her experience in her physical behaviour and appearance. When all other cues to the helpee's experience confuse us, we must return to the most basic evidence of all -- the helpee's behaviour.<sup>1</sup>*

In the second stage of counselling, the counsellor focuses his attention on the cues to read the nonverbal behaviours of the client. Once I had been to a medical exhibition. Going through the various stalls, I came across a room at the entrance of which was written "The body never lies." It was the forensic science stall. We have different means or vehicles of communication. What is evidently known is the medium of a language through which we communicate with one another. Even before language could develop man would have been communicating with one another. Certainly he would have communicated by his body, that is also a vehicle of communication. The primary mode of communication for the primitive man was the body. Before he could develop a language, there could have been in all probability an intermediate stage of communication made of paralinguistic behaviour (of noises made through the mouth).

Thus, in the evolution of communication man started to speak with the noise produced by his vocal cords, and later by a language. The same phases of development are seen even now in babies. The babies rely purely on their body language for communication along with grunts, cries, gurgles, and the like which later develop into a language. The psychologist Mehrabian has estimated the percentage of each of the modes of communication; and he came up with astonishing results. He says that we communicate 7 percent verbally, 38 percent vocally and 55 percent bodily.<sup>2</sup> In other words communication is mostly by body language, then by paralinguistic behaviour (like accent, emphasis, intonation and pauses), and the least is by words. The client who comes to you therefore does speak mostly through her body. If you are not able to read her body language, then you miss most of her communication. Hence my stress on reading the body language of the client.

## **2. THE UNCONSCIOUS PEEPS OUT THROUGH THE BODY**

The interest of the psychologists in understanding the body language started some thirty years back, though of course Freud himself observed in 1905 that

patients revealed themselves through their fingertips.<sup>3</sup> People instinctively read body languages from the very beginning of the human race; yet real scientific study began only in recent years. Kinesics, the science of body language, is in its infancy. All the same we are endeavouring to exploit the knowledge gained through kinesics to understand the client and help her better.

Once I happened to see a group of men seated in the parlour of an institution. One among them Prakash by name had already placed his legs on a small table, while the others were seated along with him in a circle. The other men who sat with him were his equals or his juniors. In a way Prakash was asserting his dominance, superiority and his territorial rights. On other occasions also I had observed the same individual; whenever his status is threatened, he immediately assumes the posture of placing his legs on the table in front. On another occasion, I was animating a group of young girls for community building. All of us were seated on mattresses that were well arranged in the room. A number of cushions were also provided so that any one wanting a little more support or elevation could very well make use of them. On entering the room, I found Clara, one of the participants seated on an elevated seat. She was very conspicuous by her elevation. I did not pay much attention to her raised seating. During the interactions I could make out that Clara was superior in intelligence and practical ability. She was showing to me and to the whole group that she is superior to the rest. Both Prakash and Clara were speaking eloquently through their postures. The unconscious somehow leaks out through the body if not through the words.

### **3. BODY SPEAKS A LANGUAGE**

In every language are words, phrases and sentences.<sup>4</sup> There are simple sentences, compound sentences and complex sentences. We have active voice and passive voice; and we have direct speech, and indirect speech and a whole lot of

grammar. Since body movements and gestures are a language, they too should be having words and sentences as in a spoken language. Experts in Kinesics say that body language in fact has words and sentences. A little gesture of touching the mouth or the nose is like words; and a cluster of gestures (like dilated pupils, preening behaviour and thumbs in the pocket with the other fingers pointing down) is like a sentence made up of many words. Words have different meanings in different contexts; for example, the word 'light' will mean 1) an article that is not heavy, or 2) an article that emanates luminous particles, or 3) the luminosity itself. Likewise every gesture has to be understood in its own context; one and the same gesture may have different meanings in different context.<sup>8</sup>

#### **4. ENERGY LEVEL**

Before anything else, what impresses upon the counsellor is the physical appearance of the counsellee. The amount of disorganization can be made out from the way one appears. If one's energy is very much drained by the conflicts and demands in her day-to-day living, we cannot expect the client to appear neat and clean. When a person is neat, it only indicates that her energy level is at the optimum level. Certainly it takes a certain amount of energy to maintain oneself clean and to appear neat. If the grooming is markedly poor, then the person's energy level too is very poor and low. A drooping head which is, shoulders slumped, a caved in chest, slow and burdened gait indicate clearly a low level of energy, and therefore weakness and defeat in life. On the contrary, when a person carries her head erect, with her shoulders flexibly straight, chest fully extended and a gait that is light, she indicates high energy and a confident outlook.<sup>5</sup> Along with the nonverbal behaviour, one should notice the for body- build, posture and grooming.

#### **5. EYE SCANNING**

Neurolinguistic Programming (abbreviated as NLP as developed by John Grinder and Richard Bandler) in recent years has devised a method of getting information about what is going on within a person by watching her eye movements. This is called 'eye scanning'<sup>6</sup> in NLP. When you remember something from your past experience, your eyes move up to the left corner for a fraction of a second. (Visual Memory) (Figure 9).



*Figure 9*  
*Visual Memory*

If the eyes move up to the right corner ( Visual Construction ) (Figure 10),



*Figure 10*  
*Visual Construction*

then she is constructing a visual image which she did not have early. For example, I am asking you to imagine yourself in the costume of a judge. Since you have never worn the costume of a judge, you need to construct an image of yourself in that attire. Therefore whenever you are accessing by the movement of the eyes up to the right corner, it is sure that you are having something visual which is being constructed; and if up to the left corner, you remember a thing you have seen. Lies are constructed. If I tell a lie that I have seen a baby elephant, then automatically my eyes will go up to the right corner, since I am reporting a visual image which is constructed. If I have really seen a person stealing, when I speak of that my eyes will move up to the left corner. Care should be taken to read the eye movements. Once I taught eye scanning to a group of counsellor trainees. One of them, after a few days, reported that he was insisting with a peer counsellee that she was telling a lie since he found her most of the time looking up to the right corner. Actually accessing a visual or auditory or kinesthetic mode is done within a fraction of a second. As soon as you are asked a question, straight go your eyes to the specific direction and return. Therefore look for the accessing rather than where the eyes rest.

So far we have seen two eye movements. Thirdly if the eyes move to the left side straight, then it is an auditory memory (Auditory Memory) (Figure 11)



*Figure 11*  
*Auditory Memory*

For example I ask you to recall your favourite song; your eyes will move to the left side straight. If I ask you to tell me how your girl friend's laughter changes into a loud lamentation, your eyes will turn to the right on a straight line, since you have to construct the sound auditorily (Auditory Construction) (Figure-2).



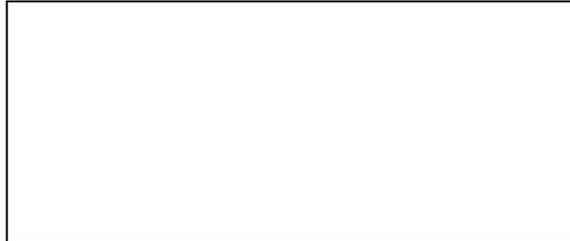
*Figure 12*  
*Auditory Construction*

If I ask you how it would feel to run on the seashore your eyes will go down to the right corner. Down is the place when we are in touch with our feelings. When we ask a client, 'what are you feeling right now?' she will look down to the right: she is accessing and is in touch with her feelings (Kinesthetic) (Figure 13).



*Figure 13*  
*Kinesthetic*

When you are all by yourself having a self-talk then your eyes will look down to the left corner (Auditory Dialogue) (Figure 14).



*Figure 14*  
*Auditory Dialogue*

These eye movements are of a fixed pattern, revealing what representational system you are accessing at a given moment. Thus eye scanning will give you additional information about the client sitting in front of you.

## **6. BREATHING (CALIBRATION)**

Calibration is another way of observing a client's internal state. Calibration is external manifestation of the internal state of mind.<sup>7</sup> Whether the client sitting in front of you has some visual experience or auditory experience or kinesthetic experience can be made out from the location of her breathing. Breathing high up in the chest, or even temporarily stopping of her breath, will indicate that the person has visual images. When the breathing is mostly felt at the diaphragm, she has auditory experience; and if her breathing is very deep, low in the stomach, it will betray kinesthetic experience. A person really having a strong kinesthetic experience will be breathing very low at the bottom of her stomach, that is at the abdomen.

By eye scanning and calibration, you will have some information about the client whom you are going to counsel. Since we intend to understand the client in all her manifestation, we make use of her eye movements and her breathing patterns. The more you observe the client, the better it is.

## 7. HAND AND ARM GESTURES.

Rubbing the palms indicates positive expectation gestures (Figure 15)



*Figure 15*

*Rubbing the palms: Positive Expectation*

Clenched hands is a frustration gesture signalling that the person is holding back a negative attitude (Figure 16).



*Figure 16*

*Clenched hands: Holding back a negative attitude*

Steeping hands reveal a confident and superior attitude (Figure 17).



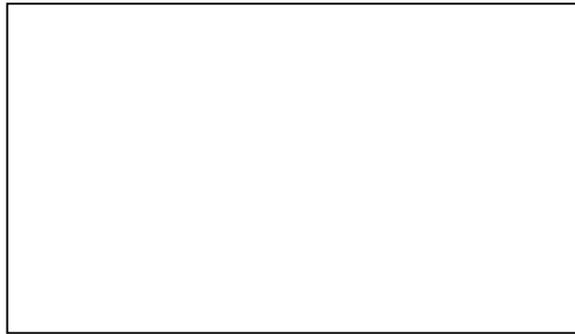
*Figure 17*

*Steeping Hands: Confident & Superior Attitude*

Gripping the hands, wrists or arms behind is a confident and superior gesture ( Figures 18,19 and 20 ) . Thumb displays, in whatever form are done, signal dominant and aggressive attitude and even ridicule or disrespect for the other.<sup>8</sup>



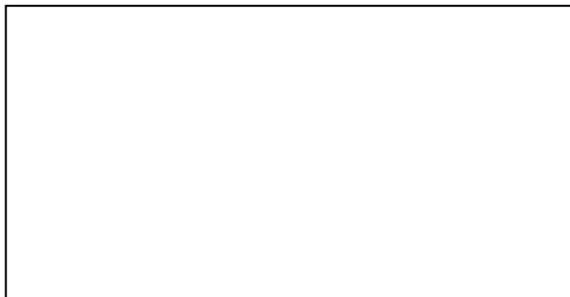
*Figure 18*                      *Figure 19*  
*Gripping Wrist*                *Gripping Hands*  
*Confident and Superior*



*Figure 20*  
*Gripping Arms*  
*Confident and Superior*

**8. HAND- TO-FACE GESTURES**

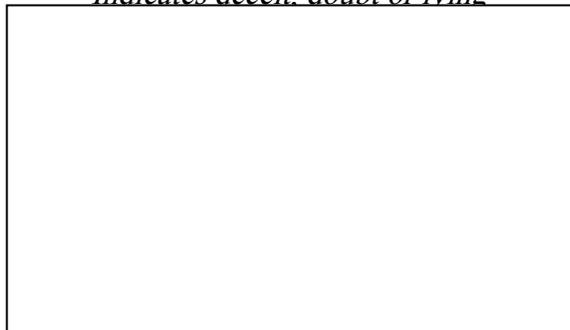
Covering the mouth (Figure 21), touching the nose (Figure 22), rubbing the eye (Figure 23), the neck scratch (Figure 24), and the collar pull (Figure 25): all indicates deceit, doubt or lying.



*Figure 21*  
*Covering the Mouth*  
*Indicates deceit, doubt or lying*



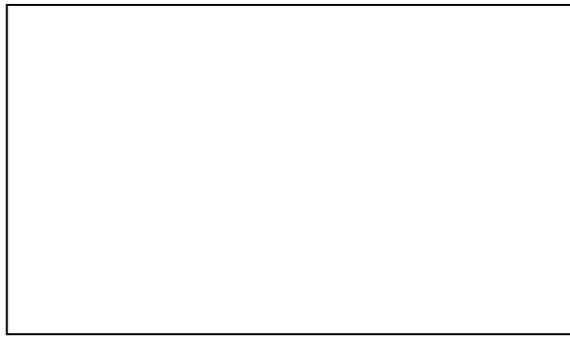
*Figure 22*  
*Touching the Nose*  
*Indicates deceit, doubt or lying*



*Figure 23*

*Rubbing the Eye*

*Indicates deceit, doubt or lying*



*Figure 24*

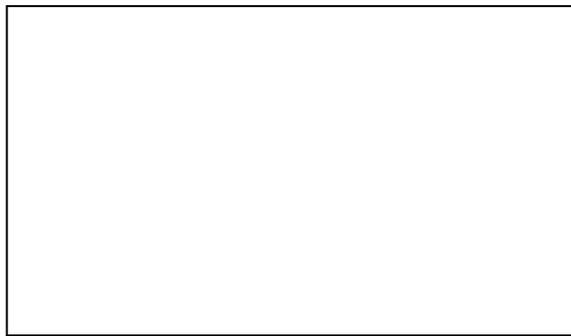
*The Neck Scratch*

*Indicates deceit, doubt or lying*



*Indicates deceit, doubt or lying*

Touching the ear or earlobe (Figure 26) signals that one is fed up with what one heard and so wants to talk.



*Figure 26*

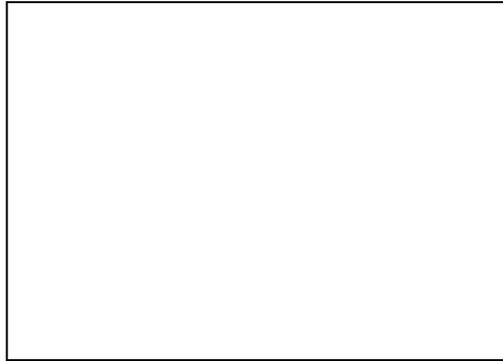
*Touching the Ear or Earlobe: Fed up with what one heard & so wants to talk*

Fingers in the mouth: Feels insecure and so wants reassurance.

Hand supporting the head - Boredom (Figure 27).



Fingers or hand touching the chin, stroking the chin, touching the cheeks: are all evaluation gestures, or decision-making gestures (Figure 28 & 29). Head-rubbing and head-slapping gestures (Figure 30) and palm rubbing the back of the neck (Figure 31) :- frustration.<sup>9</sup>



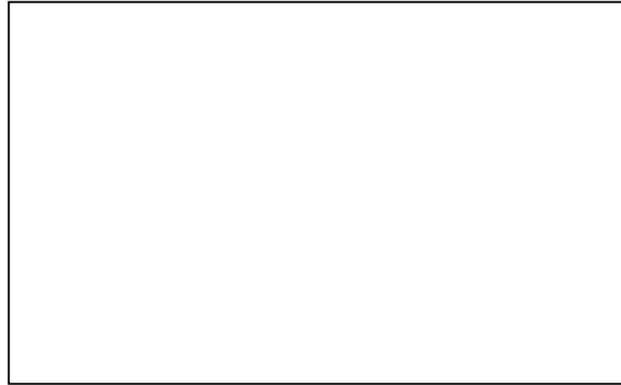
*Figure 28*

*Fingers or hand touching the chin, stroking the chin, touching the cheeks: Evaluation or decision making gesture*

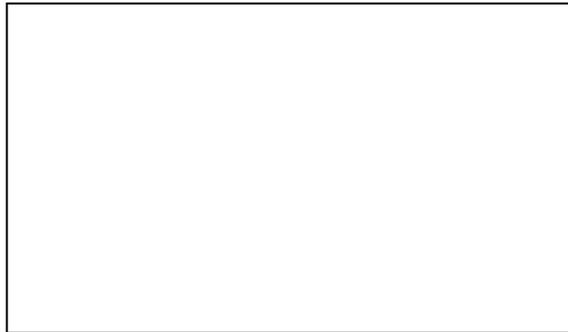


*Figure 29*

*Fingers or hand touching the chin, stroking the chin, touching the cheeks: Evaluation or decision making gesture*



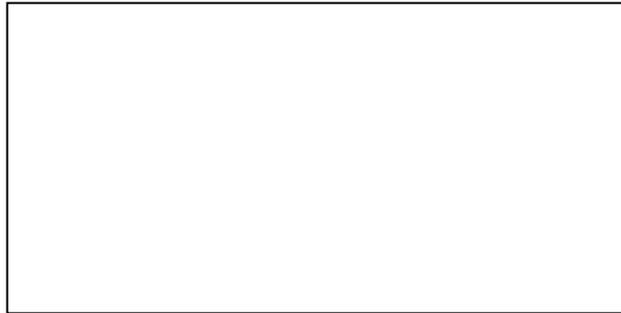
*Figure 30*  
*Head-slapping: Frustration*



*Figure 31*  
*Head-rubbing: Frustration*

## 9. ARM AND LEG BARRIERS

Folded arms (Figure 32), crossed legs (Figures 33 & 34), ankle-lock (Figure 35): Negative and defensive attitude; displeasure; tough-minded and stubborn, closed attitude; holding back a negative attitude, emotion, nervousness or fear.<sup>10</sup>



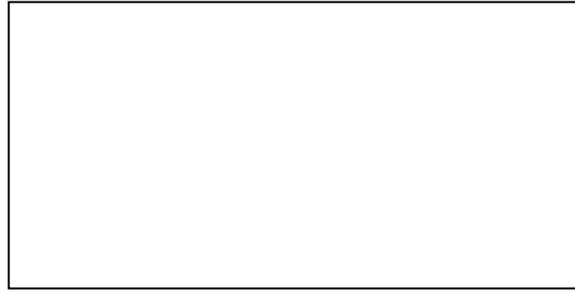
*Figure 32*

*Folded Arms: Negative & defensive attitude*



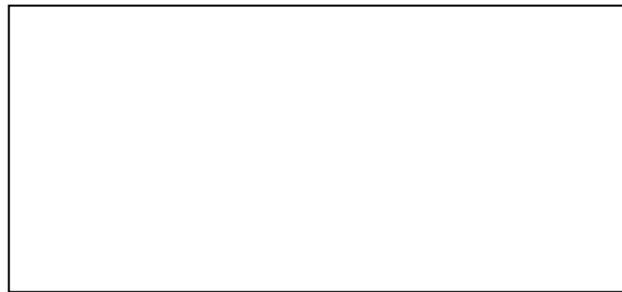
*Figure 33*

*Crossed Legs: Negative & defensive attitude*



*Figure 34*

*Crossed Legs: Negative & defensive attitude*

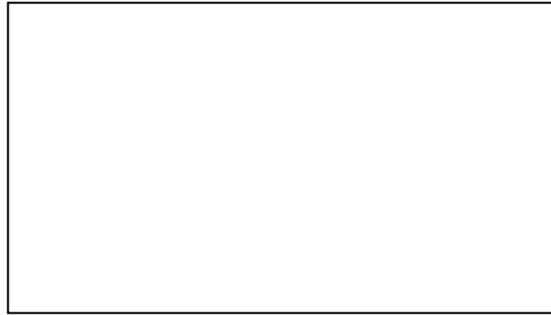


*Figure 35*

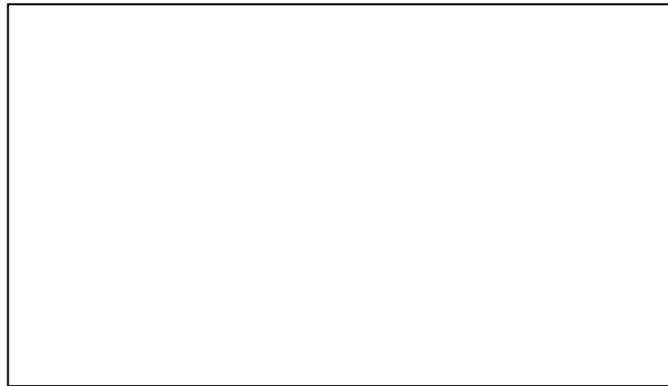
*Ankle-lock: Negative & defensive attitude*

## **10. READINESS GESTURES**

Hands on hips gestures (Figure 36) hands on knee (Figures 37) or on thigh (Figure 38); leaning forward and gripping the chair while sitting as though is about to move or start: Readiness gestures.<sup>11</sup>



*Figure 36*  
*Hands-on-hips: Readiness*



*Figure 37*  
*Hands on knee: Readiness*



*Figure 38*  
*Hands on thigh: Readiness*

## **11. COURTSHIP GESTURES**

Women : Preening: the head flicked back to toss the hair back over the shoulders, exposed wrists, rolling hips, sideways glance, slightly opened mouth, wet lips and lipstick (Figure 39).



*Figure 39*  
*Woman Preening: Courtship Gesture*

Men: Preening: legs apart in an aggressive crotch display, thumbs tucked into the belt or the tops of the pockets<sup>12</sup> (Figure 40).



*Figure 40*  
*Men Preening: Courtship Gesture*

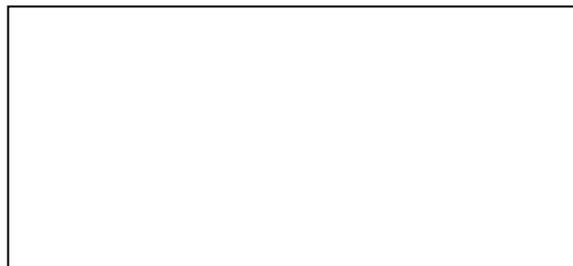
Sexual aggressiveness is shown when one tucks his thumbs into the belt or the tops of the pockets. When two male persons are using the signals of thumbs-in-belt and hands-n-hips gesture, it means both the males are engaged in sizing each other up and getting ready for an aggression.<sup>13</sup>

## 12. HEAD GESTURES

When the head is up and straight (Figure 41): Neutral attitude to what one hears ; when the head is tilted to one side (Figure 42): Interested in what one hears; when the head is down (Figure 43): Negative and judgemental attitude.

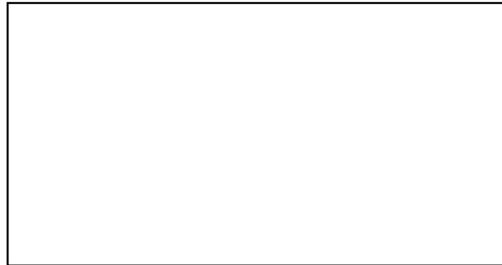


*Figure 41*  
*Head is up and straight: Neutral attitude to what one hears*



*Figure 42*

*Head is tilted to one side: Interested in what one hears*



*Figure 43*

*Head is down: Negative & judgemental attitude*

Both the hands are interlaced behind the head: One feels confident, superior and dominant<sup>14</sup> (Figure 44).

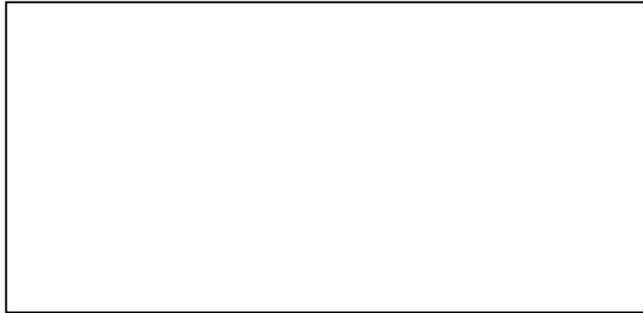


*Figure 44*

*Both the hands are interlaced behind the head: Feels confident, superior & dominant*

### **13. SMOKING GESTURES**

When smoke is exhaled in an upward direction (Figure 45): Feels positive, superior and confident.



*Figure 45*

*Smoke exhaled in an upward direction: Feels positive, superior & confident*

When smoke is exhaled in a downward direction - Negative, secretive and suspicious.

When one blows the smoke down and also from the corner of the mouth: An attitude more negative and secretive<sup>15</sup> (Figure 46).

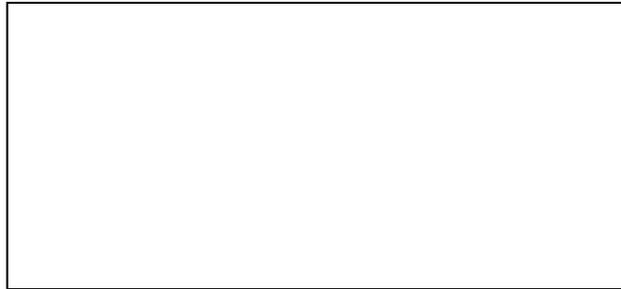


*Figure 46*

*Blowing the smoke down & from the corner of the mouth: An attitude more negative & secretive*

#### **14. OWNERSHIP GESTURES**

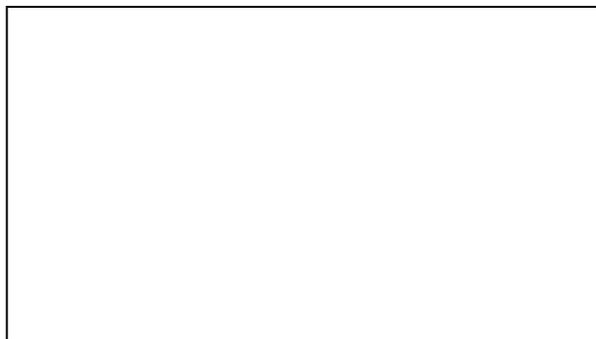
Legs placed on the arms of the chair or on the desk will indicate a carefree and relaxed attitude, besides showing ownership right over the article on which one places his legs ( Figure 47).



*Figure 47*

*Legs placed on the arms of the chair or on the desk: Ownership right*

Touching, leaning against an article: Pride of Ownership<sup>16</sup> (Figure 48).



*Figure 48**Touching, leaning against an article: Pride of ownership*

Having spoken about body language and the ways to read the body language, I should warn the reader of the danger of misreading the language. Take for example crossed legs. It may be a sign of defensiveness; but this same gesture will be used when a couple, for example, is seated on a bench with a third person facing them. Since they feel divided between two desires (that of closing a circle between them and of including the third party as well), the couple will solve the problem by crossing their legs in such a way that they form a closed circle; the same time their bodies will be turned to the third person to include him.

While reading a gesture, it is good to go by cluster,<sup>17</sup> context<sup>18</sup> and culture.<sup>19</sup> For example, crossed arms and crossed legs with the head down forms a cluster of defensiveness or negative attitude. Likewise a frown may indicate annoyance when someone is constantly making the same mistake, or it could be also a sign of intense concentration. So here the context is very important to read a gesture. Culture too can colour our gesture and may give different meanings. In some communities people shake their head sideways to say 'yes' and move the head up and down to say 'no'; and the reversal is in practice in some other communities. This a cultural difference. So when all is said and done, it is good to take into account the factors of cluster, context and culture to read a gesture accurately. Even after all these, it is good to keep your judgement tentative lest you should make the blunder of being cocksure about a human behaviour.

We were born naked, both physically and psychologically. But sooner or later, we were clothed physically; and also clothed psychologically. The psychological clothing are masks which we wear most of the time. Just because we keep on our

masks, others find it difficult to know what is behind. The clients who come to you are also wearing masks, making it difficult for you to understand them. Spoken languages may deceive us but the real person behind the masks leaks through the masks and peers out piercing the masks without the conscious control of the individuals. The medium through which a client comes out of her hiding (behind the masks) is her body. Hence observation of the body movements and expressions and reading them becomes a necessity for the counsellor if he wants to help her adequately.<sup>20</sup>

### **COUNSELLEE'S TASK MANIFESTING**

In the second stage the counsellor observes what the counsellee manifests (reveals of herself). The counsellee manifests her internal state (what is going on within herself). This manifestation can take place at the conscious level or at the unconscious level. When a client weeps and wears a sad look she is manifesting consciously that something is hurting her. Sometimes the clients may not be willing to tell you what is going on within themselves. They may hide certain feelings of theirs or certain internal states, thus faking something quite different from what they are experiencing within. The counsellor can be of help only when he understands accurately what is happening to the client even though she is not willing to express it. It may not be the ill will of the client not wanting to reveal. The fact that she is not willing to reveal could be unconscious in the sense that it is outside her awareness. Whether the client is consciously hiding or unconsciously hiding, her body language leaks out her true feeling of the client. The body language comes in the form of displaced activities.

#### **1. DISPLACED ACTIVITIES**

Displacement means expressing a certain emotion in a situation other than the one that aroused it. For example, the husband scolds the wife; she is unable to express her anger against her husband but vents out her feeling of anger on her daughter; the daughter will express her anger towards the mother to her little brother; and the little boy being unable to retaliate his sister will go and kick the dog. Here we find a chain of displacements, and in this case it is anger. Whenever direct expression of emotions is inhibited, the emotions are expressed on some neutral or unrelated object or person. Some teenagers who are not able to express their aggression and anger against their may parents commit suicide. It is a case of displaced aggression. People at times beating their own breasts and striking their heads against walls show displaced anger. When we are not able to accept our own defeats and failures, take responsibility for the same, but shift them on to some other persons in the community, it is scapegoating which is a displacement activity. Once I was counselling a couple with three boys; the counselling took place in their own home. The man complained that his wife had not trained their sons properly especially the one who was putting on weight. The man took the least interest in disciplining the sons, but blamed his wife who did more than her share. It is definitely scapegoating, which we know is a displacement activity.<sup>21</sup>

## **2. PSYCHODYNAMICS OF FREUD**

When conflicts or unacceptable desires are unbearable for the conscious mind, they are pushed to the unconscious by the primary defence mechanism. When something associated with the repressed materials triggers off the materials in the unconscious, they would like to come to the surface of the conscious, in which case the secondary defence mechanism, being unable to push the materials into the unconscious, displaces them on an innocent object, and this is called phobia; if it converts the materials into bodily ailments without physical cause, then it is hysteria; if in the unconscious the repressed materials become independent and insulated,

having their own autonomy independently of the conscious mind it is a disassociated state like amnesia, somnambulism, fugue, dual personality, and devil or divine possession. Thus the secondary defence mechanism keeps the repressed materials coming to the conscious by displacing them in one way or another. When even this displacing fails, then the repressed materials come to the conscious mind and the individual has what is called anxiety; it can be very well observed by anybody. The principle of the psychodynamics of Freud is at work in nonverbal language. When a feeling or emotion does not find direct expression for whatever reason, the very feeling or emotion finds an outlet into bodily gestures. Unconscious materials or the hidden thoughts, feelings and anxieties leak out through our body language.<sup>22</sup> Our body language is the truthful aspect of our personality. It reveals the truth we do not like or for which we are not ready.<sup>23</sup>

### 3. FIXED MUSCULAR PATTERNS REVEAL SET ATTITUDES

Whatever feelings one experiences, these feelings are expressed physically. It is expressed in the way you hold your body, the whole carriage and comportment, which result in fixed muscular patterns and correspondingly set attitudes toward life in general. These things persist unless some interventions are made. One could change the feelings and eventually correct the fixed muscular pattern, or one could also change the fixed muscular pattern and thus influence the feeling.<sup>24</sup>

*These attitudes and fixed muscular pattern reflect, enhance, and sustain one another. It is as if the body sees what the mind believes and the heart feels, and adjusts itself accordingly. This gives rise to a way of holding oneself, as pride can swell the chest or fear contract the shoulders. The muscular pattern in turn sustains the attitude, as for example, slouching forward, which makes every action more difficult and so makes life itself seem burdensome.<sup>25</sup>*

From the foregoing passages it is obvious that we can read the thoughts and feelings of others even from the way they hold their body in fixed muscular patterns. Thus a rigid posture is indicative of anger; a relaxed posture shows happiness, a slouched posture betrays sadness and a tense posture points to anxiety.<sup>26</sup>

The founder of gestalt therapy, Fritz Perls, gave much importance to body awareness; his clients are expected to become aware of their body language, their breathing, their voice quality and their emotions. This paves the way for the clients to own their own feelings and internal states. Therefore by freely manifesting their inner selves, they become aware of the manifestations, and they are in themselves a step forward towards becoming healthier.<sup>27</sup>

#### **4. SWEAT-SHIRTS & ULTERIOR TRANSACTIONS**

If I were to interpret Dr. Eric Berne's sweatshirts that are ulterior transactions, I would term them as body language (of which we are concerned at present). One's behaviour, demeanour, comportment -- all speak much more eloquently than words. In Transactional Analysis, it is spoken of as sweatshirts. People wear sweatshirts with some inscriptions on them. These inscriptions are messages. Mostly we find them being written on the front portion of the sweatshirt. At times we find some inscriptions on the back portion of the sweatshirt as well. Surprisingly enough, we find at times that the message written on the front portion is just the opposite of what is written on the back. In all probability the people who wear certain sweatshirts are communicating to the people with whom they are in contact.

Transactional Analysts have identified some of the common messages we convey by our body language. There may be just one message or multiple messages or contradictory messages. Geetha acts very tough. By looking at her, people keep a distance in the office. She is wearing a sweatshirt with the message 'I am tough and

so keep your distance.’ When this message is written large on her body, nobody will think of approaching her. Geetha may be quite unconscious and in fact she is. Openly at the conscious level she may be protesting when pointed out that she is wearing a message asking the people to keep their distance. Sunil acts helpless; he is always in need of help. People around him judge him to be incompetent for any worthwhile work and so he is marginalized. He is wearing the sweat-shirt ‘I am helpless and so please take care of me.’ Those who play the role of a rescuer will immediately rush to render him help and even volunteer to take care of him. There are actually persons who are helpless and yet do not play any psychological game. It does not refer to such persons but only to those persons who are capable of looking after themselves and yet appear to be helpless. Anil is an intelligent and efficient sales representative. He has the right word at the right moment; he is polished and polite; his unconscious need is to wear the message ‘I am smart and so admire me.’ Reka is a sweet lady; her walk and talk are graceful; she is welcoming and warm in her relationship. People around her want to associate with her. Reka is wearing the sweatshirt ‘I am nice and so approve of me.’ Ricco does not seem to possess enough of intelligence. He asks funny questions in the class and he is the butt of the class. Often he is singled out by the teachers to vent their anger. Ricco is wearing the sweatshirt ‘I am stupid and so criticize me.’ Radhika has proportionate features, a charming look, and anybody will fall for her. She is wearing the sweatshirt ‘I am sexy and so come and get me.’ People unconsciously wear certain messages; people around them pick up those messages unmistakably; and a whole lot of ulterior transactions go on among us the whole time.

## **5. WRITTEN MESSAGES**

The clients may give verbal messages through words consciously spoken by them. They may give vocal messages which are called paralinguistic behaviour (in terms

of tone of voice, inflection, pauses and emphasis). The major part of the communication is by body messages. Then we have written messages in the sense that the way one writes somehow communicates something about the writer. Like kinesics the study of reading handwriting (which is called graphology) is of recent origin. Long before you meet the client, if the client has written something to communicate to you, she has already manifested something valuable about her to you.

Graphology is concerned about understanding a person through the study of her handwriting. It is known to reveal one's character, emotions, creativity, material values, intellect, self-awareness, physical aptitude, reliability, and physical and mental liabilities. In reading handwriting, one should beware of the pitfalls of misreading, because first and foremost man is complex, and secondly moods may be changing from day to day. Other factors like physical conditions, environment and the pressure of the moment keep influencing her so much that handwriting can also be different at different times. Sometimes a letter written in a hurry may resemble the handwriting of a person who is emotionally disturbed. It is not to categorize people according handwriting but to understand them in terms of 'more or less' or most of the time the person is such and such. It may be more appropriate to say that when the person wrote the script she might have been in such a state of mind with such feelings. And graphology will help you understand yourself and others. Like anyone else clients reveal themselves through the way they write.<sup>28</sup>

*Handwriting is an instantaneous photograph of your mind. Your nervous system acts as a wire from brain to hand. Your muscles are coordinated in a more or less writing movement. It begins with a thought in your brain which is transmitted to a central nervous system and then to your hand and fingers, the latter of which are only the vehicles that put it in writing.*<sup>29</sup>

In practice no two handwritings are identical though some of them appear to be similar. Because there are many ways of forming letters with regard to strokes, sizes, formations, margins, connections, rhythms, loops, uniformity, crossing, slants, angles, pressure, space, capitals, signatures, baselines and crossing the bars, one's handwriting cannot be identical with another's handwriting. It is just like two persons' fingerprints which are not identical.<sup>30</sup>

## 1) SLANT

The slant varies from extreme left to extreme right ( Extreme Left - Left - Vertical - Towards right - Extreme right).

**Extreme Left** : Insecure, totally withdrawn emotionally, lives almost entirely in the past.

**Towards left** : Introverted, cautious, suspicious, non - communicative and unfriendly.

**Vertical** : Independent and self-reliant.

**Towards Right** : Extroverted, warm personality, amiable and gregarious.

**Extreme Right** : Bombastic, passionate and hysterical

**Varying or erratic slant**: Unsettled, inconsistent moods and thoughts, fickle-minded.<sup>31</sup>

## 2) SIZE OF SCRIPT

Small Size : Meticulous, thrifty, academic, has executive ability.

Large Size : Confident, enthusiastic, optimistic, has bold behaviour in thought and action.

Medium Size : Conservative, traditional, conformist, practical, realistic.

Variable Size : Indecisive, inconsistent and self-centred.<sup>32</sup>

### 3) **SPACING :**

#### (1) **SPACING BETWEEN LETTERS**

Very crowded : Suspicious, cautious, introverted, good concentration.

Narrow & Crowded : Inhibited , self-conscious, tense and frugal.

Broad : Extroverted, outgoing, broad-minded.

Medium : Balanced personality, flexible.

#### (2) **SPACING BETWEEN WORDS :**

Very narrow : Needs contact and closeness with others, selfish.

Very wide : Has need for inner privacy, wants to maintain distance from others.

Medium : Well adjusted with all.

#### (3) **SPACING BETWEEN LINES :**

Far apart : Isolates himself, suspicious, hostile, extravagant.

Too close : Wants close interaction with society and environment, may also mean want of clarity of thought.

Tangled : (One line running into the other) has confused thought and feeling, lack of clarity.

Medium : Personal balance, harmony and flexibility.<sup>33</sup>

#### 4) **ZONES :**

Upper Zone : Indicates imagination, intensity, ambition, creativity and fantasy.

Inflated upper Zone : The qualities found in upper zone are accentuated.

Compressed Upper Zone : The qualities found in upper zone are found less in the individual.

Middle Zone : It is the sphere of immediate concerns like job, living quarters and possessions.

Inflated middle zone : Strongly concerned with one's daily needs, immature, conceited, feels confused.

Compressed Middle Zone: One's daily needs are not that important

Lower zone : Betrays physical and sexual drives and needs, and desire for money.

Inflated Lower Zone: Follows 'pleasure principle,' greatly concerned about satisfying physical and sexual needs and money.

Compressed Lower Zone : Lack of physical and sexual needs.

An equal balance of all three zones indicates inner equilibrium and basic stability.<sup>34</sup>

##### 5) **PRESSURE**

Heavy Pressure : Energetic, aggressive, possessive, success-oriented.

Light Pressure : Fragile, delicate, sensitive, tolerant.

Medium Pressure : Has moderate energy and intensity of thought, socially well adjusted.

Varying Pressure : Emotionally disturbed, frustrated and moody.<sup>35</sup>

## **6) GENERAL STYLE**

### **(1) Garland**

(Bottom of the script concave-like): Affable, charming, gracious, receptive, diplomatic, passive, indifferent, conventional

### **(2) Arcade**

(Top part of the script convex-like): Creative, gentle, obedient, sociable and protective, procrastinating, eccentric, subjective, intuitive.

### **(3) Angular**

Analytical, logical, firm, shrewd and ambitious, forceful, argumentative, critical, vindictive, wilful.

### **(4) Threaded**

(The letters look as though written in a haste): Versatile, broad - minded , independent, intelligent perceptive, insecure, impatient, unpredictable, sensitive and curious.<sup>36</sup>

Now you are acquainted with certain indications to read the handwritings of others. With these general characteristic reading, you will be able to interpret even the individual letters mostly combining the information you gained in the foregoing passages regarding reading the handwritings.

We are approaching the end of the second stage in which the client manifests her inner self by body language, vocal language, and at times by written language. The counsellor's skill consists in observing all these nonverbal behaviours in order to understand the counsellee better. With this we enter into the third stage.

**STAGE - 3****FOUNDING****COUNSELLOR : FOUNDING****COUNSELLEE : INVOLVING****COUNSELLOR'S SKILL:****FOUNDING**

By now you have completed the initial formalities and have been observing the client to decipher any nonverbal messages. Now starts the important task on the part of the counsellor. He is actively going to plunge into counselling. This is the stage of laying the foundation for the edifice of counselling. The counsellor is building a power base for all the tasks that ensue. Here the counsellor will be using a number of skills that will prepare the client to get involved. In the first stage, we saw the task of the counsellor as acquainting and at the very same time we realized that the client has to associate with the counsellor. Client's goodwill alone is not enough but she needs to involve actively in the counselling process. This can be done with the counsellor's practical ability to set the stage.

**1. ATTENDING**

To start with, the counsellor attends to the client. There is more to attending than we can think of. We use the word 'attending' instead of 'attention,' for the simple reason that the gerund *attending* indicates a process whereas the noun 'attention' portrays a static concept. At a given moment we are aware of many things in our

environment, but we do not attend to all of them. When we attend to something we make a selection of a few objects and we concentrate our awareness on them. Really speaking we can attend only to one object at a time though we are aware of a number of things at the same time. Hence *attending is a concentrated awareness of a selected object in our environment*. In attending, the object is singled out for close observation. It is a kind of give and take process of adjustment. There is a constant adjustment that goes on in the individual as she narrows down her awareness on a particular object. With attending we can observe an object carefully; we harness all our energy and direct it in a chosen direction; because a number of things are ignored, the efficiency in attending a particular object is enhanced, and this facilitates remembering.<sup>1</sup>

The factors that influence our attending are objective factors, as well as subjective ones. Objective factors (like a changing stimulus, an intense stimulus, a large stimulus, a novel stimulus and a contrasting stimulus) usually catch our attention. These are of little value to us in the counselling context, because we take the client as she appears; and for our sake of attending we cannot make her colourful, contrasting and changing. But the subjective factors are of real value to us, for, by manipulating them we can accentuate our attending. For example interest is one of the subjective factors. If you are not interested in the client and in your helping profession, it is unlikely that you attend properly to the client. Your attitude is also responsible for your rich or poor attending. If you have a negative and hostile attitude to the client, then your attending will be averted automatically. The mood of the moment also affects your attending. If you feel lousy after an attack of virus fever, you are unlikely to attend properly. By adjusting your subjective factors, you can definitely increase the efficiency of your attending. In counselling, the attending that is called for is a voluntary one. It might also happen that after habituating yourself over a period of time, you find that you are habitually inclined to attend to clients (that is

your attending has become a habit). Attending is a state of mindset for a certain kind of stimulus.<sup>2</sup>

Two kinds of attention are spoken of in counselling. One is physical attending, and the other is psychological attending. One will know that an individual is attending psychologically from the way one has picked up the client's message along with her feelings.

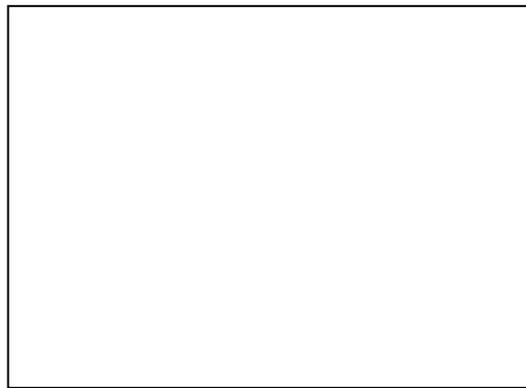
Physical attending is understood by a number of skills related to attending. It is worthwhile to get acquainted with such skills so as to be able to attend to the client more functionally.

## **1) DISTANCE**

Right distance between the counsellor and the counsellee is one of the components of physical attending. Animals are known to have territories, which they claim as their own, and fight tooth and nail when some other animals transgress them. A dog, however small and weak it is, will be great and powerful even against a big dog in its own territory. Its territory is clearly demarcated, and also acknowledged by the other dogs. Take for example two dogs belonging to two neighbours. Each of the dogs will have its own territory and a no-man's land between their territories. In its own territory the dog is ferocious when someone violates its rights; it maintains calm in the no-man's land; and in the territory of the other dog, it is very cringing realizing that it is not the boss. If you rear pigeons or if you watch birds building nests, what will meet your eyes is the fierce battle that takes place before a couple of birds establish their nesting location and the imaginary boundary that surrounds the nest. Even fishes are credited with territorial rights. Likewise, man too has his own territory or zones or space. Much research has been carried out in the field of determining the zones of human individuals.<sup>3</sup> It has also been found that all human

beings have their territories; the distance of the boundaries are influenced by culture and environment. The space a person can claim as her own in a crowded area is less, whereas one who is brought up in a thinly populated area will have more personal space. With this caution let us examine a standard zone distance for a human being.

## 2) ZONE DISTANCE (FIGURE 49)



*Figure 49*  
*Zone Distance*

**Intimate zone:** An individual claims a certain area as her intimate zone, a space measuring about 15 to 46 centimetres (or 6 to 18 inches.) This I call 'porcupine distance' in the sense that a porcupine will not let anyone normally within a close range. When someone approaches the close area, the animal makes its thorns stand on their edges, thus preventing the stranger from coming close to it. This is what human beings do, and defend such an intimate zone. People who are very close to you emotionally (parents, children, lovers, and friends) are permitted to enter into this intimate zone. If you meet your schoolmate after a long time you just go close to

him without any formality, enter into his intimate zone, and even put your arm around his shoulders without your friend getting angry or uncomfortable about it. One enters the intimate zone of another, either with love or with aggression.

**Personal Zone:** This is the space between 46 centimetres and 1.22 meters (or 18 and 48 inches). It is neither too close nor too distant. When we attend parties like marriage, any other function, or gathering of social nature, and in our work places, we maintain this zone. It is the zone where people with friendly feelings are entertained, and official works are undertaken.

**Social Zone:** It is a space measuring between 1.22 and 3.6 metres (or 4 and 12 feet). It is the courtyard of the strangers. The people whom we do not know very well, and at the same time we have some business to do with them like workers who come to our houses, are kept at this zone. All business transactions are carried out in this area.

**Public Zone:** Finally we have the public zone ranging from 3.6 metres (or 12 feet). When you address a gathering, you naturally take a position from 12 feet onwards. Thus we find that one's territory is broken down into four distinct (but fluid) zone distances. According to the level of intimacy and acquaintance, people approach closer and closer. A man meeting you automatically takes his position in the zone indicated nonverbally by you. At times aggressively the stranger might enter into a zone or mistakenly enter into a zone you would not want him to enter into. A young man was referred to me for counselling. As I met the man for the first time, he came very close and wished me as though he was a very intimate friend of mine. While talking to him, I realized that he was under the influence of a drug, and that his social sensibility which goes with personal territory was wanting. His intrusion into my intimate zone was by mistake since he was not much aware of what was happening to him.<sup>4</sup>

**Distance in Counselling:** By experience we realize that a distance between *three to four feet* is normal between a counsellor and a counsellee. That means, in terms of zones, the client will be seated towards the end of your personal zone. If you sit closer than three to four feet, the implications are: first of all you are very intimate with the client, or you are making sexual advances, or you are getting ready to attack her by intimidating her by your aggressive presence. It is intimidating because it weakens the client's territorial defence.<sup>5</sup> The reaction of the client when you enter into her intimate zone, is interesting to note. If you are still a stranger and enter into her intimate zone a number of physiological changes take place within her. The heart beat is faster, and since it is considered as an emergency, adrenalin is poured into the bloodstream profusely, and blood is pumped to the brain and the muscles vigorously, making the client either to fight or to flee.<sup>6</sup>

### 3) SQUARING

Squaring means facing the person straight. You sit in front of the client facing her. Turning away from the client will betray your lack of interest in her. For getting the most out of the client and to assure her of your total presence, it is required that you face the person. If there are more than one person, you can adjust your position in such a way that you are able to see all of them equally well. If there are more than three, it is better to form a circle. Even in a circle, if one of the participants is talking to you, you should incline your body position to that particular person so that, to her and to every one in the group, it is clear that you are physically attending to her. It is better to avoid major seating changes in the midst of counselling lest they should distract the client.

Not all the clients are happy about your facing them. I have often observed with some teenagers, some women if they are talking to men counsellors, and some men

while talking to women counsellors, and some people having physical defects on their faces, unwilling to face the counsellor directly. Since the purpose of squaring is to assure the client of your presence and interest and to make her comfortable, if your squaring is threatening to her it is better to adopt an angled position. This way of angling yourself will lessen the degree of uneasiness in the client, while assuring at the same time that you are with her.<sup>7</sup>

#### **4) SEATING ARRANGEMENTS (FIGURE 50)**



*Figure 50*  
*Seating Arrangements*

First let us consider the positions where you and the clients sit.

##### **(1) Cooperative Position: (A-B or C-D)**

When you and the client are seated on the same line side by side by a rectangular table, this position is called cooperative position. Here the clients usually cooperate with the counsellor because they are neither confronted nor left out by being seated in this position.

**(2) Corner position : (A-E)**

You are seated by the length of a rectangular table near a corner, and the client sits by your side by the side of the breadth, with a corner in between you. This position is called corner position. This position is maintained for friendly and casual conversation.

**(3) Independent position: (A-C or B-D)**

When you are seated near a corner by the length of a rectangular table and the client sits on the opposite, not against you but far removed, then it is the independent position. People who are very much threatened take this position to be at a safe distance.

**(4) Competitive-Defensive Position: (A-D or B-C)**

When you are seated on one side, the client is seated on the opposite side across the table. It is a very vulnerable position. Sometimes secretive, negative and hostile officers arrange this position (They put those visiting them on the opposite side across the table). However this position, as research has shown, is also helpful, if you face the other directly (when there is no desk or table in between).<sup>8</sup>

**(5) Position for Counselling (Figure 51)**

***Figure 51***  
***Position for Counselling***

Facing each other without any table or desk in between, is ideal and it is called a 'closed formation' since no third party could intervene without the two changing the position.<sup>9</sup> If you happen to sit by a table, the corner position will be the one next suitable, because the client is close to you.

After considering the position, we now turn to the types of seating provided. The height of the back of the chair indicates one's power and status in the society or in a given situation. The higher the back of the chair, the greater is your status. That is why people in high position are placed on high-backed chairs. If your chair is higher than that of the other, it means you are superior to the other. Swivel chairs are considered to be belonging to a superior status, and chairs with arms are superior to chairs without arms. For counselling, a comfortable chair for you and the client is appropriate. If it is an easy chair, it may not be conducive for the type of work that is undertaken. The heights of the chairs should be scrupulously kept equal, and if by chance yours is raised above the other person's chair, then you will be understood as dominating.<sup>10</sup>

## **5) EYEING**

Maintaining a fairly steady eye contact with the client is called eyeing. Your quality of attending can be judged from the way you keep the eye contact with the client. It is not the same as staring. The steady eye contact which a counsellor maintains in counselling is usually marked by frequent blinking of the eye lids (six to eight blinks per minute<sup>11</sup>), whereas in a stare the frequency of blinking is far between and it is almost keeping your eyes on the eyes of the other and keeping them

locked there for a longer time. We know the lover's gaze which is a kind of stare. This kind of stare may not be helpful in a counselling situation. Counselling is not dating, and so staring is unwelcome. Some counsellors may have the compulsion to rest their eyes on the physical defects of the clients, or the beauty spots or attractive features. All these activities will only say aloud that your interest is not in the client herself, but in your own enjoyment of her attractiveness. As with the squaring so also with the eying, we have clients who are threatened by the normal look. If you know that a client is uncomfortable with your looking, then you could look down, and once in a way keep looking at the client. Not to look at the client at all because she is uncomfortable will not in the long run serve the purpose of eliciting the appropriate response from the client.<sup>12</sup>

Eyeing can be analysed from two angles: While you are speaking and while you are listening. Research has shown that people maintain more eye contact while listening than while speaking. This in general will indicate that the speaker is steady on the theme she presents, the explanation she gives and the arguments she adduces, and it could be a signal to ward off distraction and interruption.<sup>13</sup> After the talking when one looks at the listener, it is a signal that she has completed what she wanted to say, and the other is given the permission to talk. This being the general rule, in individual cases, a certain pattern is perceived. When you speak if you keep looking at the person fairly often, it means that you are certain of what you are saying, and if you look away you may be saying that you are not sure about what you are saying. While listening, if you keep steady eye contact, you are nonverbally saying that you are with the speaker and are interested in what she says, and conversely looking away while listening will mean that you are not completely satisfied with what the speaker says and so you are having certain reservations; it could also mean that you want to conceal your real feeling from the speaker, especially if the speaker is a critical and evaluative type. Avoiding eye contact may unintentionally communicate doubts, possible prevarication and concealment.<sup>14</sup>

The frequency of the gaze is culturally coloured. It has been found that people of different nationalities may have a certain variation in the frequency of the gaze. Besides in general if a person's gaze meets your eyes less than two-thirds of the time of the conversation it may be an indication of dishonesty or withholding of some information.<sup>15</sup> Eyes betray our emotions. When one is pleased with another, her pupils will dilate; while in displeasure, the pupils contract. When lovers intently look at the eyes of each other, what they may be looking for is the dilation of the eyes which will be a sure telltale sign of the other person's liking for you. If a person looks at you more than two-thirds of the time of the conversation with dilated pupils then she is interested in you and in what you say; in contrast when she looks at you less than one-third of the time with constricted pupils, then she is hostile to you or dishonest with you. If you use dark tinted glasses in conversation, you are either staring the other person with interest or with hostility, or you do not want that the other person to know what you are feeling, since the pupils will betray your emotions.<sup>16</sup> You also may be greeted by some sideways glance. It too denotes either interest or hostility. Sideways glances are used in courtship and in sexual invitation, and if it is coupled with down-turned eyebrows it will communicate suspicion and hostile attitude.<sup>17</sup>

There is a phenomenon called eye blocking. If you are looking at a client and blink the eyes and keep the lids closing the eyes longer than the usual rate of six to eight blinks per minute, then you are using an eye block gesture. It could be also perceived in half-closed eyes with the tilted head and looking down at the client. The simple eye-block gesture will communicate that you are not interested in the client and if it is coupled with other negative gestures like head tilted backwards then you are saying nonverbally that you are superior to the other as though looking down upon her.<sup>18</sup> From the foregoing pages it becomes amply clear that the use of our eyes is

a vital nonverbal signal, and appropriate gaze behaviours are necessary for counselling interviews.

Eyeing can be of three kinds (1) Business Eyeing, (2) Social Eyeing, and (3) Intimate Eyeing. In business eyeing you look at your partner's eyes and the centre of her forehead, forming a triangle with the two eyes and the centre of the forehead. In any case, your gaze should not be lowered below the eyes of your partner. In maintaining this type of business eyeing, you keep the situation under control. In social eyeing again, your look is directed towards a triangle, but this time the triangle is upside down, that is, you look at the eyes and the mouth of your partner, in which case you get a triangle with two eyes and one mouth. This is the type of gaze we engage in while conversing with our friends, relatives, acquaintances and known persons in gatherings and other situations. In intimate eyeing you form an upside down triangle which is long. You look at the eyes of the other in the eyes and then below chest, and if you are looking from a distance, down to the crotch. This type of gazing communicates your interest in the other for intimacy and sex.<sup>19</sup> In counselling it may not be appropriate to make use of intimate gaze. To oscillate between business gaze and social gaze would be helpful, maintaining mainly the social gaze.

## **6) OPEN POSTURE**

If you yourself are closed, then you cannot expect your client to be open. Besides, your closed postures will trigger off something negative in the client that she will automatically develop closed posture and thereby closed attitude which will jeopardise the counselling process. For example, if you sit with your arms and legs crossed and your hands held fist like, these gestures communicate your closedness. Not that you cannot cross the legs or arms once in a way during the conversation, but to be locked like that most of the time will be indicative of a closed posture. Hence you

realize the importance of the positioning of your entire body in the counselling session that will indicate your openness.<sup>20</sup>

## **7) LEANING FORWARD**

When delivering a lecture if you notice one of your audience is leaning back on his chair with his head flung far back, his legs extended in front and his arms crossed on his chest, it is a clear indication of his not being interested in your talk or his becoming bored with it. It can also mean that the person is physically very tired. On the contrary when one of your audience is leaning forward, perhaps resting his forearms on his thigh and thrusting his head towards you with tilted head, it communicates that he is interested in what you are saying. Therefore leaning forward is a sign of interest, and the clients usually appreciate this gesture and nonverbally they are impelled to get involved and talk more about themselves because they perceive that the counsellor is all out to help them. Whenever you find two persons engaged in intimate conversation they usually incline their bodies, that is the upper parts of their trunk, forward. While sitting, this can be practised when you bend forward and make your forearms rest on your thighs, or while you stand you can go closer or stand in such a way that your right foot is one step ahead of you. When you are overworked or you are physically tired after listening to the client for a while, then you can move back for a while; and moving back and forth can be of convenience to you as a counsellor; but in any case see that you are not seen leaning back most of the time. It is presumed that when we lean back we are interested in ourselves, our comfort and convenience, and when we lean forward we are interested in the other whom we are listening to.<sup>21</sup>

## **8) REMAINING RELATIVELY RELAXED**

Have you ever observed in yourself or in others that when one of the persons engaged in conversation is nervous, the other too becomes the same eventually? Nervousness is contagious. If you are facing someone who is uncomfortable with you, her outward manifestation of her nervousness (by way of fidgeting, rubbing wet palms against a fabric and clearing the throat<sup>22</sup>) prompts you unconsciously to take to displacement behaviours.

We tense up when we attend to something. Look at a dog that looks up and turns the head towards the direction of the noise and inclines the ears in a funnel like fashion to channel the noise into the inner ears. The whole body of the dog becomes tense. In the same way when our sense organs get ready to receive stimuli, the entire body is tensed up to a considerable extent. If you seriously study a subject, you sit with tensed muscles; if you are reading some light materials like short stories, then you are relaxed. Therefore high concentration requires tensing up of the muscles of the body. Since listening, responding and exploring along with the client is such a concentrated activity, your muscles are bound to tense up.<sup>23</sup> But when the body muscles are tensed up too much, it works against your efficiency. I have observed students in oral examinations. Even the clever students do not answer properly even though they know the answer well just because they are very tense, and this can be made out on their bodies. So on the one hand not tensing up of the muscles is an indication of your non-involvement, and on the other hand, your too much of tensing up the muscles is detrimental to listening to the client properly. Therefore the *via media* will be being relatively relaxed.<sup>24</sup> The principle of relative relaxation applies to the client as well. One of my professors gave us some tips to deal with clients who are too tensed. If the client is too relaxed, then she may not be serious in working out her problem, in which case straight looking into her eyes will make her feel uncomfortable and she will start becoming serious. Your gaze has awakened her from her lethargy. And when she is too much tensed, look away for a while, and that will make her feel at ease. The

ideal situation will be when both the counsellor and the counsellee are relatively relaxed.

## **9) MIRRORING**

If you are abroad and happen to come across a person from your country or a person from your culture or language, then irrespective of her character, at the first sight, you begin to like the person for the simple reason that she belongs to your nationality or in other words she is like you. There is an unconscious affinity established as soon as you meet a person who looks similar to you. The sameness in two individuals brings about a liking for each other. This concept of similarity can be further exploited for the benefit of the clients. This was done by giants in psychological field like Virginia Satir, Fritz Perls and Milton Erickson who reflected certain behaviour patterns of their clients.<sup>25</sup> This was only to make the clients feel that they are with someone who understands them and who is like them. To feel at home with a counsellor and also to feel understood, a certain rapport has to be established. This can be achieved by the counsellor through reflecting the behaviour patterns of the clients. The reflecting of the behaviour patterns of another in a subtle way is called mirroring, just like a mirror reflects whatever action you do in front of it. This mirroring is otherwise called pacing. If you copy or mirror the behaviour of a person, it communicates that you are in agreement with that person. Once agreement is established, which is in itself a kind of rapport, then the other will not resist to what you are saying. If you pace a person, it is first of all to establish a good rapport, and then later to lead the person. Pacing is followed by leading. I shall be speaking about pacing and leading at a later stage, but at present I would like to underscore the idea of body mirroring and vocal mirroring. Mirroring or pacing can be done at three levels: First of all, it can be at the body level or physical level. Then it can be at the vocal level; and the third level is with words. Just like we have three mediums of communication like verbal, vocal and physical, in mirroring too we have these three

mediums of reflecting the behaviour. Here I would like to underscore the idea of vocal and physical mirroring, leaving the verbal mirroring or pacing and leading to a later stage.

The vocal and the physical pacing is done for the sake of establishing a rapport. Vocal mirroring will be like imitating the tempo, volume, pitch, rhythm and accent of the language of the client. Physical mirroring will be when I adopt the body posture, gestures, breathing location, breathing rate and blinking of the eyes. Again the mirroring can be either direct or crossover. Direct mirroring is reflecting the vocal and physical behaviours of the client exactly by the same medium of either vocal or physical. For example, if I am imitating the head posture of a client, I would keep my head the way she holds it. A crossover mirroring is done when I tap the table in accordance with the breathing rate of the client. The breathing rate is imitated not directly breathing in the same way, but by tapping the table. In the beginning of the counselling sessions, counsellors make use of the mirroring techniques to establish a reasonably good rapport.<sup>26</sup>

## **10) ENCOURAGEMENTS TO TALK**

You talk to a person and the other person attends to you in such a way that you feel like continuing your talk and revealing more about yourself; there are also persons to whom while talking you feel you cannot proceed further. When we analyse what happens between the two individuals, we find that if a person encourages the speaker in one way or other, then the speaker is pleased to speak more. These may be done in minor ways like nodding the head, leaning forward quite often, moving a bit closer when the client is saying something very important to you, saying 'umhum,' repeating one or two significant words of the client, and repeating the last words of the client. These little techniques go a long way in establishing a good rapport and making the client feel understood and wanted.<sup>27</sup>

These encouragements to talk are termed by Richard Nelson-Jones as 'continuation messages,' which are more bodily than verbal. The bodily continuation messages include what we have so far seen in mirroring, plus responsive facial expressions, good eye contact and body orientation. The verbal continuation messages include words like 'Tell me more', 'Really', 'Go on', 'Then', 'I see' and 'So.' These messages become essential for the continuation of a narration. You could test it by telling a story to someone. If the person listening to you does not give any continuation messages, then you are frustrated and would stop telling the story. It is required all the more while listening to the clients.<sup>28</sup>

When you attend, the client gets involved in the counselling process and starts to express. This part of the client's talk will be dealt with in this stage towards the end. Now let us turn to the skills of the counsellor once the client gets involved and expresses.

## **2. LISTENING**

The counsellor listens to what the client says. Accurate listening is required so that the message of the client may not be missed. One of the things poorly done by people is listening. This can be demonstrated by asking two volunteers among whom one narrates an incident and the other listens and reports the narration she heard. In most instances, the listener reports leaving out certain facts, or she interprets and includes materials that were not narrated. Listening is being attuned to receive a message. It is not mere hearing. We hear a lot of noises, but we do not listen to all of them. Listening is differentiated from hearing by the fact that in listening we understand the meaning of the sound. If you are not looking for the meaning, then it is only hearing.<sup>29</sup> Properly speaking, listening implies the capacity to hear the sounds, understand their meaning and remember them accurately. This hearing,

understanding the meaning and remembering it, requires a certain amount of discipline. Therefore, listening can be termed as disciplined hearing.<sup>30</sup>

## **1) KINDS OF LISTENING**

Counselling psychologists have analysed the various levels of listening in terms of its appropriateness in a counselling context.

### **(1) FAKE LISTENING**

Betty is a counsellor trainee who has learned the skills of physical attending. Her physical attending was judged to be at its maximum by the peer counsellors. But Betty has the habit of switching herself off when she listens to the counsellee. When responding to the counsellee, Betty stumbles and is not able to recall what she heard from the client. But her continuation messages like 'I understand' and 'That is really interesting' were real stimuli for the client to go on talking. Here the counsellor was faking good listening, especially maintaining certain nonverbal behaviours and the counsellee was duped into thinking that Betty listened to her very well. This is a case of faking to listen. This is one of the poorest services you can do to the client.<sup>31</sup>

### **(2) PARTIAL LISTENING**

Dass is a good listener and a good counsellor as well. The counselling started in earnest, and meanwhile Dass was surprised to find himself dozing every now and then. The need of the client was such that she continued talking irrespective of the counsellor's dozing. Dass could not help the lady because he had not fully heard the core messages of the client. It is a case of partial listening. Unless the entire episode with its meaning and context is understood, no good counselling can take place.<sup>32</sup>

### **(3) SELECTIVE LISTENING**

Cynthia is a well-experienced counsellor working in a college. Usually the students have a lot of things to talk, things connected with their problems and things that do not pertain to their problems. Tactfully, Cynthia listens to the students and selects only the talking that is relevant to the problem in hand, and leaves out all crazy talk. This is a case of selective listening, and in this instance very useful for the counselling process. For, listening to all the crazy talk and the client's rambling is a waste of time. But if the counsellors predetermine early what to listen and leave out important messages on account of the selection, then it is a disservice to the client. Selective listening may leave out, by chance, messages that are vital to the counselling process.<sup>33</sup>

### **(4) PROJECTIVE LISTENING**

Carl is a social worker, a full timer in a charitable institution running a hospital. People with various problems approach him for guidance, and in most cases the problems are financial. As soon as patients complete talking, Carl gives a lecture saying how the institution is not able to help all the people financially. Once a middle-aged man came to Carl to complain about the inadequacy of the medical assistance given in the hospital, to which Carl replied with his usual lecture on the inability of the hospital to help all the patients with concession. Though the man did not want any concession and in fact did not mention anything about it, Carl thought that the man was requesting financial concession. This is a case of projective listening. One listens to the things that are on his brain, rather than what is being told by the client. Since projective or preconditional listening is the distortion of the message of the client, it is highly detrimental to the facilitation the counsellor is called upon to render.<sup>34</sup>

### **(5) FILTERED LISTENING**

Vijay is a well-educated man. He has acquaintance with various theories of personality and a wide psychological background. When Nancy came for counselling, he could perfectly analyse her character and describe what type of problem she suffered from, and what the immediate and remote causes were. But Nancy was not in the least satisfied, for she felt that she had not been understood. Vijay was wearing blinkers as it were and was able to see persons and problems from one particular angle only. This is a case of filtered listening, in the sense that our prejudices and personal, familial, social and cultural biases prevent our listening to the client totally.<sup>35</sup> Even psychological theories could serve as blinkers.

### **(6) TOTAL LISTENING**

There is a colleague of mine who can sit hours together with people who pour out their problems. He does not have much formal training in counselling, and yet a lot of people were flocking to him to speak out their problems. Perhaps the clients did not get much of action-oriented direction from the counsellor, but all of them felt that they were understood because he could listen to them fully, being present totally and being able to pick out the messages accurately, without distorting and understanding the problem, as though he were in the place of the clients. This is in fact total listening.<sup>36</sup> It is understanding the client in her internal frame of reference, and communicating to the client this understanding of the counsellor.<sup>37</sup>

## **2) REASONS FOR INADEQUATE LISTENING**

Total listening is a rare gift. Some may have this to a certain level quite naturally, and others have to acquire this skill. By motivation and effort with

prolonged practice, one can acquire this skill. It is worthwhile to consider the various kinds of hindrances that prevent you from listening totally.

### **(1) PHYSICAL TIREDNESS**

Amal is a much sought after counsellor in his locality. People from far and near throng to him for counselling. He tries to oblige all of them since people come from far, and after meeting a few counsellees, he is unable to listen to the rest of them as he is physically tired. Physical tiredness, as well as mental tiredness, can come in the way of your listening to the client fully. Because of the tiredness you experience in various systems of the body, you are unable to concentrate. Usually a tired counsellor is a poor counsellor. Even though you may have the knowledge and the skills required for counselling, on account of your overwork, or while recuperating after a serious illness, you are unable to listen to the client.

### **(2) PREOCCUPATION**

If you receive a sad news or too good a news, then you will not be in a position to sit for counselling session, since your mind will be dwelling on the news you had received. Anything out of the way by way of news, either good or bad, that shakes your personality, demands some time to settle down. You may push these things aside, but your mind automatically goes back to these news. Every sad news has to be grieved for a while as a grieving process, and likewise every good news has to be cherished for a while, before it could be kept aside. Therefore these concerns are a hindrance for listening totally. If you just had an experience of being fired from your job and then you were to sit for a counselling, you can be rather sure that you will not be totally present to listen to the client. When you are deeply distressed or hilariously exuberant, you will not be able to lend a listening ear to your client, since those experiences will keep you occupied.

### **(3) ATTRACTION**

It has been observed that if the clients are attractive, then they seem to receive more attention from the counsellors; likewise if the counsellees are unattractive, then the counsellors are not eager to pay attention to them. This being the case, the experience of being pulled or repelled might occupy the attention of the counsellor, and so he concentrates on what he feels rather than on what the client says. In the same line of thought, it is also true if you have a strong negative feeling towards a client, you are unlikely to render your total listening to her.

### **(4) SIMILARITY OF PROBLEM**

Kamala is a counsellor in a marriage bureau, and she is a widow past middle age. Esther, another widow of the age group of Kamala, comes for counselling and shares her financial worries in educating her children. Precisely this is what Kamala herself is experiencing with her limited salary to make both ends meet. As Esther was narrating her problems, Kamala was lost in her own worries and remained dazed. When the problems you hear are similar to the ones you are experiencing currently, your listening performance may be at a lower level.

### **(5) DISSIMILARITY OF PROBLEM**

Agnes from Europe had come to India for experience, and she was quite fluent in the local language. While she attended the counselling course and was sent to the hospitals for fieldwork, she met a number of people over there. Whenever people spoke of some local problems of not being invited for a marriage and how it ought to be done, Agnes was totally at a loss, because culturally the local problems

were so different that she could neither attend nor understand them. Thus dissimilarity of problems also can be a hindrance to your listening to the client.

### **(6) OVEREAGERNESS**

Often counsellor trainees, and those who are practising counselling for the first time, have problems in listening, because they are so overeager to respond properly that they miss the clients and what they say. Even if you had been clumsy in responding, you need not worry about it since it is only the beginning, and with the passing of time and experience you are bound to improve your listening capacity. By overeagerness, you only miss what you want to preserve. This idea came home to me very strongly recently when I was talking to someone on the banks of the river Cauvery. Suddenly we heard a human voice, and we saw a man drowning in the river. The man was caught in the current while taking bath about half a kilometre away from where we were. The current was so forceful that he was swiftly being carried to another half a kilometre ahead, where some people walking on the bridge spotted him and finally rescued him. After the rescue operation when I was talking to the drowning man, I realized that he did not know swimming and he was suffering from psychotic symptoms and he was not very much aware of what was happening to him. Because of his lack of awareness of what was happening to him, he was safe though he was being carried away by the current for about a kilometre. Had he been aware and anxious, I am sure he would have been drowned within a few metres. So any overeagerness or anxiety only works against what we want to achieve. Hence one should beware of overeagerness in listening and responding.

### **(7) DISTRACTION**

Sometimes couples or even individuals come for counselling with their children. The small tots do a lot of things that may distract the counsellor from

listening. At times they do not leave the elders and stick on clinging to them crying. As far as possible you could ask the clients to come alone leaving their children in the care of others. In case they have come with their children you need to be extra attentive to listen to what the clients say.<sup>38</sup>

Also, remember to avoid noisy places, distractive scenes and bothersome people nearby.

### **3. RESPONDING**

Now that you have carefully listened to the client, you are ready to go to the next step in this stage of building a power base, that is, responding to the client. The clients who talked so far want to know if you have listened to them carefully. Whether you listened to them carefully can be made out from your verbal report of what they have narrated. Like the first impressions you make on the clients, the first responses are also going to affect the clients either positively or negatively. Without being overanxious, you need to be skilful enough to word your responses. Primarily, it is meant to give the assurance to the client that you understood her message; secondly, to make her hear her message in an orderly way, that is, just the real message leaving out all that accompanied the message; thirdly, it gives a certain clarity to the narration of the client since you pick and choose the real message; and finally it gives clarity to the counsellor himself regarding what he understood. Your responding serves as a stimulus statement for the client to talk further.<sup>39</sup>

#### **1) REFLECT THE CONTENT**

After the client has expressed herself, your immediate and evident task is to respond to the very content of the client. Before you could respond to the sophisticated message in a very skilful way, your matter-of-fact reporting the content is expected by

the client. We differ from one another in our memory span, as well as our attention span. Depending upon these two things, your reflecting can be either adequate or inadequate. One way of reflecting the message of the client is to report word by word what the client has said. This is called verbatim report. Though counsellors may be trained for verbatim report, it is not used in actual counselling. Training in verbatim is to help one capture the message of the client completely. But if you use it in counselling, that is, exactly repeating all that the client was saying, it takes an enormous time, and the client herself may not want such a report. Besides, in case of verbatim report, the client will be deprived of the chances of talking more. This verbatim report is also called parroting. Parrots repeat whatever they hear. It is a mechanical repetition without understanding the meaning. If the client wants only the repetition of the very same thing, then a tape recorder will do that job more accurately. Your reflecting should be enhanced by your skill; in other words, you need to contribute your share to the clarity of the message. Therefore the idea of paraphrasing comes handy. Paraphrasing is reformulating the very message of the client in new words that will express the gist of the client's message without distorting the meaning and the feeling tone. Thus you need to be prepared to respond to the client's statement with your paraphrasing.

Here certain formulas that counselling psychologists use will be of help to you. You can preface your paraphrasing with the words like: 'You say,' 'You are saying, 'You seem to be saying,' 'From what you say I understand' and 'You are trying to say.' This is called 'you say' formula. Here purposely you are using the word 'you' to make the statement very personal. What is personal is appealing and makes one feel understood and wanted.

Whenever you reflect the content, it should be to the satisfaction of the client. Though not verbally, at least nonverbally, clients approve or disapprove of your paraphrasing.<sup>40</sup> Consider the example of paraphrasing given below:

Counsellor : I have done badly in the last three exams, and my assignment paper is not ready, though I am supposed to submit it within four days. I try to concentrate on my subjects and assignments, but somehow I am not able to, and I am terribly distracted with a number of other unimportant works that can actually be done later.

Counsellor : You are saying that you are unable to concentrate on your Subjects, and in fact did poorly in your exams, and are not ready with your assignments on account of distractions.

Here the counsellor did not reflect verbatim, nor did he leave out any message, and there is no distorting of the message. What he did was to reformulate the message in fresh words understandable to the client. Reflecting the content should become quite natural to you, since you will keep this technique all through the counselling process.

## 2) REFLECTING THE FEELING

Counsellor : For some ten years we are living in this city. I had a reasonably good health and a decent job. During the last six months my health has deteriorated with acute stomachache that does not respond to any treatment. For the last two months, I have not gone to my job on account of my health problem. Financially, I have spent everything I had for my treatment, and now my whole family is starving.

Counsellor : You feel helpless with your deteriorating physical condition and your inability to look after your family.

Here the counsellor has first of all picked up the feeling of the client and connected it with the content. It is a further step in your responding. The first step is to paraphrase and reflect the content, and the second step is to find out the feeling, and express it along with the content. Whenever you express the feeling you will communicate it along with the content, because content gives meaning to the feeling, and feeling alone will not make sense. What made the client feel the way she feels is explained by the content. The content will be sterile without the feeling. Hence a reflection of both the content and the feeling is required.

The formula one uses in expressing the feeling along with the content is like this: "You feel.....because ....." 'You feel' is followed by the feeling word, and 'because' is followed by the content, which is the reason for the client to have the particular feeling she is experiencing.

Very many times the feelings of the client may not be evident from the verbal narration of the client. In such cases, the counsellor will have to rely on the nonverbal behaviour of the client. For example, while narrating an incident, the client is full of tears in her eyes. She might not have expressed any word about her feelings. In such a situation, you know for certain that she is sad about the incident. At times both the verbal and the nonverbal expressions may not evidently speak of the feeling; or you are at a loss to identify the feeling of the client. Then, imagine yourself in the situation of the client, and see what you would be feeling if you were she. It is seeing the situation from the client's point of view. Still if you find it difficult to trace the feeling, then plainly put a question to the client, asking her what she is feeling while she is narrating the incident. It is likely that the clients are not familiar with feeling words. Whenever you ask for the feeling, they will tell you what they are thinking. They express their thoughts rather than the feelings. They could be coached to name their feeling.

With regard to feelings, they can be understood in terms of families and intensities. There are four major families of feelings. They are gladness, sadness, madness and scaredness. Some psychologists categorize them into more than four types. In one and the same family of feelings, we have different levels of intensity. A feeling can be felt weak, like saying that one is 'satisfied.' If the level of satisfaction increases, one will say 'cheerful.' This is somewhat a medium level of intensity. If the satisfaction reaches its highest level of intensity, one will say 'excited.' Sometimes we can have interchangeable feeling words like 'happy' and 'joyful.' These two words express identical experiences. For an interchangeable feeling word, you need to find out a feeling word in the same family with the same intensity. For example, 'hopeless' and 'bad' belongs to the same family but with the different intensity. You cannot substitute the word 'hopeless' with the word 'bad.' You may substitute 'hopeless' with 'despairing,' because they are interchangeable.

While picking up the feeling, you need to name the correct family of feeling and also the exact intensity of the feeling. If the client herself has provided you with a feeling word, then you could use an interchangeable better feeling word that would capture the feeling more accurately. This is your contribution to the expression and clarification of the feeling of the client.

For a keen listener and observer, the feeling words are not missing. The dominant feeling word will come up every now and then during the conversation. All the major feelings are to be reflected in counselling. I have observed in counselling skills practice that when the client's often repeated feeling word is not picked up by the counsellor and reflected, the client keeps bringing it up every now and then, because she will find satisfaction only when the uppermost feeling is dealt with and taken care of.<sup>41</sup>

### 3) REFLECT THE DEEPER FEELING

It is easier to find the uppermost feeling that is obvious either to the counsellor, or to both the counsellor and the counsellee. Perhaps what is more difficult is the underlying feeling or the deeper feeling. If you are satisfied with dealing only with the surface feeling, then the client may not feel very much relieved; you also need to search for anything lurking underneath. If there is any, you need to bring it up to the surface to be known and accepted by the client. For example, a person overly criticizing a colleague of hers for her lack of sound morality, may be feeling jealous of her for the many boyfriends she is enjoying. The reprimand that comes in the name of feeling responsible for her colleague is in reality the feeling of jealousy. A word of caution is required here. The client may not be ready to accept the deeper feeling, in which case it is prudent not to go for it until the client is ready. Whenever a realization of a negative nature comes upon us, we instinctively deny it. For instance, if I am diagnosed as having a dreadful sickness by medical examinations, my first reaction to such a news is to deny the existence of that awful sickness, saying that the medical tests were not accurate, and the doctor did not know to diagnose properly. You can expect this kind of reaction from clients when you bring home the existence of a feeling of a disagreeable nature. In group therapies, I have observed that when the facilitator brings to the awareness of the participant some hidden motive, the participant denies it vehemently. The quickness with which she denies, and the vehemence she uses, are indications that what she denies is true of her. In fact, surfacing a submerged feeling is a skill about which we will speak in great detail in the stage on Reframing. Suffice it now to mention about the task of the counsellor to deal with the submerged feeling.

As a general rule, you will reflect the content first and wait for the feeling word, using the 'you say' formula. When the client is ready for the awareness and acceptance of the feeling, you will reflect the feeling using an interchangeable feeling word with the same level of intensity. Just because such an awareness is threatening to the client, the client may avoid facing a realization of the feeling, in which case you shall fall back on the previous step of reflecting the content only, until such time that the client is

ready. When the client is readily accepting the feeling, then see if there is any deeper feeling, and bring it up to the surface by reflecting it. This too may be disturbing to the client, in which case fall back on the step of reflecting the content and surface feeling only using the formula 'you feel .... because....' When the client has been prepared to face the hidden feeling, then attempt to bring it to the notice of the client using tentative statements, since you are not sure about the deeper feeling. You may use statements like: 'Could it be that you are feeling....' 'My hunch is that you are experiencing...' and 'I am wondering if it is..... what you are experiencing.' By being tentative, you give ample room for the client either to confirm or to deny the existence of such a feeling.<sup>42</sup>

#### 4) INVITE THE CLIENT TO DEAL SUFFICIENTLY WITH FEELING

One of the mistakes the beginners make is to rush through the counselling process. Especially when it is the question of dealing with the feeling at length, the counsellors hurry up, may be due to the want of the skill of being comfortable with dealing with persons who are emoting. When the feelings are sufficiently dealt with, the way is clear for further progress; otherwise the way will be fogged to the extent that the clients feel that something is wanting when the counselling is terminated. Here I would like to bring to your notice that when a strong negative feeling is cherished by the client, the counselling will not be effective for the simple reason that the strong negative feeling comes in the way of the closure of the counselling process. There is some 'unfinished business,' to quote Fritz Perls. Unfinished business keeps cropping up whenever there is an association with the uncompleted work. Particular mention needs to be made here, of the strong negative feelings of grief and anger.<sup>43</sup>

#### 5) DEALING WITH STRONG NEGATIVE FEELING

##### (1) GRIEF

Clients have the right to feel the ruin fully. Sadness or grief needs to be felt at least for sometime, before it can be dealt with. Attempting to deal with it as soon as it occurred may not be fruitful. Visu had lost his father, and he was inconsolable when he came for counselling. In fact he did not have the mood even to talk to the counsellor. He was in a dazed state, being stunned by the shock of the death of his beloved father. The counsellor was keeping a careful watch over him, and after some days of mourning Visu wanted to talk to the counsellor. As Visu was busy with the arrangement of the funeral rites, he could hardly weep and mourn the loss. The counsellor immediately used the Gestalt method of having a dialogue with his father, which ended on a happy note, both Visu and his father taking leave of each other. If the counsellor attempted to deal with the mourning right at the very beginning, it would not work. And now that Visu has mourned his father's death, he was prepared to look into the business his father has left and the household management, for which the counsellor's intervention was essential in the form of counselling.

When sad, people weep. Weeping is such a sweet relief. Culturally we are conditioned to think that weeping is the prerogative of women. If a man weeps, others remark 'Why do you weep like a woman?' as though it is wrong for men to weep. Weeping is one of the easiest ways of easing oneself of a great burden. Sometimes clients are quite content with weeping in the presence of a counsellor who understands them. How salutary it is that we weep! But the fact is that people on finding themselves unable to control tears feel embarrassed. Certain skills on the part of the counsellor will definitely facilitate weeping in the client. If you find your client starting to weep, keep away all interruptions by way of asking questions. You can resume your enquiry or responding, once the weeping subsides. Maintaining an active silence with full of care and concern is well appreciated. When we visit our friends and relatives who are mourning, they do not expect us to give a verbal report of how much we feel with them. All they need is that we be present to them understandingly. If it is culturally allowed, holding the hand, stroking the shoulders, an embrace, a touch on the head, will nonverbally soothe the client.

Verbally supportive statements are very facilitating. Once one of my companions came to my room to share something personal and devastating. I saw his moistened eyes and realizing what was going on within him I said: 'It is hurting,' at which he burst into tears. You could make statements like: 'You feel so miserable that you would weep it out.' While weeping is going on do not keep yourself busy with other activities or looking away through the window. Attending to the client while she weeps is necessary.<sup>44</sup>

## (2) ANGER

Anger is another strong emotion that needs special care like sadness. Love (sex), grief and anger have orgasm in the sense that they rise to a level, beyond which they cannot rise, and then they explode and decline. Naturally a grief-stricken individual remains for some days in her grief which reaches its height and then it declines. Anger too builds itself up and finally explodes. When strong anger is bottled up and not given a release, then it comes in the way of the closure of the unfinished business. A lady came to me for counselling. Her husband was working in a jaggery market. He had developed an illicit relationship with another woman working in the same market. When she knew this fact, she could contain herself no longer. She was literally fuming, but was unable to express her anger towards her husband. Then I facilitated her to vent her feeling of anger through beating a pillow, as per Gestalt method, and then made her dialogue with her husband in fantasy. Because she took out her anger first she could understand the market situation, and how frail her husband would have been in such a vulnerable situation, even though he might not have wanted to be unfaithful to his wife. This realization through counselling could come about, just because she first took care of her anger towards her husband. Hence attempting to counsel a person who is boiling with a strong negative feeling like anger is mere waste of time, unless you make room for the release of the anger.<sup>45</sup>

## 6) RESPONDING TO SILENCE

In silence, valuable insights are attained both by the counsellor and the counsellee. It offers room for the client to look into herself and explore her problem deeper, gain new insight into the dynamics of her behaviour, and to see a changed perspective of the problematic situation. For the counsellor, it is a time to understand the client better, and see the possible step he could take with regard to the problem that is presented. Silence can be right at the beginning of the interview, or in the middle of the interview. I have already spoken about the silence you might encounter at the beginning of an interview (page.....). Now let us consider silence in the middle of the counselling session. At this time, silence can occur due to various reasons. In any case, see that you have responded to the previous statement of the client, for she might be waiting for you to respond to her. If you had responded to her previous statement, then take this golden opportunity to summarize and present in a neat and orderly way what you both have so far dealt with, and this might form a stimulus statement to the client. You could also make statements like 'You are thinking of something' or 'Something is going on within you.' Even after this, should silence continue, you could perhaps raise a question or make a probe. After all this should silence persist, then respect the client, telling her that when she is ready, counselling can be resumed, and that for the time being, the session is over.<sup>46</sup>

Silence can be due to various reasons. May be that you have a client who is usually very reticent and so she finds it difficult to talk to you. Another reason for her silence could be that she is struggling to get at the root of her problem. Or, she is trying to pull her thoughts and feelings together before exploring further. It is also possible that she has reached the end of a theme. At times it could be a sign of preparing to reveal further.<sup>47</sup>

Once I met a girl aged 19; she was highly disturbed. At the beginning of her puberty, she had witnessed her parents having intercourse a number of times; the parents thought she did not know. What she had witnessed flooded her mind, and she was unable to concentrate on anything. As she came, she opened the topic and went on to explain how

she was affected by those images coming quite often. She would hardly start a sentence to explain, then stop dead and remain shy. It was very evident that she felt the whole thing too delicate to disclose to a stranger that I was. Then something struck me, and I told her that she need not tell this particular problem to me at all, and if she wanted to talk about it she could tell me only as much as she wanted to tell. Immediately came the reply 'I want to tell the whole thing since this troubles me.' Here what I realized is that when you give the freedom to express, the client usually talks, and if you compel the client to talk then she is likely to close up.

Silence can be a method of manipulation by way of playing the game of 'coax me.'<sup>48</sup> According to Dr. Eric Berne, this game is played by people in the persecutor's role to put others down. The counsellee might unconsciously play this game. If you are caught up in this game, you usually request the client to speak and she will remain silent; then you plead all the more; the client becomes all the more silent, and thus finally you get fed up with requests and end the conversation feeling so bad about everything. If you realize that silence is a game pattern, then giving her the freedom to express will spoil the game right at the very start, and the person will start expressing breaking her silence. Also keep your eyes wide open to observe nonverbal behaviours during silence. The nonverbal behaviours will betray more or less why a client keeps mum at a particular stage. Having understood the reason for the silence, you could take the appropriate measures to overcome this hurdle. If one method does not work, try another, and by trying various methods you are likely to succeed.

## 7) SPACING RESPONSES

Your responding is essential, but not so fast that the client has not fully completed expressing herself. It is wise to pause for a fraction of a second after the client has spoken, lest the client should desire to talk more. If you are too fast, the client has to suppress what she wanted to say fully.<sup>49</sup> In the beginning, your

responding could be paced according to the speed of the client's conversation; later perhaps you could lead the client, in which case you could be quicker in responding; and at all times you should make sure that the client has fully expressed herself before you respond. Not fully waiting for the others to complete the sentence is a common mistake committed by most of us. Too hurried a response conveys to the client the message that you did not listen to her properly.

#### 8) KINDS OF RESPONSES

Amar is a twenty-one year old young man given to drugs, and he approaches the counsellor to get some help for his problem. He says:

It all happened like fun. Actually I did not want to experiment with drugs, but my companions forced this habit on me. Once I started, I liked the kick I got from the drug. Now I am unable to get rid of this habit. I am mostly preoccupied with obtaining the drug by all means. My whole life revolves around drug. If I stop for a day, my hands tremble.

Counsellor A : How foolish you are to have spoiled your precious life so early. You are a disgrace to your family and to your respectable parents. Is it so difficult that you can't give it up? It only shows that you don't have the goodwill to give it up.

Counsellor B : You have become dependent on drugs by prolonged use; and the trembling hands are a sign of withdrawal symptom. You are heading towards a chronic stage, as far as I see.

Counsellor C : Nowadays youngsters get into such habits, and it is quite

common in high schools and colleges. It is not such a serious problem, and with some help I am sure you can get over this difficulty and start a new life.

Counsellor D : Tell me, how long are you taking drugs?

Counsellor E : You are worried about your condition as a result of taking drugs, and upset about your inability to come out of the habit.

You have seen five counsellors giving five different responses to the presentation of the one and the same problem. One can invent even more types of responses. Let us limit ourselves to the above five types of responses, and analyse them with regard to their usefulness in the counselling process. Counselling psychologists have grouped the responses which counsellors usually make into five categories, depending upon the intentions of the counsellors. *The intention underlying the responses* is taken as the criterion to place them under different categories. Let us go into the details of the nature of the five responses.

#### (1) EVALUATIVE OR ADVISING RESPONSES<sup>50</sup>

Counsellor A indeed is very much concerned about the counsellee Amar. His response on account of his concern for Amar comes in the form of a reprimand; an advice though given indirectly, he is making a judgement about the relative goodness, appropriateness or effectiveness of the way Amar is functioning. Whenever you give advice, or correct, or moralize and even suggest, you make an evaluative response. Of course, those who give advice mean something very positive, and their concern for the clients also is great. It has its own place in counselling; and on the whole it may not

be that useful as it appears to be. Not every client can see the care and concern behind such a reprimand. The counsellor feels sorry that such a young man like Amar should spoil his life in his tender age. The reasons why such an evaluative response may not be helpful are many and we shall see some of them:

- i. First of all, it alienates the client from the counsellor and she will not further cooperate with the counsellor lest she should receive more reprimands. People tend to avoid punishments and scolding, and if the counsellor at the beginning itself were to be punitive by his words, the counsellee will only attempt to leave the situation.
- ii. Secondly, it makes the client feel worse than what she felt when she came for the counselling. While coming for the counselling, the counsellee would have come with the expectation of being understood and helped, but on the contrary an evaluative response puts her off, and she depreciates herself more than she did earlier.
- iii. It undermines the capacity of the client to solve her own problem. By just giving your solution to the problem, you deprive the client of the opportunity to mobilize her resources for the solution of her problem.
- iv. It is one way of avoiding involvement with the client. When you are involved, you will explore the possibility of making her take the necessary steps; but when you are not involved, you just give a ready-made advice.
- v. Perhaps you do not care for the client sufficiently, for if only you care for the client, you will take the trouble of sitting together and spending some time to facilitate her to explore, to understand and to act.
- vi. In a way, in giving advice, you indicate that your judgement is better than

that of the client.

- vii. Advice usually betrays your attitude rather than the attitude of the client.
- viii. In giving advice, you may be indirectly inviting the client to enter into the unhealthy psychological game called 'Yes, but.' Every suggestion you make is eagerly accepted, and the client presents a certain difficulty why she cannot put that piece of advice into practice. After a number of suggestions, for which you receive counter arguments, you finally give up giving advice, feeling very bad. Here both of you have played a perfect game: 'Why don't you' by you; and 'Yes, but..' by the client (which is complementing). By this game, nothing is achieved, except feeling negative by the counsellor and the counsellee. People usually will not carry out decisions made by others. Advices are nothing other than decisions made by the giver of advice. Usually the client rejects the advice by giving arguments against the advice. If at all the client accepts your advice, it may be because she does not want to offend you by her non-acceptance of your advice but later she is not likely to carry it out.

Can we say that evaluative responses are all bad? Are there not moments when giving advice is beneficial? Perhaps we need to consider the type of persons and the type of situations one might encounter.

- a. May not be useful:
  - i. People who are capable of self-management and are highly intelligent in fact resent your giving advice. They can run their own show.
  - ii. People who have enough resources but are unable to tap their resources to make their situation better may become lazier and become ever dependent on you.

b. May be useful:

1. Children and old people (who are practically like children) may be helped by advice. Children have not built up their ego strongly and are not able to stand on their own. They need to depend on elders whose authority counts much for the children. Old people too may respond well to suggestions or advice since their defences are deteriorating, and they stand vulnerable like children wanting to be guided.
- ii. People who are seriously disturbed respond to evaluative responses. Even strong people when disturbed emotionally are disoriented and need guidance immediately, but not later when they can stand up on their own legs. People whose relatives met with an accident may not know what to do, and what not to do, even though they are able individuals. Once I visited a sick patient in my pastoral ministry. The patient was a lady doctor dying of skin cancer. She had received every kind of available treatment. In her terminal stage she was asking me what medicine she could still take. She knew for certain that I was not a medical person, and the fact was that she knew more about medicine than I did; and yet because of her desperate state, she was asking my advice even in medical field. So people in desperate situations respond to suggestions.
- iii. In confrontational counselling, evaluative responses are useful.

c. Giving Information

Giving advice is one thing, and giving information is quite another thing. When you are giving information, you are supplying the client with facts and data about experiences, events and people. In giving advice it is your judgement that is

predominant, but in giving information it is data that you provide. Perhaps the information you provide the client with may be vital in reaching a solution. Ordinary people who are not well lettered usually do not have enough of information. A widower who was a daily labourer had a seven-year-old son, and his wife had run away with another man leaving behind the child. This widower did not know where to entrust his son for study. His decision to educate his son and bring him up well was there; but the information where a seven-year-old boy would be taken care of was one I had to give. In giving information we do not force our decision. Therefore keep in mind while giving information that you do it as a matter of fact. Obviously you could give the information when the clients ask for it. Even if they do not ask for it, you could provide information. The clients may be blissfully ignorant of the consequences of their decisions, and any amount of probing may not help them since the knowledge is not within their reach, and in such circumstances you could provide the information about the consequences of the decision. What would be wrong is to force them to act according to the information you have provided.

When you provide information, see that what you give is correct. Let not your opinion be given as something factual. Present your opinion as your opinion. Some of the vital information like the knowledge of a dreadful sickness may have an emotional impact on the clients, in which case you need to deal with the impact as well. Let not vital information be withheld from the clients just because you shy away from giving unpleasant information. If vital information is known to you alone and withheld from the clients, you may be doing a disservice to them.<sup>51</sup>

## (2) INTERPRETATIVE OR ANALYSING RESPONSES<sup>52</sup>

In the case of Amar, Counsellor B has given a response which explains why Amar is having such a problem. He explains that the problem is because Amar has

become addicted to drugs, and that is why he is not able to give them up. Again an explanation of the shaking hands is given.

The shaking hands is explained as withdrawal symptom that results in, when someone gives up drugs or alcohol to which one is addicted. Whenever you give reasons why such a problem (as presented to you) exists, you are interpreting. Whenever you mean to impart some psychological knowledge to the client for her problem, you are making interpretative responses.

The reaction to interpretative responses may be varied. Mostly clients do not like to be overanalysed and become very defensive and close up, lest they should be analysed still further. There are also clients who would ask the question 'why' about their problem. Such clients would welcome interpretative responses. In confrontational and educational kinds of counselling, counsellors make use of interpretative responses.

### (3) SUPPORTIVE OR REASSURING RESPONSES<sup>53</sup>

When we were small and were in difficulty, we ran to our parents or elders for support. As we grow old, we still need someone to support us in our crisis. When we realize that someone is supporting us, our problem may begin to disappear, or at least lessen in its gravity. In crisis, we tend to exaggerate the gravity of the matter and the situation, whereas in fact it would not have been that serious. A bachelor of twenty-five years came to me for counselling. He had contracted a venereal disease, and was greatly troubled. He thought that he had contracted a very peculiar disease and was very depressed. I told him that it was common among youngsters to contract venereal diseases, and it could be very easily cured with modern medicine. When he heard that it was a common disease among youngsters, he felt a great relief.

In our example of Amar, Counsellor C reassured him and told him that the problem of drug dependence is a passing problem and can be got over easily, and that Amar need not feel as intensely negative about his condition as he does.

Whenever you attempt to reduce the intensity of the feeling of the client by your responses, you make supportive responses. Statements like 'Don't worry, things will pass off,' 'It is all quite natural,' 'Things will soon turn out to be better' 'It is all for your good,' and 'In any case it is a valuable experience for you' will indicate that you are supportive of the client.

I had been interviewing some heart patients who had actually been snatched from death by the timely intervention of doctors. While they were talking to me, I asked them what in their opinion was facilitating, and what they did not like people telling them. All of them unanimously said (though they were interviewed separately) that whenever either the people or the doctors spoke to them supportive responses, they liked it, and wanted to hear such responses only. Even if the condition was worse, they wanted to hear that the condition was not that serious and it was quite normal in these days, and that there were many people who had more severe attacks and yet carried on their works normally. Therefore, people who are in extreme despair would like to hear only supportive responses.

People in crisis will appreciate your supportive responses. Children definitely love to be reassured. The danger in supportive responses is that they discount the intensity of the feeling, the significance and importance of the experience. Perhaps the client thought that a problem was worthwhile to be dealt with, but you might have brushed it aside telling that the problem was not that important. A little girl had her toy broken, and was weeping to her daddy showing the broken toy. The daddy told her that she should not weep for small things. Then came the question from the girl enquiring 'what are small things?' For the daddy the broken toy is a small thing, but not for the

girl. For children, a pet animal being lost, or a cherished toy being broken, is a very serious matter, and they weep inconsolably. In the same way, a problem presented by the client may look terribly serious for the client, though it may look trifling for the counsellor. In any case, if you do reassure, do not do so to discount the problem. When there is no crisis, your supportive responses may not be needed.

#### (4) PROBING OR QUESTIONING RESPONSES<sup>54</sup>

Whenever you make a response that is meant to elicit further information to understand the situation, it is a probing response. Usually questions facilitate the counsellor to understand the client better so that he could facilitate her. Whenever appropriate questions are asked at the proper time, they are facilitative. Considering the type of question and the timing of the question will be useful.

##### a. FACILITATIVE QUESTIONS<sup>55</sup>

##### a) INFORMATION QUESTIONS

Usually the counsellor is a stranger to the counsellee, and the counsellee is a stranger to the counsellor. If they were to understand better, they need to know each other well, for which some general information is to be obtained even before the counselling proper starts. Here the counsellee need not have the detailed information about the counsellor because it is not for his benefit or for his problem that counselling is done. Yet the counsellor should introduce himself and give some basic information about who he is. By information questions we mean the details required of the counsellee being elicited by the type of questions put by the counsellor. In the beginning of the counselling interview, of necessity, the counsellor is bound to ask a number of questions to get to know the client well. Since asking too many questions at a stretch might irritate

the counsellee, the counsellor is expected to be judicious in timing the questions and spacing them appropriately.

b) SPECIFIC QUESTIONS

When you ask the client to give you specific information like which, what, who, how, where and when, you have specific questions: When was it that you quarrelled with your brother? What makes you angry when you are in the class? When someone criticizes you in public, how do you react? These are all examples of specific questions. This helps the client to be very concrete in her exploration instead of being vague and hazy. Since specific questions give clarity to the counselling process, this type of questions is to be made use of in counselling interviews.

c) ELABORATE QUESTIONS<sup>56</sup>

Elaborate questions give opportunity for the clients to speak in detail about the problem situations. The general information you received may not be of very much relevance to the problem, and the specific questions will not give the whole picture. Only when the client elaborates the problem situation, you get the total picture. While dealing with the feeling, you could ask like: 'Can you speak more about your feelings?' Or in ordinary situations you could ask 'Is there anything more to add?' Or 'Can you give me more details about the situation?' These are all elaborate questions that will impel the clients to elaborate on their problem situations.

d) PERSONAL AFFECT QUESTIONS<sup>57</sup>

Finally, what matters in a problem situation is the way the client feels. The client is feeling bad about the problem she is facing; and so to know what she is feeling, and to what extent, is important for the counsellor. 'When you were belittled by your wife, how

did you feel?' 'As you are narrating these things to me, what are you experiencing within yourself?' Or simply 'What are you feeling?' are all questions that will elicit information about the way the client is feeling about a situation.

b. NON-FACILITATIVE QUESTIONS

a) CURIOUS QUESTIONS

You need to know information about the client and her problem and all that pertains to these. A client says that she has the habit of telling lies for silly reasons and she feels sorry for having told a lie to her intimate friend. To ask who the intimate friend is, is a curious question. The knowledge about who the intimate friend is, is not necessary for your counselling, and the client might not want to divulge the name even if you asked for it.

b) WHY QUESTIONS

A word considered anathema in counselling is the word 'why.' There are reasons why 'why' questions are not usually asked in counselling. In fact 'why' question will elicit information from the client, but it would also block the real exploration of the client. The why type questions will make the client find out reasons, whereas 'how' questions will elicit description. By making the client give reasons, you may be making the condition still worse. The client is likely to become defensive and justify or rationalize her actions without owning her problem and responsibility for change. Again 'why' questions will indicate your disapproval of the problem of the client. If you ask a client 'Why did you lose your temper with your teacher?' you are communicating by this question that the client should not have got angry while talking to her class teacher. This is your disapproval of the problem of the client, and it will go against accepting her unconditionally.

c) CLOSED QUESTIONS

Closed questions do not give enough room for the client to elaborate on her problem. Closed questions aim at getting a reply in the form of 'yes' or 'no.' For example if you ask the client 'Do you like your brother?', she might answer either 'yes' or 'no,' and then remain quiet. Instead, if you were to ask her open-ended questions like 'How is your relationship with your brother?' the client might speak in detail about how she relates to her brother including whether she likes him or not. Since your aim is to make the client talk more, it is good to ask open-ended questions instead of closed questions.

d) TOO MANY QUESTIONS

If your counselling were to be filled with plenty of questions, that will deprive the client of the opportunity to explore and understand the problem. All the essential questions are to be asked, while prudently avoiding too many questions.

e) CONTINUOUS QUESTIONS

Even if you are asking too many questions, these questions need not be asked at a stretch, one after another, as that might jeopardize the psychological space the client requires for understanding, assimilating, and answering. After using a question, wait for the answer; and on receiving the answer, make an empathetic statement instead of asking another question. An empathetic statement makes the client feel accepted, and keeps her ready for the next question you may need to ask. It is advisable that you make an empathetic response between your questions. This also gives the client psychological space to take a breath and start talking.<sup>58</sup>

f) TWO QUESTIONS

If you are used to asking two questions at a time, you are confusing the client and she will be in a dilemma to answer your questions. For example, 'How do you find South India, and when did you return from Delhi?' Ask one question at a time, and after getting the answer, ask the second question. This gives a psychological space for the client to answer you properly.

g) LEADING QUESTIONS<sup>59</sup>

By leading questions, you invite the client to answer in the way you want. You almost compel the client to answer as you wish by giving her the answer itself clothed in your question. Take for example, 'You liked the film we saw last night, didn't you?' will somehow pressurize the person to answer 'Yes, I did like it.' In leading questions you may not get the truth about how a client thinks and feels about a problem, since she may be concerned about pleasing you by giving the 'right answer.'

h) THREATENING QUESTIONS<sup>60</sup>

Self-disclosure will be obviously painful for the client. She does reveal to you mostly because she has to deal with her problem, and not because she feels happy about doing it. Intimate details should rather come out spontaneously, and not extracted. Therefore it is better to avoid too penetrating questions about one's intimate personal life, unless the situation warrants. For example, if a client is dealing with her interpersonal problem, you need not ask her how many times a week she drinks, or how many cigarettes she smokes a day. Her drinking and smoking habits are very personal, and this knowledge is not connected with the problem of her apparent interpersonal relationship. Unless of

her own accord she chooses to reveal, avoid penetrating questions which are embarrassing to answer.

i) AMBIGUOUS QUESTIONS

Questions with double meanings will make the client doubt your motivation. Your questions need to be simple, straightforward and easily understandable.

j) POORLY TIMED QUESTIONS<sup>61</sup>

What should be asked at the end of the session must not be asked in the beginning of the session. For example, to ask a client 'What steps do you think will be useful in getting rid of laziness' is poorly timed, if you had not first dealt with the problem of laziness itself.

k) QUIZ PROGRAMME QUESTIONS

One need not engage the clients with a question-and-answer session as in a quiz programme. The reason is very evident; you are not allowing the client to explore enough, reflect on the awareness, and take appropriate decisions.

5. UNDERSTANDING OR PARAPHRASING RESPONSES<sup>62</sup>

In the case of Amar, Counsellor E reflected the message of Amar in terms of feelings. The dominant feelings that he found in the narration of Amar are: worry and upset. Whenever you pick out the feeling of the client and express it to her satisfaction, you are making an understanding response. In fact, real capturing of the content of the message of the client automatically implies picking up the feeling, whether that floats on the surface or remains buried underneath. The criterion to know whether you are

making an understanding response is to see if your reflecting has any feeling word, one that depicts the affect of the client accurately.

a. INTERNAL & EXTERNAL FRAME OF REFERENCE

Fundamental to the functioning of the self-system are the assumptions that the individual makes about herself and her world. There are three such assumptions: 1) reality assumption, 2) possibility assumption, and 3) value assumption. These provide an individual with her phenomenal field. This phenomenal field is her personal frame of reference through which she interacts with the world. A frame of reference is a cognitive map, which is a consistent view of herself in relation to her environment, that is essential for guiding her behaviour.

Understanding Responses can be further understood by way of phrases like internal frame of reference and external frame of reference. The client as an individual has her own world-view about herself, others and the rest of the world. For example, her view of herself is an internal frame of reference. A drunkard who had come to a psychiatric clinic for a de-toxification, and whom I happened to meet, was lamenting that he drinks to forget his worries and especially that he has no issue. Every drunkard has some lame excuses for drinking. They blame others, or the situations that cause them to drink, and rationalize in a way that they are not responsible. Had the problem not been there they would not have taken to drinking, they say. For a drunkard, to view his drinking habit as the result of the worries he has, is his internal frame of reference. Your telling the drunkard that he takes to drinks and does not give up that habit because he does not want to, is an external frame of reference. It is your view that he does not want to give it up, whereas his view is that he wants to give it up but only the situation somehow forces him to drink. Thus your view about him forms the external frame of reference for the client, and his view about himself is the internal frame of reference. Here we are not speaking of the objective fact, but rather understanding the subjective fact of the client. To

get into the shoes of the other, crawl into his skin, see the world with his eyes, and to feel the sensation with his senses, is understanding the client in his internal frame of reference. Internal frame of reference may not be the correct picture of the reality. A drunkard giving a lame excuse is cheating himself and others. But 'understanding' means that you understand the subjective feelings of the client, and convey this, so that the client feels understood.<sup>63</sup>

#### b. USEFULNESS OF UNDERSTANDING RESPONSES

For what issues or concerns one should use an understanding response in a counselling process is a question that addresses you.

- i. First of all the client wants to be understood, understood in her internal frame of reference. People are judgemental, and see her from their point of view only. The client who is vulnerable pleads to be understood. This understanding that the client begs for, can be shown only when you pick up the feelings of the client.
- ii. You too cannot be cocksure whether you understood the client as she is. Your understanding needs to be checked with her; and the way you do that is by reflecting her feeling and seeing if she confirms or denies it. In either case, you are helped with a feedback as to your understanding of the client's frames of reference.
- iii. The client speaks a lot, sometimes things that are connected, and at other times things that are not related. It could be also in the form of confused statements. You as the second person listening to her can neatly organize the thought and feeling of the client, and present them to her for further self-exploration. If she remains in her confused state, she will remain in the same state repeating what

she has been saying without proceeding further. For this, you need to reflect the feeling of the client. In a way you are directing the client in a focused way.

Now you are reaching the end of the skills of the counsellor at the third stage of counselling (founding), which is a base-building stage. Here you attend and the client gets involved and automatically expresses herself. While she expresses, you listen attentively after which you respond reflecting either the content, or the feeling, or both together, and thus you have well prepared a power-base to continue counselling on a solid foundation, without which the counselling that will ensue will not be worthwhile. Thus we can chalk out the skills of the counsellor, and the tasks of the counsellee, as follows:

<b>Counsellor</b>	-	<b>Counsellee</b>
Attending	→	Involving
		↓
Listening	←	Expressing
↓		
Responding	→	Exploring

And now that we have seen the skills of the counsellor, let us now turn our attention to the task of the counsellee in the third stage. At every level, the client's cooperation is absolutely needed for a good counselling.

## **COUNSELLEE'S TASK: INVOLVING**

The counsellor took the initiative to attend to the client. Attending is like giving an invitation. If you receive an invitation you are bound to answer saying either you are attending or not attending the function. Involving is the reaction you elicit from the client by attending to her. But for the attending, involving would not take place. Being involved is getting interested to work out her problem, taking the courage to look into her situation, and wanting to take the appropriate steps. The client is set for work, and now she needs to do a number of things. Her involving will be seen from the way she engages herself in certain activities that we will see immediately. Here we are speaking of clients who have shed their reluctance or resistance, and get set for work.<sup>64</sup>

### **1. EXPRESSING**

If the client is involved, she starts expressing her concerns. Let the client tell the story. She needs to tell the story fully. Half-truths will not help the counsellor to understand the entire context. Once in my pastoral ministry, a young man was sent to me for counselling. The young man had developed psychiatric symptoms. There was nobody in his family with such histories; nor had he any brain injury, epilepsy and the like. Then I enquired about any habit of his like taking drugs or alcohol. He flatly refused. Anyway I managed to send him to a psychiatrist who reported to me that the young man was a habitual user of drugs. It was a case of drug-induced psychosis. When a vital information is hidden from the counsellor the diagnosis of the real problem is not possible. The young man who came to me did not have any of the things I asked about; so I concluded that he was suffering from functional psychosis,

which was not true since his condition was drug induced. Hence telling the whole story and the real story is important for an assessment by the counsellor.

## **2. LEVELS OF EXPRESSING**

Expressions could be at five different levels.

### **1) RITUAL**

The lower level of self-disclosure is ritual expression like greeting a person, or enquiring about some neutral subjects, which do not touch the personality of the speaker.

### **2) REPORT**

A level higher than ritual expression is the expression of facts. If you speak about history, events that have taken place, you are at the second level of expressing.

### **3) JUDGEMENT**

The third level will be to give your judgement about a fact, thus also revealing your attitude and mental affiliation.

### **4) FEELING**

The fourth level is to speak about your feelings.

### **5) GUT LEVEL**

The fifth level is to reveal yourself without any reserve, which one may achieve only with a very few individuals.<sup>65</sup>

### **3. TYPES OF PROBLEM SITUATION**

Counselling psychologists are of the opinion that the clients speak about their problems in three ways.

#### **1) EXPERIENCE**

Clients may express what has happened to them, that is, their experience. Sathian who is a field officer in a company says: 'I am sent out too often, and I am unable to be present for most of the family functions.' That Sathian is being sent out is what happens to him.

#### **2) BEHAVIOUR**

Clients may express what they are doing or not doing, that is, in terms of their behaviour. Neeta is working in a store and she complains: 'I answer back my boss whenever he points out my mistakes.' This is a behaviour which she does. Her another problem is: 'My old parents are eking out their existence; even though I am materially well off, I do not lend a rupee to them.' Here she explains what she fails to do.

#### **3) AFFECT**

Clients could speak about their affects. 'Affect' refers to the counsellee's feeling and emotion, which accompany her experience or behaviour. Sheela says: 'I am angry with my husband for coming too late.'

It has also been found that the clients willingly talk about what happened to them, less about their feelings, and much less about their behaviours. Expressing the concern in terms of experience, behaviour and feelings is to be aimed at for understanding the dynamics of the problem the client is facing. Otherwise, you may be wanting in clarity to pinpoint the problem and take the necessary steps.<sup>66</sup>

There are also clients who talk in a non-stop fashion and bring out a lot of material, which are not actually related to the problem. Often client-rambling is a block to clarity. The clearer their expression, the better disposed are they towards healing. The counsellors who help their clients express clearly achieve greater success than the ones who allow their clients to wander about.

Thus in the third stage, we have spelt out the skills of the counsellor and the tasks of the counsellee. Now you are ready to enter into the fourth stage, where pinpointing the exact problem is the prominent task. As a preparation for pinpointing, you have allowed the client to express all that she wants to say with regard to her concerns, and more or less rounded up the area of problem; you might have by now formed certain hunches that will lead you to get the concern exactly. Counsellors could also be tolerant to allow the clients to tell whatever they want, even though what they say may not make much sense. One can permit this leniency at the beginning of the expressing, but not later in the process.

**STAGE - 4****DIAGNOSING****COUNSELLOR : DIAGNOSING****COUNSELLEE : INVESTIGATING****COUNSELLOR'S SKILL:****DIAGNOSING**

Counselees come to the counsellor and speak a lot about the problem they face. Not all the clients are clear about what they speak. In fact, some of the clients are not able to speak pointedly about the problem. They give you a jumble of information, mostly confused and apparently disconnected; or there is a connection within themselves, but it is not evident to the counsellor. Even the psychotic person acts according to the perception she has, which is not clear to the bystanders. In the same way, whatever the client speaks has a certain connection. The counsellor needs to know the real problem. I have seen a number of counsellor trainees who proceed with counselling without realizing that they have not yet identified the problem the client speaks of. The client may be meaning one thing, and the counsellor understands it differently; and the counselling proceeds parallelly as though they are operating on two wavelengths. In order to lead the client to a goal, the counsellor as well as the counsellee need to know the problem they are going to deal with. In diagnosing, the counsellor pinpoints the problem so that it becomes clear to him as well as to the client. In training sessions I usually do not allow the counsellor to proceed with the counselling unless he has pointed out the client's problem that was presented, and both the counsellor and the counsellee have the same understanding on the problem.

## **1. PROBLEM AREAS**

The problem areas a client can face are immense; it is rather difficult to limit them, but all the same, we can demarcate certain locations from where troubles shoot. First and foremost, the situation can be problematic. The problem may not be primarily with the client but with the situation. Suresh, a boy of seven, from a well-to-do and decent family, runs away from home; he is picked up by a policeman at the railway station, and is handed over to a vendor who promises to bring him up. The vendor takes the boy to his hut which is punctuated with poverty and filth; and the boy is encouraged to steal and make his living, and thus please his foster parents. Here the problem originates not because the boy himself was problematic, but because of the dehumanising situation in which he is brought up. Eventually Suresh ends up as a delinquent.

Jennifer is a bold type of person and is very outgoing. She works in a firm as the personal secretary to the manager. She says that being a secretary is like being a slave and without any initiatives. She is very conscious that she has a flair for social activities. Here her potentials are not used. It is a problem of job dissatisfaction because her potentials are not used.

Sudir, forty year old, has a decent job with a handsome salary. He is not bound to help any one at home, and as a bachelor he has no obligation to anybody. He uses the money he earns in a licentious way partaking in all sorts of orgies. He has no thought of getting married and raising a family. His thoughts and energy are spent in seeking pleasure. It is a case of misused potentials.

Arul is a college student. Of late his study performance has become so poor and he has to leave the college, since he could not cope with his studies. In fact, Arul had

been a rank holder in the higher secondary school. It is a question of unused potentials.

Ravi is a sweet boy entering his teens. His parents are surprised at the way Ravi behaves now. He is no more the sweet Ravi they had seen. He answers back at his parents and teachers in the school; and has become disobedient for no valid reason at all. Archana, a middle aged woman is becoming irritable. She had always been a pleasant of person to deal with. She has reached her menopause that means a lot of glandular disturbances resulting in her irritability. Ravi and Archana are facing developmental problems.

Mano has erectile impotence. He thinks that he is sexually unattractive, ever since his wife once refused to have sex with him on account of her tiredness. A host of doctors whom Mano approached testified that physically everything was all right for Mano. His irrational thinking (that he is unattractive) has gone deep in his mind, and hence his sadness and erectile impotence.

Durai would seek attention by any means. He would even get bruised and wounded just to get the attention of the elders. He is playing psychological games to get the attention he wants. It is a question of faulty behaviour.

Prithivi is afraid of travelling by bus. It so happened that once while travelling by bus he met with an accident from which he escaped miraculously. His fear of travel is a traumatic reaction to the accident.

Sumathi is 23 years old. Already she had been arrested a number of times for petty thieving and indiscriminate sexual promiscuity. She would oblige anybody calling her for company. Psychological tests proved that she is having limited intelligence. Her promiscuous and stealing behaviours are due to her lack of intelligence.

Anand is a smart-looking young man of 32. He could make an impression on any new person. He seems to have a wide range of friends. He is not faithful to his wife and does not take care of his family. In spite of his high intelligence and ability to work, he earns his living by cheating others through clever designs; he does not seem to have any remorse of conscience after committing a crime. It is a case of personality disorder.

Thus we can go on enumerating all sorts of problems that we usually meet in counselling situations. Some of the problems are definitely within the competence of the counsellor. There are also cases that go beyond the competence of the counsellor. These cases are to be referred to persons who are competent to deal with them. Hence it is imperative to have a broad background of mental problems so that a counsellor is able to make a judgement whether to treat the problems through psychological methods or not. Some of the problems cannot be dealt with by the counsellor.

Here below I would like to outline the types of abnormal behaviours which call for immediate referral and treatment; I also point out which of them are within the competence of the counsellor. At times I have seen people in the helping profession who were treating spiritually a psychological case, treating a physiological case without having recourse to medicine, and treating mental patients purely with psychological means. This may be due to ignorance of the different disciplines, and not knowing their respective area of competence. Mostly my concern here is to clarify the areas that come directly under the counsellor, for which I would like to have recourse to the theory of Freud as a tool to explain the concepts. There can be many ways of explaining what I am going to say; and the theory of Freud is one of them.

## **1) PSYCHONEUROSES**

## **A. BACKGROUND**

### **(1) FREUDIAN THEORY OF PERSONALITY**

#### **a. STRUCTURAL OR TOPOGRAPHICAL**

Sigmund Freud (1856-1939) explains human personality in two ways : 1. Structural or Topographical and 2. Functional or Dynamic. These two ways represent what the mind is and how it works. The first approach (which is structural) sees the human mind as composed of three layers. The topmost layer is the conscious. The conscious is synonymous with the awareness of reality. All that we are aware of forms the Conscious. The Conscious is in a state of flux, as we are aware of a number of things successively. Then comes the second layer, the Pre-Conscious. This second layer is the immediate and provisional storehouse for the materials that are relegated from the conscious mind. The materials that are kept in the pre-conscious can be recalled with introspection. One can very easily recall those materials that lie in the Pre-Conscious. A poem you learned by heart, or a speech or a song that you committed to your memory, can now be recalled. Even the events, that you without much effort recall from the past, are all examples of the materials of the Pre-Conscious.

Also there are things that you cannot recall from your past just by introspection; and these materials will not automatically come to the conscious mind. These materials are usually very unpleasant in nature; your conscious mind repressed them into a realm from where the materials normally do not come to the conscious mind; or rather there is a mechanism that sees to it that the materials do not come to the conscious mind since they are disagreeable. You would not like to remember a painful and humiliating experience of your past. The place where the repressed materials are kept is the third layer of the mind; and it is called the Unconscious. The Unconscious is the lumber-room of your personality, where you dump all that is painful, disagreeable, unwanted and humiliating.<sup>1</sup>

## **b. FUNCTIONAL OR DYNAMIC**

Sigmund Freud also explains how the mind works, that is, the dynamic or functional aspect of the mind. The mind is said to be having three functional units called Id, Ego and Superego. The Id is that part of your personality with which you are born. It represents your instinctive impulses which constantly seek immediate gratification and operate on pleasure principle; that is, seeking pleasure (irrespective of the place, person and time) and avoiding pain. The Ego is that part of your personality which develops as you grow up. It is your self-conscious intelligence, and acts according to the physical and social reality. It operates on reality principle. The third unit that develops in you is the Superego; it is the internalisation of the ethical and religious attitudes of your parent figures. The values and norms you have imbibed from the society form the Superego. The Super Ego wants to suppress the impulses of the Id altogether, or at least wants to delay the fulfilment. It is here that the Ego comes to play; the Ego wants to maintain harmony when conflicts between the Id and the Superego occur. It is the Ego that maintains the internal homeostasis, that is, equilibrium of internal conditions.<sup>2</sup> Now let us see how human problems originate.

### **(2) DYNAMICS OF NEUROSES**

The theory of personality of Freud is a conflict model: there is a continuous conflict between the Id and the Superego, whereas the Ego is constantly engaged in establishing the internal homeostasis, by means of several unconscious devices, collectively known as defence mechanism or mental mechanism or escape mechanism. Thus for example, an unpleasant experience or conflict is pushed by the Ego into the Unconscious by the use of a mental mechanism like repression. The repressed material wants to enter the Conscious, by all means; since it is painful for the Conscious the material is prevented from entering the Conscious by the secondary

defence mechanism, which diverts the repressed materials into some other direction. If the repressed materials are converted into physical symptoms, you have conversion Hysteria. If they get dissociated from the Conscious and function as a different personality, it is called Dissociative Reaction. If they are displaced to neutral ideas or acts, you have Obsessive Thoughts and Compulsive Behaviour. If they are displaced to a neutral object or situation, you have phobia. When this secondary defence mechanism fails to convert or to dissociate or to displace, then the repressed material invades the Conscious, in which case you have Anxiety State and Depressive Reaction. The products of the secondary defence mechanism and the anxiety resulting from its failure are all called 'neuroses'. Neurosis covers a large group of psychological disorders. Neuroses are attempts at resolving the unconscious emotional conflicts in the individual, thus relieving her of the anxiety, but incapacitating her in some way or other.<sup>3</sup>

Now let us consider in detail each of the abnormal behaviours, which are a result of the secondary defence mechanism or due to the failure of the same mechanism.

## **B. KINDS OF NEUROSES**

### **(1) HYSTERIA**

Hysterical persons are mostly dramatic, suggestible, exhibitionistic, unpredictable, egocentred, undependable, emotional, superficial, dependent, seductive and attention-seeking. The hysterical person wants to be esteemed by herself and others more than for what she is. Hysterical symptoms are found more among women than among men; and that too between the age group of 15 and 25, belonging to the lower socio-economic group from the rural areas. Like a contagion, the symptoms can

spread from one individual to the other members especially among the inmates of a boarding setting.

In all likelihood, the symptom of the patient has a symbolic meaning to the repressed material, and would have a communicative significance. In hysteria, we distinguish four types:

**a. HYSTERICIS**

People with outbursts of uncontrolled emotions, especially weeping and laughing, are hysterics.

**b. ANXIETY HYSTERIA**

In anxiety hysteria, the patient has morbid and excessive fear of impending harm to herself. Some catastrophic thing would befall her, she thinks.

**c. CONVERSION HYSTERIA**

Here the psychological problem is converted into a physical symptom, like loss of sensation of pain, or paralysis. It could manifest itself at the sensory physical level with the loss of skin sensitivity to touch and pain; or disturbances in sensation like tingling sensation or impairment of sight; blindness and blurring of vision; or disorders of the ear, difficulty in hearing and deafness. It could also manifest itself in motor disabilities like paralysis of one or the other part of the body; or disability to stand and walk; or spasms, convulsions and tremors; or loss of voice and stuttering; or excessive sweating, blushing, vomiting, cramps and loss of appetite.

**d. HYSTERICAL DISSOCIATIVE REACTION**

When the repressed materials become separated from the main stream of consciousness and live an autonomous life independent of the conscious part of the personality, as though they formed a parallel personality, then you have any one of the following five conditions:

**a) AMNESIA**

- which is forgetfulness of a painful experience or events.

**b) SOMNAMBULISM**

- which is sleepwalking, or getting up from the bed and doing some activities which the person will not be aware of.

**c) FUGUE**

- in which a person escapes from a stressful situation by running away to another place and forgetting all about her past and her identity (for which she develops amnesia).

**d) DUAL OR MULTIPLE PERSONALITY**

- in which the person feels and acts in one state quite different from how she would feel and act in another state. When she is in one state, she has no knowledge of the other state. (This type is rare in history.)

**e) DEVIL POSSESSION OR DIVINE POSSESSION**

- in which a person thinks that a devil or a divinity has taken possession of her body; she acts as a devil or a dead person or a divinity of which she will not be

aware in her normal state. Oracle telling by some religious persons on the pavement is another example of the hysterical dissociative reaction.<sup>4</sup>

## 2. PSYCHASTHENIA

It is otherwise called obsessive-compulsive reaction or obsessive-compulsive neurosis. When the repressed materials are displaced to neutral ideas or acts, you have psychasthenia. The people suffering from obsessive-compulsive neurosis seem to have personality characteristics that are meticulous, ritualistic, rigid, perfectionistic, excessively worried about keeping punctuality and order in themselves and around themselves, usually associated with sex, sin and uncleanness. The majority of the patients are under the age of 40, and most of them are women. Obsession is with regard to a thought, and compulsion is with regard to an act. An obsessive thought is usually followed by a compulsive behaviour, and the patient has no control over either of them.

A person who thinks that her every sight and touch is a sin is suffering from an obsessional thought for which she will repeatedly go on confessing to a priest, or keep her hands washing as a symbolic way of washing away her sins. Here it is worth mentioning the phenomenon of compulsive stealing (without a manifest necessity) which is called **kleptomania**; compulsive setting fire to things which is called **pyromania**; and repeated washing or taking bath, or scrubbing the floor with disinfectant which is called **ablution mania**.<sup>5</sup>

### (3) PHOBIAS

If the repressed materials are displaced to neutral objects or situations, then you have phobias. Phobias are characterized by intense irrational fear with anxiety as its central component. Here the anxiety is displaced to a specific object or situation,

unlike the free-floating type in the anxiety state. People could cultivate phobic reactions to any object or any situation: like open places, high places, closed places, darkness, crowd, fire, blood and animals.<sup>6</sup>

#### **(4) ANXIETY STATE AND DEPRESSIVE REACTION**

When the repressed materials cannot be converted into physical symptoms or dissociative reaction, or displaced to a neutral idea or act, or to a neutral object or situation, then they invade and flood the conscious, resulting in a free diffuse floating fear of intense nature without any object, and usually with apprehension and uncertainty, marked by physiological changes involving many systems, like palpitation, shortness of breath, excessive sweating, dryness of mouth, frequency of micturition (urination), diarrhoea and heaviness of head. Instead of anxiety state, one could also develop depressive reaction which is the neurotic depression. The dynamics is the same for it, as for the anxiety state. Environmental factors are important in precipitating this depression, and women are more prone to it than men.<sup>7</sup>

#### **(5) PSYCHOPHYSIOLOGICAL DISORDERS OR PSYCHOSOMATIC DISORDERS**

Closely associated with anxiety state, we have got a group of bodily disorders known by the name psychophysiological disorders. When anxiety (the result of the repressed materials coming to the Conscious) remains in the Conscious, due to the failure of the secondary defence mechanism, it causes structural changes in systems controlled by the autonomic nervous system. It is a well-established fact that emotions influence the body functions, and the body functions influence emotions. We have a chain reaction in the presence of a prolonged anxiety (which is due to the stresses that escape from the unconscious and come to the conscious), which brings about disturbances in the hypothalamus and limbic areas; which in turn through

the autonomic nervous system and the endocrinal glands, produce changes in body organs, which are weak due to inherent biological weakness or injury to the organ by physical diseases. Therefore factors like 1) prolonged anxiety, 2) predisposed and susceptible personality type prone to be ambitious, easily upset, sensitive, conscientious, rigid and uncompromising, and 3) organic weaknesses, either genetic or acquired, are responsible for the psychophysiological disorders.

Clinically, the following organs are usually affected in psychophysiological disorders : Gastrointestinal system, respiratory system, cardiovascular system, endocrinal system, genito-urinary systems, muscles, skin, and joints. Both in hysteria and psychophysiological disorders, body organs are affected; and one may be confused as to which is which. In fact we can distinguish the one from the other with the following tips : a) In conversion hysteria, there is no structural lesion of the affected organ of the body; whereas in psychophysiological disorder we can find organic lesion of the affected organ; b) In conversion hysteria, the sensory or motor disability is a defence against the unbearable anxiety; whereas in psychophysiological disorder the organic disability is the result of the anxiety; c) In conversion hysteria, the physical symptom which is a disability, has a symbolic meaning to the repressed material; whereas in psychophysiological disorder, there is no such symbolic significance. What is apparently seen is the problem and there is no hidden agenda for the disability; d) In conversion hysteria, the patient will dramatise the complaint mostly to get attention and is least bothered about getting rid of it; whereas in psychophysiological disorder the person is over worried about the symptom, and will undertake all sorts of medication to get rid of the symptom.<sup>8</sup>

There are also other types of neurosis like: a) occupation neurosis, in which the patient is trying to escape from an unpleasant work situation; b) Compensation neurosis in which, for example, if a patient gets some attention on account of her disability, she will rather continue to have that disability unconsciously, though

externally she may protest and say that she wants to be rid of the problem; c) neurasthenia, in which the patient is over-fatigued, irritable, depressed, unable to concentrate, has difficulties in getting sleep, and rather constant headaches; and d) hypochondriasis in which the patient is obsessed with the thought of organic diseases of all sorts.<sup>9</sup>

## 2) DEVELOPMENTAL PROBLEMS

So far we have seen the neurotic problems one could meet in clients. In normal individuals, we could also expect developmental problems. Developmental psychologists have roughly divided human life span into ten stages :

**1) Prenatal** - From conception to birth, 270 or 280 days, or 9 calendar months.

**2) Infancy** - From birth to the end of the second week. Here **Partunate** refers to the time between the emergence of the foetus from the mother's body till the umbilical cord is cut and tied; and **Neonate** denotes the time between the cutting of the umbilical cord and the end of the second week.

**3) Babyhood** - From the end of the second week to the end of second year.

**4) Early childhood** - From two to six years.

**5) Late childhood** - From six to ten or twelve years.

**6) Puberty or Preadolescence** - From ten or twelve to thirteen or fourteen years.

**7) Adolescence** - From thirteen or fourteen years to eighteen years.

**8) Early adulthood** - From eighteen years to forty years.

**9) Middle age or Middle adulthood** - From forty to sixty years.

**10) Old age or senescence or late adulthood**- From sixty years to death.

Now each of these stages has its own problems, and the very transition from one stage to another has its own problem. A counsellor needs to distinguish whether a particular problem is a neurotic or developmental problem. For example, in late childhood children are known to steal, cheat, lie and use vulgar words. These misdemeanours are likely to be there in a child. Once a college professor came and complained to me about his son (in his late childhood) that he was telling lies for silly things. The professor could not accept that it is a developmental problem (of his specific stage) that his son was facing. Some parents are shocked to observe their children in early childhood, especially from 3 to 6 years, engaged in manipulation of their genitals, and their adolescent sons or daughters experimenting with sex.<sup>10</sup>

### **3) DEVELOPMENTAL DEFECTS**

What we have seen so far are the problems one normally faces in one's developmental stages; now we shall consider the defects in the development of personality. These developmental defects are called character disorders or personality disorders. Personality is the sum total of all that one is, her psychological and physical characteristics which make a person what she is as a unique individual. Genetic or constitutional factors, along with early life experiences, influence and contribute to the development of personality. But in the very development of personality, there could be defects, about which we will speak in detail.

These personality disorders are pathological trends in the personality structure. It is usually a life-long, behaviour-pattern which is deviant from the accepted norms of the society, but without the presence of the disorders of cognition, emotion and volition, characterized by the lack of anxiety or distress, or at the most with a very minimum of anxiety. Developmental defects can be divided into three types : 1) Personality pattern deviations, 2) Psychopathy, and 3) Sexual 'Deviations.'

**(1) PERSONALITY PATTERN DEVIATION****a. PARANOID PERSONALITY**

Persons of this type usually misconstrue the neutral actions of others as inimical and hostile. They are oversensitive to the experience of life and are marked by a lack of trust in others.

**b. CYCLOTHYMIC PERSONALITY**

People of this type have alternating moods of opposite character; for example, a person may be very high-spirited, elated and exuberant, and suddenly she will have a spell of severe depression. These fluctuations in mood are quite common in their lives.

**c. SCHIZOID PERSONALITY**

This type is marked by their lack of socialization. These persons are withdrawn and shy, will not normally mingle with others, and will spend their time mostly in daydreaming. It is also difficult for them to make decisions.

**d. OBSESSIVE-COMPULSIVE PERSONALITY**

She who has this defective development is usually rigid in her views, and her comportment is marked by anxiety and tension. She is usually a clean freak, and uncompromising in her moral standards. She is very conscientious and meticulous, and has the driver of 'be perfect.' She will not in the least deviate from the usual course of action.

**e. EXPLOSIVE PERSONALITY DISORDER**

The person having this problem bursts out into violence, anger or even affection all of a sudden, and is characterized by instability of mood. The problem consists not only in expressing violent emotions unpredictably, but also the person has no control over her outbursts.

**f. HYSTERICAL PERSONALITY DISORDER**

These persons are forever craving for attention and affection, and are very seductive in their speech and behaviour. They can dramatize small things into something worthy of attention. Needless to say that they are sexually immature, at times being rigid and at other times over responsive to sexual stimulations. They are usually shallow and self-centred.

**g. AETHENIC PERSONALITY DISORDER**

These people are known for their passive compliance with the demands, commands and wishes of others, thus becoming dependent and passive, resulting in inadequacy. There is hardly any vigour for life and capacity for enjoyment (which is technically called **anhedonia**).

**h. PASSIVE, AGGRESSIVE PERSONALITY DISORDER**

As in the aethenic personality disorder, here too we see passive behaviour but there is a difference between the two types. Here the passive behaviour is used to express hostility by way of stubbornness, intentional inefficiency and obstructionism. By their passive behaviour, they in a way take revenge on others.<sup>11</sup>

**(2) ANTISOCIAL PERSONALITY (PSYCHOPATHY)**

Psychopaths are anti-social persons in the absence of psychosis, neurosis, mental retardation, cerebral injury or disease. To all appearances they look quite normal, and they even have winsome ways of impressing others by their attire and action. Being self-centred and impulsive, they do not tolerate delay in fulfilling their needs and wants. Their relationship is marked by impersonal dealings and shallowness. In Freudian terms, their superego did not develop, hence there is no question of moral sense; they are devoid of the sense of guilt or remorse, and hence they will not accept blame for their deeds. They cannot commit themselves to anybody lifelong, and they will not learn any lesson from their

misdeed and punishments. It is said that there is usually a genetic predisposition which might be fanned by environmental factors like broken homes, unhealthy physical environment, parental deprivation and callous treatment.<sup>12</sup>

### **(3) SEXUAL 'DEVIATIONS'**

#### **a. SATYRIASIS AND NYMPHOMANIA**

Male excessive sexual activity undertaken insatiably is referred to as Satyriasis, and the same in the female is called Nymphomania. They change partners very often, and engage in sex with any potential partner. It is a psychological need that is met by their repeated sexual conquests, and they are obsessed with thoughts of sex. Like drunkards who think about the next peg, these people preoccupy themselves with the next sexual partner.

#### **b. INCEST**

Incest refers to the sexual relationship between brother and sister, mother and son, father and daughter, which is a taboo in the society. In view of the biological (inbreeding) and social (rivalry in the family) setbacks, society forbids such a relationship, and one imbibes such norms early in childhood. Due to some abnormal personality development, some people may engage themselves in incestuous sexual behaviours.

#### **c. HOMOSEXUALITY OR LESBIANISM**

Homosexuality refers to the sexual gratification by two or more males; or two or more females. (Lesbianism specifically refers to the sexual activity between two or more females). Homosexuality is found in both the sexes, in all the cultures and in all the age groups. Human beings are said to be bisexual in the sense that one can enjoy sex both with one's own sex as well as with the opposite sex. This is called sexual orientation. The degree of sexual orientation differs from person to person. If you take the general population, there are only a small percentage of people who are exclusively heterosexual; and in the same way there are only a small percentage of people who are exclusively homosexual. Therefore the vast majority are bisexual; some may have more of hetero-

orientation and less of homo-orientation; and some others will have less of hetero-orientation and more of homo-orientation. This problem is not embedded in the constitution of the individuals, but depends upon their upbringing, early homosexual experiences, being brought up as opposite sex, and over identification with the parent of the opposite sex.

#### **d. PAEDOPHILIA**

It is indulging in sex with small children or immature persons. For some, children are attractive, and this attraction triggers off sexual impulses. It is due to faulty personality development, and at times due to the fear of rejection by the grownups; or they may want persons who will not resist and will be passive in their sexual encounter.

#### **c. BESTIALITY**

Having sex with animals is referred to as bestiality. This had been quite common in the primitive society. Mostly large and handy animals like dogs, cats, sheep, calves and big fowls like geese are used for sexual gratification. At times, too much of affection showered on the animal, or lack of opportunities for normal sexual activities, and the fear of rejection by others, leads to such habits.

#### **f. EXHIBITIONISM**

People with a tendency to exhibitionism excite and gratify their sexual urges by exposing their genitals in public, mostly to the opposite sex, and often they then masturbate. There is so much of gratification in the very act of exposing itself. They take to this tactics either for sex; or they may feel the need to prove to others their masculinity or femininity or it could also be a hostile gesture towards their enemies who are the opposite sex in most cases.

#### **g. NECROPHILIA**

It refers to having sexual gratification with a dead body. The people who indulge in such activities are not courageous enough to seek an appropriate sexual partner because of their fear of rejection and humiliation. What is worth mentioning (as a reason) is the

absolute passivity of the dead body. A person with necrophilia, when interviewed by a psychiatrist, said that he could beat, pinch and kick a dead body, but not a live body. This indicates the need for such persons to crow over others, and their expectation that the other should be totally submissive and passive.

#### **h. SADISM**

It refers to the sexual gratification one attains by inflicting pain and humiliation on the sexual partner. In normal sexual activities there could be mild biting and pinching which is enjoyed by both the partners, but for the sadist these are a must for the sexual gratification; his action may range from mild biting to murder even. Some sadists have orgasm when they see blood gushing from the victim's body. Some of the reasons for this malady are: general aggressive nature of certain individuals; the idea that sex is wrong and hence when the partner engages in sex with him he is only punishing her for the sex she enjoys; early association of the genital excitation when some animals or young children or even grownups were ill-treated; and finally it could be to assert one's sexuality on the other.

#### **i. MASOCHISM**

Masochism is sadism turned on oneself. It is obtaining sexual gratification by inflicting pain on oneself; the individual seeks out partners who will inflict pain on her. This could be due to: a) the general masochistic tendency which one cherishes on account of repeated failures and frustrations in life b) the first or the earlier sexual experience might have been associated with violence, and now by way of association, the person can have orgasm only when pain is inflicted upon her violently; c) due to the puritanical upbringing, one thinks that having sex is sinful and punishes herself for her sexual desires and enjoyment before she could attain the gratification; d) the belief that being crushed or smothered fascinates her and one knows that slight physical injuries do in fact increase sexual excitation; and e) it could be a sadistic tendency which when repressed because of social sanction turns on oneself as masochism.<sup>13</sup>

#### 4) SUBSTANCE-USE DISORDERS (DRUG & ALCOHOL DEPENDENCE)

Drug dependence or alcohol dependence refers to the intake of drug or alcohol to get the sense of well being; later increased requirement of the chemical to get the same original effect (tolerance); and finally the physical and emotional dependence on the chemical taken.<sup>14</sup>

#### 5) MENTAL RETARDATION

It is otherwise called mental deficiency or feeble-mindedness it is characterized by limited intelligence, in such a way ranging from being unable to look after oneself to being able to manage oneself and do a little of routine type of works. Thus there are: i) the borderline case of mental retardation with the intelligence quotient (I.Q.) ranging between 70 and 90 being able to do routine type of jobs like labourers and servants; ii) the mild type (**Moron**) with the I.Q. of 50-70 being able to do routine type of works under supervision iii) the moderate type (**Imbecile**) with the I.Q. of 35-49 needing constant supervision iv) the severe type (**Idiot**) with the I.Q. of 20-35 needing constant nursing care; and v) the profound mental retardation with the I.Q. below 20 needing constant care and nursing in an institution.<sup>15</sup>

#### 6) TRANSITORY PERSONALITY REACTIONS

People who were involved in accidents, traumatic incidents like rape, flood, earthquake or sudden financial reversal in business may show signs of neurosis and even psychosis. They may spontaneously recover in most cases, and some of them persist in their reactions.<sup>16</sup>

#### 7) PSYCHOSES

It is a severe form of mental illness in which the patient is not in touch with reality, suffers from delusions and hallucinations with the disintegration of her personality, and has very little understanding of her state. In it we have three major divisions:

- 1) Toxic psychoses which are due to the use of drugs or alcohol

- 2) Organic psychoses which are due to brain injury or brain infection, and
- 3) Functional psychoses, which are due to the stresses and strains of life, with further classification: a) schizophrenic disorders, b) Affective disorders, and c) Paranoid conditions.<sup>17</sup>

Having seen the various types of mental problems, we are now in a position to judge who could benefit from our counselling. The psychotics and mentally retarded will not benefit from counselling. Psychoneurosis, developmental problems, personality disorders and psychophysiological disorders are mostly amenable to counselling. The degree of success depends upon the type of problem; for example, it is rather difficult to help a psychopath or other formed of personality disorder. The above considerations will aid the counsellor to assess the problem area and take the necessary steps to facilitate the counselling process, or to refer the individual to others who are competent to deal with the problem, especially in its operation, that is, how it works and becomes a problem and the role of the client in the problem situation.

## **2. PINPOINTING THE PROBLEM**

Now you are familiar with a broad background of the problems clients normally face in their situations. With this background knowledge, you should be able to pinpoint the problem the client is speaking of. Sometimes it is not so easy, and the problem may not lend itself to be identified. In such situations you plainly ask the client if she could describe in short what her problem is. Perhaps at this level she is able to enunciate the problem. Or else you could tell her what you understand to be her problem, and wait for confirmation or denial. Once you both agree what the problem is, then you are ready to proceed further.

If you realize that the problem is beyond your competence, then take the appropriate steps to refer the client to the competent person who would deal with her problem. In counselling skills practice, I often see counsellor trainees taking for granted what the problem is and proceeding further. In some cases the client understands her problem to be

one the counsellor understands it to be another; and thus they proceed parallelly without a meeting point, and finally arrive at something that has nothing to do with the problem, presented. Even after pinpointing the problem the understanding of the problem by the counsellor and the counsellee may not be the same. Consequently let there be a concrete discussion about what both of them understand about the problem.

### **3. FACILITATING 'FOCUSING'<sup>18</sup>**

#### **1) INTRODUCTION**

There are many studies done in the area of mind-body relationship. Both the mind and the body are so intimately connected that we cannot separate one from the other. Experiential psychology (out of which we have experiential psychotherapy) has specifically spoken about the intricate nature of the mind-body relationship. It is a simple known fact that we carry our experiences, both positive and negative, in our body. An angry person goes about with a frown and a few artificial wrinkles which have become quite normal on her face. The whole carriage of her body speaks of anger. In the same way, a beaming face indicates a happy disposition inside. We carry our problems in our body.

Intellectual insights into the problem are not enough; nor getting in touch with the feeling about the problem; but something more is needed. Beyond the feeling and emotions which one can clearly articulate, there is something called 'felt sense' which is experienced in the body about any problem. A felt sense could be about anything positive or negative. One carries the experience in the body. Your sense of immediate experiencing is not mere emotions, words, muscle movements, but a direct feel of the complexity of these situation and difficulties.

Think of a person whom you do not like. Imagine that you are alone in a room, and that he or she is coming very close to you. You are experiencing something within your body between your throat and lower abdomen. It is a total sense, not a mere feeling. In the same way, imagine that the person whom you like most comes very close to you. There is

something happening to you in the body trunk. These felt senses are more than mere feeling or emotion. This body sense or felt sense is vague and unclear, but it is there unmistakably.

If you focus your attention on the body sense or felt sense of the problem, there is a shift-taking place in your body; this changes your relation to the problem. Of course it does not solve the problem, but it changes the way in which you look at the problem; and there is a body shift and release. Now the way you carry the problem is changed. Imagine that you went for a written exam. When you returned after the exam you realize that you have left out some main points. You are only aware that you have left out some important points but do not yet know what they are. This bothers you, and you go on thinking what they might be. This problem of not knowing what you have left out is experienced in your body between the throat and the lower abdomen, perhaps by a catch of the muscle in the right side of the stomach. This goes on for a while, and unless you focus on this felt sense you are not aware of this catch of the muscle. Then all of a sudden it dawns on you that you missed precisely such and such points; then a shift takes place in your body; you experience a release; and the way you carry the problem changes. Focusing is not a therapy but it is therapeutic. It does not solve the problem but helps you to relate to the problem in a friendly way, and be relaxed to face it courageously.

## **2) ADVANTAGES OF FOCUSING**

In counselling situation I recommend focusing in two places: One at the beginning that is after identifying the problem; and later when the problem is solved. When the problem is unresolved you have some negative experiences and when the problem is solved you have some positive experience. Both these experiences are there in your body and focusing your attention on them enhances your life. If you focus as soon as you identify your problem, it helps you to know if the problem is really urgent. There could be many issues in your mind, but what will need immediate attention is the problem which you experience in your body. By focusing, you avoid wasting time on unimportant issues. A real problem is always felt in the body. Since the body does not lie, the client and the

counsellor are sure that the particular problem needs immediate attention. Secondly, focusing in the beginning makes a body shift and a release; you are calmer in your approach towards the problem, because after a body shift your relation to the problem has substantially changed though not solved. Thirdly, as we shall see in the steps of focusing, when you focus on the felt sense, you become clear about the nature of the problem. For, your understanding of the problem goes on changing as you begin to describe what that unclear vague felt sense is. Thus you arrive at clarity with regard to the problem.

Focusing is also used at the end of the session when the problem is perhaps solved. At this juncture the client is likely to have a positive experience. This positive disposition is felt in the body; becoming aware of it or focusing on this felt sense (of the positive disposition) the client is able to deepen the disposition and expand it so much that she is filled with the new experience. If you do not allow the client to focus at the end, the whole lot of work done may not be perceived by the client, and she may not take note of it. Focusing gives a guarantee as to the genuineness of the experience. Your aim during the counselling interview was to help the client make decisions and be happy about what she had decided. Now here is the chance for the client to get hold of the new experience in the body and expand it, deepening it as much as can be done.

### **3) FOCUSING ATTITUDE**

Focusing needs a special kind of attitude. It requires a gentle, friendly and respectful attitude and approach. Being pushy, dogmatic and demanding will not go with focusing. The body is very sensitive. Perhaps we have not properly understood how delicate and sensitive our body could be. A gentle and friendly approach is the only way to work with the felt sense. It is not doing violence to oneself. Therefore while giving instructions, say what is right to do; do not commanding. For example: 'See if it is all right that you proceed to the next step,' 'See if it is a good place to stop,' 'See if you can sense all that in your body,' 'See if it is all right to check,' 'Ask yourself what is going on within you,' and 'See if

you can see what this needs.' Here you are avoiding direct questions. Even your language should be gentle and respectful like : Using 'something' instead of 'anything' like 'See if this needs something more.' Use 'When' instead of 'if' like 'When you feel something let me know.' Use 'feel' or 'sense' instead of 'think' like 'How does the body sense the whole of it?' Use 'take sometime' instead of 'take a few minutes' like 'Take sometime to get relaxed.'

#### **4) FELT SENSE**

For the counsellor or the counsellee who is used to naming feelings and gut level feelings, felt sense comes as one of those feelings. But definitely felt sense is not a mere body sensation, nor a specific feeling and not even a gut level feeling. First of all, there could be a lot of body sensation. Such body sensation does not have anything to do with any of your concerns, issues or problems. Then that body sensation is not the one we are looking for. If your body sensation (of any kind) does not have connection to your problem at hand, it need not be focused. There are feelings and emotions which you might experience, even gut-level feelings, and they are definitely related to the problem you are facing. A counsellor asks the client, 'what are you feeling?' The client after a while searching for the feeling word comes up with a word which perhaps could be very accurate. It is a distinct and intense feeling which you can just pick up and single out for description. This is the one which you have over and over again faced with a problem. This kind of feeling, emotion or gut level feeling even one experiences so clearly and distinctly is not the one we are looking for in focusing. The felt sense is broader than feelings, emotions and sensations; usually unclear in the beginning, a kind of unrecognisable discomfort which the whole problem with all its complexity makes in the body. It is how the body carries the whole problem, not the way your body feels.

Your problem is felt in your body, that is merely a feeling even if it were to be an exaggerated feeling which we call an emotion or even a gut-level feeling. As you feel the problem in your body, you also CARRY the problem in your body, which we call felt sense. You carry the whole problem on your body. It is recognized by the type of words one uses

like 'heavy,' 'knot' and 'uptight.' Feelings and emotions could be apart of the felt sense, but not identical with it. A feeling or emotion may arise out of the felt sense. Since the felt sense is broader than a feeling or emotion, it refers to the total emotional situation, a feel of many things together. It is the total impression of the problem on your body rather than a particular quality of the problem felt by the body like feelings or emotions (like anger, fear, hate, joy and anxiety). But the felt sense may look like a body sensation. To distinguish one from the other check if the body sensation is related to any of your problems. If related, it is a felt sense; otherwise, it is merely a body sensation on which you need not focus.

### **5) LET THE CLIENT DO THE FOCUSING**

Focusing has six steps if done separately, independent of counselling interview. In counselling, when you make use of this technique, list out the issues and create a space for each one of them (that is distancing them from you for a while) and later choose one for consideration. In Appendix II, I shall outline with illustration the six steps (see pages ----). But now it would suffice to note what needs to be done once the problem has been pinpointed. A problem which is urgently felt by the client is taken for focusing.

Now gently ask the client where in her body (that is, between the throat and the lower abdomen) she is carrying this particular issue she is concerned about. Ask her to describe the felt sense in the body by sensations, feelings, images, words, phrases and the like. 'What is this whole thing noticed as a general feel?' will be a right question to ask. The client might say a word or a phrase or an image that comes from the felt sense, one that best captures the whole of it. Now you go for the accuracy of the description of the felt sense. Gently ask the client if the word, or the phrase or the image she said would adequately describe the felt sense. Let her take some time to remain with that felt sense, and check whether the word or the phrase or the image she said would adequately describe the felt sense. She might realize that the description she gave is not the right one, and she will go on describing the felt sense by different words or phrases or images, until she comes and lands on one word or one phrase or one image with an expression perhaps like 'Aha, it is that.'

With this realization a body shift takes place as though it is a great relief. There could be many shifts of the body every time she finds a new word to describe her felt sense, until she comes and rests with the final one. After focusing, the problem remains the same, but the way she carries the problem is changed; the way she relates to the problem is no more the same. Learning to relate to the problem differently in a dissociated way is in itself a step forward in arriving at a solution.

Though I said that focusing could be used twice in the counselling interview, that does not mean that one should not use it at other times during the counselling. Whenever you are in doubt as to the genuineness of an expression, ask the client to put it on her body and check if it is true. Perhaps you could use focusing while you do the personalizing, that is, making the client become aware of her deficiencies; and also when she is figuring out the solution to her problem, checking if that is the right solution.

Counselee: I am terribly worried about the future of my children. My health is not that good and I wonder how long I will live to take care of my little ones.

Counsellor: Let your awareness be brought to your body between the throat and the lower abdomen. See where the whole thing about your worry about the children's future is experienced. Let the whole sense of it form all about it in your body. Let a word or a phrase or an image come from that felt sense.

Counselee: I feel a pain in the chest.

Counsellor: Ask yourself if 'pain' is the right word to describe what you are experiencing.

Counselee: I think it is heaviness not pain.

Counsellor: Stay with that, and gently check whether it would be the perfect fit for the felt sense.

Counselee: It is more or less like a constriction.

Counsellor: Again keeping your attention on the felt sense, see if 'constriction' is the apt word to describe your felt sense.

Counselee: (after a while) Aha, it is like 'being smothered.' This is how it feels in my chest.

In the above interaction you notice that, before the starting the focusing, the counsellor and the counselee have come to an understanding on what the problem is. It was her worry about the future of her children. Then the counsellor gently draws her attention to her body (between the throat and the lower abdomen) since it is usually there that the felt sense is experienced; and asks the client to see where she carries her worry in her body. It was at the chest she experienced a felt sense which she described by the word 'pain'; and later when the counsellor asked her to resonate the word 'pain' with the felt sense, she moved on, and found another fit which she described as 'heaviness.' When urged by the counsellor to resonate further, she landed on the word 'constriction', and finally she came to the 'aha' realization that it is 'being smothered' that would best describe her experience. 'Being Smothered' is an image that she found would best describe her felt sense in the chest. Perhaps every time she was finding out a fit to describe her felt sense she would have felt a body shift, a kind of movement in the body and a release. With the 'aha' experience she feels a major body shift, and her whole attitude and relation to the problem have changed. Perhaps she is in a better position to work through her problem.

#### **4. ASKING FOR A RECENT EVENT**

Illustrations and examples drive home the idea better than mere explanation of the idea you want to inculcate. In the same way, you can know what the problem is, its exact nature, and the contribution of the client to it, by asking the client to give an instance of the problem she faced quite recently.

First of all, the client could be vague in what she is presenting and if she were to tell a recent event connected with the problem, she becomes clear about what she speaks.

Secondly, the client becomes concrete with the details, which will give clues to the nature of the problem.

Thirdly, the role of the client in the problem situation can be assessed by a recent event. When a teenager says that his father keeps yelling at him late in the evening, you could ask him to give an instance of his father's yelling. Perhaps you will find out that the teenager was coming home late everyday which was the reason for his dad to yell at him. This knowledge you would arrive at only after listening to the teenager's narration of a recent event.

Fourthly, while narrating an incident the client is in touch with her feeling, and in some cases it could be an emotional discharge for the client.<sup>19</sup>

Now you are reaching the end of the Pre-Helping Phase. You have prepared the client to work on the problem; all the above four stages have been a preparation to the ensuing task that awaits both the counsellee and the counsellor. No doubt that you have been building a rapport with the client right from the beginning, and as you were dealing with her you also observed her non-verbal behaviour very keenly to know more of the client. Then you started to do some ground work (laying the foundation) for the type of work you are undertaking with the client by your attending, listening, reflecting the content, and reflecting the feeling. In a way you helped the client to deal with strong negative feelings; you pinpointed the problem, made her focus on the felt sense of the problem, and finally to illustrate the dynamics of the problem, you asked for a recent event. By now you have a certain grasp of the situation, where the client stands, and where she needs to go. With this you are now ready to enter into the helping phase.

## **COUNSELLEE'S TASK:**

## INVESTIGATING

What is demanded of the client at this level is the willingness to look into herself. It is a kind of introspection to find out what could have gone wrong with her. Usually self-knowledge is threatening if one is not used to looking into oneself. If the counsellee has the courage to look into herself, she is likely to profit from such a search. Here she searches for the real issue.

Perhaps, so far she has been pouring out all that came to her mind. She perhaps wanted a catharsis. And now that her pouring out is over, she becomes cool-headed and if she had been nourishing strong negative feelings, the counsellor had helped her to be relieved of them. Once the emotional entanglement is cleared, then a clear thinking comes to the client, which is required for an investigation into herself. While investigating a case the police usually search for leverages from different angles so that they could get at the truth, and in the same way the clients need to scan through a number of things to see if they would help them understand themselves and the problem.

Kabir went to a counsellor, and initially everything went on well both with the counsellor and the counsellee. Indeed Kabir had been very cooperative which facilitated the process beyond the expectation of the counsellor. But later, the counselling got stuck at the pre-helping phase only for the simple reason that Kabir was not interested in looking into himself. He was externally responding to the questions of the counsellor without looking into himself. Since Kabir was not willing or could not go deeper into himself, the counselling remained very superficial.

Some clients are afraid of being psychologically naked to themselves. Perhaps this goes counter to the ideal image they have about themselves. Those who cannot look into themselves run the risk of being shallow and superficial. No worthwhile counselling can be done with persons of that sort. It is not really getting down to business.

All that is needed at this level is allowing the searching questions of the counsellor penetrate the recesses of the counsellee, the innermost core of her being and personality, and bring to the Conscious, truths that may not be palatable. In itself it is painful but it is worth the trouble.

I remember a person who came to me for personal counselling. It was for a long time that he was coming to me. He just kept talking about a lot of external things without ever entering into himself. Any attempt to make him see his internal state was met with resistance, and finally he landed on an emotional catastrophe and ended up being more miserable. Hence the courage to look into oneself is needed on the part of the counsellee.

## **HELPING PHASE**

### **STAGE-5**

### **PACING**

**COUNSELLOR: PACING**

**COUNSELLEE: EXPLORING**

**COUNSELLOR'S SKIL:**

**PACING**



































































































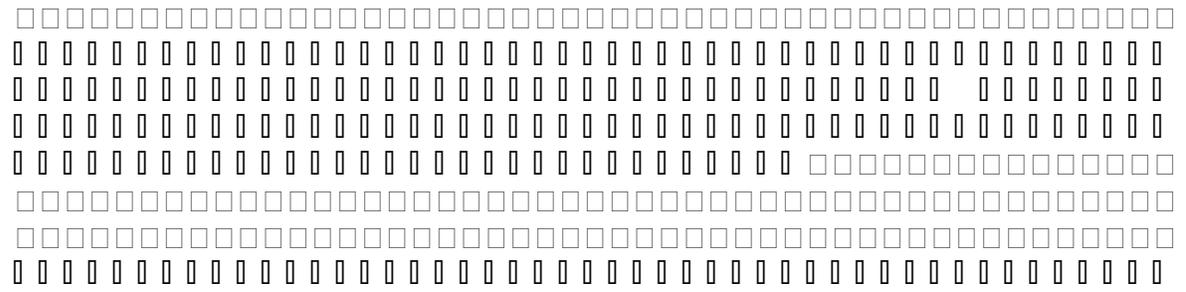


























































## (2) APPEARING HUMAN

After all, the counsellor is not a saint who is holier than the counsellee. It is very consoling for the client to realize that the counsellor is also a human like her, having even similar problems like her. This frees the client from the fear of being freak in her problem. After all, the client is not alone in this particular problem.

## (3) MODELLING

The counsellor is not only a person who had a problem similar to that of the client, but also he is a person who has struggled to go through the problem and reach the solution, and in that way the experience of the counsellor becomes a model for the client to imitate; and also it is an invitation to become like the counsellor in dealing with the problem.

## (4) DIRECTION

Counsellor's self-disclosure provides a direction to the client, for till the counsellor shared his problem, the client was wallowing in her own misery, and after hearing a self-disclosure of the counsellor she knows where to go and how to reach there because there is someone in front of her concretely who has achieved what she is struggling to achieve. In that way the counsellor's sharing points the direction to the client.

## 4) DANGERS OF SELF-DISCLOSURE

The result of self-disclosure is ambivalent. In any case too much of self-disclosure will be exhibitionistic and too less of the same will indicate psychological ill health on the part of the counsellor. When the self-disclosure is inappropriate it might be harmful. Here below let us consider certain criteria to judge a self-disclosure, whether it is appropriate or inappropriate. If they are done in the following ways they are definitely inappropriate.<sup>25</sup>

### (1) BURDENSOME

Clients are already burdened with their problem which is subjectively too much for them to carry. And now if your sharing also were to add a burden to their already existing problem it is burdensome to the client. Of course there are persons who invite and appreciate your sharing but not everybody, and if you by chance judge that your sharing is definitely going to do harm to the client making her more troubled, it is better that you refrain from sharing.

### (2) APPEARING WEAK

Clients with problems feel that they are weak. Weak persons usually approach a strong person for help. In the eyes of the client the counsellor is a strong person. Even if the counsellor is not actually strong, at least the client needs to think so. In such

circumstances the counsellor's sharing is going to bring down his image in the eyes of the client, and it might interfere with the client's confidence in the competence of the counsellor thereby becoming counterproductive.

(3) **DOMINATING**

Sometimes sharing one's problem with the client might indicate an attitude of 'I know better than you, and so I will take care of you and your problem.' Instead of helping the client to play the primary role in dealing with her problem, she may be pushed to the secondary role by your generous attitude of doing things for her by way of sharing your problem, and the way you handled such situations, and now concretely being willing to do the same for the client.

(4) **COUNTER TRANSFERENCE**

Usually the clients project their earlier unresolved relationships of both positive and negative nature on the counsellor which is called transference. In the same way if the counsellor were to project his unresolved earlier relationships on the client and get attached, it is a question of 'counter transference'. It is also possible in a subtle way both consciously and unconsciously to manipulate one's self-disclosure to get one's needs met like the need for approval, intimacy and sex.

5) **FACILITATIVE SELF-DISCLOSURE**

Having seen what self-disclosure is, what its advantages are and its dangers, we now consider how the self-disclosure ought to be.

(1) **RELEVANT AND SELECTIVE**

What you share should have a bearing on the problem presented. You may have many experiences but not all of them are relevant. Your sharing should not distract the client from the main issue. It should only help the client to understand her problem better. Therefore it has to be relevant, selective and focused.

**(2) APPROPRIATE**

Your sharing need not be for every sentence of the client. It should not be so frequent as to occupy so much of the time of counselling without giving the client a fair chance to express herself fully, explore her problems and find solutions for the same. It should not be done right at the beginning. Your sharing should be well-timed, trim and not too frequent.

**(3) FLEXIBLE**

Self-disclosure might help a client; but it is not a must. There may be counselling situations where self-disclosure may not be needed. In those circumstances, be content with the sharing of the client and you need not force your sharing on the client. Only if you judge that your sharing in some way will help the client, you need to self-disclose, otherwise be wise enough not to impose your sharing on the client.<sup>26</sup>

**6. IMMEDIACY (DIRECT, MUTUAL TALK)**

Immediacy is the ability to explore with another what is happening in their relationship.

In counselling there is an interplay of emotional reactions between the counsellor and the counsellee. Emotions usually colour our interactions. Either they do good to the counselling or act against the success of the counselling. The counsellor needs to know the subtle interplay of his emotions and those of the client, and deal with them before they

take a gigantic proportion and destroy the counselling process and outcome. Feelings and emotions are actually important motivating forces. To say that one does not have feelings is talking out of non-awareness of the feeling, not out of its non-existence.<sup>27</sup> Immediacy refers to the counsellor's reactions to the counsellee during the counselling sessions. It is the ability of the counsellor to explore with the client what is happening in their relationship. It is a direct mutual talk between the two, of what happens between them. It is a kind of 'you me talk.' The client's interpersonal style can be to some extent seen in her relationship with the counsellor and if there is a group, her relationship to the group will resemble her reaction with other groups also.<sup>28</sup>

## **1. KINDS OF IMMEDIACY**

In all there are mainly two kinds of immediacy.

### **(1) OVERALL RELATIONSHIP IMMEDIACY**

Here the counsellor discusses how the counsellor and the counsellee relate to each other. They do not take up issues like any particular items that are spoken of but only the relationship they have with each other. An exploration into such a relationship is called overall relationship immediacy. The counsellee relating to the counsellor as her father is an example.

### **(2) HERE AND NOW IMMEDIACY**

Here the consideration between the counsellor and the counsellee is what is going on between both of them right now. Here they do not worry about their general relationship at all but only what is just happening between them. If a counsellor were to deal with a certain irritation he has when the client is not distinct and clear in her expression, it is a here and now immediacy.

## **2) COMPONENTS OF IMMEDIACY**

### **(1) AWARENESS**

Unless you are aware of what is happening between you and the client you cannot be immediate. Through much nonverbal language the client and you are communicating and you should be able to pick it up for consideration and that requires a certain amount of awareness.

### **(2) COMMUNICATION**

Awareness alone is useless unless you communicate the awareness to the client. For immediacy there should be a dialogue between you and the client and if you are only aware of what is happening no dialogue will take place. You need to communicate. Here make use of all the skills required to be empathic in communicating to the client.

### **(3) ASSERTIVENESS**

Since immediacy calls for courage because of the delicate situation and the fear of offending the client, this particular skill requires assertiveness to dialogue with the client, at times on unpleasant matters.

## **3) PURPOSE OF IMMEDIACY**

### **(1) TO BE IMMEDIATE WITH COUNSELLOR**

It helps both the counsellor and the counsellee towards effective working together at the counselling sessions. Since their relationship is being taken care of by the use of

immediacy the counselling can be effective without major hurdles. The client learns to rectify the deficit in her relationship with the counsellor and the way she relates to him.

## **(2) TO BE IMMEDIATE WITH OTHERS**

Dealing with their relationship helps the client to review her relationship with others outside the counselling sessions. If the counsellee works out her relationship problem with the counsellor, her relationship with others gets automatically rectified. Thus immediacy helps the client to set right her relationship with the counsellor for efficient working together and secondly it helps her to be effectively immediate with others in her relationship.

## **4) CONTEXT OF IMMEDIACY**

A girl of 23 was sent to me for counselling. She was uncomfortable with her father whenever he visited her in the hostel. She said that she was afraid of him.

- Counsellor : What are you afraid of?
- Counsellor : I am afraid that my father will rape me.
- Counsellor : Do you have such fear only with regard to your father?
- Counsellor : No, I feel the same with every man when I happen to be alone in the company of a man.
- Counsellor : OK, and now that you are alone with me a male person what are you experiencing right now?
- Counsellee : I feel the same with you too.
- Counsellor : What are the possibilities that I will rape you?

The above illustration is a case in point. The girl was afraid of her father that he might rape her and that could be dealt with since the same fear was about the counsellor. Here by dealing with the client's fear of the counsellor, the counsellor could help her to deal

with the fear of her father. This is precisely the work of immediacy. Let us now consider the situations that call for immediacy.

**(1) TRUST ISSUE**

Counselee : Usually I don't like to be guided by women. If I were to relate to a woman I should feel better than she is. This does not happen to me in relating to men.

Counsellor : Since I am a woman counsellor do you feel comfortable to share with me since you might consider my role as superior?

Counselee : No, I am not comfortable to reveal my concerns to you.

**(2) DEPENDENCY**

Some clients want to play a subordinate role and they may be seeking occasions and persons to play that role. They would appreciate that someone takes charge of them and they become dependent.

Counsellor : I have been noticing from the beginning that you seem to be relating to me as though you would do to your mother.

**(3) COUNTER DEPENDENCY**

Here the counsellor discusses his dependence on the client.

Counsellor : Of late I am wondering if I am not wanting you to come and discuss the matter with me quite often.

**(4) DIFFERENT STAGES**

Here there is a discussion about the approach the counsellor takes and the approach the counsellee takes.

Counsellor : All that I am saying seems to be a joke for you and I wonder when you will take the issue seriously.

**(5) DIRECTIONLESS SESSION**

Counsellor : It looks to me that both of us are missing each other during this session, and I am wondering what could it be.

**(6) ATTRACTIONS**

Counsellor : From the first moment we met each other we seemed to have liked each other and that may be the reason, I suppose, that I don't demand much from you as a counsellor.

**(7) SOCIAL DISTANCE**

Counsellor : I am wondering whether my belonging to a different ethnic group from yours plays a role in your hesitation to deal with me.

**(8) ANGER**

In counselling you may get angry in the following situations:

1. When you find negative transference and negative reactions of the client.
2. When you are frustrated with the way she is working.
3. When she clings to her irrational beliefs and refuses to budge.
4. When she blames you for the failure of the procedure.
5. When in a subtle way she is trying to blackmail you.

Immediacy and self-disclosure seem to be the same but they are not. In self-disclosure the counsellor shares his experience resembling the problem the counsellee had presented whereas in immediacy the counsellor speaks about the overall relationship with the counsellee or some issues that crop up between them in the counselling situations.

Now we are at the end of the seventh stage considering the skills of the counsellor. In this stage the counsellor's main concern was to reframe the attitude of the client, by adopting certain attitudes like alternative frame of reference, advanced empathy, challenging, self-disclosure and finally immediacy. These attitudes converted into behaviour modalities will serve the counsellor to deal with the client skilfully to reframe her. By this the counsellor would have done a major job and the essential job as a counsellor. Once reframing is achieved then the rest of the things just follow with certain directions. Without this reframing there is no use in goal setting and acting out. Goals depend on reframing. As reframing takes place you could notice the client's face brightening up as though she got an insight into something she was not aware of. This nonverbal message is an indication that things have worked well for the counsellee.

Now you can expand the formula you have been using. So far your formula was 'you feel...because you cannot...' but now you can continue the same formula and complete it as 'you feel...because you cannot...and you want to....'

Now let us turn our attention to the counsellee. In every stage she has something to do. It is not the counsellor who alone is responsible for the success of counselling. The client too shares in this task of making the counselling a success. Though we concentrate on the skills of the counsellor, we do pay attention to the role of the counsellee at every stage so that the two-way collaboration of the counsellor and the counsellee moves forward.

### **COUNSELLEE'S TASK:** **REORIENTING**

In the seventh stage of reframing the counsellor is keen on changing the attitude of the client by the use of the skills like alternative frame of reference, advanced empathy, challenging, self-disclosure and immediacy. As the counsellor is busy with such skills the counsellee has some tasks to do. Her work is reorienting.

With the facilitation of the counsellor, the client has explored deeply entering into herself as much as she could. Her exploration led her to understand the underlying problems and own responsibility to her contribution she has been making towards the problem situation. This understanding brings about automatically in most cases a certain alteration in her outlook. As a result of the alteration of her attitude we find her reoriented.

Reorienting precisely consists in these factors: The client develops alternative and constructive ways of thinking, feeling and behaving. In all probability her problems centred around her thinking, or her feeling or her behaviour or all the three together. We could find all the three operating in a client jointly. Because her thinking, for example, is negative her feeling also follows suit and becomes negative and in accordance with the

feeling, her behaviour too has become negative. It is a kind of chain reaction one influencing the other.

If her problems were in the area of thinking, feeling and behaving, the reorientation also should be in these areas. From now onwards the counsellee will think positively, feel positively and behave positively. This is a new orientation. So far the client has not decided anything precisely nor set her goals; at this level of reorienting we can only say that there is a declaration of intent; in other words, the client is disposed to look at the reality in a different perspective. The efforts of the counsellor to reframe the client in her outlook will be yielding its fruits when the client is able to orient herself different from what she used to be.

With the reorienting stage we can say that the counselling is complete at the thinking and feeling level but it has to flow into behaviours. Maybe thinking and feeling go together and we need another stage to develop the precise steps required to translate this new orientation into action. That will be our next task which will be taken care of in the eighth stage. For the time being we are quite content to know that the skills of the counsellor had been facilitating to reorient the client altogether differently.

**STAGE - 8****INITIATING****COUNSELLOR : INITIATING****COUNSELLEE : ACTING****COUNSELLOR'S SKILL:****INITIATING**

When the client spoke to you, you listened carefully, responded well, pinpointed the problem, went along with her, personalized the client's deficits and finally reframed. So far what you have done is a grand success. Practically we can say that the counselling is complete but if left like this nothing may be practised. Hence it is your duty to initiate the action of the client. You are facilitating her to take the necessary steps to act according to the new orientation she has got after interacting with you. In a way you become a social influencer and somehow the client feels you have influenced her to a great extent and your influencing goes on right till the end of the counselling.

More specifically you will initiate problem-solving techniques, behavioural strategies and action programmes by setting goals and making contracts with the client. There is no hard and fast rule as to what you should do and which school of thought you need to take. Schools of thoughts are orientations different psychologists take towards human personality, problem and possible solutions to the problem. What is the fun of sticking to a particular school of thought and yet not being able to help the client. Your adherence to any school of thought is in view of helping a client. Therefore instead of asking which school of thought you should use, it is good to know that you can do all that is ethical to help the client out. You could follow any school, or any method provided the client is helped. From your vast repertoire of psychological knowledge and experience draw out anything that fits the client sitting in front of you. I on my part make use of anything I

can catch hold of at that particular moment, the method that I judge at that time to be helpful. At times the method I adopt does not work, then I change to another method and if that too fails I am not put out, I try again with another until the client is helped. Your concern should be one of helping rather than using a method. There are times when I combine many techniques together.

In this stage you are going to initiate the client into action. The client explored, understood and now she is going to act. What she is going to achieve is the goal and how she will arrive at the goal is strategy. The way she will stick on to the process of the strategies until she reaches the goal is sustained by the contracts she makes with you. Before you enter into the goals proper, certain guidelines with regard to this stage of initiating will be in place.

## **1. CHANGE WHAT CAN BE CHANGED**

Change is the aim or objective of counselling. It may be a behaviour, or a feeling, or a thought, or a situation. There are things that one cannot change. First let us consider things that can be changed and how you will go about helping the client. You are only dealing with the client and not with any third party. You can help the client to change her behaviour. But with regard to the third party it may not be within the control of the client. See if by any means you can effect a change in the client. Just fancifully thinking and concluding that there is nothing that can be done is a naïve way of approaching in this helping profession. The client along with you should be genuinely searching for something that can be changed which in turn enhances the life of the client.<sup>1</sup>

Here remembering the former stages will be of use. In the stage on personalizing we have spoken about, personalizing the problem. The problem has been changed into a goal. The deficit you found as a problem is converted into an aim or a goal. Therefore mere wishing about change is not enough. It has to be systematically worked out for which first

and foremost you shall set the goal and go about using certain strategies to reach the goal. This whole process of using the strategies will be sustained by the contracts the client makes with you. Let us now consider in detail goals, strategies and contracts.

### **1) DAY-DREAM THE GOAL**

Day-dreaming is psychologically a healthy sign. People who have achieved something worthwhile in history and in personal life are the ones who dreamt a lot while they were awake. In fact what you dream when you are awake, is sure to come up in your sleep also. Unless it interferes with the normal day-to-day functioning, daydreaming is very useful and healthy. I would even propose that we set apart sometime during the day, to daydreaming. Daydreaming in a stupendous way motivates the individuals. Daydreamers usually have something to achieve in future and that is their goal.

Take for example all your achievements. Which of the achievements came to you by itself? Practically nothing; you had visualized something and dreamt of it and later achieved it by hard work. There are very few things that come just by themselves, by chance. In day dreaming the goal is rather vague without details. The goals are like clouds constantly changing and taking different shapes. It could be also very hazy and vague. The merit of daydreaming is that it pulls you up like an incentive and motivates you to undertake any hardship to attain it since it is very attractive.

### **2) POWER OF POSSIBILITIES**

There are a lot of potentials in possibilities. As the name suggests, possibilities are not actualities. Actualities are real whereas possibilities are potencies. The more you daydream of the possibilities the better it is. The one who does not have many possibilities is a limited person and that itself is a problem. The people who have a number of possibilities have fewer problems than the people who have hardly any. Possibilities are

different avenues open to the client and not all of them are useful and practical. And having many possibilities is a richness. In religious communities and with priests I have observed a certain phenomenon. At times even very intelligent and efficient individuals seem to have only one possibility of apostolate. In their lifetime they have failed to develop other possibilities even though they have every talent and strength to pursue another apostolate equally well than the one they currently hold. Just because they have no other option or possibility in mind they irrationally cling to the one they operate.

Actually clients are clients just because they are in a rut without any other avenues. If only they could invent some other avenues they become healthier. So let daydreaming extend to numerous possibilities.<sup>2</sup>

### **3) FIND A LEVERAGE**

Clients may visualize many goals. Not all of them can be carried out all at once. The clients need to establish priorities of goals and accordingly they can achieve their goals. The counsellor and the client invest a lot of resources in the process of counselling. They should get a reasonable return on the investment of the resources. The principle of leverage would be: a reasonable return on the investment of the resources of the client and the counsellor. Elaborated it will mean:<sup>3</sup>

#### **(1) ATTEND TO CRISIS FIRST**

When there are many issues surrounding a client and if one of them is very critical you need to address the crisis first since for a client what would be uppermost in her mind is her crisis. For example, a client has just received her medical report which says that she has a cancer and comes to your office bursting out into tears. You need to be with the client comforting her more with your presence than by probes like: Do your friends know about it? How much would it cost to take a treatment? and the like. Accepting the client with

her feelings and making, if necessary, some understanding responses would be appropriate.

**(2) ATTEND TO PAIN**

Even if the clients are not in crisis they may be in great psychological pain. A lady was forced to have sex in a joint family situation by a male member of the family. It so much hurts her since she feels she was unfaithful to her husband and if somebody were to know such an affair it would be disastrous for her and her family. The pain she feels is real even though it is psychological. And such pains merit immediate attention.

**(3) ATTEND TO WHAT CLIENT CONSIDERS IMPORTANT**

What is important for the client may not appear important to the counsellor. Even if it is true that what the counsellee holds as important is not really important because the client wants to escape from real issues it is recommended that the counsellor starts with the internal frame of reference of the client. May be at a later stage the client can be led to consider serious issues.

**(4) ATTEND TO A MANAGEABLE SUB-PROBLEM**

The whole problem may be too complex and complicated and it will not be possible for the client to start all of a sudden working on the problem all together. Instead, the counsellor could make the client focus on a small bit of the problem and after dealing with it he can lead her to the other areas of the problem. In a college, the principal was not doing well; he had quarrels with the staff and with the students and with the non-teaching staff. His whole interpersonal style was at stake. Instead of dealing with the whole range of problems in the college, the counsellor could deal, for example, first with

his problem with the non-teaching staff and then with the teaching-staff and finally with the students.

#### **(5) ATTEND TO THE PROBLEM THAT WILL YIELD GENERAL IMPROVEMENT**

Many issues may be interrelated in one big problem. And not all the issues are of equal importance in terms of general improvement. Therefore instead of wasting time on issues that will not enhance life very much, the counsellor could concentrate on an issue which when handled well will take care of other issues automatically. A young man was having problem in the office. His colleagues do not get on well with him and his subordinates find it extremely difficult to work under him, and even the visitors to the company feel at times humiliated by him. He admits that he is a perfectionist. He demands perfection from everyone including himself. Perhaps he could deal with his relationship with the above mentioned categories of people but instead if he could deal with his drive 'be perfect,' I think his other problems will subside; the other problems are only symptoms of his dominant drive 'be perfect.'

#### **(6) ATTEND TO PROBLEMS FOR WHICH BENEFITS WILL OUTWEIGH THE COSTS**

Here follow the law of economy. At times with great effort and spending a lot of time you might do a worthwhile job with the client and for the client it would have cost a lot. But the question to be asked is whether the result is proportionate to the time spent, the efforts taken and the cost. In a small town there was only one psychiatrist worth the name and efficient. He had a client who needed special attention by way of therapies for which he had no time. He first thought of sending the client to a far off place to meet another psychiatrist. On a second thought he made use of a less efficient psychiatrist available in the town with his guidance to help the client.

The above-mentioned considerations are only leverages and they are not to be carried to the extreme, in the sense, till the end of the session. To start with the work, you will use these leverages and later get down to business with all seriousness; otherwise it is a mere waste of time and energy. You should be able to move the clients beyond the leverage. The leverages are only meant to lift initially and not meant to support till the end. Whenever you want a lift you will use the leverage and leave it.

### **(7) INSTIL CONFIDENCE IN THE CLIENT**

Confidence does more magic than the skills. I know a doctor who whatever be the type of ailments the patients go with, immediately says 'Don't worry, I can make you all right 100%.' This is the first sentence he uses on meeting any patient especially if the patient is discouraged, may be after visiting many doctors. Actually the confidence the doctor has in himself and his ability to cure the patient is somehow unconsciously transferred to the patient and the patient too gets confidence in her getting well. In fact most of the patients, even cases that were abandoned by other doctors responded favourably to his treatment and got well. Somehow confidence triggers off latent energy and that achieves the goal. If you believe that you will become all right, you will see that you get all right, just like if you believe that you will be rejected, you behave in such a way that you will be rejected. The client's confidence is connected with her beliefs and beliefs can do wonders. Actually lack of self-confidence seems to be the root cause of the people who get addicted to alcohol or drugs. Therefore much could be achieved if only you could instil confidence in the client.

## **2. DEFINE THE GOAL**

Goals that are daydreamt and extended into many possibilities may not have any shape. The goals are to be shaped, in order to make them work for you.<sup>4</sup>

### **1) OUTCOME - ORIENTED GOALS**

Goals are not for activities. One may do a lot of activities which are useless in themselves. If activities are undertaken it is with a view to get an outcome. Ask the question what one intends to achieve by such and such activities. One student says that he will study biology well so that he can get an admission into a medical college. Studying biology well is an activity and it is to obtain an admission in the medical college, which is an outcome.

### **2) SPECIFIC GOALS**

Sometimes goals may be merely a declaration of intent. A clerk in the office says that he wants to improve his lot, which for him is a goal. It may be a goal but not specific. It is only a declaration of his intention. He should spell out concretely what this improving his lot is. If he were to say that he would establish cordial relationship with the staff in the office it is a specific goal.

### **3) MEASURABLE GOALS**

The goal should be spelt out in terms of quantity. If he were to say that within a month he would meet each one of the staff members separately it is a measurable goal. His meeting the staff members separately within a month can be checked both by the counsellor and the counsellee.

### **4) GOALS WITH IMPACT**

The goals that are chosen should make a substantial change or impact in the life of the client. According to research, what emerges is that if the goals are sufficiently hard it is more motivating than the easier ones. The goals should be such that when they are attained they create an impression for the better. If an alcoholic dependent decides to stop drinking, it is going to have a tremendous impact on his life, with its many ramifications.

#### **5) REALISTIC GOALS**

We spoke of goals with an impact or a difference and a bit hard. Goals should not be too high that they breed failure, or they should not be too low that they do not motivate sufficiently. This is what we mean by the word 'realistic.' For example, a student of middle school cannot take the goal of studying till 12 midnight as his goal nor should a college student be content by taking as his goal to study only an hour in the evening. For the middle school student the goal is too high and for the college student it is too low.

#### **6) GOALS WITH NO OBSTACLES**

With all goodwill and other things being equal, a goal may not be achieved for reasons of environmental obstacles. For example, a man with financial difficulties wanted to start an English medium school, as a way of earning his living, in a place where there had already been a number of English medium schools, and where he would never be able to compete with other well reputed schools that were already existing.

#### **7) GOALS UNDER CONTROL**

The goals that are defined should be within the control of the client for achievement. In interpersonal relationship, for example, the client may not have control over the other person but she has control over herself and her reactions. Therefore

while setting the goals, the counsellor sees that the client sets a goal that is under her control. A clerk working as an accountant in a company sees a lot of corrupt practices like cooking up the accounts. She cannot take a decision to change the lives of those working with her. All that she can do is to make a goal of changing herself or her reacting to the unethical things that go on, since that is within her control.

### **8) ECONOMIC GOALS**

The principle here one needs to keep in mind is what can be achieved with less energy, time, and cost need not be achieved with an expenditure of a lot of energy, time and cost. Clients need not squander their energies on outcomes. Make the client budget their resources. A person of high intellectual calibre with a school final qualification wanted to do M.A. history through open university system. He could either spend five years going through three years of bachelor's degree and two years of master's degree or he could straight away go for two years of master's degree since he has the intellectual calibre that is needed. Therefore assist the client to achieve the goal with less energy and time.

### **9) GOALS CONSONANT WITH THEIR VALUES**

Values play a vital role in the life of people. If the goals are set against the cherished values of the clients they might land up feeling guilty. A lady already with many children, with her husband unemployed, is again pregnant and she comes to you for counselling. If you were to urge her to go for an abortion which is against her religious values you may not be doing the right thing. You can help clients clarify their values and not interfere with their values.

### **10) GOALS WITH A TIME-FRAME**

Goals should not be kept hanging in the air as though they can be achieved when it is possible. If you do not fix up a time-frame for the accomplishment of the goals it is likely that the client will postpone the execution of the strategies to achieve the goals.

### **11) SATISFYING GOALS**

In Neurolinguistic Programming much emphasis is given to make the desired state, which is the goal in our term, so attractive that the client is powerfully motivated to achieve the goal. It should be very attractive, so much so the client as it were has no other go but to go for the goal. In other words, when the goal is achieved the client should have the maximum satisfaction out of the achievement of the goal. A person wanting a decent job getting a first class in Arts may not be delighted, because in view of the job opportunities her securing a first class in Arts is of no use for her, whereas if she were to invest her resources in computer science she would get a job immediately which would be very satisfying to her.

### **3. HELPING CLIENTS COMMIT THEMSELVES**

Goals are not achieved in spite of the clients but because of the clients. Unless they bind themselves to the plan of action they have decided, nothing is going to take place. One thing is the initial commitment and the other is the ongoing commitment. Both are essential for the success of the counselling. If the initial commitment itself were to be wanting, nothing will get started. To start the action plans the client has to commit herself. Commitment means responsibility. Some fear responsibility, and wish others take the responsibility and leave them free so that they are not answerable. A responsible person is answerable. If you committed well and later after a setback you stopped, and if you pick up courage and continue the effort, you have ongoing commitment. Only

commitment will generate success. The client who is reluctant to commit initially will not march a step forward and she will sabotage her own success.<sup>5</sup>

#### **4. Economy in Action**

Energy, time and resources are so precious that one cannot afford to squander them anyway one likes and the loss may be too much and the cost would have been too high. Take for example a man who wanted to buy a television set. As soon as he thought of buying a television set he remembered a company that sells televisions. He rushed immediately to that company and bought one. Later he realized that the one he bought did not meet all his requirements; there are other companies that offer the ones he could have liked and for less price. In the same way one may act in counselling. For a problem the client gets a first idea and immediately she decides to execute the idea that first entered her head; had she waited for some more ideas and sober thinking she would have got better solutions costing less. One may be foolish in delaying action too. There are situations for which it is worth waiting for a while before investing your resources and there are situations for which waiting will prove to be harmful; you may have to act immediately. The counsellor will facilitate the client either to delay action or goad on to action depending upon the nature of the issue, so that the client invests her resources economically. Thus when resources are saved, the client could use them for something productive, more enhancing and worthwhile.<sup>6</sup>

#### **5. REACHING THE GOAL THROUGH STRATEGIES**

Goals cannot be achieved just by wishing. One has to work at them. The means employed for achieving the goals are strategies. Once the goal is fixed and shaped to the needs of the client then the client has to find out by what means she can arrive at the goal. There is not just one means to achieve an end or a goal. There could be a number of ways to achieve the goal. Unless one knows about the many means available one cannot make a

choice among the means. For this it is recommended to use divergent thinking which is a wild thinking. It could be bizarre and unpractical. To do the divergent thinking which is a type of wild thinking, one can make use of brainstorming by using a series of open-ended questions and probes. One allows one's mind to wander freely and find out all the possible means to achieve the end. Once the client has exhausted all the possibilities, then you can help her choose one that is appropriate to the context. Certain guidelines for divergent thinking would be useful.<sup>7</sup>

### **1) SUSPEND JUDGEMENT**

In the process of divergent thinking the client comes up with a number of possible means. As each possible means is thought of one need not criticize it and assess the relevance; this can be done later. If one starts to evaluate every possible means that comes to the mind, the client may be inhibited in producing more possible means. For example, one wants to get enough money for starting a business and one of the possible means she first thought was skyjacking a bus and taking all the valuables from the passengers! It is only a wild thinking and either you or the client need not pass a judgement on that instantaneously for later it can be judged as unethical.

### **2) ENCOURAGE MORE STRATEGIES**

In brainstorming, the client may stop after enumerating a few and look up. Do not leave the client unless you are sure that she has really exhausted all her thinking in that regard. If you have not completely exhausted in thinking out you have only limited choices.

### **3) ENCOURAGE CRAZY THINKING**

Let not the client be ashamed of what she is thinking aloud, for, many of them may appear crazy to the counsellor and even to the client herself. The world is a better world now because our forefathers did some crazy thinking. For example, to think of flying in the air might have been a crazy thinking before the invention of aeroplanes.

### **4) LET THE CLIENT CHOOSE A STRATEGY**

Now you are with a lot of alternatives or choices and not all of them are useful. The client has to choose the best out of them. How to get the best out of the many alternatives is a problem for which one can use balance-sheet methodology which considers a choice in terms of gain and loss, acceptable and unacceptable or decision-making through pros and cons or through CRAVE analysis followed by forcefield analysis, or through any other method that you know of. By now the client would have arrived at one particular strategy which she is going to implement.

### **5) MAKE USE OF OLD STRATEGY**

Instead of going for new strategies one would search for strategy that would have worked well for the client in the past. Just put a question to the client asking her, how in the past in similar situation she managed to deal with such problems. The clients usually remember some of the techniques that they used which were helpful to them. Once when I was at a loss for new strategies, I asked the client who was unjustly accused of something serious by some responsible persons, what she used to do in such circumstances. She said that she used to picture to herself the image of her God in front of her, and used to talk to him, telling that he knew her difficulties and that she was unjustly accused, and she got a certain inspiration as though coming from her personal God, after which she would feel relieved and with renewed strength she would set about carrying out the decisions. Another

client, a girl studying in the college said that when in crisis she used to imagine her mother who was dead and have a dialogue with her. Thus each one of us has certain strategies to deal with problems. The counsellor could help the clients to remember their old techniques and make use of them. Whatever is useful either old or new will do to achieve the end.

## **6) SUSTAIN THE STRATEGY**

It is not enough to have found out a goal, defined it, then found out some strategies and later chosen one of them and initiated activity but it is equally important to sustain the strategies otherwise everything falls flat in the middle. Entropy is the word to denote the tendency to give up an action that has been enthusiastically initiated. Initially clients do not realize the hardship involved in the implementation of the strategies or the changed lifestyle as a result of new goals being achieved; but soon the temptation to give up comes spontaneously for the client and in fact they just give up. Foreknowledge is forewarned, it is said. Therefore it is required to be aware of the tendency to entropy and take the appropriate measures for the same.

## **6. OPERATIONALIZE THE GOAL**

While working towards the goal by means of strategies the client may not achieve the goal altogether because the goal may be too complicated and may require time on account of its subgoals. A professor of mine while teaching Neuro-Linguistic Programming said that one could really eat a bicycle. We were wondering how it is possible. He continued to tell us who were bewildered: First break the bicycle into pieces, then powder them into fine dust; everyday take a pinch of dust and eventually you would have swallowed a bicycle! This was to drive home the idea that any 'impossible' thing can be achieved when we break it into small units and start working at a small unit at a time. What is overwhelming for the client is the size of the problem and the greatness of the solution. You do not have to look at

the solution at a time for solving, you need to take a bit of it and work at it and thus by and by you will have worked out the whole problem and reached a solution. A man had a number of abusive ways of wasting his life. He was counselled and as a result he wanted to amend his life but the goal was too big for him. He was using drugs, smoking heavily, drinking, womanising and even stealing, and lying. He was so exasperated and did not know where to start, for the goal looked gigantic and enormous. The counsellor helped him first to be truthful to start with. He attempted with a few failures and later he was speaking the truth. Then he gave up smoking, the drug and thus one by one and finally he could overcome all his bad habits. This is operationalizing the goal. There is nothing like success breeding success. Since the client was happy about his success in speaking the truth he could go forward to work on his other bad habits.

The advantages of operationalizing the goal are many:

- (1) The demand that is placed on the client in achieving the goal is spaced out and she does not realize the burden of it.
- (2) Seeing the success of the achievement of a small subgoal, the client is encouraged to go forward.
- (3) She might also get the applause of the counsellor for her success which in turn will work as a reinforcer. Thus operationalizing the goal benefits the client.<sup>8</sup>

## **7. MAKING CONTRACTS**

Contracts bind actions with responsibility. Contracts are agreements on a given issue with the terms specified between two persons. I have mostly found a lot of difference between persons who made contracts with the counsellor and those who did not make them. If the client makes a contract she is compelled to honour her own word. Honouring the contract is a sign of one's personal integrity and strength of character. You may come across persons who make a lot of promises but never keep up which means that they are suffering from character defect. A client who keeps her contracts becomes worthy in her

own eyes. The contracts made become self-motivating factors working internally in the client. Thus the client puts in-built motivating factors in her system which automatically regulates her activities, sustains them when necessary and leads the client to the complete successful achievement of the goal.<sup>9</sup>

## **8. WHAT CANNOT BE CHANGED, MAKE HER ACCEPT GRACEFULLY**

Human situations are not always rosy nor can all the problems be solved. Change is our aim in counselling. You should by all means strive for it by making use of every method you know of and straining every nerve of yours. There are situations that cannot be changed; there are other persons involved in the problem of the client and they cannot be changed. One should not naively give up the hope of change but if after a thorough investigation it becomes clear both to the counsellor and to the counsellee that no change is possible, the next best possible course of action is to accept the situation.

Our society is madly success-oriented. Success seems to be the criterion of a good life. We need to know that failure is as effective as success. Have we not learned a number of lessons for life personally because of failures? The people who cannot accept failures are moving towards catastrophe. You can never find a single life without any failure. The more the failure the better it seems in some cases. Some of the outstanding people in history have met with innumerable failures. Abraham Lincoln in the United States seemed to have suffered twelve major failures in his life before he could be elected the president of his country. If he had given up with the first few failures he would not have become the president of America. To take failure as part of one's life is wisdom.

People do accept failures but how many do it gracefully is questionable. What you resist usually hurts you most. If you do not resist, you suffer less. A lady had a few spontaneous abortions after which it was diagnosed that she would not have children. That was a tremendous blow to the lady. Here nothing could be done to change the situation of

her barrenness since it is medically impossible. What is left is to accept the fact of her barrenness and do it gracefully. If she were to keep sulking, her sulking hurts her more than the barrenness. Not that she will not sulk at all, what we mean is that a life full of sulking is not going to help her anyway.

In my counselling practice an insight I found so useful is this, I would say. For I have been meeting situations where hardly anything is possible. In those circumstances, I endeavour to help the client with the attitude of accepting an impossible situation with grace.<sup>10</sup>

## **9. PREPARE THE CLIENT FOR THE WORST**

It is good to change the things that can be changed and it is even better to make the clients accept the inevitable gracefully and it would be the best if you could prepare the client for the worst. People in fantasy imagine all sorts of failures and in anticipation get troubled about them. They are in general afraid of the future failure or so. When you name your fear that fear disappears. What is unapprised looms large and frightens the individual but the moment you name the fear it loses its grip on the individual.

It is praiseworthy if you could lead the clients in fantasy to see all the worst consequences and results which are not pleasing. Make the client digest those negative results in fantasy for it is only fantasy that troubles the client more than actuality. If by chance the client is prepared to accept the worst type of results, in reality when the actuality comes, it will not be that serious as the client imagined and the situation could be met serenely.

Margaret, from a respectable family, eloped with a boy she loved. After a few days she wanted to return to her family and was afraid of what her father would do with

her. When she had expressed all her fears I asked her in graded dose what is the worst thing that can happen to her in her family on her return. At the most they may not accept her and drive her away. But definitely they will not use physical violence, she said. Then slowly I prepared her to accept being driven away from home and beaten up and even volunteering to go and start her life anew elsewhere. After that I called the father and made him meet his daughter. It was a happy reunion. Even if the situation were to turn to be sour as she imagined she would have faced it bravely for she was already prepared for the worst.

Even when you yourself are threatened by future fears, make use of your parent ego state and say some soothing words and thus calm down your fear. You could also encourage yourself getting ready to meet a situation even if it were to be adverse. Preparing the client to meet the worst is a way of safeguarding the mental health of the client.<sup>11</sup>

## **10. PREPARE THE CLIENT TO BE HAPPY**

Accepting the inevitable and even getting ready for the worst possible disaster are all useless unless at the same time you prepare the client to be happy. Happiness is the ultimate aim. There may be change or no change in counselling but what ultimately matters is whether the client is happy. Even in the worst situation if she has learned to be happy that is a grand success as far as counselling is concerned.

There is an irrational belief among us that feelings are caused by others and situations. Feelings are our own products and we only have control over them without realizing it. Nobody and no situation can cause feelings in us. If feelings are caused by forces outside oneself, to be happy is not within the control of the client whereas since feelings are caused by the client it is possible to create whatever feeling one wants. First and foremost one should be aware of the fact that feeling can be caused by oneself only and

secondly with some training and effort one may get the feeling one wants. If some clients erroneously believe that by looking sad one can receive sympathy and love, the clients will like to perpetuate the feeling of sadness unconsciously. This is a psychological game pattern and it is not healthy either. Happiness that is an internal sign of mental health should be the reason why people take to counselling. Hence preparing the clients to be happy is worth the trouble, and worthy of the task as counsellors.<sup>12</sup>

## **11. HELP HER FOCUS**

And now that you have arrived at the tail end of the counselling interview you would endeavour to make the client focus on the felt sense of the decision arrived at. When a decision is reached the client becomes relaxed because she got a direction and that which was oppressing is no more oppressing, though the decision awaits to be executed. Usually at the end of the session the client feels good about the work she has done or feels good about the decision she was able to take. This positive disposition, the whole of it is felt in the body. It is worthwhile to focus on this positive disposition so that the whole sense of the decision experienced in the body expands and fills the person to the brim. Focusing at this point is very beneficial just because normally clients and at times counsellors do not take note of this new experience of the client and at times even though both the counsellor and the counsellee have done a laudable job, they tend to think that nothing has been achieved. When the client is asked to focus her attention on the felt sense of the decision she takes note of the work she has put in for her own personal growth.

Usually counsellors ask the clients what they feel at the end of the sessions. The clients answer the counsellors according to what they feel within themselves. Now you could go a step further and enquire the client how she experiences the whole decision on her body. Or simply ask her to close her eyes, relax for a while and put the whole decision she has made on the body and notice what comes up. As you did in the beginning immediately after pinpointing the problem (see pages.....) go through the same

process now. Let the whole sense of it form in the body of the client. Here she may come up with a word, or a phrase or an image to describe her experiencing. As you did before, make the client resonate the word or image with the felt sense to see if the word or image adequately pictures the whole of her felt sense. Until she has the 'aha' experience of having found the right fit, you gently make her resonate. With a number of body shifts taking place after every description of the felt sense she reaches the major body shift with the discovery of the final fit perhaps saying 'aha.' Once she has reached the 'aha' experience of the felt sense, allow her to remain with this experience of the felt sense expanding it as much as she could. Thus you will have taken care of the positive disposition of the client even at the last moment.

## **COUNSELLEE'S TASK: ACTING**

The client explored deeply into herself to find out what would have gone wrong and came up with the awareness of certain deficiencies in herself. With the awareness of her deficiencies and with the facilitation of the counsellor she started to have alternative and constructive ways of thinking, feeling and behaving. Now what is at the intellectual level of reframing should flow into action. That is what the counsellee is going to do in this stage.

### **1. WILLINGNESS TO APPROPRIATE**

The client has worked with the counsellor and finally came to a particular course of action. It should not rest as the work of the counsellor but it should be primarily the work of the client herself. Now she should be willing to appropriate whatever has been arrived at, both by herself and the counsellor. It has to be the action of the counsellee and not of the counsellor. It is going to be her work she should make the strategies her own. Unless she makes the strategies her own she cannot work at it. Hence willingness on her part is of paramount importance. In other words she has to be highly motivated to enter into action, taking a risk and plunging into the future hoping for the best.

### **2. COURAGE TO CARRY OUT**

What the client has decided is something new to her and so far she is not used to it. To venture into something new and strange requires a lot of courage on the part of the client. Without courage the appropriated strategies will die out. That which gives life to strategies is the courage of the client. 'Come what may' should be her attitude and she should be daring enough to carry out what she has decided.

### **3. SUSTAINED ATTEMPT**

Willingness and courage might fail in the midstream. Relapses and failure are part of the total picture of the client. One should not imagine gloriously that everything would be all right by itself. Things might fail even with the best of motivation and courage. Let the client keep the attempt sustained lest she should fall flat and bemoan saying that nothing worked for her.

### **4. RESUMING AFTER A RELAPSE**

In spite of the high motivation, tremendous courage, and carefully sustained attempt strategies might fail. Let not the client be dismayed as though the whole world has collapsed. Nothing has been lost. She only got the feedback information that something did not work for her, may be due to certain factors that were not under her control or were not foreseen.

Taking the failure as a feedback information she should resume her sustained attempt with the same vigour, motivation and courage. If needed, she should redouble her efforts to reach the goal. It could also be an occasion for her to find out what would have caused the failure and rectify it. Failures are a part of the complicated process of success. The attainment of every goal may be beset with a lot of setbacks and failures.

As though the client had been looking for setbacks as a part of the process of attaining the goal, she should after a relapse get up and walk briskly towards her goal.

### **5. INVESTING THE MAXIMUM**

What at times sabotages one's success is lack of generosity. If the client is not willing to invest as much as she could, the results will also be scanty and stingy. It is not

a question of squandering one's resources but to invest whatever is absolutely necessary to attain the goal. In that way let the client mobilize all her energies and resources that are needed for the attainment of the goal. It is being generous towards herself. In the long run, her own generosity towards herself will be an asset to her better and healthy future.

With this the counselling interaction of the client with the counsellor formally gets over and with the hope of executing the strategies she moves out into the real field to experiment what she has gained by way of insight and the strategies she has decided upon. The client will go and experiment for herself and come back once in a way to evaluate the implementation of the action plans. The counsellor and the counsellee will enter into the next stage only after sometime that is after implementing the strategies to see how far things are working for the client and what needs to be done still further and if there is any modification that is needed to make the strategies workable. For the time being the client says good-bye and goes to her life situation and the counsellor hopes that everything will be working well with the client.

## **POST - HELPING PHASE**

### **STAGE -9 EVALUATING**

#### **COUNSELLOR : EVALUATING COUNSELLEE : REVIEWING**

#### **COUNSELLOR'S SKILL: EVALUATING**

Evaluating is an assessment made on the performance of the counsellee. The client would have left you enthusiastically with the newly-formed attitude and with certain strategies to work towards her goal and in fact she would have tried them out in her life situation. After a lapse of time during which the client would have gone ahead at least for sometime with her action plan, she comes back to the counsellor to review the performance so far done.<sup>1</sup>

#### **1. ONGOING EVALUATION**

Actually evaluation only at the end is too late. So much learning would have been lost if periodical ongoing evaluation had not been there during the counselling process itself. To think of it only at the end is profiting only less from the counselling interview. While taking classes I keep enquiring every now and then asking the participants to take stock of what they had learned up to that time. If you leave them to themselves even though they would have learned much during a short period it would not appear to them that they have learned something worthwhile. At least to make them realize that they had been learning quite a bit it is necessary to make periodical ongoing evaluations. During the evaluation the client not only evaluates her own performance but also the helping process of the counsellor himself so that if anything should be changed either by the counsellor or by the counsellee it could be undertaken at the earliest instead

of carrying on the mistake till the end and lament over the waste of time and opportunities.<sup>2</sup>

## **2. Client-centred Evaluation**

Evaluation is primarily meant to help the client. It does not mean that the counsellor himself will not profit from such a beneficial work but the main interest is the client. Evaluation either ongoing or at-the-end is meant to see if the client really profits from the counselling process. It is for helping the client and during the evaluation the counsellor checks if the process really helps the client, if her life is substantially changed, and if it is a learning process for her. Side by side the counsellor too learns about the efficiency of his helping process.<sup>3</sup>

## **3. SELF-EVALUATION**

There are many advantages in having an evaluation with the client. Some clients naturally turn to the counsellor and report and get the things checked. Some others will be reluctant. If evaluation is not forthcoming, the counsellor could gently draw the attention of the counsellee for having an evaluation with him. Before having evaluations with you the clients should be encouraged to self-evaluate their own performance. Training the clients to evaluate themselves should be normally done. A life that has not been evaluated usually deteriorates. Helping the clients to self evaluate is an invaluable service to them.

## **4. Advantages of Evaluation**

Whatever type of evaluation one may have, one can draw a number of benefits from such a process.<sup>4</sup>

### **1) SUPPORT**

In a troubled world of the client, the one who understands the internal frame of reference of the client hopefully is the counsellor. Since it was the counsellor who established a rapport, took interest in the welfare of the client, came to know very closely her thoughts, feelings and behaviour and had been with her all through the helping process, he should be the one to whom the client will turn for support, mostly for emotional support.

## **2) BEING WITH**

The counsellor gives the impression to the client that he has not left the client or abandoned her. His interest in the welfare of the client continues irrespective of the time lapse. The client will feel that she is constantly being helped by a caring hand.

## **3) OVERCOMING INITIAL DIFFICULTIES**

The client goes and experiments things that are quite foreign to her, and the world in spite of her having had the benefit of counselling, has not been changed. Entering into the same world and being encountered with the same stimuli that stimulated her early she may be at a loss, overwhelmed by the initial difficulties which if overcome will become a great advantage. A timely intervention of the counsellor will enable the client to overcome her initial fear and difficulties and thus enhance her onward march.

## **4) HONOURING THE CONTRACTS**

Evaluation makes the client to be faithful to the contracts she has made. She feels that since she has to go and report to the counsellor, she is obliged to keep up her contracts. There may be an unconscious desire to be appreciated by the counsellor, or at least the desire that the counsellor should not find fault with her for not having kept up

the contracts. In view of the evaluation, the client wants to honour her contracts made with the counsellor.

#### **5) MODIFYING GOALS**

It may be true that the goal set by the client looked bright and viable. But later as the client started to work on it, she might meet with major difficulties because of the very nature of the goal. At that time she needs to evaluate the goal and scrutinize it thoroughly in the presence of someone else. For that, the person most fitting would be the counsellor since it was the counsellor who helped her set the goal. Both the counsellor and the counsellee could review the goal and modify it if necessary so that the goal is workable.

#### **6) MODIFYING STRATEGIES**

It is possible that what the client set as the goal may be all right and appropriate and within her capacity. But the means she adopted to work for the goal may be defective. The strategies may not be practical. The client is likely to think that it is the goal that is deficient without realizing that it is the strategy that she has to modify rather than the goal. Hence a discussion with the counsellor by way of evaluation will help the client modify the means which are strategies to the goal.

#### **7) GETTING STRENGTHENED**

When everything is all right and working well the client proceeds fearlessly towards the achievement of the goal. But in the middle she may get frightened or may have midcourse difficulties for which a talk with a counsellor will go a long way in dispelling her fears and she will feel encouraged to proceed further undaunted. This periodical strengthening is a boost to the counsellee.

**8) LEARNING PROCESS**

Evaluation in itself is a learning process. It may also be a time for the client to go over all the process of the counselling interview she had with the counsellor at times making reference to some salient insights and thus it becomes a learning process. When going over a matter again and again one learns it well.

**9) ACKNOWLEDGES LEARNING**

A lot of learning is simply lost and becomes useless in our lives just because we did not revise it. We did not realize that we have learned quite a bit. In conducting sessions if no evaluation is had the participants go away thinking that they learned hardly anything, but on the contrary when we make them sit and take stock of the things that they have learned, making an assessment both positively and negatively, they become aware that they have learned very much. Therefore evaluation takes stock of the things learned already by the counsellee.

**10) MOANING FAILURE**

Both the counsellor and the counsellee hope that everything will turn out to be good. But it can happen that the result seems to be a failure for the client. When confronted with a failure one naturally moans. When sorrow is shared it is halved. Naturally the counsellor would be the fitting person with whom she could moan and the counsellor because he is also skilled in being effectively with a moaning person, will be of support to her in her grieving.

**11) FAILURE IS A LEARNING**

We are living in a success-oriented society. All that matters is success, and people shudder to think of failure. Society has failed to teach the youngsters that like success, failures too are equally enabling. For example, if a course of action did not work, the implication is a great learning. The client now learns that such and such a course of action does not work. To know what works is definitely a learning, and in the same way to know what does not work is equally a learning. The client learns this lesson in evaluation.

## 12) CELEBRATING VICTORY

It is not only in grief that you would like to share your sorrow with someone, but also when you are victorious and successful. When joy is shared it is doubled. When the client really succeeds, she wants to share it with someone who had been caring for her during the counselling interview, and was encouraging her to take the necessary steps, being supportive all the time. Therefore at the time of her victory, he will be one of the persons to rejoice with her by looking back and evaluating the process.

## 13) ENHANCING RELATIONSHIP

We know that in counselling interaction, transference takes place, which is mostly a positive one. It will be there if not on a high level at least to a minimum level. That relationship need not die out. Every relationship is beautiful. After the counselling is over, the clients may not visit the counsellor frequently. Once in a way the return of a counsellee to the counsellor will also enhance their warm relationship. But one should not think that counselling is meant for relationship, and if you as a counsellor were to crave for it you have some unmet needs which you need to work out. But if a lasting friendship were to blossom between the counsellor and the counsellee, it is something welcome and noble.

Now, you have reached the end of the ninth stage of counselling, namely evaluating. For the above mentioned advantages, you will endeavour to facilitate the client to make ongoing evaluations during the counselling sessions and later periodically to make sure that your facilitation is really effective in the life of the client.

#### COUNSELLEE'S TASK:

##### REVIEWING

In the last stage of evaluating it is not the counsellor who takes a major share but it is the client. She looks back on all that had happened, what she learned, how the strategies worked, and how the goal has been achieved, or not achieved. If necessary, she makes the necessary modification in the goal set. If modification will not work, she will altogether alter the goal so that it is workable and is satisfying to her. If the strategies need modification, she modifies the strategies. She becomes mindful of the contracts she has made and wants to be faithful to her words. All these are done by the counsellee at the last stage of counselling, that is, reviewing.

She needs to realize that reviewing is not a waste of time but it is a great learning process. She co-operates with the counsellor for her own good because of the advantages of reviewing her performance. Reviewing could help her be bold in meeting situations that once seemed insurmountable. Here all that I recommend to a client is that she should be willing to review the performance and continue to grow. It is not only for solving problems that one approaches a counsellor, but also for growth. The fact that you worked out your problem is not reason enough why you need not grow further. All through our life we should be committed to our growth. In our growth process we could avoid the pitfalls we had met earlier. And that can be done only when one is able to look back and take stock of the past experience.

Thus we have reached the end of the counselling process, concentrating on every stage on the skills of the counsellor and the tasks of the counsellee. Each one had something serious to do, and the work of both was needed. But the greater responsibility was taken by the counsellee. Both of them learned quite a bit in the process, and that is worth continuing in their lives.

## CONCLUSION

By way of concluding the discourses on the skills of counselling, I would like to draw your attention to the personal integration of the counsellor himself. In effect, it would mean a number of things. It is a task that a counsellor needs to do in order to be of effective service to the clients. An integrated person is a healing person. By being integrated in yourself, you facilitate this quality of being integrated in the clients and nurture it adequately. Your commitment to self-growth is what is needed here. Counselling psychologists usually recommend that the counsellor be functioning at a higher level. It is not the question of I am holier-than-you attitude but one of being healthier. Here it is not the question of perfection but excellence in mental health to the level one can actually attain. Therefore I would like to underscore those aspects that need serious consideration on the part of the counsellor towards personal integration.

### 1. INTEGRATION

Integration<sup>1</sup> is characterized by the highest mystical, holistic form of individual functioning where one does not attempt to obliterate diversity, but seeks out diversity, welcomes other points of view, embraces opposites, desires to see the other side of every issue. In a way it is holistic. It is the opposite of compartmentalization by which we put related matters into separate airtight compartments where they do not rub up against each other and cause one any pain. Integration necessarily involves pain. Without pain one cannot imagine healthy growth. The pain may show up when matters rub up against each

other, when one experiences the tension of conflicting needs, demands and interests. Therefore integration requires that we be fully open, vulnerable to the tensions of conflicting needs, demands and interests. It is a question of reconciling the opposites.

## 2. NON-JUDGEMENTAL AWARENESS

Integration is not the same as overcoming, converting, or fixing or even changing. But it is first of all a non-judgemental awareness of what one is and what one undergoes or experiences within oneself. It is first of all an awareness of who we are; awareness of the truth about ourselves. Our tendency is to be defensive, to keep it away, or feel unhappy about the awareness. Here one does not ask the question if it is good or bad. The healthy question to be asked is whether it is true or false. One may not like the awareness because it is painful but one needs to have the attitude of facing it because it is true of the person. Therefore the question whether it is true or false makes a world of difference, instead of asking a question whether it is good or bad which is judgemental. The awareness that is demanded of integration is non-judgemental. In non-judgemental awareness you do not take sides with any one aspect. You are just aware of some aspects that you were not aware of earlier, in a dissociated way. You do not need to punish yourself or reprimand yourself for such and such realities that you discover in yourself. You neither praise nor blame yourself for what you have become aware of. You only maintain asking the question whether it is true or false. If it is false, then brush it aside, but if it is true then be aware of it without passing a judgement whether it is good or bad.

### 1) VULNERABILITY

Under the aspect of non-judgemental awareness you need to give your attention to the fact of vulnerability.<sup>2</sup> Vulnerability is a two-way traffic. First of all it denotes the capacity of the individual to expose his wounds and weaknesses to others, and also it is

the capacity to be affected by the wounds of others. It refers more to the emotional wounds and pains of human existence. There is no richer form of human existence than the willingness to suffer, experience depression and despair, fear and anxiety, grief and sadness, anger and the agony of forgiving, confusion and doubt, criticism and rejection. A life devoid of these wounds and hurts is not resourceful and rich. May be useless for oneself and definitely useless for others. For if you do not know what it is to be wounded or hurt, how are you going to understand those who come to you with such wounds and hurts? No healing worthy of the name is possible without your willingness to be hurt. Without revealing one's vulnerability, one appears to be fortified, defended and guarded, and automatically all those who come into contact with you, especially the clients, will pretend to be fortified and will be reluctant to reveal their hurts and wounds. Because you have pretended, the others too are invited to pretend automatically. Then of what use is your service to anybody? Consequently one needs to ask oneself whether one is ready to reveal one's imperfections, problems, neuroses, sins and failures. Vulnerability does not stop with the process of willing to be wounded but it has to reach its completion in manifesting one's woundedness which may be in the form of brokenness, crippledness, weakness, inadequacies and failures. In short, vulnerability is the ability to be affected by a variety of human experiences. It is quite neutral. Both the positive and the negative can affect us. When you thought you were strong suddenly you realize that you are weak. Most of the time we imagine that vulnerability is being affected by something negative like anger. It is not only being affected by anger but also to be affected by care and love. If you are affected only by negative aspects and not by the positive ones, your psychological health has to be questioned.

## 2) SHADOW

Another non-judgemental awareness the counsellor needs to deal with is the shadow side of himself. All of us carry two faces: the one that is illumined and accepted,

and the other which I do not like. What I like and want to be seen is my persona.<sup>3</sup> Persona is understood as a mask adopted by one in response to the demands of the social convention, tradition and inner needs. This is simply the role assigned by the society to the individual. Every society expects its members to play certain roles, and that which the individual members play in the society as expected of them by the society is called persona. The purpose of persona then is to conceal the real nature of the person, and also to make a definite impression upon others about herself. It will not be an exaggeration to say that persona is the public aspects of a person behind which is her private personality. Actually the word persona originally means an actor's mask, but it was not in this sense that Jung used it. All of us need mediation between our inner psychic life and the world outside, for, if we were to behave in all the circumstances in the way we are internally, it would be disastrous. The persona is supposed to be flexible in the sense that different situations evoke different qualities and aspects that are adaptive within the given context. Sometimes persona may become rigid, especially when people cling to their roles and are not willing to stop playing the roles.

What I dislike and disown is my shadow.<sup>4</sup> All that is unilluminated, unexamined and undesirable amount to my shadow, the repressed and unexamined aspects of me. Perhaps first we project our best part and suddenly comes the shadow demanding recognition. For example you may be a person of boundless patience and suddenly you break control and you flare up for silly things. The shadow consists of the animal instincts, we can say. This animal instinct we have inherited in our evolution from the lower forms of life. Consequently, the shadow we are speaking of, is the animal side of human nature. This shadow side of our personality is responsible for the unpleasant and socially reprehensible thoughts, feelings and behaviours. In all probability this shadow side may either be hidden from public view by the persona, or repressed into the personal unconscious.

The shadow is supposed to be the other side, all that we would not like to be. In fact it is the compensatory side to our conscious ego. The shadow is all those things which we would never like to recognize in ourselves, but are particularly allergic to see them in others. The shadow is unconscious and so it is expressed as a projection onto others.

### 3) PROJECTIONS

The next non-judgemental awareness I would like to speak of is the projections.<sup>5</sup> Think of the things you are disproportionately upset about when noting them in other people. Perhaps what you are not aware of and owned in your own life, you project on others and are disturbed. For example, if you are strongly disturbed about someone's dishonesty, and if your disturbance is out of proportion, it is an indication that in all probability you are in a very subtle way dishonest yourself. The fact of your own dishonesty is outside your awareness, and when you notice the same dishonesty in the other, even in the least degree, you are overly upset, and you want even to punish the other severely. Religious leaders and formators who are exaggeratedly severe on others for their mistakes suffer from projections. Often I have observed this phenomenon in evaluations done by formators who are not that ideal followers of all that they profess. They tend to be very severe on the formees whom they evaluate. The one who is most licentious is the one who condemns a ward for the slightest liberal attitude. A formator who is least disciplined will vociferously speak of discipline. A counsellor who is not aware of his projections will suffer from his projections for want of self-awareness, and to that extent his growth is hampered.

In projection, the unconscious is at work. The materials from the unconscious are projected. And one would know projection by the affectivity involved. When it is the question of strong emotions being stirred, it is certain that we are projecting. But projection of this sort, which is the projection of our own shadow on to others, differs

from the ordinary projection in which we attribute erroneous feelings and qualities to other persons. In the projection of our shadow on to others, we might very well be correct in our perception of a certain quality or feeling like anger, for example, or jealousy in others, but it is only marked by strong emotions in us when we witness these qualities in others.

#### 4) POLARITIES

Finally with regard to the non-judgemental awareness, I would like to point out the different polarities in one's life. Our lives are full of polarities like love and anger, strength and weakness, masculine and feminine, being and dying, identifying and differentiating. A counsellor shall endeavour to address these polarities and strike a balance. Integrating polarities is an essential task of the counsellor for his personal growth. For example, only identifying or only differentiating is pathological. Both identifying and differentiating are needed in one's life. Perhaps in the development of the individual, identifying is to be followed by differentiating, and finally one has to reconcile both these aspects of identifying and differentiating and strike a balance of integration.

### 3. COURAGEOUS OWNING

What needs to follow a non-judgemental awareness of one's vulnerability, shadow, projection and polarities is courageous owning. Awareness in itself is not of that value without the individual owning it. Some call this open confrontation, or honest collaboration or compassionate acceptance. As the terms denote, it requires a lot of courage to accept what one becomes aware of. When one becomes aware of something negative, or when someone points out something negative, the first reaction is a shock followed by a denial. In most cases, awareness may be followed by a denial, and the whole work may be a waste. At the first instance even to the very awareness, there

may be blocks which come from our reaction to see what might be there. And after becoming aware of the aspects that eluded one's perception, there comes a denial. Hence a direct frontal attack on them, as though converting or conquering those aspects, will not ultimately help the individual.

#### 4. FRIENDLY ATTITUDE

The shadow does not lend itself for integration when we approach it with an attitude of conquering. But if you approach it with an attitude of acceptance, that is, a friendly approach, you will win over the shadow. Courageous owning is willing to work with the shadow. Conquering is not the ultimate cure. For what is conquered has to be conquered again and again. Because today's victim is tomorrow's persecutor. What you conquered comes forcefully after sometime taking you unawares. In a friendly way if we collaborate with those negative aspects, they work for our good and integration. Instead of rejecting it, redeem it from the unaware side. Perhaps I might have built up an image that I am in control, but when you point out something that I do not like then it hurts me and makes me feel weak. What you say upsets me and hurts my ego deeply, but at the same time it is true of me. Maybe you are communicating your message concerning my shadow side in a clumsy way. I do not have to lose the content of what you want to communicate just because of the way you are saying. Therefore seeing the truth of it and integrating it into one's mainstream of life is all that is important. Hence a friendly attitude adopted gracefully will redeem the shadow side for integration.

Here one could follow the principle of accuracy of perception and adequacy of response in befriending the shadow-side of oneself. Depending upon your perception, followed by your belief, you bring about the ones you believed. If, for example, you believe that you will be rejected by others, you will go about in such a way that people

actually reject you. You are only making your belief come true. Here the people are not responsible, but your belief out of which comes your behaviour is responsible. And also check if your response is adequate. For a small loss or failure, if you were to make a loud lamentation lasting for months, your reaction is not adequate.

#### 5. BEING SENSITIVE TO ONESELF

Finally I would like to remind you to be sensitive to your own needs. If you are not sensitive to your own needs and feelings, you are not going to be sensitive to the needs and feelings of others. A compassionate sensitiveness is all that matters towards you, in spite of all your setbacks and failures, sins and neuroses, depression and agony, confusion and doubts. The unconscious tendency is to inflict on others what you yourself suffered in your own life. If only you are sensitive to your own feelings, you will automatically tend to be sensitive to the feelings of others. The people who do not love others enough are the ones who are not loving themselves either. The way they carry themselves angrily and arrogantly towards others is the basic attitude towards themselves, though apparently they seem to be loving themselves.

#### 6. WITH A SENSE OF EXCELLENCE

Last of all, do whatever you do, even your personal integration, with a sense of excellence. Aiming at excellence is healthy, but aiming at perfection is violence. When you do violence to yourself by way of aiming at perfection, the part of your personality that is subjected to this 'holy' violence resists and often turns against you. Perfection is not a friendly look. Aiming at perfection is a form of neurosis, but aiming at wholeness is healthy. The whole aim of your personal growth is to integrate all your aspects, both positive and negative, into a wholeness. And this is the ultimate aim of personal growth, and that which you desire for the clients who come to you, and in counselling

interaction both the counsellor and the counselee aim at wholeness. And if you are committed to this wholeness, surely you will trigger off the process of personal integration of the client into a wholeness.

**CHART - I****Evolution of Counselling from Non-Directive Model to Microskill Model****1. Client-centred & Non-Directive Model of Carl R. Rogers**

Counsellor	1. Genuineness 2. Acceptance 3. Understanding
Counseelee	1. Feels accepted

**2. Charles A. Curran's Model**

Counsellor	Listens and identifies the message.	Responds, verbalizing his experience of the counseelee in a descriptive way by a language of cognition naming the feeling = adequate symbolization
Counseelee	Speaks in the language of feeling.	Recognizes & owns feelings which stimulate next expression of experience.

**3. Integrative and Directive Model of Robert R. Carkhuff**

Counsellor	Attending	Responding	Personalizing	Initiating
Counseelee	Involving	Self-Exploring	Self-Understanding	Acting

#### 4. Developmental Model of Gerald Egan

##### 4.1. Brief

Counsellor	Attending	Responding to counsellor's internal frame of reference	Stimulating to alternative frame of reference	Helping to act
Counseelee	Involving	Exploring & Examining	Action - Oriented Self - Understanding	Acting

##### 4.2. Elaborate

	Pre-Helping Stage	Stage-1	Stage -2	Stage -3
Counsellor	Attending 1. Physically 2. Psychologically	Responding to Counseelee's internal frame of reference. 1. Genuineness 2. Respect (acceptance) 3. Basic empathy 4. Concreteness.	Stimulating to alternative frame of reference 1. Alternative frame of reference. 2. Advanced empathy 3. Self Disclosure 4. Challenging 5. Immediacy	Helping to act 1. Problem solving techniques 2. Behavioural strategies. 3. Action Programmes.
Counseelee	Getting Involved	Exploring behaviour & examining the problem.	Seeking action - oriented self-understanding; owning the consequences of self-exploration.	Acting on this understanding

#### 5. MICROSKILL MODEL OF D. JOHN ANTONY

##### 5.1. BRIEF

	<b>Pre-Helping Phase</b>				<b>Helping Phase</b>				<b>Post-Helping Phase</b>
	<b>Stage-1</b>	<b>Stage-2</b>	<b>Stage-3</b>	<b>Stage-4</b>	<b>Stage-5</b>	<b>Stage-6</b>	<b>Stage-7</b>	<b>Stage8</b>	<b>Stage 9</b>
Counsellor's Skill	Acquainting	Observing	Founding	Diagnosing	Pacing	Personalizing	Reframing	Initiating	Evaluating
Counseelee's Task	Associating	Manifesting	Involving	Investigating	Exploring	Understanding	Reorienting	Acting	Reviewing

**MICROSKILL MODEL OF D.JOHN ANTONY**

**5.2. ELABORATE**

		Pre-Helping Phase		
	Stage -1	Stage -2	Stage-3	Stage -4
	ACQUAINTING	OBSERVING	FOUNDING	DIAGNOSING
Counsellor's Skill	Rapport Building. Familiarizing.	Look for cues to understand the non-verbal behaviours of the client.	Attends, Listens and Responds, Reflects the content, reflects the feeling, reflects the deeper feeling	Finds out if the client suffers from 1. Faulty Situation 2. Faulty Thinking 3. Faulty Feeling 4. Faulty Behaviour Pinpoints the problem. Asks for a recent event
	ASSOCIATING	MAINFESTING	INVOLVING	INVESTIGATING
Counsellor's Task	Accepts and co-operates with the initiatives of the counsellor by associating with him.	Continues to cooperate with the counsellor maintaining at least a workable relationship	Gets involved and starts expressing.	Investigates what has gone wrong with her.
	Helping Phase			Post Helping phase
Stage -5	Stage -6	Stage -7	Stage - 8	Stage -9
PACING	PERSONALIZING	REFRAMING	INITIATING	EVALUATING
Responds to the client's internal frame of reference with the attitudes: 1. Genuineness 2. Respect 3. Basic empathy 4. Concreteness.	Integrative Understanding. Personalizes the client's deficiencies. Personalizes: 1. Meaning 2. Problem 3. Goal.	Stimulates the client to alternative frame of reference with the attitudes: 1. Alternative frame of reference 2. Advanced empathy 3. Challenging 4. Self- disclosure 5. Immediacy	Initiates problem solving techniques, behavioural strategies, and action programmes by setting goals and making contracts.	Checks how the client has fared. Gets a feedback as to how the client has fared with her decisions, and if needed, modifies the means and goals.
EXPLORING	UNDERSTANDING	REORIENTING	ACTING	REVIEWING
Engages herself with deep self-exploring.	Dynamically self-understands by owning her contribution to the problem.	Develops alternative and constructive ways of thinking, feeling and behaving.	Appropriates the desired change by taking appropriate steps.	Reviews the steps taken; modifies if necessary; fulfils her contracts.

## CHART II

**COMPARISON OF COUNSELLING MODELS**  
**Non-Directive - Directive - Developmental - Microskill**

<b>Client-Centered &amp; Non - Directive Model of Carl R.Rogers</b>	<b>Integrative &amp; Directive Model of Robert R.Carkhuff</b>
<p style="text-align: center;"><b>Six Necessary and Sufficient Conditions</b></p> <p>1. Psychological contact. Person to person (Intensely personal and subjective relationship between counsellor and counsellee)</p> <p>2. Counsellee is incongruent</p> <p>3. Counsellor relatively congruent. Integrated in the relationship. Genuineness.</p> <p>4. Unconditional Positive Regard: Acceptance</p> <p>5. Empathic understanding of the counsellee's</p>	<p style="text-align: center;"><b>Facilitative Dimension Self-Exploratory</b></p> <p style="text-align: center;">ATTENDING (Observe &amp; Listen)</p> <p>1. Genuineness. 2. Acceptance 3. Understanding</p>
	<p style="text-align: center;"><b>Action-Oriented Dimension Emerging Directionality RESPONDING</b></p>

<p>internal frame of reference: Understanding.</p> <p>6. Counsellor communicates to the counsellee empathic understanding &amp; unconditional positive regard at least to a minimum degree.</p> <hr/> <p>In sum:</p> <p><i>Basic Three of the Counsellor:</i></p> <ol style="list-style-type: none"> <li>1. Genuineness</li> <li>2. Acceptance</li> <li>3. Understanding</li> </ol> <p><i>Basic One of the Counsellee</i> Feels Accepted.</p>	<ol style="list-style-type: none"> <li>1. Concreteness</li> <li>2. Self-disclosure</li> <li>3. Confrontation</li> <li>4. Immediacy</li> </ol> <p style="text-align: center;">PERSONALIZING</p> <p style="text-align: center;">INITIATING</p> <p style="text-align: center;">EVALUATING</p>
---	--

**CHART II**  
**COMPARISON OF COUNSELLING MODELS**  
**Non-Directive - Directive - Developmental - Microskill**

<b>Developmental Model of Gerard Egan</b>	<b>Microskill Models of D. John Antony</b>
Pre-Helping Stage Attending: physical & Psychological	Pre-Helping Phase State 1 : Acquainting. Rapport building stage. Stage 2 : Observing, Observes the nonverbal behaviour of the client. Stage 3: Founding, Builds a base for counselling proper. Stage 4: Diagnosing. Pinpoints the problem area.
STAGE 1: Responding to the counsellee's internal frame of reference 1. Genuineness 2. Respect (Acceptance) 3. Basic empathy 4. Concreteness.	<b>Helping Phase</b>  Stage 5: Pacing. Responds to the client's internal frame of reference. Stage 6: Personalizing. Personalizes the problem. Stage 7: Reframing. Stimulates the client to alternative frame of reference. State 8: Initiating, Initiates problem solving techniques, behavioural strategies and action programmes.
<b>STAGE 2: Stimulating the counsellee to alternative frame of reference.</b>  1. Alternative frame of reference 2. Advanced empathy 3. Self-disclosure 4. Challenging 5. Immediacy	

**Stage 3: Helping out**

1. Problem solving techniques
2. Behavioural strategies
3. Action programmes.

• **Post - Helping Phase**

Stage : 9 Evaluating. Checks how the client has fared. • •

APPENDIX I  
COUNSELLING FORMAT

PRE-HELPING PHASE

1. Welcome the client, make her comfortable with a small talk, and observe her non-verbal behaviour.
2. Let the client tell the story.
3. Reflect the content using the "You say" formula.
4. Reflect the feeling using the "You feel....because....." formula.
5. Allow the client to speak sufficiently on feeling.
6. Reflect the deeper feeling.
7. Facilitate the client to release the negative feelings.
8. Pinpoint the problem/ask the client to define the problem
9. Ask for a recent event connected with the problem.

HELPING PHASE

10. Personalize the client's deficiency:  
What the client is doing or not doing that contributes to her problem, by using the formula:  
"You feel..... because you cannot..... "
11. Find out alternative frame of reference, using the formula "You feel...because you cannot...and you want to...."
12. Employ problem solving techniques, behaviour strategies and action programmes.
13. Insights:
  - 13.1. Change what can be changed.
  - 13.2. Make her gracefully accept what cannot be changed.
  - 13.3. Prepare the client for the worst
  - 13.4. Prepare the client to be happy with whatever decision she has made.
14. Define the goal
15. Operationalize the goal: Break the goal into smaller chunks and let the client proceeds step by step.
16. Keep the Goal: Specific, Measurable, Achievable, Realistic (future pacing), and Tangible (giving satisfaction to the client)
17. Urge the client to make contracts.

POST - HELPING PHASE

18. Evaluate: Have periodical evaluations.

## APPENDIX - II

## FOCUSING MANUAL

**I. Introduction**

Eugene T. Gendlin has devised six steps to do focusing. Focusing is a special technique by which an individual pays her whole attention on the felt sense, which is the experiencing of a problem (or a happy disposition) in the body. This is done with regard to a problem to know whether a problem is really urgent, and also to relate to the problem in a friendly way. The experience of the felt sense of a happy event also can be focused for the sake of expanding the felt sense and benefiting the maximum from it. You already learned how focusing can be used in counselling situations, especially when the client has pinpointed the problem (see pages....) and later when she has arrived at a decision (see page ...). Now let us consider focusing independently of counselling. Often focusing can be used for its own sake, though most of the time it can be coupled with counselling or with psychotherapy. A problem that is not experienced by the body is not a real problem in the strict sense, and a solution which is not experienced in the body too will not be a genuine one. That is why focusing is used both in counselling and in psychotherapy. But here our interest is to learn focusing as a separate therapeutic procedure, though in itself it cannot be called a therapy. But definitely focusing has got therapeutic effect on the client. It helps her relate to the problem in a friendly way without being threatened, and approach it calmly.

**2. Six steps of Focusing****1. Clearing a space**

This step of clearing a space is not needed when focusing is used during the counselling, because you would have already done it by the time you arrive at pinpointing the problem. Otherwise it is wise to start from this first step. Let the client

relax taking sometime to quieten herself, if needed by taking a few deep breaths and slowly bringing it to normal. Let her take as much time as she wants.

Now there are two ways to proceed, depending on what the client reports. If the client is already positing a problem you need to see how it is felt in the body, thus going to the second step without much ado. But if no specific concern is expressed, do the following: Gently ask the client to bring her awareness between her throat and her lower abdomen. One might wonder why one should look for the experiencing of the problem between the throat and the lower abdomen. Can we not feel the problem in the hand or in the head? One could feel anywhere in the body; as for example, a person who is pressurized with various conflicting commitments may have an acute headache. These can be felt as aches and pains, but the body tends to experience the whole problem in the trunk, that is, between the throat and the lower abdomen.

Once the awareness is brought to the body, let the client ask the question: How am I at this moment? or what is there between me and my being happy? The client will report some kind of discomfort in any part of the trunk. Let her say hello to the awareness; ask her to see if this awareness of some experiencing in the body is related to some concerns of hers. She will find one. Let her acknowledge this concern and create a space for it to be kept until she wants to deal with it. Again ask the client to see what else is there that needs her attention now. She might report something specific. Let her see if this also is related to some specific concern. When she identifies a concern, let her say hello to it and create a space for it too. Let her enjoy the space she has created, that is the space she has created between her and the issue. Like that, let her go on recognizing issues, until she has nothing more to report. She will go on enquiring herself if she would be happy if the things she has reported were taken care of. When she says that these are the issues that stand in her way of being happy right at this moment, ask her if there are any background feelings like being scared, feeling insecure and shy. If there is

one, let her acknowledge it and create a space for it too. Now it is time for her to enjoy the space created for herself from the issues that came in the way of her being happy.

## **2. Having a Felt Sense**

Of all the concerns she spoke, which one needs, according to her, immediate attention, or which one will need some listening time? Let the one that needs her immediate attention among the many issues that were reported, be brought into view. Gently ask her where in her body she carries this particular issue; let her notice the general feel, all about the whole thing. Let her take as much time as needed to let the sense of all that form, the sense of the whole thing, the murky discomfort, the unclear body-sense of it. The felt sense is neither a mere body-sensation, nor a feeling, nor an emotion, and not even a gut-level feeling. It is the total impact of the problem on the body with all its complexity and it may include the above-mentioned items.

## **3. Getting a handle**

Let the client take some time to describe what this felt sense feel is like in her body. Let a word, a phrase or an image come from the felt sense, the one that best captures the whole of it. A word, or a phrase or an image the client brings up is the handle to the whole of the felt sense.

## **4. Resonating**

Now you need to check with the client if the handle word or image that emerged is the best fit to describe the felt sense. As the client resonates the handle with the felt sense, she may discover another word or phrase to describe the felt sense better. Every time she finds a new word, she might be rewarded with a body shift. Thus let her keep

resonating until she finds the best fit. When she finds the best fit, she is ready to go to the next step.

## 5. Asking

It may be helpful for you as the facilitator of the focuser to keep in mind the following types of questions for guidance.

### a. General questions

'See if you can ask what this is.'

'See if there is more here.'

'What is so scary (or any word that was reported) about it?'

'Ask what this is trying to tell you?'

### b. Crux Questions

'See if you could ask what is the worst of it.'

'What gets you most scared about it?'

### c. Forward Direction Questions

'What would bring relief here?'

'What is this trying to tell you?'

'What does this need?'

These are all forward direction questions.

The felt sense needs something here, to help it move after finding a perfect fit. You begin to ask what that might be. It may be in the form of what it is, or what is the worst of it, or what it needs.

## 6. **Receiving**

Now the focuser is at the receiving end. Whatever comes as a result of her focusing and asking, let her receive it gratefully. Let what the client receives form and expand in the person of the client as fully as it wants to be. Let the client receive what comes with a sense of respectfulness, nurturing and welcoming. And let not the critic come in, in the form of blaming or belittling. Let the client sit for a while with whatever came to her as she would sit with a friend.

## 3. **Ending the session:**

Sessions are not to be ended abruptly. Give an advance notice to the client perhaps saying 'See if it is all right that within a few minutes you will find it a comfortable place to stop.' 'Check inside and see if it is all right that you end the session.' As you end the session, it is good to take note of the following: You could ask the client to mark the place where she is stopping the session, so that when she wants, she could return to it. You could invite her to look back over the session and notice what needs to be remembered. You could also invite the client to thank and appreciate those parts that had been with her during the focusing process. In case you are working with a partner, both of you could give feedbacks to each other, honestly acknowledging each one's part.

## 4. **Illustration (1)**

Counsellor :Close your eyes.....You would let me know when I need to be slow; something I need to keep in mind especially..... So, we shall start. Let yourself be relaxed and comfortable. If it helps you, take a few breaths. As your breath becomes slower, become quiet within. Relax as you need to be. When you are ready to move on, let me know.....

- Counselee : Yes, I am ready.
- Counsellor : Bring your awareness to the middle of your body, between your throat and the lower abdomen, and gently ask yourself what is in the way of your being fully happy at this moment. When something comes up, let me know.
- Counselee : Anxiety.
- Counsellor : Quietly notice also how that anxiety is in your body...
- Counselee : Sweating sensation.
- Counsellor : Say a hello to it, and create a little space for it....
- Counselee : Yes.
- Counsellor : Enjoy that space for a while...
- Counselee : Yes.
- Counsellor : Once again, ask yourself, what is in the way of your being happy?
- Counselee : My poor health.
- Counsellor : See how it is experienced in your body....
- Counselee : Nothing in particular.
- Counsellor : Notice if it requires more time to see...  
Something to do with your poor health. See how your body carries it.
- Counselee : Some uneven feeling.
- Counsellor : Once again acknowledge it and create a space for it...
- Counselee : Yes, I have done.
- Counsellor : Enjoy that space... Then once again ask whether you would be all right if these issues were resolved...
- Counselee : Yes, I think so.
- Counsellor : Looks like it is all that is there. Check if there is any background feeling...
- Counselee : Some tinge of fear.

- Counsellor : Acknowledge this too, and create a space for it...
- Counselee : Yes.
- Counsellor : Now enjoy the space created for you and when you are ready let us proceed further.
- Counselee :(after a while) Yes, I am ready.
- Counsellor :Of the two issues you spoke, which one requires your attention most now?
- Counselee : My poor health.
- Counsellor : Bring all that again, have a general feel of it which has something to do with your poor health...
- Counselee : Some unusual warmth in the chest.
- Counsellor : Is it the best way to describe the felt sense?
- Counselee : It is a kind of burning.
- Counsellor : Again check if burning is the right word to describe your experiencing....
- Counselee : A kind of rapid palpitation.
- Counsellor : Would 'rapid palpitation' be the adequate word to describe your experience?
- Counselee : Yes, it is so.
- Counsellor : What does rapid palpitation need?
- Counselee : Some care.
- Counsellor : So some care... Allow some care to expand as much as it wants and let it fill you.
- Counselee : (after a while) Yes.
- Counsellor : As we begin to end the session glance over the session, and notice what needs to be remembered, and thank all those parts that cooperated with you....When you are ready, come back here and open your eyes.

## 5. Illustration (2)

- Counsellor : Close your eyes....Communicate with me whatever I need to keep in mind ,and if it helps you, take a few breaths, and calm yourself as your breathing becomes slow. Take as much time as you need.
- Counselee : (after a while) Yes.
- Counsellor : Let your awareness be gently brought to the middle of your body, between your throat and the lower abdomen, and ask yourself how you are at this moment. If something comes up, let me know.
- Counselee : Some kind of thickness in the throat.
- Counsellor : To what specific issue is the thickness related...
- Counselee : It has something to do with a certain worry.
- Counsellor : Just acknowledge it without getting into it... You could also find a place for it... Notice the place that you have created, and enjoy the space...
- Counselee : Yes.
- Counsellor : Once again, ask yourself, What else is there that needs your attention now.
- Counselee : A cramp in the stomach
- Counsellor : To what specific issue is the cramp related?
- Counselee : To a relationship.
- Counsellor : Just acknowledge and say hello to it.. and create a space for it and enjoy the space you have created for you....
- Counselee : Yes, I have done.

- Counsellor : Ask yourself whether your life would be all right if these things are taken care of.
- Counselee : Yes, it is so.
- Counsellor : Check if there is any background feeling.
- Counselee : A feeling of inadequacy.
- Counsellor : Acknowledge that too and create a space for it, and now enjoy the space you have created.
- Counselee : Yes.
- Counsellor : Notice which one of the issues needs most of your attention now.
- Counselee : The cramp in the stomach.
- Counsellor : The cramp related to some relationship. Let all the sense of it form all about it; and how does it feel in the body?
- Counselee : Something tight.
- Counsellor : Is tight the right word to describe it?
- Counselee : It is a kind of lump.
- Counsellor : Is it the best way to describe it?
- Counselee : Yes, it is the best way.
- Counsellor : What is the worst of it?
- Counselee : Being left out.
- Counsellor : What would it need?
- Counselee : It needs acceptance.
- Counsellor : From where can acceptance come?
- Counselee : From me.
- Counsellor : Let it form, expand and be as fully as it wants to be...May be you could check if it is all right to spend some time with this now... As we are about to end the session, check if anything needs to be taken note of..... any part to be thanked...when you have enough, come back, and open your eyes.

**ENDNOTES**  
**INTRODUCTION**

01. Adrian Van Kaam, *The Art of Existential Counselling*.  
Pennsylvania: Dimension books, 1966, pp. 19-20
02. *Ibid.*, p.16.
03. Gerard Egan, *The Skilled Helper*. California: Brooks/Cole Publishing  
Company, 1994, pp. 5-6
04. Joe Currie, *The Barefoot Counsellor*. Bangalore: Asian Trading Corporation,  
1988, p.107.
05. *Ibid.*, p.106.
06. Adrian Van Kaam, *op.cit.*, p.20.
07. Rabindranath Tagore, *Gitanjali*. Madras: Macmillan India, 1974, pp.3-4.
08. Adrian Van Kaam, *op.cit.*, p.23.
09. Gerard Egan, *op.cit.*, p.263.
10. D. John Antony, *Dynamics of Counselling*. Nagercoil: Anugraha Publications, 1994,  
p.5.
11. Richard Nelson-Jones, *Practical Counselling and Helping Skills*, Bombay: Better  
Yourself Books, 1994, p.2.
12. *Ibid.*, P.3; D. John Antony, *op.cit.*, p.6.
13. Richard Nelson - Jones, *op.cit.*, p.2.
14. *Ibid.*, p.3.
15. Gerard Egan, *op.cit.*, p.5.
16. Richard Nelson-Jones , *op.cit.*, p.3.
17. D. John Antony, *op.cit.*, pp. 6-7; J.M. Fuster, *Personal Counselling*. Bandra:  
The Bombay St.Paul Society, 1986s, p.47.
18. Richard Nelson – Jones, *op.cit.*, pp. 2-3; D. John Antony  
*op.cit.*, p.7; J.M. Fuster, *op.cit.*, p.47
19. D. John Antony, *op.cit.*, p.7.

**STAGE -1**  
**ACQUAINTING**

01. Allan Pease, Body Language. New Delhi: Sudha Publications Pvt. Ltd., 1990, p.139.
02. Gerard Egan, The Skilled Helper. California: Brooks/Cole Publishing Company, 1994, p.48.
03. Ibid., p.93.
04. D. John Antony, Dynamics of Counselling. Nagercoil: Anugraha Publications, 1994, p.13.
05. Allan Peace, op.cit. pp. 32-39.
06. Ibid., p.14.
07. Ibid., pp.14-15.
08. Ibid.,PP.15-16.
09. Ibid.,P.16.
10. Ibid.
11. Richard Nelson-Jones, Practical Counselling and Helping Skills. Bombay: Better Yourself Books, 1994, P.66.
12. Ibid., p.68.
13. J.M.Fuster, Personal Counselling. Bandra: The Bombay St. Paul Society, 1986 , p.104.
14. Adrian Van Kaam, The Art of Existential Counselling. Pennsylvania: Dimension Books, 1966, p.36
15. Gerard Egan, op.cit., p.6.
16. Ibid., p.47
17. Ibid., p.79.
18. D. John Antony, op.cit., p.107.
19. Ibid., p.108.

20. Gerard Egan, op.cit., pp.79-81
21. Ibid., p.148
22. Rabindranath Tagore, Gitanjali. Madras: Macmillan India, 1974, pp.16-17
23. Gerard Egan, op.cit., p.147
24. Ibid., p.149.
25. D.John Antony, op.cit., p.110.
26. J.M. Fuster, op.cit. p.146.

**STAGE -2**  
**OBSERVING**

01. Robert R. Carkhuff, The Art of Helping IV. Amherst, Massachusetts: Human Resource Development Press, Inc., 1983, p.47.
02. D.John Antony, Dynamics of Counselling. Nagercoil: Anugraha Publications, 1994, p.18.
03. David Cohen, Body Language in Relationships. London: Sheldon Press,1992, p.2.
04. Ibid., p.6.
05. Ron Kurtz & Hector Presteria, The Body Reveals. New York: Harper & Row, 1976, p.1; D.John Antony, op.cit., p.17.
06. Dick McHugh, Mind with a Heart. Borivli: St.Francis Technical Institute Press, 1992, pp. 23-34.
07. Ibid., p.35.
08. Allan Pease, Body Language. New Delhi: Sudha Publications Pvt. Ltd., 1990, pp. 40-47.
09. Ibid., pp. 48-58.
10. Ibid., pp.59-73.
11. Ibid., pp.78-81.
12. Ibid., pp.91-97.
13. Ibid., p.84.

14. Ibid., pp.76-77.
15. Ibid., pp.98-99.
16. Ibid., pp.103-106.
17. Ibid., p.14.
18. Julius Fast, Body Language. New York: Pocket Books, 1971, pp.108, 135.
19. Ibid., pp.151, 156
20. David Cohen, op.cit., p.10.
21. Hans Raj Bhatia, Abnormal Psychology. New Delhi: Oxford & IBH Publishing Co., 1981, pp. 68-69; David Cohen, op.cit., p.7.
22. David Cohen, op.cit. p.2.
23. Ibid., p.5.
24. Ron Kurtz & Hector Presteria, op.cit., p.3
25. Ibid.
26. Richard Nelson - Jones, Practical Counselling and Helping Skills.Bombay: Better Yourself Books, 1994, p.64.
27. Ibid., p.123.
28. Jess E. Dines, Handwriting Analysis Made Easy. New Delhi: Sterling Publishers Pvt. Ltd., 1994, pp. 9-10.
29. Ibid., p.11
30. Ibid.
31. Ibid., pp. 15-17
32. Ibid., pp. 19-20
33. Ibid., pp. 21-23
34. Ibid., pp.25-27
35. Ibid., pp. 29-30
36. Ibid., pp. 31-33.

**STAGE -3**  
**FOUNDING**

01. Hans Raj Bhatia, General Psychology. New Delhi : Oxford & IBH Publishing Co.,1981 , pp. 106-107.
02. Ibid., pp. 107-113
03. Julius Fast, Body Language. New York: Pocket Books, 1971, p.18.
04. Allan Pease, Body Language. New Delhi: Sudha Publications Pvt. Ltd., 1990, pp. 20-21; Julius Fast. op.cit., pp. 20-23
05. Julius Fast, op.cit., p.43.
06. Allan Pease, op.cit., p.21
07. Robert R. Carkhuff, The Art of Helping IV. Amherst, Massachusetts: Human Resource Development Press, Inc., 1983, pp. 38-39; Gerard Egan, The Skilled Helper. California: Brooks / Cole Publishing Company, 1994, pp. 91-92; D. John Antony, Dynamics of Counselling. Nagercoil : Anugraha Publications , 1994, p.29.
08. Allan Peace, op.cit., pp. 124-126.
09. Ibid., p.115.
10. Ibid., pp.132-134.
11. Ibid., p.89.
12. Robert R. Carkhuff, op.cit. pp.41,92; D.John Antony, op.cit. pp.4-5.
13. Julius Fast, op.cit., p.140
14. Ibid., pp. 140-142; D.John Antony, op.cit., p.21
15. Allan Pease, op.cit. p.87.
16. Ibid., pp.86-87.
17. Ibid., p.88.
18. Ibid., p.89
19. Ibid., pp.87-88.
20. Gerard Egan, op.cit.,p.92; D.John Antony, op.cit.,pp. 22,30
21. Gerard Egan, op.cit.,p.92; Robert R.Carkfuff, op.cit., pp. 40, 38; D.John Antony, op.cit., p.30.
22. D.John Antony, op.cit., pp.26-27

23. Hans Raj Bhatia, op.cit., 108-109, Richard P. Vaughan, Basic Skills for Christian Counsellors. New York: Paulist Press, 1987, p.51
24. Robert R. Carkhuff, op.cit., p.42; Gerard Egan, op.cit., p.92; D.John Antony, op.cit., pp. 30-31
25. Dick McHugh, Mind with a Heart. Borivli: St.Francis Technical Institute Press, 1992, p.150.
26. Dick Mc Hugh, op.cit., pp. 150-159; D. John Antony, op.cit., 31-32; Allan Peace op.cit., pp. 107 -109; Richard P. Vaughan, op.cit., p.40.
27. D. John Antony, op.cit., p.31.
28. Richard Nelson - Jones, Practical Counselling and Helping Skills. Bombay: Better Yourself Books, 1994, pp.35-36.
29. Ibid., p.12.
30. Ibid., pp.22-23.
31. D. John Antony, op.cit., p.48.
32. Ibid., p.48.
33. Ibid.
34. Ibid., pp.48-49.
35. Ibid., p.49.
36. Ibid., p.50.
37. Ibid., p.50; Richard P. Vaughan, op. cit., pp.82-83.
38. Robert R. Carkhuff, op. cit., p.60.
39. Robert R. Carkhuff, op.cit., p.73; D. John Antony, op.cit., 51; J.M. Fuster, Personal Counselling. Bandra: The Bombay St. Paul Society, 1986, p.120.
40. Robert R. Carkhuff, op.cit., p.75; D. John Antony, op.cit., p.84.

41. Robert R. Carkhuff, op, cit., p.81; D. John Antony, op, cit., pp.59,86; J.M. Fuster, op, cit., pp.123-134.
42. D. John Antony, op.cit., p.90.
43. Ibid., p.89.
44. Ibid., pp.168-169; Richard P. Vaughan op.cit., pp.53-54.
45. D. John Antony, op, cit., pp.167-168; Richard P. Vaughan, op, cit., pp.51-52.
46. D. John Antony, op.cit., pp.46-47.
47. Richard Nelson – Jones, op. cit., p.71.
48. D. John Antony, op.cit., p. 110.
49. Richard Nelson-Jones, op. cit., p.71.
50. D. John Antony, op.cit., pp.53-55; Richard P. Vaughan, op.cit., pp.99-103.
51. Richard P. Vaughan, op.cit., pp.90-92.
52. D. John Antony, op, cit., pp.55-56.
53. Ibid., pp.56-57; Richard P. Vaughan, op. cit., pp.94, 120-124.
54. D. John Antony, op. cit., p. 57; Richard P. Vaughan, op.cit., pp.85-86, 110-111.
55. Richard Nelson – Jones, op.cit., p.74.
56. Ibid., pp. 73-74.
57. Ibid., p.74
58. Gerard Egan, op.cit., pp.126-127.
59. Richard Nelson-Jones, op.cit., p.73.
60. Ibid.
61. Ibid.
62. D. John Antony, op.cit., pp.58-61.
63. Richard Nelson – Jones, op.cit., p.15.
64. D. John Antony, op.cit., p.32.
65. Ibid., pp.36-38.
66. Gerard Egan, op.cit., pp. 68-71.

## STAGE -4

## DIAGNOSING

01. Hans Raj Bhatia, *Abnormal Psychology*. New Delhi: Oxford & IBH Publishing Co., 1981, pp. 43-45.
02. *Ibid.*, pp. 47-50; Abraham Varghese & Annamma Abraham, *Introduction to Psychiatry*. Madras: The Christian Literature Society, 1987, p.13.
03. Abraham Varghese & Annamma Abraham, *op. cit.*, p.26; James C.Coleman, *Abnormal Psychology and Modern Life*. Bombay: D.B. Taraporevala Sons & Co. Private Limited, 1987, pp. 217 -266.
04. Abraham Varghese & Annamma Abraham, *op.cit.*,pp.41-47; Hans Raj Bhatia, *op.cit.*,pp. 136 –143.
05. Abraham Varghese & Annamma Abraham, *op.cit.*, pp. 50-52; Hans Raj Bhatia *op.cit.*, pp.148-152.
06. Abraham Varghese & Annamma Abraham, *op.cit.*, pp. 52-54; Hans Raj Bhatia *op.cit.*, pp 152-156.
07. Abraham Varghese & Annamma Abraham, *op.cit.*, pp. 48-50 ,80-81; Hans Raj Bhatia *op.cit.*, pp.143-147.
08. Abraham Varghese & Annamma Abraham, *op.cit.*, pp. 66-70; James C. Coleman, *op.cit.*, pp.267-290.
09. Abraham Varghese & Annamma Abraham, *op.cit.*, pp. 40-41; Hans Raj Bhatia *op.cit.*, pp 130-136.

10. Elizabeth B.Hurlock, *Developmental Psychology*, New Delhi: Tata McGraw- Hill Publishing Company Ltd., 1987, p .14.
11. Abraham Varghese & Annamma Abraham, *op.cit.*, pp.55-58.
12. *Ibid.*, p.57; Hans Raj Bhatia, *op.cit.*, pp. 359-364; D.John Antony, *Dynamics of Counselling*. Nagercoil: Anugraha Publications, 1994, pp.10-12; James C. Coleman, *op.cit.*, pp.370-382.
13. Abraham Varghese & Annamma Abraham, *op.cit.*, pp. 57-58; Hans Raj Bhatia, *op.cit.*, pp. 80-93; James C.Coleman, *op.cit.*, pp. 557 -604.
14. Abraham Varghese & Annamma Abraham, *op.cit.*, pp. 59-65 ; Hans Raj Bhatia, *op.cit.*, pp. 287-304; James C.Coleman, *op.cit.*, pp. 413-458.
15. Abraham Varghese & Annamma Abraham, *op.cit.*, pp. 96-101; Hans Raj Bhatia, *op.cit.*, pp. 332-352 ; D.John Antony, *op.cit.*, p.10.
16. Hans Raj Bhatia,*op.cit.*, p.6; James C.Coleman, *op.cit.*, pp. 185 -216.
17. Hans Raj Bhatia, *op.cit.*, pp. 220-295; Abraham Varghese & Annamma Abraham, *op.cit.*, pp. 71-86; James C.Coleman, *op.cit.*, pp. 291 -368.
18. Eugene T.Gendlin, *Focusing*. New York: Bantam Books, 1988, pp. 43-61, 86-101.
19. D.John Antony, *op.cit.*, pp. 111-112.

## **STAGE - 5**

## PACING

01. David Cohen, *Body Language in Relationships*. London: Sheldon Press, 1992, p.39; Allan Peace, *Body Language*. New Delhi : Sudha Publications Pvt. Ltd., 1990, pp. 107-109.
02. Dick McHugh, *Mind with a Heart*. Borivli: St.Francis Technical Institute Press, 1992, pp.150-159.
03. Richard Nelson -Jones, *Practical Counselling and Helping Skills*. Bombay: Better Yourself Books, 1994, pp.15-18.
04. Gerard Egan, *The Skilled Helper*. California: Brooks/Cole Publishing Company, 1994, pp.55-56; D.John Antony, *Dynamics of Counselling*. Nagercoil: Anugraha Publications, 1994, pp. 113-116; Richard P.Vaughan, *Basic Skills for Christian Counsellors*. New York: Paulist Press, 1987, pp. 8-9; Adrian Van Kaam, *The Art of Existential Counselling*. Pennsylvania: Dimension Books, 1966, pp: 148-149.
05. Gerard Egan, *op.cit.*, pp. 51-55; D.John Antony, *op.cit.*, pp.116-120; Richard P.Vaughan, *op.cit.*, pp. 9-10.
06. Gerard Egan, *op.cit.*, pp. 106 -121; Richard Nelson- Jones, *op.cit.*, pp. 43-48; D.John Antony, *op.cit.*, pp.120-124.
07. Gerard Egan, *op.cit.*, pp. 140-141; D.John Antony, *op.cit.*, pp. 124-126; Richard Nelson- Jones, *op.cit.*, pp. 69-70.

08. J.M. Fuster, Personal Counselling. Bandra: The Bombay St.Paul Society, 1986, pp. 37-39; Robert R. Carkhuff, The Art of Helping IV. Amherst, Massachusetts: Human Resource Development Press, Inc., 1983, p.18; Richard Nelson - Jones, op.cit., p.87

## **STAGE - 6**

### **PERSONALIZING**

01. Robert R.Carkhuff, The Art of Helping IV.Amherst, Masschusetts:Human Resource Development Press, Inc., 1983, pp. 111-114.
02. J.M. Fuster, Personal Counselling. Bandra: The Bombay St.Paul Society, 1986, pp. 156, 158; D. John Antony, Dynamics of counselling. Nagercoil: Anugraha Publications, 1994, pp. 127-128.
03. J.M. Fuster, op.cit., pp.156 ,169-175; D.John Antony, op.cit., p.128
04. J.M. Fuster, op.cit., p. 156 ; D. John Antony, op.cit., pp.128 -129.

## **STAGE - 7**

### **REFRAMING**

01. Dick McHugh, Mind with a Heart. Borivli: St.Francis Technical Institute Press, 1992, pp. 195 -196.
02. Ibid., pp. 196-200.
03. D.John Antony, Dynamics of Counselling. Nagercoil: Anugraha Publications, 1994, p.130.
04. Gerard Egan, The Skilled Helper. California:Brooks /Cole Publishing Company, 1994, pp. 162 -163.
05. Ibid., pp. 145-147.

06. D.John Antony, op.cit., p. 132.
07. Ibid., p.131.
08. Ibid.
09. Ibid., pp. 130-131.
10. Gerard Egan, op.cit., p.43.
11. D.John Antony, op.cit., pp. 135 –139.
12. Gerard Egan, op.cit., pp. 181 -182.
13. Ibid., pp. 182 –183.
14. Ibid., pp. 183 –184.
15. D.John Antony, op.cit., p.137.
16. Ibid., pp. 137 –138.
17. Ibid., pp. 138 -139; Gerard Egan, op.cit., pp.191 -192.
18. D.John Antony, op.cit., pp. 139- 143.
19. Gerard Egan, op.cit., p.165.
20. Ibid., pp. 169 –170.
21. Ibid., p. 170.
22. Ibid., pp .167 - 169; Richard Nelson-Jones, Practical Counselling and Helping Skills. Bombay: Better Yourself Books, 1994, p. 102.
23. Richard Nelson- Jones, op.cit., p.76.
24. Gerard Egan, op.cit., pp.184 –186.
25. Richard Nelson -Jones, op.cit., pp. 80-81.
26. D.John Antony, op.cit., pp.143 -145.
27. Richard P.Vaughan, Basic Skills for Christian Counsellors. New York: Paulist Press, 1987, pp. 56 -57.
28. D.John Antony, op.cit., pp. 145 -149 ; Gerard Egan, op.cit., pp.186 -190.

**STAGE - 8**  
**INITIATING**

01. D.John Antony, Dynamics of Counselling. Nagercoil: Anugraha Publications, 1994, p.150.
02. Gerard Egan, The Skilled Helper. California: Brooks /Cole Publishing Company, 1994 , p.240.
03. Ibid., pp. 206-213.
04. Ibid., pp. 254-266.
05. Ibid., pp. 266-272.
06. Ibid., pp. 278-280.
07. Ibid., pp. 226-232.
08. D.John Antony, op.cit., pp. 155 –156.
09. Ibid., pp. 156- 157; Gerard Egan, op.cit., pp. 321-322.
10. D.John Antony, op.cit., p.151.
11. Ibid., pp. 151-152.
12. Ibid., p.152.

## **STAGE - 9**

### **EVALUATING**

01. J.M. Fuster, Personal Counselling. Bandra: The Bombay St.Paul Society, 1986, pp. 192 -193; Richard Nelson -Jones, Practical Counselling and Helping Skills. Bombay Batter Yourself Books, 1994, p.117.
02. Gerard Egan, The Skilled Helper. California: Brooks/Cole Publishing Company, 1994, pp. 39-40.
03. Ibid., p.155.
04. D.John Antony, Dynamics of Counselling. Nagercoil: Anugraha publications, 1994, pp. 215-218.

## CONCLUSION

01. M. Scott Peck, *The Different Drum*. New York: Simon & Schuster Inc., 1988, pp. 234 - 238.
02. *Ibid.*, pp. 69, 126-128, 230-231
03. Calvin S. Hall & Gardner Lindzey, *Theories of Personality*. New York: John Wiley & Sons, 1978, p.122; Raymond Corsini. (Ed.), *Current Psychotherapies*. Illinois: F.E. Peacock Publishers, Inc., 1975, p.93.
04. Calvin S. Hall & Gardner Lindzey, *op.cit.*, p.123; Raymond Corsini. (Ed.), *op. cit.*, p.93.
05. Raymond Corsini. (Ed.), *op.cit.*, pp. 93-94

## BIBLIOGRAPHY

- |                                       |   |
|---------------------------------------|---|
| Bhatia, Hans Raj.                     | General Psychology. New Delhi: Oxford & IBH Publishing Co., 1981.<br>Abnormal Psychology. New Delhi: Oxford & IBH Publishing Co., 1981. |
| Carkhuff, Robert R.                   | The Art of Helping IV. Massachusetts. Human Resource Development Press, Inc., 1983.   |
| Carson, Robert C. & Butcher, James N. | Abnormal Psychology and Modern Life. New York : Harper Collins Publishers, 1991.  |
| Cohen, David.                         | Body Language in Relationships. London: Sheldon Press, 1992.  |
| Coleman, James C.                     | Abnormal Psychology and Modern Life . Bombay : D.B. Taraporevala Sons & Co. Private Limited, 1987.                                      |

- Cormier, William H. & Cormier, L. Sherilyn. Interviewing Strategies for Helpers. Colifornia: Brooks / Cole Publishing Company, 1985.
- Corsini, Raymond. (Ed.). Current Psychotherapies. Illinois F.E. Peacock Publishers, Inc., 1975.
- Dines, Jess E. Handwriting Analysis Made Easy. New Delhi: Sterling Publishers Pvt. Ltd., 1994.
- Egan, Gerard. The Skilled Helper. California: Brooks/ Cole Publishing Company, 1994.
- Fast, Julius Body Language. New York: Pocket Books, 1971
- Fuster, J.M. Personal Counselling. Bandra : The Bombay St. Paul Society. 1986.
- Gendlin, Eugene T. Focusing. New York : Bantam Books, 1988.
- Hall, Calvin S. & Lindzey, Gardner. Theories of Personality. New York: John Wiley & Sons, 1978.
- Hurlock, Elizabeth B. Developmental Psychology. New Delhi: TATA McGraw-Hill Publishing Company Ltd., 1987.
- John Antony, D. Dynamics of Counselling. Nagercoil Anugraha Publications, 1994.
- Kurt., Ron & Prester, Hector. The Body Reveals. New York: Harper & Row, 1976.
- Mc Hugh, Dick Mind with a Heart. Borivli: St. Francis Technical Institute Press, 1992.

- Morgan, Clifford T.,  
King, Richard A.,  
Weiz, John R. & Schopler, John. Introduction to Psychology. New  
Delhi: TATA McGraw-Hill  
Edition, 1993.
- Nelson-Jones, Richard Practical Counselling and Helping  
Skills. Bombay: Better Yourself  
Books, 1994.
- Nierenberg, Gerald I. & Calero, Henry H. How to Read a Person Like a Book. New  
York: Pocket Books, 1973.
- Pease, Allan Body Language. New Delhi: Sudha  
Publications Pvt. Ltd., 1990.
- Peck, M. Scott. The Different Drum. New York:  
Simon & Schuster Inc., 1988.
- Tagore.  
Rabindranath. Gitanjali. Madras: Macmillan India,  
1974.
- Van Kaam, Adrian. The Art of Existential Counselling.  
Pennsylvania: Dimension Books, 1966.
- Verges, Abraham &  
Abraham, Annamma. Introduction to Psychiatry. Madras:  
The Christian Literature Society, 1987.
- Vaughan, Richard P. Basic Skills for Christian Counsellors.  
New York: Paulist Press, 1987.

\*\*\*\*\*