**Ministry of Education,
Arts and Culture
REPUBLIC OF NAMIBIA**

The Global Fund

Principles of
COUNSELLING

A MANUAL FOR SCHOOL COUNSELLORS
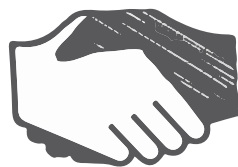
PEOPLE   HELP   PROFESSIONAL   SUPPORT

PRINCIPLES OF COUNSELLING

USER MANUAL FOR SCHOOL COUNSELLORS
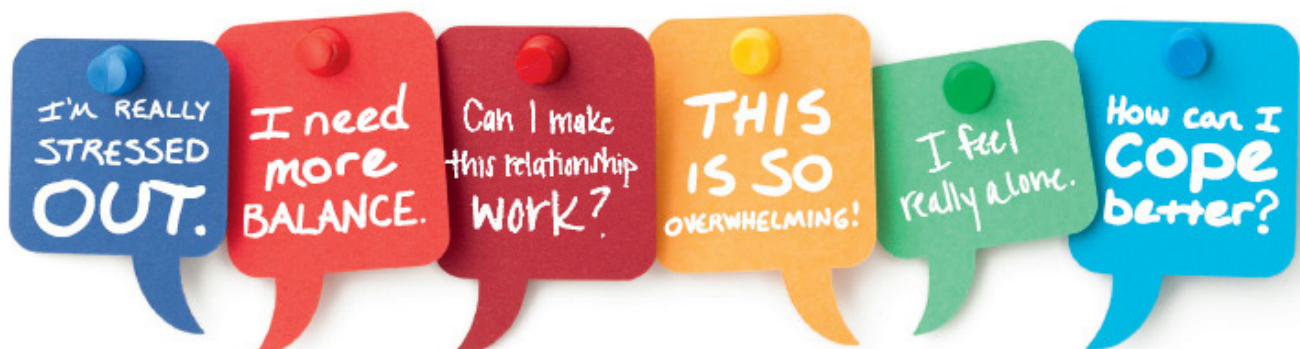
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Contents

INTRODUCTION TO PRINCIPLES OF COUNSELLING

This manual is called principles of counselling because it discusses the prerequisite knowledge that must be acquired and the counselling processes to be mastered by the counsellor. Most counsellors who do not have basic training in fields like Psychology are not equipped with the theoretical foundations of psychopathology and counselling/therapeutic techniques. Counselling processes are founded in the different theories of psychopathology and counselling schools.

A counsellor may possess the capacity to manage the counselling process in the event of cases that are straight forward. However, the same counsellor may struggle when required to handle cases demanding complicated problem formulation. The acquisition of knowledge about the genesis and foundations of some counselling techniques is expected to sharpen the skills of the counsellor. Part 1 of this manual (that is the theoretical foundations) is viewed as the precursor to the process of counselling. Part 2 rides on the back of the theoretical foundations of counselling and it constitutes the process of counselling. A diagrammatic illustration is shown in figure 1 below.

Figure 1.
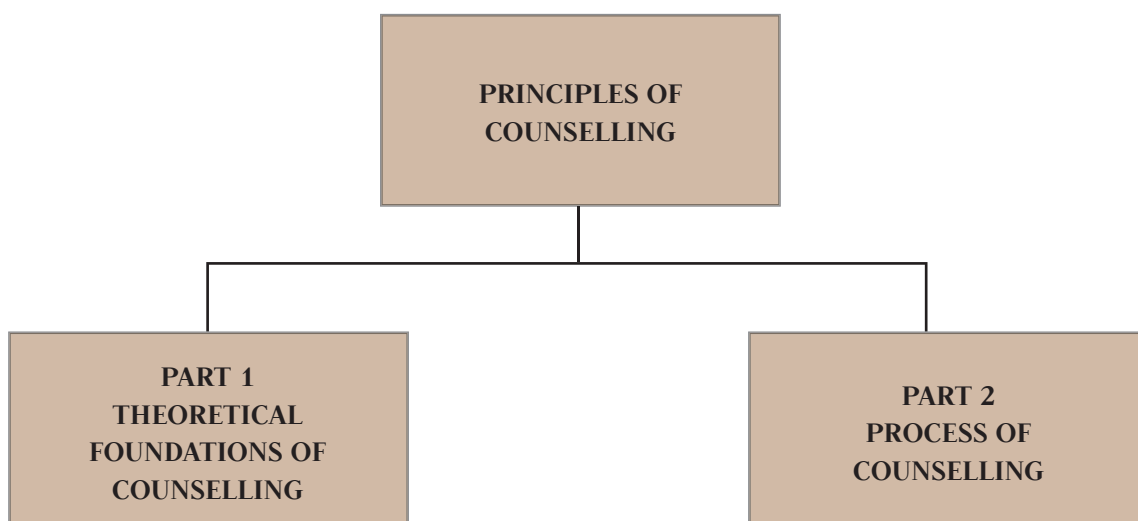
Origins of counselling
Counselling has been a part of societies in one form or the other since the beginning of humanity. People have always sought to better understand themselves, to develop their potentials, to more effectively create and utilize opportunities in the environment as well to manage emotional or psychological distress. Therefore, counselling as a concept and practice has always existed in our societies, however, what appears to be a more recent development is the formalization and professionalization of the counselling, especially in the field of education.

As human life progressed and modernized, driven by unprecedented economic, social and technological changes, it became clear that the traditional informal ways of counselling were no longer robust enough to effectively deal with the challenges of modern life. To keep abreast with the needs of modern society, the approach to the practice of counselling had to be reconfigured in terms of content and form. This reconfiguration took many forms as including institutionalization and professionalization, particularly in the clinical and education fields. Institutions such as schools took the leading role by virtue of their strategic position in accessing young people with emotional and behavioural problems.

What is counselling?
A universally agreed-upon definition of counselling has proven to be elusive, partly because definitions depend on the theoretical orientation adopted. However, the definitions by D John Antony (2003) appears to capture the well the essence of what counselling is all about.

"Counselling is an interpersonal and collaborative process by which one facilitates growth and change in another by adopting certain attitudes and employing certain skills appropriate to the context". (D John Antony, 2003)

The keywords in the definition are elaborated below.

Interpersonal – This means that there is a relationship between individuals. However, this is not an ordinary relationship. It is dissimilar to a random or business meeting because it has qualities of non-possessive warmth borne of genuineness and nourished by sensitivity to the thoughts and feelings of the client.

Collaborative - This means that the direction that counselling would take and its outcome depends on the collective contribution of counsellor and the client. The main role of the counsellor is to provide stimulation to the client and the client to take advantage of the stimulation provided to himself to learn and adopt more effective ways of living. The efforts of the counsellor would be a barren attempt without the corresponding and collaborative efforts of the client.

Process – This indicates that counselling is dynamic and always changing. The encounter between the counsellor and the client impacts and changes both of them.

The understanding and sharing that happen during counselling is often experienced as life-changing. Change is a constant in counselling. This has been captured by the Greek philosopher Heraclitus' observation 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".*

Facilitates – This emphasizes that the counsellor and the client assume equal status in the relationship. The counselling relationship is free of the idea of one-up-and-one-down status between the counsellor and the client. The two parties may play out different roles, but none of the roles are superior or inferior to the other.

The counsellor may provide an invitation for stimulation, but the client reserves the right to freely accept or decline the invitation. By extension, this means that the role of the counsellor ends with extending the invitation leaving the responsibility to change with the client. It should, however, be noted that while the counselling relationship is collaborative, there is one sense in which counselling can be and should be unilateral. This is regarding the fact that the focus of attention should be on the problem of the client and not on that of the counsellor.

Growth and change – This refers to the goals of counselling. It is not undertaken for any reason other than to promote growth and change. The word 'growth' highlights that counselling seeks to empower clients to become more effective self-helpers, while the word 'change' indicates that the aim of counselling is to develop the client's ability to solve problems and to recognize and develop opportunities.

Attitudes – This refers to the mental orientation that a person has towards another. This is critical because how we feel or behave towards another person is borne out of our attitudes towards that person. For example, in order to be deeply convinced of the worth, individuality, potentiality and value the client as a person with rights, the counsellor needs to adopt a specific set of positive attitudes towards the client, especially the value of respect.

Skills – This refers to means or tools utilized to achieve set goals. When counsellors employ appropriate skills, they avoid wasting time and are able to drive counselling in a focused way.

Context – This refers to the environment in which counselling skills are exercised. The counsellor should know what to do, when and why. For example, it would be unwise for the counsellor to use self-disclosure right at the beginning stage of the counselling process. Self-disclosure is best reserved for the later stages of the counselling process when the counsellor would be fairly convinced that the self-disclosure would have a high potential to enhance the decision-making process of the client.

Is there a difference between guidance and counselling? Yes, there is a difference, but the line might be thin. What is guidance then? Guidance is the advice or the provision of information with the aim of resolving a problem or difficulty. Guidance assists

the person in choosing the best alternative and it can be given by other people without a psychology background. Guidance may be viewed as a process that is preventive while counselling is about healing or treatment.

There is another term - psychotherapy, that may need some definition because of its semantic proximity to counselling. Psychotherapy and counselling overlap in different ways. Counselling is usually focussed on short term treatment of behavioural problems. It can also be used as a process in psychotherapy. A counsellor may work with clients in a psychotherapeutic manner.

Psychotherapy works with clients on a long - term basis and draws from insight into emotional problems and difficulties. Psychotherapy suggests intrusion as opposed to counselling.

The point of departure for these terms, however, lies in the duration and depth of the engagement between the client and the counsellor or therapist, otherwise, the difference is the same.

This manual shall therefore be focussing on counselling and not psychotherapy. This is because the principles of counselling may be used by lay counsellors whereas psychotherapy requires professional registration with a professional body such as the Health Professions Council of Namibia.

Coming back to the theme of our training, it is about the counselling principles. It means that we are mostly focused on short term psychological problems using less intrusive methods.

The focus is to assist our learners to get solutions to the presenting problems before we refer to them to other professionals such as Clinical Psychologists, Educational Psychologists, Social Workers, and Psychiatrists.

PART I: THEORETICAL FOUNDATIONS OF COUNSELLING

The notion of counselling has evolved from various schools of thought creating a feeding trough into the basic counselling skills. These schools are diverse and may be insight-oriented or more directive. There is however convergence in terms of the basic techniques used during the counselling process.

The contents of the different counselling schools address problem formulation and counselling intervention. For us to be sharpened as counsellors we must have some basic knowledge of some of the key theoretical frameworks used in counselling.

Counselling emerged in different epochs. We have what has been termed the first force in counselling which is the Psychoanalytic and Psychodynamic theories, the second force which is composed of the Behaviour Therapy and Cognitive therapies, the third force composed of the Existential and Humanistic theories, the fourth force composed of the Social constructivism and Postmodernism and the fifth force composed of Neuroscience and theories of psychotherapy.

These theories which are expressed diagrammatically in Figure 2 are going to be discussed as the precursor to the process of counselling;

Figure 2
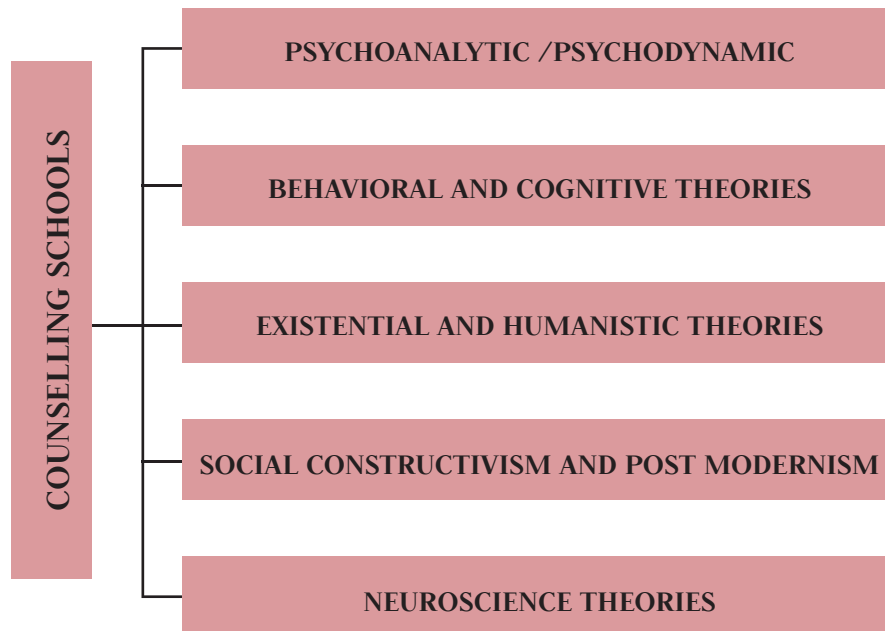
For purposes and scope of this manual, the first, second and third force theories shall be discussed. These theories are selected because they are assumed to form the theoretical foundations of basic counselling, counselling techniques and processes.

The other two forces are somehow derivatives of the three. In therapeutic jargon they are eclectic, i.e. they borrow their techniques from different counselling schools. After discussing the theoretical foundations of counselling, a section on the basic tenets of counselling shall be discussed in this part of the manual. Despite the existence of different counselling schools, there are common counselling practices that must be adhered to by counsellors irrespective of the theoretical/therapeutic orientation. These common practices have been termed the "basic tenets of counselling" and they shall be discussed in section B of this manual.

PSYCHOANALYSIS AND PSYCHODYNAMIC THEORIES (IST FORCE)

The psychoanalytic and psychodynamic theories are credited to one of the psychology icons by the name Sigmund Freud (1856-1939). He founded the theory and treatment technique called psychoanalysis. The theory later evolved through some of his disciples and revisions to become the psychodynamic theory.

Let us start by looking at some interesting quotes from Sigmund Freud.

Quote 1; *"Where does a thought go when it is forgotten?"*

Quote 2; *"The great question that has never been answered, and which I have not been able to answer, despite my thirty years of research into the feminine soul, is 'What does a woman want?'"*

Quote 3 *"I have found little 'good' about human beings. In my experience, most of them are trash."*

Quote 4 *"Love is a state of temporary psychosis."*

Quote 5 *"All family life is organized around the most damaged person in it."*

Quote 6 *"We are what we are because we have been what we have been."*

Quote 7 *"Most people do not really want freedom, because freedom involves responsibility, and most people are frightened of responsibility."*

Quote 8 *"We choose not randomly each other. We meet only those who already exist in our subconscious."*
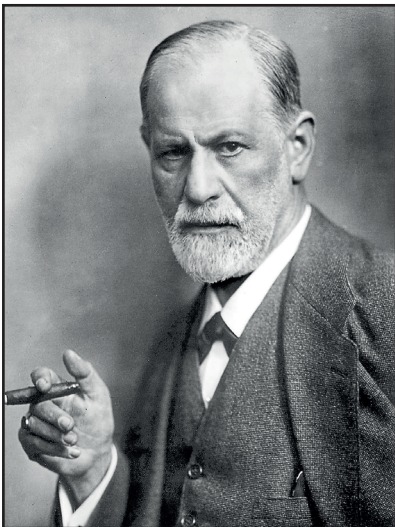
Sigmund Freud (1856-1939)

Sigmund Freud was born on 6 May 1856, in the village of Freiburg, Moravia, a small town in Austria, now part of Czechoslovakia. Sigmund`s great grandfather was a rabbi hence he was raised according to the Jewish tradition and beliefs. The family travelled to Vienna while he was four years old and that is where he lived for most of his life. He wanted to study law but settled for medicine.

He then practised medicine at Vienna General Hospital where his focus was on the organic diseases of the nervous system. He later shifted his attention to the psychological causes of neurosis. In 1897 he engaged himself into a 3-year process of performing psychoanalysis on himself. During that therapeutic engagement, he realised that he felt intense hostility towards the father and that he had sexual feelings for his mother who was very attractive. He developed the theory of psychoanalysis which later became the basis for 'talking treatment'.

Let's look at some of the key concepts of Sigmund Freud's theory.

The view of human nature

Freud considered human nature as being deterministic. To back up his deterministic view he postulated the following;

- Human beings do not have free will because their behaviour is determined by innate drives that have to do with sex, aggression, love and death.
- Human behaviour is determined by forces that might be described as "drives", "biological forces" or "instinctual forces".
- Bodily forces make demands on the mind. Drives increase the energy that forms the basis for all psychological activities.
- People do not experience the drive itself, but the representation or idea in our minds. Sexual and aggressive urges take place in most people, but the expressivity of these urges conflicts with the societal norms.

- The goal of life is death. The human being has got an unconscious desire to die but this is neutralised by the life instincts. Self-destructive behaviour is the expression of the energy created by the death instincts. When this energy is directed outwards, its expressed as aggression or violence and when it is directed inwards its suicide.

Freud's levels of consciousness
Freud postulated that there are three levels of consciousness namely;
1. The conscious level
2. The preconscious level
3. The unconscious level

The conscious level
Freud used the analogy of an iceberg where only the tip of the iceberg (our consciousness) is visible.
- The conscious level is where our thought processes operate
- Everything we are aware of is stored in the conscious mind
- The conscious mind, however, constitutes a small part of who we are
- Only 10% of an iceberg is visible the rest, 90 % is buried underwater (the preconscious and unconscious)

The preconscious level
Just under the water is the preconscious level.
- This level contains our memories that are not in the conscious level but may threaten to break into the conscious level at any moment
- The events and memories in the preconscious level can be easily recalled
- The level is usually constituting 10% to 15% of the mind
- Material can easily pass back and forth from conscious to unconscious levels
- The material can also slip into the unconscious level. This may happen where we forget some of the things we used to know

The unconscious level
- This is the lowest and deepest level of our awareness or more specifically our unawareness
- The vast of the iceberg contains our unconscious with the bulk of our past experiences
- This constitutes our impulses and memories that threaten to debilitate or disturb our minds
- We need a psychoanalyst to help us retrieve information from the unconscious level
- The unconscious constitutes 75% to 80 % of the mind

Freud's theory of personality
Freud's theory of personality is viewed in terms of levels of consciousness and his tripartite structure of the id, ego, and superego. Freud described personality as the 'scaffold of the mind'. He divided the mind into three components.

1. The id represents the biological self in a person`s personality
2. The ego is the psychological centre of one`s personality
3. The superego which is the social controller that brings behaviour with socially acceptable limits

Figure 3: Tripartite structure of personality.
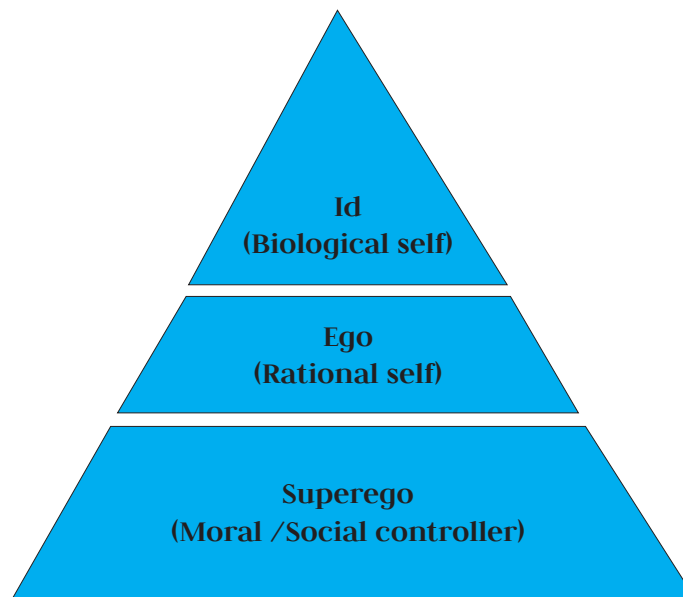
Freud maintained that the dynamic forces that motivate personality are *Eros* (life and sex) and *Thanatos* (death and aggression).

The id
- It is the most basic of the three-personality structure
- It contains our instincts, needs, and wishes
- Participates in the primary process of thinking compared to a new-born who instinctually grasps the mother's breast, sucks it and removes it when satisfied or unhappy
- It is self-centred, irrational, amoral and cannot defer gratification
- It operates on the pleasure principle, driven by instinctual needs and desire
- It is largely out of a person's conscious awareness
- A young infant is all but the id
- When the id is in charge, a person tends to eat too much, drink too much, have sex too often and fight too frequently

The ego
- The ego develops from 6 to 8 months of age
- It helps the id to satisfy its physical and social needs without harming others
- The ego is rational, forms realistic plans and liaises between the id and superego
- It functions on the reality principle as opposed to the id that operates on the pleasure principle. It seeks to protect the self
- It helps the id to delay gratification
- The id is engaged in primary processes of thinking while the ego is involved in the secondary processes of thinking which are more rational, and goal-directed

The superego
- The superego is the third part of an individual's personality
- It represents the parental values and societal standards
- It is formed from the ideals of society as enforced by the parents
- It operates on the morality principle, which is about right and wrong
- It seeks perfection and concentrates on the past rather than the present or future
- It inhibits the id and ego and demands adherence to the ideal
- The superego develops using introjection whereby norms and values are acquired from people such as parents, teachers, family members and pastors
- The superego may cause neurotic behaviour if it demands too much adherence to parental and societal wishes

- When the superego is too dominant, we set unrealistically high or perfectionist goals for ourselves
- An overly active superego produces an individual who suffers from strong feelings of guilt and inferiority

Psychosexual phases of development

The pleasure principle dominates Freud's theory of personality. Each stage is characterised by a pleasure zone or area of the body through which a child seeks gratification. The phases do not succeed each other in a clear-cut fashion. Some people get fixated at one stage, i.e. they fail to move to the next phase. Freud saw fixation as a defence against anxiety. Freud proposed five stages of psychosexual development as illustrated in figure 4.

Figure 4: Stages of psychosexual development;

Oral phase

From birth to 18 months
Source of gratification feeding and boby organs

Anal phase

From 18 months to 3 years
Source of pleasure touching and playing with faeces

Phallic phase

From 3 to 6 years
Source of gratification moves to sexual organs. Going through Oedipus and Electra complexes

Latency phase

From 6 to 12 years
Sexual drive becomes dormant due to repression. Children shift their attention towards school work and friends

Genital phase

13 years and beyond
Young people channel energy to the opposite sex

Oral phase
- This is the earliest phase that starts from birth to 18 months
- The chief source of libidinal gratification is oral i.e. centred on feeding and body organs associated with this function, namely the mouth, lips, and tongue
- When the oral needs are satisfied, the child goes to sleep
- Fixation due to deprivation or overindulgence leads to the development of an oral personality
- The key characteristics of this personality are; pessimism/optimism, suspiciousness/gullibility, self-belittlement/cockiness and passivity/manipulativeness
- Dependency has often been associated with the oral stage
- If a child is overfed and over-nursed for example, he/she turns to be an adult who is gullible and admires other adults
- Children who depend too much on their mothers during this stage may become too dependent during their adulthood

Anal phase
- The phase runs from 18 months and 3 years with the anal area being the source of pleasure
- Children explore their bodily functions by touching and playing with faeces
- When adults respond with disgust to the children playing with faeces such children react with stubborn assertiveness and rebelliousness to be in control
- Children become fixated at this stage if the caregivers are too demanding or overindulge

- The children who are forced into toilet training early and harshly tends to produce adults who exhibit an anal personality, i.e. dominated by the tendency to hold or retain
- Such children become stingy adults who are restricted and stubborn
- If parents are relaxed and allowing children to freely expel faeces, as adults they become clumsy, messy, reckless and defiant

Phallic phase
- This phase lasts from 3 years till 5 or 6 years
- The source of gratification moves to the genitals
- The major conflict is over the object of their sexual desire
- For boys, the object of sexual desire is the mother and for girls, it is the father
- Boys go through the Oedipus complex where they must deal with the guilty feelings of the love for their mothers
- In order to deal with this complex, boys identify with the same-sex parent, the father and love the mother in a non-sexual way. They fear being castrated by the father
- For girls, Freud proposed the Electra complex where they desire their fathers
- Freud later dropped this complex and proposed that girls suffer from penis envy
- Identification with the same-sex parent reduces anxiety
- Fixation at this stage results in the development of a phallic personality
- This personality is characterised by recklessness, narcissistic and excessive pride
- They become afraid and incapable of close love
- Freud theorised that fixation at this stage could be a major cause of homosexuality

Latency phase
- This phase lasts from 6 to 12 years
- During this phase, the child's sexual drive lies dormant due to repression
- Children repress the sexual energy and channel it into school, their friends, sports and hobbies
- Latency is the time for ego development and for learning the rules of the society in preparation for entering the genital phase of adolescence

Genital phase
- This phase begins around the age of 13 years, the onset of adolescence
- Young people channel their energy towards the opposite sex for heterosexuals and same-sex for homosexuals
- The less energy a child has invested in unresolved psychosexual developments, the greater the chances of developing normal relationships with the opposite sex
- There is more altruism and less selfishness at this phase compared to other stages
- It is suggested by psychoanalysts that people who are unable to make psychological attachments during adolescence and young adulthood will manifest abnormal personality patterns

The theory of maladaptive behaviour
- Psychoanalysts believe that we are all "a little neurotic"
- They believe that maladaptive behaviour is a product of conflicts and fixations that occurred during the early years
- Remember the psychosexual developments and the associated unresolved conflict
- Childhood conditions generally take the form of general apprehensiveness, nightmares. phobias, tics, or mannerisms
- Freud believed that anxiety is the centre of maladaptive behaviour
- He believed that the ego should be able to manage the dictates of the superego and id in order to have a functional being
- A weak ego may cause a person to regress to earlier stages or fixations with childish behaviours which are narcissistic and destructive

Freud's counselling or therapeutic process
Freud's counselling process is called psychoanalysis. Usually, practitioners who would like to practice psychoanalysis must undergo psychoanalysis themselves.

- Typically, the counselling process starts with asking the client to lie down on a couch looking away from the counsellor
- The client then expresses whatever thoughts feelings or images that come into their minds
- The counsellor sits behind the couch and listens in a non-judgemental manner
- The counsellor periodically interrupts the client's associations by helping him/her to reflect on the possible connections or significance of the associations
- The counsellor is an active observer and interpreter
- The assumption is that the client's thoughts come from persistent dynamic internal drives that are organised in the unconscious
- The counsellor's goals are to make the unconscious conscious
- The therapy is aimed at making the client achieve insight and self-understanding

A sketch of a free association session

The counselling relationship

The counselling relationship according to Freud is centred on transference.

- The client relives the highly emotional conflicts that took place with significant others during the early childhood years
- The feelings directed towards the counsellor are usually very strong
- The counselling alliance must be very strong to withstand these emotions

The goals of therapy

Clients must be prepared to undergo a long painful process of psychoanalysis. The goals of psychoanalysis are;
- To resolve the intrapsychic conflicts and allow a person to live a mature life
- To achieve self-awareness, honesty and effective interpersonal relationships
- To gain control over the irrational id impulses
- To create a new personality structure through free association, strengthen the ego and help the client to gain insight and work through the transference process

The role of the therapist
- The counsellor's role is first to screen for suitable clients for psychoanalysis. People who cannot regress are not ideal for analysis. People who have been diagnosed with schizophrenia, bipolar disorder, schizoid and borderline personality disorder are not ideal for psychoanalysis
- The counsellor should be as neutral as possible
- The counsellor should not give advice or sympathy
- The counsellor should not disclose personal feelings and issues (blank screen)

The role of the client

- Clients must commit to the long-term counselling process
- The client must be free to talk and free to associate because talk is at the centre of psychoanalysis
- Clients should terminate counselling after understanding the root cause of their problems
- At the end of the counselling process, they should have worked through childhood conflicts
- Clients should have normal intelligence and be below the age of 50 years
- Freud believed that a person above the age of 50 years may not be able to work properly with past psychic conflicts

Assessment

- Assessment can be done right at the beginning of counselling or as an ongoing process
- As an ongoing process, the family history, social history of the clients are taken, dreams and other material is taken into consideration
- The client listens to his or her unconscious motivations early childhood conflicts and projections
- Projection is seen as one of the most important defence mechanisms for psychoanalytic assessment
- Projective tests are hence used to promote the free release of unconscious information

Phases of therapy

PHASE 1: OPENING

- The first phase lasts 3 to 6 weeks
- The counsellor notes everything including what brought the client for counselling, the family history, and childhood development
- The history-taking format should not be structured but be collected freely
- The client is introduced to the couch techniques, e.g. free association
- Counsellor detects themes of conflicts from the clients for analysis

PHASE 2: DEVELOPMENT OF TRANSFERENCE

- This is one of the major phases of psychoanalytic counselling, the transference stage
- During transference, the client unconsciously re-enacts forgotten childhood memories and repressed childhood unconscious fantasies
- Transference minimises our ability to view the world objectively but allows us to transfer the qualities of important figures of the past into the present
- Psychoanalysis magnifies the childhood unresolved conflicts to be resolved in present-day relationships
- Transference helps clients to distinguish fantasy from reality and the past to present
- Clients must be able to evaluate the unrealistic nature of their impulses and anxieties and to make decisions based on reality rather than distorted fantasies

PHASE 3: WORKING THROUGH

- Working through involves the gradual process of working again and again with the insights that come from the counsellor's interpretation of resistance and transference
- The client should gain insight into their issues as a result of transference
- Client must be able to recall childhood memories
- The client must be able to resolve their impulses without fear of e.g. castration, rejection, or abandonment
- As they increase conscious awareness of their defences and behaviour, they make structural personality changes

- This is the last phase of the treatment process
- When the major goals of the analysis are fulfilled, the counsellor and client agree on a date to terminate the treatment
- They work through the remaining attachment issues
- Sometimes clients do not want to leave counselling because they feel unsafe
- The clients should be prepared for termination of therapy otherwise they will relapse

Therapy techniques

The therapeutic techniques include free association, dream analysis, analysis of resistance and analysis of transference.

Free association

- This is the cardinal technique of psychoanalysis
- Allows the client to say everything that comes to mind whether it seems silly, painful or meaningless
- Free association allows deeper connections with past memories
- It allows clients to abandon their usual ways of censoring or editing thoughts

Dream analysis

- Freud regarded dreams as the royal road to the unconscious
- When a person sleeps, the ego weakens control on unconscious material
- Manifest dream refers to the surface meaning of dreams
- Latent dream refers to the hidden meaning, symbolic meaning of dreams
- Dreams contain threatening material such as unconscious sexual material
- The impulses are translated into acceptable less threatening state which will appear to the dreamer
- This dream transformation is called dreamwork
- You must dig deeper to get the real meaning

Analysis of resistance

- Resistance is the behaviour that hinders the progress of counselling as the clients feel uncomfortable to handle the inner conflicts
- Clients can show resistance by refusing to attend sessions, failing to pay for sessions, censoring thoughts etc
- During free association, the clients may be unwilling to deal with certain thoughts or feelings
- Resistance increases as free association progresses
- The counsellor should help clients in dealing with the resistance without stripping them of their entire resistant capacity
- As the analysis continues, the resistance will decline and the client will feel less threatened

Analysis of transference

- Transference is important for counselling. Clients re-experience their early conflicts and transfer them on the counsellor as a substitute parent
- Their love and hate for the counsellor can block the counselling process
- The counsellor helps the client to work through their buried conflicts and to gain insight into how their past affects the present

Countertransference

- This is a reaction of the counsellor to the transference of the client
- The counsellor may be angry with a client who gets angry with him because of being reminded of her father
- Countertransference is any unconscious attitude or behaviour by the counsellor that is prompted by the therapist`s needs rather than the client`s needs
- Counsellors may be having unresolved issues e.g. a counsellor who cannot work with an angry client because as a child he was punished by the parents for being angry

Contemporary psychodynamic therapy

Sigmund Freud died in 1939. Before his death, Freud had differed with some of his disciples who included Carl Jung and Alfred Adler. Gradually practitioners started using the term psychodynamic therapy. Freud was the first to use the term psychodynamic therapy after he was influenced by the theory of thermodynamics. He used the term psychodynamics to describe the process of the mind as flows of psychological energy from the libido to one`s brain. The term psychodynamics refers to the psychoanalytic therapy developed by Freud including the following theoretical schools;

- Carl Jung – Analytic Psychology
- Alfred Adler – Individual Psychology
- Anna Freud and Erick Erickson – Ego Psychology
- Donald Winnicott and Melaine Klein – Object Relations Therapy
- Heinz Kohut – Self-Psychology
- Mitchell – Relational Analysis
- Messer and Warren – Brief Psychodynamic Therapy

It is important to note that psychoanalytic and psychodynamic therapy are terms that are used interchangeably. They all focus on the uncovering of the unconscious. There are however some notable differences between psychodynamic therapy and other therapeutic approaches. We shall outline seven such differences which were outlined by Shedler, 2010.

1. The psychodynamics focus on the feelings rather than the cognitive when processing unconscious conflicts. The other approach uses the cognitive aspects of the clients as they give meaning to the unravelled unconscious memories.
2. Psychodynamic therapists use client`s defences, takes the form of missing sessions, arriving late, being evasive, focussing on external circumstances rather than one`s role in creating events. Psychodynamic therapists focus on and explore client avoidances.
3. Psychodynamic therapists help therapists explore recurring themes and patterns in the client`s thoughts and feelings.
4. Psychodynamics explore the past to help the client understand how their present is influenced by the past. The goal is to help clients free themselves from the bonds of the past and live a free and full life.
5. Psychodynamics emphasise the client's relationships and interpersonal experiences (object relations).
6. Psychodynamic theorists focus on therapy relationship, transference and countertransference issues. The aim is to help clients gain flexibility in relationships.
7. The psychodynamic theorists do not follow a specific script but encourage clients to express freely their thoughts and feelings.

Some differences between psychoanalysis and some contemporary psychodynamic schools

- Carl Jung did not believe that all human behaviour is shaped by early life history as Freud propounded. He had an optimistic view of life emphasising the spiritual qualities and rational qualities of humanity
- Adler believed that people could be changed for better through the creation of social conditions designed to develop realistic lifestyles. He emphasised the importance of teaching children to deal with inferiority complexes which they naturally suffer from as they compare themselves with adults. He focussed on training parents on different child-rearing skills
- Erik Erickson developed the psychosocial theory. He opined that human beings develop as they adapt to the ever-changing environment. He emphasised Freud`s ego but added that human beings need things like trust, hope, intimacy, love industry and integrity
- Erickson saw development as following a lifelong course, unlike Freud who believed that life is influenced by early childhood experiences. He then developed the psychosexual theory which spans throughout a person`s life
- Object relations postulated that the mind is made up of internal representations of significant others who are referred to as objects
- Objects relations focuses attention on the emotional bonds between one`s person and others
- Self-psychologists such as Heinz Kohut emphasised that a person`s self-concept is the central organiser of psychological development. The development of the self from its infantile state of fragility and fragmentation into a stable structure of adulthood is the therapeutic ideal

- Kohut believed that psychological disorders are due to major deficits in the structure of the self
- The purpose of therapy is to repair the damage done to the self-caused by unloving relationships and environments

Critique of Psychoanalytic/Psychodynamic theories.
- Their theoretical framework is difficult and is not observable and hence difficult to scientifically study
- The theory contains many unclearly defined concepts which are difficult to study objectively
- It is not clear if it a theoretical framework or a therapeutic tool
- Some researcher has felt uncomfortable for the client to face the discomfort of retrieved memories
- Some researchers have asked, "Can memories of repeated incest and other bizarre incidents be so repressed that the victim is totally unaware of them until they emerge during therapy?" (Sarason and Sarason, 1996, P 79)
- They concluded that the recovery of false memories may be more the product of some overzealous therapist than theories of psychotherapy

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EXERCISE:

Think of a client you handled before and discuss the relevance of this theory.

BEHAVIOUR THERAPY AND COGNITIVE THERAPIES (2ND FORCE)

Behaviour therapy

The Psychoanalytic school has got its roots in Europe championed by Sigmund Freud. The Behaviour therapy has got its roots away from Europe, across the Atlantic Ocean, in the United States of America. There are some notable contributors to the behaviour therapy school and they are; John B Watson, Burrhus F Skinner, Joseph Wolpe, Donald Meichenbaum and Ivan Pavlov. Let's briefly look at the backgrounds of these renowned scholars.

John Watson (1878-1958)

Watson believed that it is best to study animal and human behaviour instead of unconscious states of human beings which are difficult to verify. He is well known for his experiments with Little Albert an 11 months old child he conditioned to fear rates and furry animals. They placed a white rat and whenever Albert reached out to touch the rat Watson would make a loud noise. That made Albert cry. They repeated this whenever Albert wanted to touch a rat. Albert eventually associated the loud noise with the rats and other furry animals such as dogs and cats. This demonstrated that human emotions can be learned and be generalised. Despite these early contributions of Watson, behaviourism is closely associated with B.F. Skinner.

B.F. Skinner (1904-1990)
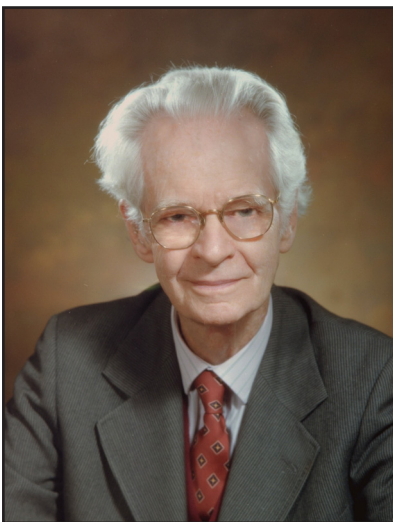
Skinner was born the 20th March 1904 in Pennsylvania, USA. As a young boy, he had a mechanical aptitude and interest. He spent most of his free time constructing roller skate scooter, steering mechanisms for wagons, carts, kites etc. In school, he majored in English and loved writing poems. He developed the "skinner box" where he trained a rat to obtain food by pressing a lever. He is famous for his research on operant conditioning and negative reinforcement.

He asserted that behaviour is not dependent on the preceding stimulus as Watson and Pavlov had postulated, but rather on what happens after the response. He developed the theory of operant conditioning whereby behaviour is determined by its consequences, reinforcement or punishment. Principles of operant conditioning are used to treat conditions such as addictive behaviour and phobias. Skinner differed with the psychodynamic school because he advocated for scientific approaches to study human behaviour instead of the internal subjective mental processes.

His theory became known as radical behaviourism. He received numerous awards from the American President, Johnson in 1968 and from the American Psychological Association in 1971, 1990.

Joseph Wolpe (1915-1998)

Wolpe was born in South Africa, on the 20th April 1915. He, later on, moved to the USA and became an American citizen. He is well known for his technique of systematic desensitisation. He developed a hierarchy of anxiety-producing situations and learning relaxation techniques. He carried out experiments whereby he gave mild electric shocks to cats accompanied by sounds and visual stimulus.

Once the cats associated the sounds with the unpleasant shock, the signals created fear. He then exposed the cats to the sounds and visuals this time without shock but food. The cats gradually unlearned their fear of the sounds and the visuals. He asserted that behaviours in humans can be unlearned. Wolpe is well known for developing assertive training.

Donald Meichenbaum

Meichenbaum is credited for pushing behaviour therapy to its current state of cognitive behaviour therapy. He developed concepts like self-management, self-instructional learning and stress inoculation. These techniques have been used to help people deal with past situations that caused problems, anxiety, anger, eating problems and addictions.

View of human nature

The behavioural perspective asserts that people are neutral at birth, they are neither good nor bad. They say that human behaviour is learned and unlearned. Behaviour therapists do not worry themselves with the developmental stages of their clients. It is the environment and personal experiences that determine human behaviour. They differ from the psychodynamic school that looks into the deep-seated issues of humanity.

Let us take the case of Freud`s case of "Little Hans". Little Hans developed a fear of horses and Freud attributed this to oedipal and castration anxiety. Wolpe concluded that Hans recently experienced fear-producing incidents associated with horses. On one occasion he saw a horse which was drawing a cart knocked down and killed. They then concluded that he developed conditioned fear of horses. Behaviourists see human beings as hedonistic, seeking pleasure and reducing suffering.
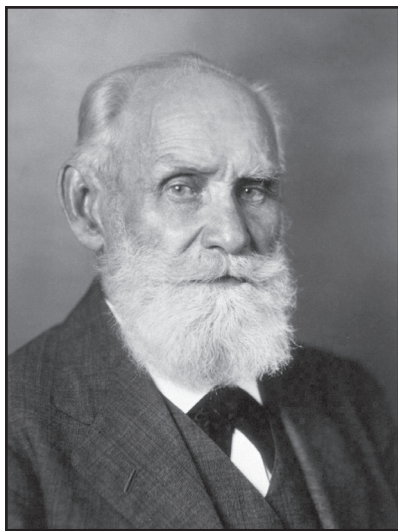
Ivan Pavlov (1849-1936)

Classical conditioning

Ivan Pavlov was a Russian Psychologist who developed Classical conditioning. He carried out experiments with dogs.

He observed that dogs automatically salivated on the sight of food. In his experiments, food was the unconditioned stimulus (UCS), and the behaviour of salivation was the unconditioned response (UCR).

The sight of food, UCS triggers an unconditioned response UCR, salivation. Pavlov paired the food with the sound of the bell every time the dogs received food. The dog eventually salivated when they heard the sound of the bell without food. The sound of the bell becomes a conditioned stimulus (CS) and the dogs` salivation on hearing the bell is the conditioned response (CR). Classical conditioned is associative learning.

Operant conditioning

Operant conditioning is associated with two Americans, Thorndike and Skinner. Thorndike used cats in his experiments. He placed a cat in a cage and then put food outside the cage. The cat had to find a way to escape from the cage for it to get the food. It had to press a latch for the cage door to open. The cat mostly used trial and error.

The time the cat took to escape shortened with more trials. Thorndike developed the law of effect: "Consequences that follow behaviour help learning". Thorndike`s experiments were quite significant but it is Skinner who is mostly associated with operant conditioning.

Skinner used pigeons which he placed in his box, the Skinnerian box. The pigeon had to peck on a lighted key to get some food pellets. The experimenter controlled the pellets when the pigeon pecked on the lighted key. The experimenter controlled the system to provide the pellets when the light was green instead of red. The pigeon eventually only pecked when the light was green.

The pigeon hence behaved according to the consequences of the behaviour, i.e. pecking when the light is green. We are rewarded or punished for actions and we learn to discriminate between behaviours that bring rewards and those that do not. We are more likely to perform behaviours that bring rewards than those we are punished for. Behaviourists believe that we do not shape our environment as much as it shapes us.

Reinforcement

Reinforcement refers to any stimulus that strengthens or increases the likelihood of a specific response from a person. There are three types of reinforcements, namely positive and negative reinforcement and punishment.

Positive reinforcement	Negative reinforcement
It whereby something is added to increase a response. For instance, a person is praised for a perfect job of cleaning the yard. He is likely to do it again expecting the praise.	Negative reinforcement takes place when a certain behaviour is done in order to avoid an aversive stimulus.
Children are rewarded for good performance in class by certificates, or parents buying presents.	It involves taking something away to increase response.
	Negative reinforcement increases behaviour whereas punishment decreases behaviour.

For example, a man takes the garbage bin outside to avoid the wife`s nagging, or taking gloves on a cold day and taking a different route to avoid a traffic jam.

Punishment
- Punishment involves adding something to decrease behaviour.
- Punishment inhibits behaviours.
- An example is to spank a child for playing in the streets. The child will not play in the streets due to fear of pain from the spanking.

Primary and secondary reinforcers
- Primary reinforcer is intrinsically valued such as food or the pain due to cold.
- A secondary reinforcer acquires value from being associated with the primary reinforcer, e.g. money, fast car.

Extinction
- Extinction takes place when reinforcers are withdrawn and a person stops showing the behaviour.
- It is like the process of removing unwanted behaviour by not reinforcing it.
- For example in class a child who acts out because of the attention from the teacher and other learners.
- When the teacher and the other learners ignores him, he will stop because of the absence of the reinforcers.
- Telling the child to stop it is less effective than withdrawing reinforcements.

Generalisation
- When a certain behaviour is consistently reinforced, it may be generalised to other situations.
- A father who praises a son for doing well in History may make the son do better in other subjects.
- We can also overgeneralise e.g. a woman who are ill-treated by a boyfriend may view all man being bad.

Discrimination
- Discrimination is the process of responding differently to stimuli depending on the situation.
- In the Skinnerian box, he conditioned the pigeons to peck on the green light instead of the red one. He basically did not provide pellets when the pigeon pecked on the red light but the green one.

Shaping

- Shaping is learning behaviour gradually by taking successive steps towards the desired behaviour.
- There will be a gradual movement from the original behaviour to the desired one.
- When a client learns new skills, the skill is broken down into small manageable units.
- They shape the behaviour using reinforcement, extinction, generalisation, and discrimination.
- This can be used when helping a client to be assertive when talking in front of the class. The counsellor may start to help the client be able to talk freely at home, with friends, to a group and then to the class.

Counterconditioning

- Counterconditioning is a technique in which a second CR (approaching a snake) is introduced for the purpose of counteracting or nullifying a previously conditioned response .e.g. fear of snakes. Desensitisation is a technique of counter conditioning.

Token economies

- Token economies are used to shape client behaviour when other reinforcers do not work.
- When clients demonstrate a target behaviour, the counsellor reinforces them with tokens they can exchange actual objects.
- For example, a mother with a child who is troublesome in class may buy toys and sweets. The mother and the daughter allocate points to the toys. The greatest reinforcer gets more points.
- When the teacher sends a good report for the daughter, the mother allocates points to the daughter. The daughter would then exchange the points for the desired toys or sweets.
- Token economies give the clients control of the rewards.

The therapeutic process

Behaviour therapy aims to help clients gain control over unwanted behaviour. People who seek behaviour therapy often have deficits in behaviour or excessive behaviours. Behaviour therapy is the treatment of choice for clients who cannot participate effectively in insight-oriented therapy and cognitive therapy. Behaviour therapy`s world view is characterised by the following;

- Counselling should focus on client`s observable behaviour and their life responses rather than on the unconscious issues.
- Learning is central to therapy. In contrast to other therapeutic schools, clients do not actively do much. In behaviour therapy clients may be asked to do relaxation exercises, monitor calories intake, confront anxiety-producing situations.
- Clients changes are governed by the law of effect, behaviour that is followed by good consequences is likely to be reproduced.
- Learning is influenced by contingencies, changing behaviour according to the consequences.
- Behaviour therapy is individual based.
- Behaviour therapy does not take pathological approach, but a problem solving approach.
- Most abnormal behaviour is assumed to be learned.
- Behaviour focusses on the current not past as the psychodynamic approach.
- Behaviour therapists analyses the behaviour before the treatment and then divide it into small manageable behaviours.
- Behaviour therapists commit to the scientific approach.

Role of counsellor

- Counsellors are consultants who produce behaviour changes. They work scientifically and they are active during the counselling process. They assess the problem and develop treatment goals. The counsellor measures treatment goals.

Role of client

A client takes an active role and agrees to do homework tasks. Client must be motivated for change and understand the goals of therapy. They engage in behavioural treatment techniques.

Therapeutic techniques

Relaxation training techniques

Relaxation therapy was first developed by Jacobson in 1938. It was then called progressive relaxation training. The purpose of this training is to teach clients how to relax muscles throughout their bodies. The clients are taught how to discriminate tense muscles and relaxed ones.

The following steps are used for relaxation therapy;

STEP 1:

The counsellor asks the client to sit in a comfortable chair in a reclined position or lie down.

STEP 2:

The counsellor suggests that the client close his or her eyes and take some deep breaths and exhale slowly.

Step 3:

The counsellor tells the client "We will be participating in a systematic relaxation exercise. This exercise is designed to help you learn how to relax your body when you feel tense. We will be tensing and relaxing different muscle groups within your body. I want you to notice how you feel when you tense your muscles and when you relax them". The counsellor can start with the area with the most tension and then gradually move to where there is less tension. You can also start from the head, neck and proceed to the other muscle groups.

STEP 4:

The counsellor says "I would like you to tighten the neck and back and hold it for 5 seconds, one two three four five. Now let the tension go. As you do that exhale slowly, how does it feel?

STEP 5:

Proceed to do the same with other muscle groups tightening for 5 seconds and letting the tension go and feeling the difference.

STEP 6:

When all the muscle groups have been worked through, counsellor suggests that client lie still for a while.

• The counsellor should then tell the client that he or she feels comfortable returning back to hear and now, he or she can open the eyes and feel the greater sense of relaxation.

Reciprocal Inhibition and Systematic Desensitisation

Reciprocal inhibition is a technique that was developed by Wolpe (1958, 1982) and it is based on the classical conditioning principles. Reciprocal inhibition is used where a response is inhibited by the occurrence of another response that is incompatible with it. Relaxation techniques use reciprocal inhibition to teach clients to relax in anxiety-producing situations. Systematic desensitisation is hence the pairing of a neutral event with or stimulus with a stimulus that already elicits fear.

• The key components of desensitisation include counterconditioning, reciprocal inhibition, and substitution of one response with another
• Systematic desensitisation is indicated for phobias, anxiety in social situations
• Systematic desensitisation is composed of

1. Deep muscle relaxation training

2. Construction of anxiety hierarchies

3. Matching specific anxiety situations from the hierarchy with relaxation training

- Desensitisation is based on the premise that it is impossible to be anxious and relaxed at the same time
- An anxiety hierarchy can be constructed by asking the client to think about the worst anxiety they ever experienced and assigning 100 and then thinking about the state of being calm then assigning 0
- You then ask the client on that scale how they rate their anxiety
- Systematic desensitisation sessions should not exceed 30 minutes and they should process at most three anxiety items of the hierarchy

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EXERCISE:

Let's draw an anxiety hierarchy for any phobia you have experienced.

Stress inoculation

Meichenbaum (1985) developed stress inoculation which is designed to help inoculate people against collapse as they experience stress. The purpose of stress inoculation is to change the client`s beliefs about their self-statements and beliefs regarding how they deal with stress e.g. "I crumble under stress" He outlined three stages of stress inoculation namely 1. Conceptual phase 2. The skills acquisition phase and 3. Application phase.

- During the conceptual phase, the counsellor helps the clients to conceptualise his/her challenges. The client describes the different situations that produce stress and similarly the self-statements. The information is kept in a diary
- During the skills acquisition phase, the client is taught different skills such as relaxation training, cognitive restructuring, problem-solving skills, positive self-talk and affirmations
- The client is taught how to put into use the newly acquired skills. E.g. exposure sessions

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EXERCISE:

Think and write down a problem which you can apply stress inoculation. Work out the three stages.

Exposure therapies

This technique is mostly used to treat phobias and other behavioural problems. We will discuss three types of exposure therapy namely, flooding, in vivo exposure, and implosive therapy.

Flooding

Flooding is whereby a client is exposed to the anxiety-evoking situation or stimuli for a prolonged period of time. The underlying principle is that avoidance increases anxiety.

- Flooding assumes that anxiety cannot be maintained if one exposed to the anxiety-producing stimuli over a prolonged period of time
- Flooding hence exposes the client to a safe version of the feared stimuli at maximum intensity. This can be done imaginary or in vivo
- Due to the exposure, the client`s anxiety is burnt out or extinction occurs

In Vivo

- In vivo refers to procedures that occur in the client`s actual environment. In flooding, the client can be safely be exposed to real anxiety-producing stimuli e.g. sitting close to the dog kennel for somebody with a fear of dogs
- The client`s anxiety reaches peak levels, decreases to plateau and then decrease thereafter
- A smoker may smoke a lot of cigarettes until he feels sick in a garage

- When he wants to smoke again he may experience the aversive feelings of the garage smoking
- Flooding should be graded and the counsellor can use relaxation techniques
- In vivo exposure works faster than imaginary

Implosive therapy
- Implosive therapy was developed by Stampfl (1970) and it is characterised by the following;
  - o   Client imagines all anxiety situations
  - o   The imagined scenes are exaggerated to elicit maximum anxiety
  - o   The imagined scenes are based on hypothesised sources of anxiety e.g. sex, dynamic concepts such as oedipal complex
- Implosive therapists assert that anxiety-producing situations are not necessarily coming from identifiable negative events but also imagined ones linked to psychodynamic issues such as sex and aggression, castration fear and penis envy
- Flooding and implosive therapy is seen as a treatment of choice for Post-traumatic stress disorder

Cognitive approaches to counselling
This is part of the second force in psychotherapy. Scientists recognised that human behaviour is a product of cognition, thoughts. Eventually, the Cognitive behaviour therapy school was born as a merger of the behavioural and cognitive schools. Cognitive psychologists proposed that;

- There is always a cognitive processing and appraisal of external and internal events that can influence a person`s response patterns
- Cognitive activity can be monitored, assessed and measured
- Behaviour change may be an indirect sign of cognitive change
- Symptoms and behavioural problems are cognitively mediated
- There are a number of contributors to cognitive therapy

George Kelly (1955) - Psychology of Personal Constructs
- Kelly examined the role played by his clients while interacting with others and the assumptions underlying those roles
- Kelly encouraged his clients to practice new roles and relationships
- He saw people as problem solvers whose faulty beliefs led to undesirable outcomes
- By asking clients to discuss personal constructs and social roles, it helps them question some of the things that give rise to their anxiety states
- He developed fixed role therapy

Albert Ellis (1913-2007) - Rational Emotive Behaviour Therapy (REBT)
Ellis believed that all extreme, disturbing behaviour is a result of a person`s view of the situation, not the situation
- He revised the Rational Emotive Therapy (RET) to Rational Emotive Behaviour Therapy (REBT)
- REBT became closely linked to cognitive therapy because he sought to change the way people think and reason about events in their lives
- He asserted that people created their psychological problems because of how they interpret events in their lives
- He believed that people learned dysfunctional behaviours and hence they could unlearn it through changing their thoughts
- He also believed that self-defeating thoughts were at the root cause of dysfunctional behaviour
- Such thinking is based on arbitrary, inaccurate assumptions about oneself and others
- Such assumptions are filled with "musts", "I must always be friendly to people", "I must be successful"
- The maintenance of musts causes emotional arousal which can cause wear and tear
- These musts are often entrenched in our heads as children and we accept them without question
- REBT aims to help clients question these mistaken beliefs and exchange them with constructive ones
- During counselling, the counsellor actively confronts these unrealistic self-verbalisations and suggest alternative ways of thinking
- Role-plays can be used

Albert Bandura (1925-) - Social Learning, Observational Learning, and Self-Efficacy.

Bandura`s work bridges the gap between behaviourism and CBT. Bandura was primarily a researcher and hence he did not have a therapeutic theory. Bandura asserted the following;

- People learn a lot by observing others (social learning)
- People learn from modelling and observation
- People choose behaviours to imitate based on perceived consequences
- A person stands a greater chance of imitating an act that he or she saw with positive outcome from others
- Modelling in groups such as role-playing difficult situations is an important tool in therapy
- He talked about self-control and self-efficacy
- Goals can serve as guides for self-regulation when they are observable and measurable

Aaron T Beck (1921) - Cognitive therapy and Depression (1976)

Beck was born on the 18th July 1921, to a family of Russian Jews. He was the youngest of five children. He lost two of his elder siblings, a brother and a sister while he was young. The death of his siblings led his mother to become severely depressed for a long time. This led him to develop a keen interest in depression and its treatment. Beck broke his arm and stayed in hospital for a long time losing classes. He was then asked to repeat a year which made him feel dump and stupid.

He however, surprised his peers by passing very well and this changed his belief that he was stupid. Beck suffered from depression and anxiety as a result of his hospitalisation. Beck graduated in Medicine and then Psychiatry. He then pursued research in depression testing the Freudian theory of depression. He then concluded that symptoms of depression could be explained in cognitive terms. He asserted that depression is a product of biases of people`s lives based on the activation of negative representations of the self-future personal world and the future.

Key concepts

Automatic thoughts
- These are automatic thoughts that are spontaneous
- The automatic thoughts are usually distorted, extreme or inaccurate
- Automatic thoughts may be negative in nature .e.g. I may not convince this beautiful woman to be mine

Cognitive schemas
- Our past helps us to form our cognitive schemas
- A schema is a cognitive framework that helps to organise and interpret information
- Cognitive schemas help organise meaning about all aspects of our lives
- Cognitive schemas may produce automatic thoughts
- Cognitive schemas may create the advantage of creating mental short cuts in understanding huge chunks of information
- They may, however, create problems by stereotyping life events

Cognitive distortions
Our belief systems and schemas are vulnerable to cognitive distortion. Cognitive distortions take place when our information is faulty or inaccurate. When cognitive distortions are frequent, people may experience depression, anxiety or other forms of mental illness. There are nine cognitive distortions that we shall discuss here.

Cognitive distortions

Selective abstraction: This happens when we base our conclusions on isolated detail of information. We ignore other vital information

Overgeneralisation: This happens when we make a conclusion based on a few occurrences

All or nothing thinking: This happens when we think that things should be exactly where we want them to be

Mind reading: This refers to the idea that we know what the other person is thinking.

Catastrophizing: This happens when we take one event in our lives and exaggerate it to become fearful.

Magnification and minimisation: This involves seeing something as being more important or less important. People magnify imperfections and minimise good things

Labelling and mislabelling: This happens when one continues to describe his or her identity based on a past event which is no longer existent

Personalisation: A person takes an unrelated event and makes it related or make it causal to him or her

Negative prediction: This happens when one believes that something bad is going to happen without hard evidence

Negative prediction: This happens when one believes that something bad is going to happen without hard evidence

Goals of counselling

- The goal is to remove cognitive biases in clients
- The counselling outcome is a joint venture between the counsellor and the client
- The counsellor helps clients sharpen their goals
- Role of the counsellor
- To help clients deal with the faulty thought processes
- Help clients identify cognitive distortions
- To listen teach and encourage
- The make use of a variety of cognitive and behavioural techniques
- Some techniques are de-catastrophizing, reattribution, re-defining, decentring, and homework activities
- The other technique is thought change record
- The clients record automatic thoughts
- Client identifies cognitive errors in automatic thoughts
- They generate rational alternative thoughts
- Records the outcome of the changes

CHAPTER 3:

EXISTENTIAL AND HUMANISTIC THEORIES (3RD FORCE)

According to Schneider (2008) "Humanistic psychology can be defined as an orientation that rejects both the quantitative reductionism of behaviourism and the psychoanalytic emphasis on unconscious forces in favour a view of man as uniquely creative and controlled by his own values and choices. Through experiential means, each person can develop his greatest potential or self-actualisation" (Jones-Smith, 2006, p 229).

Let us look at how these theories view the world.

Existential world view
- People can choose what they become
- People are responsible for their choices and the direction of their lives
- Every person seeks to understand his or her personal life experiences
- There are four existential struggles which are the root cause of psychopathology, namely 1. Death 2. Freedom versus responsibility 3. Isolation 4. Meaninglessness
- Counselling emphasises a genuine relationship between a client and the counsellor
- Counselling focusses in the here and now

Humanistic world view
- Humanists view the people as being good and focus on growth. They focus on goals that are satisfying and socially responsible
- Bad behaviour is a product of deviation of humanity from their positive nature
- It emphasises the importance of understanding unique human life experiences and counselling focusses on people`s feelings
- Therapy focusses on the self and the individual`s view of self
- Relationships built on trust, respect and caring promote good health
- The focus of counselling is the promotion of personal growth
- The provision of care, trust, and respect by a counsellor promotes emotional and spiritual balance
- The ideal counsellor is genuine, congruent, transparent, non-judgemental, and empathic
- The counsellor uses open-ended questions, reflective listening, and interpretations to promote self-understanding, acceptance and self-actualisation

The world views of the Existential and Humanistic theories shows significant similarities hence these schools merged during the 1970 and 1980 to become existential-humanistic psychological theories.

EXISTENTIAL THEORIES

Existentialism can be traced to several philosophers such as Soren Kiekegaard, Friedrich Nietzsche, Martin Heidegger, Jean-Paul Sarte, Martin Buber and Ludwig Binswager (Jones-Smith, 2016). We are not going to discuss all of these contributors but shall focus on, Victor Frankl, the founder of Logotherapy.

Victor Frankle (1905-1997) - Logotherapy

Victor Frankle wrote; "A man can get used to anything, but do not ask us how. Fundamentally therefore, any man can even under such circumstances decide what shall become of him-mentally and spiritually. He may retain his human dignity even in a concentration camp.

We can discover this meaning in life in different ways: 1. by creating a work or doing a deed 2. by experiencing something or encountering someone, and 3. by the attitude we take toward unavoidable suffering" (Jones-Smith, 2016, p 250)

Victor Frankle was born in Vienna Austria on the 26th March 1905. He studied medicine and subsequently specialised in neurology and psychology. He concentrated on the treatment of depressions and suicide. He treated more than 30 000 women who were prone to suicide. He was prohibited to work in his suicide area by the Nazi and he moved into private practice.

In 1942 Victor and his wife were deported to a concentration camp where he worked as a general practitioner until his psychiatric skills were noticed. He was asked to establish a new unit in the camp which helped newcomers adjust to the harsh conditions of the camp. He established a suicide watch unit. He was also sent for hard labour. He was transported to Auschwitz concentration camp on the 19th October 1944.

He was transferred to another concentration camp called Turkheim where he spent seven months working as a slave. His wife was transferred to Bergen-Belsen concentration camp where she was killed. His mother and father were killed at Auschwitz. He was freed by the Americans on 27th April 1945. His sister was the only immediate relative who survived the Nazi takeover by emigrating to Australia.

Because of the suffering he endured in the concentration camps, he concluded that even in the most dehumanising conditions, life still has meaning, and therefore even suffering is meaningful. This formed the bases of his logotherapy.

In his book entitled "Man`s search for meaning" (1963), Frankle reviewed how he and other prisoners survived the Nazi treatment through meaning making. He said that inmates had three psychological reactions when they joined the camp.

1. Shock during admission.

2. Apathy after adjusting to the conditions.

3. Depersonalisation, moral deformity, bitterness and disillusionment if the inmate survived and was freed.

He opined that meaning is found in every moment of life even in suffering and death. He said prisoners had choices on how they wanted to feel. He said a prisoner survives because he or she has got a self spiritual that has faith in the future but if the inmate loses faith he or she is doomed.

The Basic premise of logotherapy

Logotherapy is derived from the Greek words, logos (word or meaning) and therapeia (healing). There are three basic assumptions of logotherapy;
• Life has meaning under all circumstances
• People have a will to live
• People have the freedom under all circumstances to activate the will to meaning and to find meaning in life

How do we find meaning in life?

- Frankle said love is the greatest experiential value that we have especially the love towards others. He maintained that love is the ultimate and highest goal to which man can aspire
- He also said that meaning can be found through creative values and by completing a deed. This can be evidenced in the creative values of art, music and writing
- The third way in which people find meaning is by the attitudinal values we adopt such as bravery, good sense of humour and suffering. The attitude we have towards unchangeable situations in our lives makes us have meaning or no meaning. Frankle said, "Everything can be taken from a man but one thing; the last of the human freedoms to choose one`s attitude in any way given set of circumstance, to choose one`s own way" (Jones-Smith, 2016, P 252)
- He concluded that we search for meaning till we die and it is this search for meaning that makes us feel that it is worthwhile living and that there is a purpose to life

The theory of maladaptive behaviour

- Anxiety neuroses is a result of unfulfilled responsibility and lack of meaning
- Anxiety is a product of existential vacuum
- For example, obsessive-compulsive disorder is due to a person who feels a sense of lack of completion of life
- When people experience a sense of loss of meaning of life, they indulge in behaviours that are destructive such as aggression, addiction, or illnesses such as depression and suicide

Therapy techniques

- Logotherapy uses the Socratic dialogue as the counsellor tries to find meaning for the client
- The dialogue raises the client`s consciousness about his responsibilities
- Certain attitudes may be obstacles to finding meaning and they need to be adjusted
- The counsellor should refrain from imposing their own values and meanings on the client
- Frankle is also well known for developing Paradoxical intention. Paradoxical intention encourages the client to do something which they normally fear or want to change
- A client who fears anxiety attacks may be encouraged to go and have as many attacks as possible. This will reduce anxiety
- Frankle also used dereflection whereby people put too much emphasis on themselves. When people shift focus onto others, their problems seem to become less
- Sexologists discourage putting emphasis on sexual performance which may make the performance decline
- Instead of emphasising orgasm to clients, they can encourage petting or touch. That reduces orgasm anxiety
- When people are told to reduce their sexual encounters, they usually increase them resulting in orgasm

HUMANISTIC THEORIES

Carl Rogers (1902-1987) - Person-Centred therapy
Rogers brought in a therapeutic movement that shifted from the directive approaches to the nondirective one, called client-centred or person-centred therapy. Prior to his arrival counselling was largely directive, consisting of diagnosis and interpretation of client`s behaviour. Most people started to talk about "self-actualisation", "getting in touch with their feelings", "letting it out" etc.

Carl Rogers was born in Illinois, the fourth of six children. His father was a Civil Engineer and the mother was a devout Christian and housewife. The father bought a farm while Carl was aged 12 years old. The father wanted to raise his children away from city influence. Rogers hence grew up a solitary boy, independent and self-disciplined.

Rogers went to university majoring in agriculture but he, later on, switched to study religion. He earned a Bachelor of Arts degree in history. Rogers then enrolled in a theological seminary in New York City. Rogers and some of his seminary members formed their own seminar that challenged the seminary beliefs. They eventually left the religious work. Rogers enrolled in the clinical psychology program.

He earned his MA degree in 1928 and his PhD in 1931. He then started to work as a psychologist and then lectured at various universities. He published several books as a professor of psychology. In the 1960s he became the leader of humanistic psychology. He was among the first three psychologists to be awarded the first distinguished scientific awards of the American Psychological Association (APA). He was president of the APA in 1946. Rogers was nominated for the Nobel Peace Prize for his efforts to reduce racial conflicts. He held seminars in troubled areas such as Northern Ireland and South Africa. He died on the 4th of February 1987.

View of human nature

Rogers viewed people as being good, positive, constructive, realistic, and trustworthy. He said human beings have a natural drive to self-actualise from the time of birth. He expressed that human beings have the following characteristics;

- The infant`s perception becomes its reality
- All infants are born with the natural inclination to self-actualise
- An infant`s interaction with the environment is an organised whole with everything he or she does being interrelated
- An infant`s experiences are interpreted as being positive or negative depending on the extent to which they enhance the process of self-actualisation
- Infants maintain experiences which are self-actualising and avoid those that are not

Theory of personality

Rogers` theory revolves around the following concepts; 1. The organism 2. The organism`s phenomenal field, 3. The self.
- The organism refers to the total individual including the physical and psychological wellbeing
- The phenomenal filed in the private world of the individual that becomes the source of referencing when viewing life. It constitutes our perception of reality. It is the perception of reality rather than reality that is important. He said that each one of us engages in an organismic valuing process
- The self-concept is defined as the infant`s differentiated elements of the experiential field that have the characteristics of the "I" and "me"
- The awareness of the self makes infants develop a need for positive self-regard which is the craving for love and attention from others. We internalise certain values from the positive self-regard, resembling Freud`s superego
- Children develop best when they receive unconditional positive regard from parents
- Conditional self-regard occurs when positive regard, praise and approval depends on the way a person behaves according to the perceived correctness of behaviour

The theory of healthy psychological development

Rogers described healthy psychological development in terms of a fully functioning person. A fully functioning person has got the following characteristics;
- Openness to experience: A person should have experienced positive regard from others and positive self-regard. They are open to all their experiences without boundaries
- Organismic trusting: This happens when we trust ourselves and do what we feel is right and do what comes naturally. It means that we are in contact with our self-actualising tendency
- Behaviour is constructive and trustworthy: The true nature of a fully functioning person is always visible
- Experiential inner freedom: This is the freedom to do what we want and think our thoughts, live our own lives and choose what we want
- Creativity: A fully functioning person should be able to contribute to the self-actualisation of others and to self. The person should be able to demonstrate creativity through arts, sciences, parental love

Theory of psychopathology

Rogers opined that the fundamental reason for psychopathology and maladjustment is the incongruence between one`s self-concept and one`s experiences. The incongruence may be unconscious and the person may experience tension and free-floating anxiety. In an attempt to protect themselves from the anxiety and the onslaught of emotions and ideas, individuals arm themselves and create a more rigid self-structure. They will shy away from new experiences. People have natural tendencies to move away from maladjustment to psychological adjustment. If they get unconditional positive regard and empathy, they will develop a good unconditional self-regard and the congruent.

The counselling process

Rogers` counselling approach is nondirective, client centred, person-centred. It is based on the assumption that individuals have an innate ability to understand the causes of their problems and deal with the problems. Counselling hence is there to help the already existing positive force human beings have to recovery.

The counselling relationship

Rogers provided six conditions which he said if they are met, successful counselling will take place.

- Psychological contact: The client and the counsellor should be in a state of psychological contact or relationship. The client and counsellor should see their experience together as a relationship
- Incongruent client: The client should be incongruent, meaning the client should have tried but have been unsuccessfully in solving his/ her problems
- Therapist congruency: The counsellor or therapist should be congruent, meaning they should be in touch with their feelings and what they will be experiencing. Such feelings should be conveyed to the client if they will help the counselling process
- Unconditional positive regard: The counsellor should experience a warm, positive, acceptant attitude towards the client. The counsellor should see the client as a separate individual and attach no conditions to the acceptance
- Therapist empathy: The counsellor must have empathy. Empathy was defined by Rogers as the counsellor`s ability to be sensitive to the client`s world as if it is theirs but without losing the "as if" quality (Jones-Smith, 2016)
- Communication empathy: The client should be able to perceive the counsellor`s empathy for the positive outcome of counselling

Goal of counselling
- To assist the clients in their growth process and to be able to cope with current and future problems
- The role of the counsellor
- The counsellor should be there and provide a safe counselling environment that will motivate the clients to self-actualise
- The role of the client
- Rogers did not consider people who came to see him as patients but clients. The people who consulted him voluntarily did so. They will be having problems of living not mental disorders
- The clients due to the state of incongruence would be seeking assistance to self-actualise, to reach their full potential
- They have the power to recover but needs the conducive environment to do so

Counselling techniques

Active listening
- Active listening can be equated with listening for meaning
- Counsellor only speaks to confirm if he/she got the client`s statement clearly
- The counsellor`s silence may force the client to talk
- New counsellors have to learn to be silent and not interrupt the client
- Active listening may take nonverbal dimensions such as eye contact, body language, tone of voice, speech rate, and physical space
- The counsellor should be cognisant of the cultural variables during the counselling process

Reflection of feelings

- Reflection of feelings occurs when the counsellor reflects the clients` statements and feelings in his or her own words
- The purpose of reflection is to emphasise the feelings rather than the content of the statements
- Usually, the counsellor starts the reflection with words like "you feel"
- Even inaccurate reflections may be useful because the clients often correct the counsellor
- Examples of reflections are; you really hate her guts, it really hates that those you love rejects you
- A reflecting therapist is viewed by the client as understanding and caring

Paraphrasing

- This is a technique for restating the client`s basic message in fewer words
- The purpose is to test the counsellor`s understanding of the client`s message and to clarify a double or mixed message
- Paraphrasing should however not be overused because they can annoy the client. For best results of paraphrasing, listen to the client`s basic message, restate the message in simple terms observe the client`s cues
- Cross-cultural validity
- Rogers asserted that the only way to understand somebody`s culture is to assume a frame of reference of that culture
- As a way of promoting cross-cultural and positive interracial communication, Rogers conducted large workshops in Northern Ireland, Poland, France, Mexico, Soviet Union, South Africa etc
- This provides confidence in the ecological validity of person-centred counselling for our setting

Conclusions

The counselling or therapeutic schools that we have discussed in this manual allow you to understand the origins of the basics of counselling principles and processes. The counselling schools that have been discussed in this part of the manual are not exhaustive. There are some therapeutic schools that are still available but may be learning more towards sub-specialisation which is outside the scope or purpose of this manual. The following are some of the theoretical schools;

• Multicultural psychotherapy theories
• Transcultural psychotherapy: Bridges to Asia, Africa, and the Middle East
• Feminist therapy and lesbian and gay therapy
• Solution-focussed therapy
• Narrative therapy
• Integrating spiritual/religious issues during psychotherapy
• Strengths-based therapy
• Family therapy

Some counselling techniques from these schools shall be reservedly utilised in the next part of this manual.

THE BASIC TENETS OF COUNSELLING

This section deals with the basic principles of counselling. These are common practices that cut across most counselling schools. We may view these basic tenets as enablers for best counselling outcomes. They may also be viewed as the dos and don'ts of counselling. This will help you as a counsellor to be able to conduct effective counselling processes.
First counselling session

Meeting, greeting and seating
- To make the client feel welcome: We stand up, go over to them as they enter, shake hands or lightly touch the client's elbow (physical contact can be important if someone feels that no one cares)
- Call the client by name if possible
- Have office rearranged so that there is no physical barrier between you and the client
- Have two chairs that are similar, not that one is more comfortable than the other
- Sometimes the counsellor is tired and busy and hardly looks up from his or her work as the client enters. That doesn't help in setting a relationship
- While walking from the door you can use "small talk" such as talking about the weather
- Sometimes your body language can act as a physical barrier without being aware of it. Crossing your arms can give the impression to some people of distancing yourself from them. Hands-on hips indicate anger
- Looking away indicates a lack of interest
- The acronym SOLER can be used to help a counsellor to show an attitude of respect and genuineness

S **Squarely face the client**	The body orientation of the counsellor should convey the message of involvement with the client. If facing counsellor thus has to pay attention to the client. Ensure that there are no barriers (such as a desk) between you and the client.
O **Open posture**	Head up, uncrossed arms or legs, and minimum gestures will indicate that you are involved and interested in what the client has to say
L **Lean forward**	A slight inclination towards the client signals attentiveness and interest; whereas leaning away from him/her conveys the opposite. Leaning too far towards the client, or doing it too soon after meeting the client may be too obtrusive
E **Eye contact without staring**	This indicates that you are interested in what they have to say and want to hear more. Note that eye contact is not acceptable in some cultures
R **Relax and be natural**	It is important not to fidget and display nervous mannerisms. Adopt a comfortable in what you are doing and it will help to put the client at ease

After you are seated to bring up the issue at hand, do not ask the client, "what can I do for you?" Instead, first, wait for a minute or so. Frequently, the client will start talking about what is on his or her mind right away. If not, you can say something non- committal such as

"What shall we talk about today?"
"How are things going with you now?

The roles of counsellor and client
- The counsellor should explain to the client that he/she will not be able to fix the client problems but emphasise that it is the client`s responsibility
- The client should, however, assure the client that he/she will facilitate the client`s strengths and problem-solving capacity

Confidentiality
- The client should be informed about his/her right to privacy and limitations of confidentiality
- Children below the age of 18 years do not have full confidentiality
- Confidentiality may be broken if the client reveals something that may endanger somebody`s life or the client's life
- The counsellor may also be requested by the court to reveal the records of the counselling process
- This should be done during the initial interview

Inform the client about the time for the session
- The client should be informed of how long the session will be and about the possible number of future sessions

Listening skills

David Roush (1996) asserted that listening refers to:

- The ability to pay attention
- The ability to read the lines by hearing what isn`t said and by paying attention to the messages of body language
- The ability to be quiet and ignore outside and personal things while tuning in on the person who is speaking

When listening it is important to stay in the frame of reference of the client. Do not interpret. Do not put your own feelings. Do not add anything new to what the client has said.

Steps in the listening process:

1. Receiving the message from another person.
2. Processing the message in your brain by attending to content, facts and feelings.
3. Responding to the message verbally or non-verbally.

Listening tools
Richmond (2000) identified the following tools for active listening:
Ears: Words, language and the way things are said e.g. stuttering.
Eyes: Facial and bodily expressions.
Head: Understanding the intended message.
Heart: Emotions of client and self.
Spirit: Intuitive wisdom.
Cultural knowledge: Cultural practises and values.
Different listening skills

Silence
- You should not talk much
- When you are quiet, it helps the client to talk
- It may be difficult to say nothing but silence can be an effective communication style

Clarification of questions
- Clarification is used when you are not sure about what the client said, or when you are not sure of the meaning of a word
- Be careful that your tone of voice should not appear like you are arguing with the client
- Don't look for hidden meanings
- Clarifications are always in the form of questions. e.g
- "Are you saying...."
- "Do you mean ....."
- "Do I hear you saying...."

Purpose: To check accuracy. To get clarity. To seek elaboration.

Paraphrasing content

- When paraphrasing you focus on the facts and content of what the client says
- You state what the client said using different words
- Do not parrot the words of the client
- You can start the sentence with something like: "I hear you saying ....."
- Do not add or subtract anything and do not put your own feelings

For example   **CLIENT:** I feel terrible. My father has left our house.
                         COUNSELLOR: "Your father went away" or "Your father left the house" or "Your Dad has gone away"

Purpose: To help the client focus on facts. To encourage the client to talk.

Reflecting feelings

- When reflecting feelings you focus on the client's affect
- You rephrase the feelings part
- Paraphrasing is like a positive statement, not a question

For example.   **CLIENT:** I feel terrible. My father has left the house.
                          COUNSELLOR: "You are feeling bad" or "You are feeling terrible"

Summarisation
- It means restating or summarising facts (paraphrase), the feelings and what the client said

Purpose: To tie a number of elements together. To identify common patterns. To get focus when the client is rambling. To review progress and to prepare to stop if time is up. To demonstrate that you are listening to what has been said.

NB Listening does not come naturally; it is a learned process that needs practice.

Action skills
After establishing rapport in counselling continue using listening and action skills. Action skills are used to help the client to;

Action skills may include;

1. Probing
- Probing means searching delicately for the meaning of what has been said
- Ask How, Who, Where, What questions
- Derive the question from the client`s message and not your own interpretation
- Avoid why questions
- Ask one probing question per time

For example: CLIENT: "I was late home and my mother was angry at me"

        COUNSELLOR: possible responses "when did you come home?" or "how late were you?"

Purpose: To get the client to talk more.

2. Confrontation
- Confrontation is used when a client makes two contradictory statements
- The contradiction may relate to facts or feelings
- It is not about confronting in the literal meaning of causing conflict

For example: CLIENT: "After school, I want to leave the farm"

        COUNSELLOR: "Earlier you mentioned how much you enjoy living on the farm. Now you say you want to leave" or, "You said before that you planned to stay on the farm forever. Now you say you want to leave it. Can you tell me more about that?".

Purpose: To highlight contradictory or conflicting messages.

3. Interpretation
- Interpretation is repeating what you think the client is saying
- It means adding a little of your own thoughts
- You may include the unstated or implied parts of the messages

For example: CLIENT: "I study hard but I never do well in examinations"

        COUNSELLOR: "You are wondering why you should bother to study hard and when you don't do well in any case."

Purpose: To identify relationships between the client's message and his or her behaviour.

4. Information sharing
- This where you present what the client may consider to do or take
- You share without imposing
- The client is left to take or leave it

For example: CLIENT: "I don't know how to find out about nursing colleges."
                     COUNSELLOR: "I have here a list of places to study nursing. Would you like to borrow it?"

Purpose: To provide information. To address a specific, established and well-understood problem.

Creative ways to communicate with children.

Storytelling

- Ask the children to tell the story about an event
- Show them a picture and ask them to tell a story
- Cut out comic strips, remove the words and ask children to add words to the picture.

Mutual storytelling

- Ask the child to tell a story
- Tell your own story
- Base it on the child`s story but change the negative events of the child`s story to a positive outcome in your story

Dreams

- Ask the child to talk about dreams or nightmares and explore the meaning the dream may have to the child
- Dreams often reveal unconscious and repressed thoughts and feelings

What if questions

- Encourage children to explore potential situations and consider different problem-solving options by asking what-if questions
- Children`s responses indicate what they already know, what they are curious about, and this gives them the opportunity to practice new skills

Three wishes

- Ask the child: If you could have any three things in the world, what would they be?

Rating game

- Use rating scales (sad and happy faces, or numbers) to rate feelings about events
- Word association game
- Recite certain keywords and ask children to say the first word that comes into their minds and when they hear this key-word.

DO`S

The "Do's of counselling and good interpersonal relations

Communication skills for good interpersonal relationship

- The response made to a statement can have a positive or a negative effect on the relationship between two people, not only the words but the way in which they are said
- We must be aware of our body language, i.e. hands on hips, a smile, clenched fits, and our tone of voice
- For example, suppose a learner says, "I don't feel well today" on the day of an exam. You could respond with the same words such as "Oh I see, you don't feel well today" but different intonations
- Ones tone of voice would indicate interest and an attempt to help, such as trying to reflect how the person feels; the other would indicate a lack of caring such as saying it sarcastically

The DO'S in the counselling approach with learners

A counselling approach means using a different way to help a person change his/ her behaviour.

When counselling, the counsellor must remember the following points:

Show interest in what the other person is saying - This can be done by looking at the person, nodding appropriately and responding.

Listen carefully - This is the number one skill in counselling and it takes time and practice to learn it. Check conversations of the other people and see how often one of the persons apparently was not really listening.

Have a warm facial expression - Sometimes we are unaware of what our face looks like in repose. Check yourself in a mirror. If you feel that you might appear uninterested or mean, you may have to practice looking more accepting.

Encourage the person to talk by reflecting his or her feelings - This means to say back what the person was saying in order to encourage the person to continue talking and let him or her know that you heard what was said. You can use synonyms but do not change the meaning or add any of your own ideas. Sometimes nothing can be done about the person's problem, but just being able to talk helps. When people hold their problem inside, they can have one or two reactions – either they get sick (ulcers, high blood pressure, etc.) or they say or do something for which they are sorry later. Reflecting feelings helps them continue saying what is bothering them and it is like a balloon that lets the air out gradually. Examples of reflecting feelings would be when the person say "I hate this job" and you reflect with, "You really don't like your job." Or "I see, you hate this job.")

Ask if he or she would like to talk about the problem - Sometimes someone will mention a subject but not want to talk about it at that time. Perhaps he or she is too full of emotion and needs time for composure.

Ask how she or he feels about the situation - This is generally a safe response, especially if you are not sure whether the person is happy or unhappy about something. For example, if someone says "My husband\wife is also going to attend evening classes next year," he or she might be happy that they will be both improving themselves or worried about domestic arrangements or finances.

Use an "I" or "me" message - "Having the radio on so loud bothers me," rather than "Your radio is very annoying." "I am having trouble understanding this," rather than, "You are not explaining this very well.'

Be neutral (do not agree or disagree) - Remember that we are talking about relationship building and counselling. It is perfectly all right to agree or disagree with a friend in a social situation but not in a counselling one. For example, the person says, "The principal is mean, isn't he?" A reflecting response would be to ignore the feel about it, you need to explain that it doesn't matter how you feel, you want to help the person solve his or her problem. This is sometimes difficult to do because we may want to agree or disagree but once you begin doing that, you will be imposing your ideas and values on the client.

Counsel rather than advise - You can provide information so that the people have more data on which to make a decision on but be careful how you do it, i.e. no advice.

Try to have unconditional acceptance of the person - For example, people who are depressed stop taking care of themselves. If you are not accepting of someone because he or she needs a bath, you may be hurting someone who most need your help. We can be accepting of people without necessarily being accepting of their behaviour.

Express open-mindedness even towards irrational attitudes - You don't agree or disagree but listen and may ask questions.

Respect the right of the other person to express different values and preferences - If the person does not like the picture on

your wall, that's O.K. You might ask what kind of pictures he or she likes.

Provide correct information - One of the problems with giving advice is that we frequently tell things we have picked up along the way, which may or may not be true. When providing information, be sure it is valid and not just an opinion. Many times the difference between information-giving and advice is a matter of semantics. For example, advice would be, "You should not think about going to college. Your high school grades have been low." Information-giving would be, "Research has shown that the best predictor of college success is high grades..."

Teach skills - In order to acquire information, people may need skills such as writing a letter, using the library and interviewing. Part of counselling is teaching and helping the person practice these skills. While doing so, encourage independence. For example, talk about the contents of a letter and then let the person try one. You can then edit it. This is preferable to you writing the letter at the beginning.

Be a facilitator - Do things that make it easier for people to be successful. Help arrange things rather than doing it all. After role-playing how a learner might discuss something with the principal, ask if he or she would like you to arrange a meeting. Ask if he or she would like to be there. If people have never used a library, ask them if they would like you to go with them for the first time.

Be a role model - One important way that behaviour is learned is through imitation. It is important to be aware of how you look, what you do, what you say, and the way you say it. Whether you want to be or not, you are a model for your clients.

Make sympathetic remarks when indicated - If someone told you that her dog was just killed and she is obviously upset about it, you would tell her that you are sorry.

Refer when necessary - You cannot be expected to be able to help everyone. Sometimes we need to refer to someone else. For example, an alcoholic or someone on drugs needs medical attention. Medical problems can cause behavioural symptoms. In career counselling, we may want to refer the person to someone else for more information. If someone would like to become a policeman, it would be helpful to talk to several people about the type of work. If people are considering adopting a child, they can talk to adoptive parents.

Empathy - Most importantly, put yourself in the other person's place and think, "How would I feel if someone said what I am about to say to him or her?"

DONT'S

It is important to note that counsellors should not try to create the impression that they are magicians who can change in a wink of time. They do not present themselves as saviours of the client in need. The client has to take responsibility for 'saving' him/herself. Counsellors do not impose his/her agenda or the agenda of the other people such as teachers and primary care-takers upon the client. Only when a client him/herself makes a decision will he/she take responsibility for its implementation.

The following relationship building "don'ts" are modified from "Helping People change", by Kanfer and Goldstein, Pergamon press Inc ., 1991

×   Avoid exclamation of surprise

"My mother has left home" –   Right– "How do you feel about that?"

Wrong– "What! "I can't believe it." "How awful"

×   Avoid expression of being over-concerned

"I often feel as if I'm going to die." –   Right–"That must be upsetting you." "When do you have those feelings?"

Wrong– "How horrible for you!"

×   Avoid moralistic judgments

"I hate my sister." –   Right; "Has something happened recently between you?"

Wrong– "You should be ashamed of yourself."

×   Avoid being punitive

"I wish you weren't my teacher." –   Right– "Let's talk about it; how do you wish I were different?

Wrong– "That's because you're so lazy."

×   Avoid criticizing

"I can't understand this." –   Right– "Let me explain it another way."

Wrong– "You don't try. Why can't you be like your brother?"

×   Avoid making false promises

"Do you think I can get an A?" –   Right– "Everyone can't get A's. I don't know whether you can or not but do the best you can and you learn a lot."

Wrong– "If you work harder you can."

×   Avoid threats

"I didn't do my homework last night." –   Right – "Did something happen so you couldn't do it?"

Wrong – If you don't do your homework, you won't pass the exam."

×   Avoid burdening others with your own difficulties

Learner says: "You look tired, today." –   Right – "Yes I was up late last night, but now I'm ready for our class, now."

Wrong – "Yes, I've been having trouble with sickness in my family. My mother has diabetes, and my sister who lives with us has some sort of emotional problem. I've been up all night."

×   Avoid displays of impatience

"I feel depressed." –   Right – "You don't feel well, today"

Wrong – "You better snap out of it."

×   Avoid political or religious discussions

"I believe in witches, do you?" –   Right – "I don't know much about witches. Do you want to tell me more about them?"

Wrong – "No true Christian believes in that"

×   Avoid arguing

"It's going to rain today and we won't be able to play soccer."

Right – "Let's see what happens."

Wrong – "No, it isn't."

×   Avoid ridiculing

"There isn't much I can't do once I make up my mind to do it..."

Right – "You feel pretty confident once you make a decision."

Wrong – (Sarcastically) "You don't think that much of yourself, do you?"

×   **Avoid belittling**

"I'm considered very intelligent."–   Right – How do you feel about that?"

                                            Wrong - I know lots of stupid people who think they are intelligent."

×   **Avoid blaming the other person for his or her failures**

"I'm sorry we didn't win the game." –   Right – "How can we do better the next time?"

                                            Wrong – "If you had paid more attention, we could have won."

×   **Avoid rejecting the other person**

"I want you to like me better than you like the other learners."

                                            Right – "It seems important to you that I like you."

                                            Wrong – "Why should I? " I don't like people like you."

×   **Avoid displays of intolerance**

"My mother is getting her driver's license."

                                            Right –"How do you feel about that?"

                                            Wrong –"Oh, no, not another woman driver!"

×   **Avoid dogmatic utterances**

"I feel I'm gaining too much weight." –   Right –"You feel you should be thinner."

                                            Wrong – "Nonsense, fat people are happier than thin ones."

×   **Avoid trying to make deep interpretations of the other person's problems**

"I've told you what bothers me. What do you think is causing it?

                                            Right – "Let's work on this together."

                                            Wrong –"You have an inferiority complex."

×   **Avoid the probing of traumatic material when there is great resistance**

"I just don't want to talk about my mother."

                                            Right – "It's hard for you to talk about her right now."

                                            Wrong – "You must force to talk about her."

×   **Avoid unnecessary reassurance**

"I think I'm ugly and mean."

                                            Right – "When do you feel that way?"

                                            Wrong – "That's silly. I think you're very good looking and wonderful person in many ways.

CHAPTER 5

OVERVIEW OF THE PROCESS OF COUNSELLING

The counsellor is an important member of the group of educationists who are mandated to ensure that learners learn optimally.

School performance is not only dependent on the learner's intellect and the teaching and learning that take place during and after school. Optimal learning requires a child to be intact in a biological, psychological and social sense. This means that the child has to be physically healthy, emotionally sound and have the support of social networks such as friends, caregivers and other members of the community. Unfortunately, the reality is that a substantial number of children do experience emotional-behavioural difficulties due to problems or events that they face in school and/or at home. These difficulties may impact significantly on their school performance. The school setting provides an ideal opportunity to address or combat some of the emotional and behavioural challenges experienced by the learners. School based counsellors are therefore in a privileged position to make a difference in the life of a wide range of vulnerable learners, including those that are orphaned, neglected, traumatized or suffer from emotional or behavioural difficulties.

Table 1 shows the microskills that are involved at the various stages of the counselling process. Also included in the table are the tasks that the client must undertake in order to attain the goals of counselling. This underscores the fact that counselling is a collaborative effort in which the counsellor and the client contribute in important ways.

These skills give the counsellor the range of nuances of basic counselling. They shall be reffered to in the various stages process of counselling.

Microskills of Counselling (John Antony)
Table 1

STAGE	COUNSELLOR SKILL	CLIENT TASK
Stage 1	Acquainting	Associating
Stage 2	Observing	Manifesting
Stage 3	Founding	Involving
Stage 4	Diagnosing	Investigating
Stage 5	Pacing	Exploring
Stage 6	Personalizing	Understanding
Stage 7	Reframing	Reorienting
Stage 8	Initiating	Acting
Stage 9	Evaluating	Reviewing

The content versus process of counselling

A useful way of appreciating what counselling entails looking at its core components, i.e. the content component and the process component. The content refers to the "**what**" of counselling. This has to do with what the counsellor and client talk about during the counselling session. The process component, on the other hand, is concerned with the "**how**" of counselling. It relates to how the counsellor and the client should work with the content at their disposal. See Figure 5 below for a schematic representation of these two central components of counselling.

Figure 5: Components of Counselling.
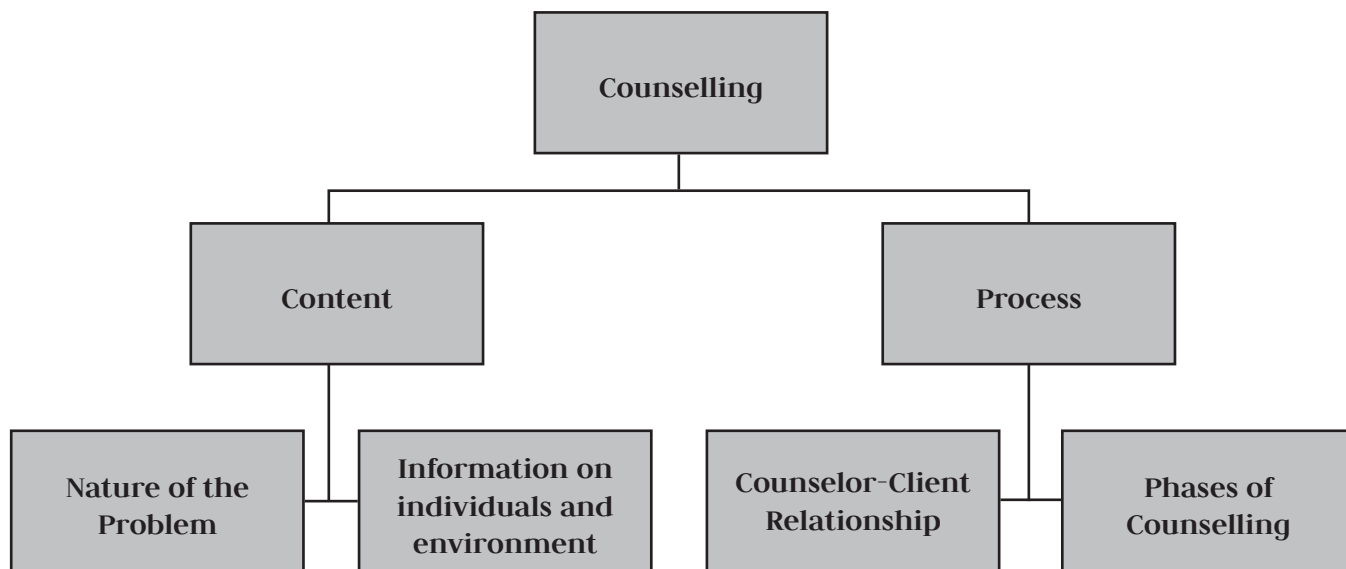
Content of counselling

One key aspect of the content is the nature of the problem that the client presents with. This represents the facet of the client's life that seemed to be affected the most by the problem. Examples of common presenting problems include bullying, performance anxiety, body image, romantic relationships, teen pregnancy, death of loved ones, neglect and abuse in the home environment.

Content also refers to the various kinds of information that the counsellor and the client may use during counselling such as the information pertaining to the client and his environment, about the school, the client's test scores or the client's school record. In other words, content is about the substantive aspects of counselling.

The materials on the content of counselling are elaborated in Part 1 of this Manual.

Process of counselling

In this section of the Manual, the process of counselling is handled or explored.

In his foundational writings on counselling, Carl Rogers identified the building of a non-threatening relationship as a cornerstone of effective counselling. There is a long-standing maxim in counselling which states that 'clients do not care how much you know until they know how much you care". Unfortunately, many counsellors make the mistake of thinking that logical reasoning is sufficient to bring about change. If all that it took to change was logic, surely very few people would smoke because people are invariably aware of the dangers associated with smoking. Available research indicates that for change to happen, there must be emotionally compelling reasons for change. As a counsellor one of your key roles is to assist the client to uncover these emotionally compelling reasons for change. The feeling that one is accepted and supported by others in his change journey is one such compelling reason for change. The therapeutic relationship is, therefore, a critical factor in the effectiveness of counselling.

In the 1950s Rogers explained that the non-threatening relationship is characterized by genuineness, empathic understanding and warmth. A genuine counsellor is one who is aware of his own feelings and express them appropriately in therapy. He

is real and consistent, non-defensive, comfortable in his own skin, remains interested and involved in treatment at all times of the session. A counsellor displays warmth by being accepting, caring and supportive towards the client, thus allowing the client to feel understood with the consequence that the client becomes more willing to explore his difficulties and be open to change.

These conditions appear to be accepted by all schools of counselling as being necessary for the establishment of effective counselling relationship. Over the years, other important conditions for effective counselling have been identified

Counsellor behaviours that enhance treatment effectiveness

- Genuineness
- Directiveness
- Confidence
- Warmth
- Respect
- Support
- Flaxibility

- Trusttworthiness
- Emotional responsiveness
- Humour
- Elf-disclosure
- Rwarding
- Instillation of positive expectations
- Participation

Counselling can be viewed as a type of a journey which requires at least some notion of the beginning and end of the process. While the counselling process is not cast in stone as different schools of thought and counselling approaches use different formulations, there is a need for common terms and a shared language in order to best communicate information. Figure 5 represents some of the widely recognized stages of counselling. The counselling process involves a sequence of stages and steps which are followed by the counsellor in order to help the client.

Figure 5: Prototype Stages of Counselling

Stages in Counseling
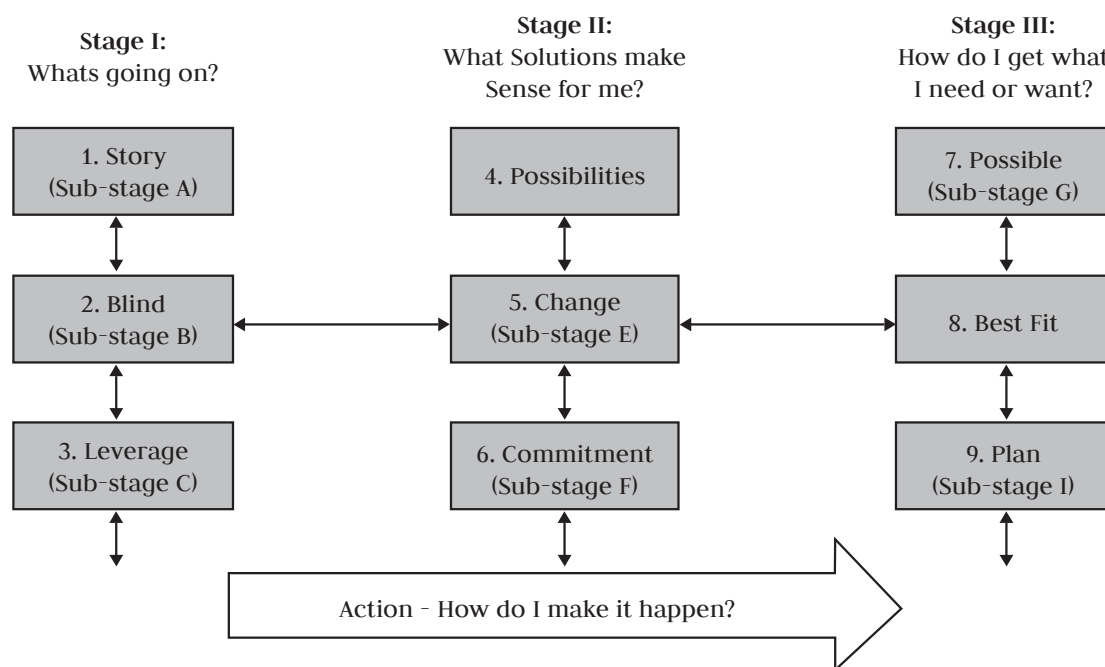
Egan's skilled helper model

In this module, we use the adaptation of Gerard Egan's Skilled Helper Model to describe the stages of the counselling process because it is comprehensive and yet relatively easy to understand. Furthermore, it can be applied to diverse counselling situations because it adopts an eclectic approach to counselling.

It should be noted that, like all other models, Egan's model provides a map which can be used in exploring the landscape but it is not the territory itself. It is, therefore, best viewed as a guide which can be modified depending on the facts on the ground. In other words, the model should not be used in an inflexible manner.

In this chapter, we outline and briefly describe the main elements of Egan's model. From the outset, you cautioned that you shouldnote that Egan's model comprises of three stages, - the current scenario, the preferred scenario and the action strategies. You should note that the three stages are divided into three sub-stages and each sub-stage is basically an elaboration of the specific skills that are used to help the client move forward in counselling.

Figure 6 below depicts the three stages and nine sub-stages contained in Egan's Skilled Helper Model.

Figure 6: Gerard Egan`s Skilled helper model

Stage I: Whats going on?	Stage II: What Solutions make Sense for me?	Stage III: How do I get what I need or want?
1. Story (Sub-stage A)	4. Possibilities	7. Possible (Sub-stage G)
2. Blind (Sub-stage B)	5. Change (Sub-stage E)	8. Best Fit
3. Leverage (Sub-stage C)	6. Commitment (Sub-stage F)	9. Plan (Sub-stage I)

Action - How do I make it happen?

Current scenario: What is going on?

According to Egan, this initial stage of the counselling process is primarily concerned with creating an atmosphere that is conducive and safe for the client to tell his story in his own unique way, and to feel that they are fully heard and acknowledged. It is about building a non-threatening relationship that encourages the client to explore, hear and understand his/her own story. It is also about assisting the client to acquire a wider picture and other perspectives about their situation with the aim of empowering the client to begin to see and have hope about the possibility of change.

Three sets of skills are required of the counsellor to assist the client to begin to look at his life more closely and realize 'what is going on". The first skills set (sub-stage A) is to do with encouraging the client to tell, expand, explore and clarify his story through the practice of active listening and demonstrating the core conditions of congruence/genuineness, unconditional positive regard/warmth and empathy (CUE) to the client.

The second skills set (sub-stage B) is to do with helping the client to have a deeper look into his situation in order to develop deeper insight into what is really going on. In other words, the counsellor uses communication skills, focusing skills and

challenging skills to assist the client to uncover blind spots or gaps that may be clouding his perceptions and assessment of the problem, situation, others and himself. The third skills set (sub-stage C) is to do with helping the client to overcome the sense of stuckness. Oftentimes, the client feels hopeless about their situation because he has been trying to do too much too quickly, and without a well thought out strategy. The counsellor should assist the client to shift from concentrating on his perceived weaknesses by highlighting his strengths and resources as well as prioritizing those actions that can make some differences in his situation.

Preferred scenario: What solutions make sense for me?

The main aim of this stage is helping the client to acquire in-depth clarity about what they really want and what they want the future to look like? This is important because clients have a tendency to act impulsively when faced with problems. They tend to jump into action without reflecting on what they really want, or without closely exploring ways in which their problems might, in fact, be opportunities.

The fourth skills set (sub-stage D) focuses on helping the client to be imaginative and creative so as to broaden his/her view of what is possible. The counsellor encourages the client to push the bounds of the envelope and to think outside the box in the quest to brainstorm their ideal preferred scenario. For instance, the counsellor may pose to the client the so-called miracle question; 'if one day, you wake up to find that everything is just perfect, is just how you want it, like your ideal world, what would it be like?'

The fifth skills set (sub-stage E) is focused on assisting the client to formulate goals that are specific, measurable, achievable/ appropriate (for him, in his circumstances), realistic (with reference to the real world), and have time frames attached to them. Using the skills of reality checking the counsellor helps the client to select goals that are challenging given his internal and external landscape but yet realistic.

The sixth skills set (sub-stage F) is concerned with defining the actions that clients should take to convert goals into concrete accomplishments and to help the client to check his/her commitment by undertaking a cost-benefit analysis of achieving such goals.

Action strategies: How to get what I want or need?

This stage is about 'how' to assist the client to take appropriate action in order to move towards the goals they have identified in the preffered scenario stage. Because transitioning from the current situation to the preferred situation is often uncomfortable, the counsellor must provide support and encourage the client to proceed gradually taking small steps to reduce the risk of overwhelming the client.

The seventh skills set (sub-stage G) involves helping the client see that there are many ways of achieving his set goals. It is a creative process in which the client is encouraged to explore, brainstorm and generate new and different ideas for action and breaking out of old mindsets. It is about exploring possible strategies that can be used to tackle the problem.

The eight skills set (sub-stage H) is concerned with assisting the client to identify and select the strategies that best fit his unique circumstances, needs, aspirations and resources as well as his values. The counsellor assists the client to look at internal and external factors that may promote or hinder action and how such factors can be strengthened or weakened. The nineth skills set (sub-stage I) aims to help the client to move into action by formulating actionable plans.

It is a collaborative process in which the counsellor and the client work together to turn good intentions into specific plans with clear time scales. The counsellor must be vigilant that whilst encouraging the client to take action, he does not impose his own agenda on the client. The role of the counsellor is to help the client to look out and overcome obstacles, turn challenges into opportunities and inspire the client to mobilize personal, social and material resources.

Action and evaluation

As indicated by the horizontal arrow at the bottom of the Figure 7, action is an overarching component of Egan's model. Throughout the implementation of the model, the counsellor works with the client to identify how to answer the action

question of "how do I make this happen?" The third sub-stage in each stage (i.e.the third, sixth and nineth skills sets) is meant to galvanize forward movement in the counselling process. In Stage I, forward movement is leveraged by encouraging the client toward little actions that in turn lead up to the crafting of a formal plan for change.

In Stage II, momentum is gained by helping the client to shift thinking away from problem orientation towards better possibilities in the future. In Stage III, forward motion is generated by helping the client develop actionable plans. You must also continuously keep track of the progress and challenges encountered in the counselling process. You can track progress by summarizing at the end of each session or at any other appropriate time. You have to concentrate on imparting the client with skills required to help anticipate and prepare for events or situations that may derail him from his chosen plans. Encouraging the client to ask himself the following questions may be helpful:

- What will I do if my plan stops working?
- How will I avoid procrastination?
- Do I really know what is really stopping me?
- What incentives can I identify to maintain action?
- How will I manage set-backs?
- What other supports might I need when the counsellor will no longer be available?
- What additional skills do I need to develop, sustain and maintain the change?

CHAPTER 6

THE COUNSELLING PROCESS

Introduction

The phase models of counselling rank amongst the oldest and most popular ways of facilitating the understanding of the process of counselling. These models describe counselling as comprising of separate parts or stages from the beginning to the end of counselling (Le Poidevin (1987). The phase models however also postulate that the phases are not distinct entities. Rather they are generally seen as interweaving and blending seamlessly into each other. In other words, the stages do not always unfold in a specific chronological order or sequence. Given the foregoing, it is therefore unfortunate that a perception has been created suggesting that the stages are "linear, normative prescription of how the counselling process must unfold".

It is therefore important to remember that when undertaking counselling, your eyes should be strained simultaneously on two things - the whole organism of the counselling process and the individual steps in the counselling process. The counselling process has been likened to climbing stairs. When a person is climbing stairs, his/her intention is to reach the top. In order to achieve that feat, his/her feet have to stride onto each of the steps for him to reach the top.

In this module, we expand on the various stages of the process of counselling not as a prescription of what the counselling process must be, but rather as valuable general guides to understanding the counselling process. These stages are Pre-counselling, Present Scenario, Preferred Scenario, Action Strategies and Evaluation, Follow-up and Termination. The rest of this module seeks to present to you the skills required for effective intervention at each of the stages of the counselling process. The emphasis is on breaking down the skills into smaller units (microskills) in line with the principle that skills are better assimilated when presented in smaller doses rather than big chunks.

Pre-counselling stage

Aim: To get as much information that might help the counsellor prepare for the first subsequent sessions

The Pre-counselling Stage happens before the counsellor starts counselling the client. It is about getting the preliminaries right. This can be done by:

- Getting background information from the referral person, the client himself/herself or any outside person (parent, teacher, family member)
- Conducting necessary research when needed (e.g. reading up on the referral problem)
- Using consultation or supervision when needed

Referral

In order for counselling to take place, there must be contact between the counsellor and the client. The contact is normally initiated through two routes:

(a) Referral by someone who has identified that the client has a problem requiring counselling. In the school system, the referral to the counsellor is usually initiated by the class teacher or the principal.

(b) Self-referral, in which case the client who has recognized that he has a problem decides to present himself/herself to the counsellor for assistance. Learners seldom utilize the second route because they often lack adequate understanding of their emotional needs. Referrals can be in verbal or written form. However, written referrals are preferable because they serve as points of reference in the future. Take it as your responsibility to assist your referral sources (e.g. fellow teachers) to craft referral letters that are informative and well structured. Below is an example of how a referral letter might look like.

> **Referral letter template for counselling**
>
> *Dear Mrs Festus*
>
> *I am writing to refer John to you for challenging behaviour. I have discussed this referral with his family and they have given consent to this referral being made. Through our discussions, I believe that the family is willing to attend any meetings that you may call and make good use of your services.*
>
> *John is 16 years old and has been in my grade 10 class in the last 10 months. I have observed a gradual but definite deterioration in his behaviour and academic performance over the past few months. This has been of great concern to me because he was previously a polite, respectful and hardworking learner.*
>
> *I'm requesting intervention regarding John's challenging behaviour at school that presents as*
> * *Persistently failing to do or complete homework assignments*
> * *Aggressive behaviour towards other learners*
> * *Skipping classes*
> * *Defiant and oppositional attitude towards authority figures*
>
> *These behaviours are occurring on almost a daily basis and are beginning to have a significant negative impact on John's social relations with other learners and his general academic performance. I made several attempts to address John's challenging behaviour but the results have not been satisfactory.*
>
> *I had a brief telephonic conversation with John's grandmother, who is his guardian, and I learnt that John's uncle whom he looked up to as a father figure was killed four months ago in a botched robbery attempt at their home. I also gathered that John's mother was a teenage mother and passed away immediately after John was born. The identity of John's biological father is unknown to both the grandmother and John.*
>
> *I trust that this letter will be sufficient to serve as a basis to take on this leaner on your caseload. If you would like further information please do not hesitate to contact me on 081 451 777 0.*
>
> *Yours sincerely,*
>
> Willis Willem

As can be seen in the template above, the referral should furnish you with specific information such as:

* **Who** referred the client to you? This is in case you might need to revert to them for additional information or to provide feedback on the progress of the counselling?
* **Why** the client was referred. The issue that prompted the referral must be clearly stated
* **What** does the referral person say? What are the expectations of the person who is referring? Are the expectations reasonable? Are they expecting you to fix the client?
* **When** has this been an issue? Here you are looking at the onset of the problem and its duration. Did it commence last week, last month or a year ago?
* **Where** does the problem normally manifest. At school? In the classroom? In the playground? At home? In different situations?
* **How** has the problem impacted the client and others?

Discuss the reason for the referral with the client in the first session. This is to ease the anxiety of the client. It is often nerve-wrecking for the client to be referred to the counsellor. The discussion of the reason for referral must be used to clear any anxieties or misconceptions that the client might have about seeing the counsellor. For example, if the reason for referral

is that the referring person is concerned about the emotional state of the client, explain to the client that the person (teacher or parent) noticed how he/she has been very sad and thought that it might help to talk to the counsellor.

As a counsellor, you must not give the impression that you are affiliated or taking sides with the referring person. The best thing to do is to show neutral curiosity, whereby you communicate that you are interested to know what is going on and that you are available to work with the client in finding solutions to the issues at hand. Even if the client is self-referred, do not assume that the reason for consulting is clear. Take time to clarify it so that both of you will be on the same page from the get-go.

Establishing the counselling relationship
Aim: *The aim is to establish a trusting and safe relationship with the client. This can be achieved by showing empathy, not taking sides, not preaching and clarifying the ground rules and methods of counselling so that the client can have an idea of what to expect.*

Clients invariably approach counselling with certain expectations – either positive or negative. Because first impressions often have long-lasting effects, it is imperative that you make a positive impression right from the onset of the encounter. You should take steps to present yourself in a **becoming** way, which means that you must be genuinely present, warm and respectful towards the client. A becoming way is not about faking or being pretentious. It is also not about being over-enthusiastic or too dull.

Welcoming
You must communicate verbally and non-verbally your willingness to work with the client by your active presence. You cannot afford to be absent-minded or to be pre-occupied with other matters. Because you are the one pleased with the arrival of the client in your office, you are the de facto host, therefore it is your responsibility to ensure that the guest (client) feels welcomed and appreciated. For example, you should initiate the handshake by extending your hand first. Different cultures have their own ceremony of receiving guests. This means that if you are working in culture-diverse settings, you are enjoined to familiarize yourself with what is culturally appropriate. However, as a rule of thumb, you must be respectful, sensitive and proactive. Ensure that you greet the client by his/her name.

Ensure privacy
Counselling does not necessarily have to take place in a formal setting. It can conceivably be conducted in all manner of places such as under a tree, during a walk or even over a cup of coffee. Nonetheless, you must provide privacy for the client to feel free to speak without the fear of being overheard by third parties. Privacy is critical for the purposes of emoting such as crying and weeping. Many clients would be embarrassed to be seen crying by third parties.

Confidentiality is key
This aspect is often taken for granted yet it is a very important facet of the counselling process. You must ensure that you let the client know that you will keep confidential all that will be shared in the process of counselling. You must also let the client know from the outset that if needed, you would reveal information about the issues shared during the counselling process to a third party. However, you will only do so after the client has granted a specific consent. It is also at this stage that you must familiarize the client with the limits of confidentiality. Explain to the client examples of situations in which you might be required to break confidentiality, that is, in circumstances where there is an imminent danger to life or when you are subpoenaed by a competent court of law.

"Small talk"
Starting a counselling process with a direct question like "Tell me about the problem that brings you here" might be experienced as too threatening by the client. You must gently ease the client into counselling by allowing time and space to calm down and compose himself by engaging the client in some neutral and non-threatening type of conversation such as enquiring about the weather or current affairs. Off course, the small talk must not drag on for far too long.

Invitation to talk

Although clients come into counselling to address their problems, some may find it unsettling to directly refer to them as 'problems' or to dive deep and address them front on. Because of the anxiety that they might feel, they might confine themselves to talking about peripheral issues. Some might just remain silent. In such cases, you must take the initiative to invite them to talk about the real issues but you must select your words carefully.

For instance, you might have to say something like *"John, I am pleased you have come to speak to me. I want to assure you that whatever you will share with me is confidential. We have 50 minutes in today's session and so maybe we can start with what you would care to share with me".*

Alternatively, you might say *"what are your concerns that you would like to work on in today's session".* If your invitation to talk is met with persistent silence, you may verbalize that you understand that it may be difficult to begin talking to a stranger, but he/she can say whatever comes to mind first because there is no set way of commencing such a conversation.

An invitation phrased along these lines may be helpful *"Most of us just keep things hidden and hope that the difficulty will disappear. Unfortunately difficulties seldom disappear on their own; in fact, they often become worse. It sometimes helps to discuss difficulties with someone objective – just to get some distance or see how other people think about it".*

Previous counselling

You can save a lot of time by asking at the outset the experiences that the client might have had with counselling in the past, especially concerning the similar issues. If you do so, you can hear about unsuccessful work for the client in the past thus giving you the latitude to try alternative methods of dealing with the client's issues. Such information can also help you to understand the frustration that the client may display towards certain approaches to counselling. For example, some clients are not so receptive or responsive to CBT methods, thus it would be prudent to explore alternative methods with such clients.

At this point, it is opportune to explain how the two of you will work. Explain that in the course of counselling, he will be expected to do a variety of things, much of which may be entirely unexpected, such as drawing, colouring, painting and talking to trees or chairs. Encourage them to remain open-minded. Emphasize that all the activities are designed with the intention to generate a better understanding of himself/herself and his/her circumstances.

Time limits

The amount of time available for counselling must be communicated to the client at the beginning of the session. This is to enable the client to decide how he is to structure and pace his/her session. Sometimes the client may waste a lot of time on peripheral issues under the mistaken impression that a lot of time is available and only to be surprised or disappointed when the counsellor indicates that time is up.

It is also important to discuss with the client how long you will work with the client. The number of sessions that you have with the client depends on many factors, but as a standard practice aim for six to eight sessions. After that, both of you can review the situation to see whether additional sessions may be needed.

This stage is about what Antony (2003) called the initial structuring and has two distinct aspects. The first aspect is person-oriented in the sense that its aim is to establish a therapeutic relationship of caring and concern for the client. The second aspect is task-oriented in the sense that it aims to reduce time wastage and energy by moving the process of counselling in an orderly and focused way.

Client tasks

You will notice that so far we have concentrated on what the counsellor must do in order to establish rapport with the client. But counselling cannot succeed if the client does not bring his/her part. This is because counselling is a voluntary activity and cannot be forced upon someone. If the client is not willing to **associate** with you in one way or another, your therapeutic efforts will not bear the desired results. It is essential that you determine what the client's expectations of counselling are. You can say something like: *"Now that I have explained all these things to you, I would like to know your expectations. What*

would you like to work on?" Since counselling is centred upon the client and not so much about the counsellor, the client should be encouraged to ask questions and play an active role throughout the counselling process.

Willingness

The willingness of the client to cooperate is a pre-requisite for the success of the counselling process. It is common for clients to show up for counselling yet still not show interest or commitment to engage optimally the counselling process. Conventional wisdom would dictate that the counsellor should employ motivational strategies to elicit the cooperation of the client. The challenge faced is that while the counsellor may be inclined to use his/her social influence to elicit the cooperation of the client, an authentic counsellor, should recognize that his/her role is to affirm the unique personality and the spontaneous initiative of the client. The counsellor must, therefore, guard against the temptation of trying to obtain the cooperation of the client through manipulative gimmicks. The counsellor must always remember that counselling can only be authentic if the client freely grants his/her consent and co-operation to the process.

Responsibility

Counselling is a collaborative enterprise between the client and the counsellor. However, the greater portion of the outcomes of counselling depends on the client. The counsellor's role is restricted to the provision of appropriate *stimulation* and it is up to the client to choose how to respond to the stimulation. In that sense the client bears more responsibility for the outcomes of the counselling process because he/she is the one who decides on the goals to achieve in counselling, chooses to or not co-operate with the counsellor, decides to change or not, resolves to or not to adopt a more healthy or effective lifestyle and ultimately chooses to or not to execute or implement the decisions that he has formulated for himself/herself.

The client must understand that the counsellor is not there to fix him/her. Take time to explain that the counsellor's role is to help him resolve his/her difficulties himself. You should also remind the client that he/she is the captain of his/her life. This message can be conveyed by saying something along the lines of: *"I might help you to think up a solution, or if we find that the difficulty cannot be resolved, I can help you find ways to make the solution more bearable. But you must always remember that in the end, you make the decision, not me".*

Client non-cooperative behaviour

It might be puzzling to note that while the client might present himself for counselling he may at the same time show very little interest in cooperating with the process. In fact, some may appear to be hell-bent to sabotage the process.

The reasons why clients may engage in behaviours that are apparently not in their best interests appear to crystallize around a combination of fear of change, the Law of Inertia (borrowed from Newton's Laws of Motion) and the fact that people are inclined to play psychological/mind games (Eric Berne).

* Fear of change - Although some clients may outwardly desire change, deep down at the unconscious level they may be petrified by such change. Change is often terrifying because the new is unfamiliar and it entails having to make adjustments that may be unfamiliar to the person or because they had become accustomed to certain ways of doing things. Change means that the client must abandon their comfort zones and embrace something unfamiliar.

* The Law of inertia - According to the Law of Inertia, otherwise known as Sir Isaac Newton's 1st Law of Motion things/ objects tend to continue doing what they are already doing unless they are acted upon by an external force. This means that an object that is at rest tends to remain at rest. Similarly, a moving object will not spontaneously change its direction or speed unless some force is applied to it. The implication of the Law of Inertia in counselling is that clients may not change unless they experience a personally meaningful reason to change (force). Otherwise, they would maintain the status quo. Thus progress in counselling requires that we find a way to overcome various forms of inertia. Inertia may manifests itself as passivity, in which case the client simply does not do anything to change his/her situation or helplessness in which case the client is resigned to doing nothing because he believes that he is incapable of improving his/her situation, or disabling talk in which case the client constantly tells himself/herself that he/she lacks the ability required to manage his/her own life affairs. Inertia may also come in the form of disorganization wherein the client allows his/her personal and social life to deteriorate to such a chaotic state that he is unable to figure out any possibility of improving the situation.

- Psychological games - Eric Berne explained that when people interact they tend to exhibit one of the three basic 'ego states' Child, Parent and Adult states. They can also shift fluidly from one ego state to the other as the social interaction unfolds. For instance, if the person is operating primarily from the child ego state, their attitude or behaviour often comes across as immature, unreasonable, clinging or intransigent. If on the other hand, the person has assumed the parent ego state they are likely to exhibit behaviour that is domineering, commanding or demanding. If on yet another hand the person is operating primarily from the adult role his/her attitude or behaviour is likely to exude maturity, balance and understanding.

The three ego states can be used to explain the phenomenon of psychological games that people play. The games are usually played from three positions or roles – victim, persecutor and rescuer. In the role of the persecutor, the person nags and illtreats others. In the role of the victim, the person feels that he is constantly being persecuted or victimized by others. In the role of the rescuer, the person allots himself the mission of rescuing victims from persecutors. People often resort to playing psychological games when they are unease about genuine engagement.

Though psychological games are ultimately limiting and destructive, people play them because they do provide some sort of comfort by absolving themselves of the need to confront unresolved psychological issues. Part of the potency of psychological games lies in the fact that they are usually played at an unconscious level. People do not realize that they are playing games. Thus if for example the client is playing the role of the victim but the counsellor is oblivious to this fact, he/she can unwittingly be roped in to play the complementary role of rescuer or persecutor.

Below are a few examples of the common psychological games that people play.

- **Poor Me"**
This is a classic case of inertia in which the client feels so helpless that he/she cannot see any possibility of getting himself out of the hole. When the counsellor offers help it is persistently rejected essentially on the grounds that "You do not understand. I am so helpless that I cannot help myself. I have tried that already"

- **Wooden Leg**
In this game, the client uses some feature of himself/herself or his/her life as an excuse for lack of motivation or competence. The defensive attitude is "What do you expect of a person with a wooden leg", thus basically communicating that not much should be expected from him because he is fatally defective. The defect may be attributed to such things as the purported bad or poor upbringing, some unfortunate incident in their childhood or some other social, physical or psychological disadvantage. Wayward behaviour may be justified by the fact that parents are alcoholic or divorced.

- **"Yes, But"**
In this game, the client may state a problem in his/her life, and the counsellor or another person may respond by offering sound and constructive suggestions on how to resolve it. The client may initially appear to be accepting the stimulation given by saying "Yes" but then quickly nullifies the stimulation by finding an issue with the solutions. As puzzling as it may seem, the rejection of help ensures that the client remains in the position of victimhood. The person may unconsciously prefer to remain in the position of a victim because it always involves some sort of pay-off or gain. The game satisfies some hidden motivation such as obtaining the sympathy or attention of family, friends and counsellors.

- **"No one cares" or "You will be sorry"**
When a person persistently play the 'poor me' or 'yes, but' game, the helpers (rescuers) are bound to react. If they react with frustration, anger or withdrawal of attention, the client who is intent at perpetuating his/her victim role may counteract with accusing the helpers of being persecutors or not caring about them. The client may perceive the withdrawal of attention as abandonment and resort to escalation of the stakes to a new game called "No One Cares" or "You will be Sorry". In the games, the client ratchets up the pressure by resorting to gimmicks such as making suicide threats with the intention to force friends, family or counsellors to restore to his/her desired victim position for fear of the consequences of the client's self-harming threats.

Strategies for dealing with people who play games

Now that you are aware that clients have a proclivity to play games and that as a counsellor you can easily be sucked into playing a complementary role, what can you do so that you can help such a client in a manner that allows you to remain an authentic counsellor?
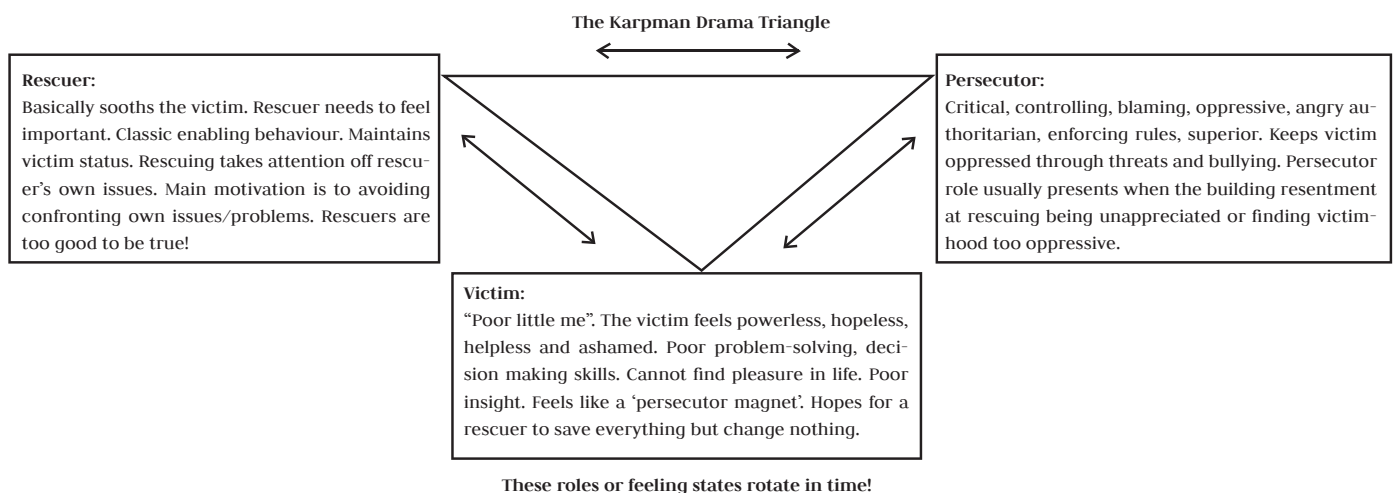
- **Validate and Remain Non-Judgmental**

Keep in mind that even though the behaviour of the client who is playing psychological games (the gamer) is obviously unhelpful or even annoying, it is neither irrational nor deliberate. It is just a reflection of what the client perceives as the only available strategy to deal with intractable pain and difficulties. The client perceives the games as a viable way of meeting his / her need for attention, sympathy, status or recognition (strokes). The client who is locked in the pattern of the game requires authentic support in order for him to realize what he is doing. One approach that has been found to be useful and productive in helping 'gamers' to realize what they are doing is validation.

When you validate someone, you communicate that you understand their perspective. You acknowledge that all emotions, thoughts, and behaviours have a cause, even if you do not know what the cause is or agree with them. In essence, it shows that you are listening and understanding and that you are nonjudgmental. For example, a counsellor who is validating the client's experience might say something like *"I hear you say your father does not support you financially or emotionally and pretty much no one else in your family are concerned enough to help you"*.

By mirroring their words and feelings, validation sometimes creates enough space and emotional safety for the client to actually begin to hear himself/herself clearly enough to begin to gain insight into what he/she has done to himself/herself and others.

- **Educational approach**

In the educational approach, a whiteboard is used to demonstrate to the client how the positions they tend to assume or play in social interactions maintain the problem. Stephen Karpman (1968) used triangles to help clients to visualize the role they tend to play, how their perpetual search for attention tend to maintain the position of victimhood, how they are inclined to drive others into the role of persecutor when attention is withdrawn. Below is an example of the triangle that Karpman would use.

The Karpman Drama Triangle

Rescuer:
Basically sooths the victim. Rescuer needs to feel important. Classic enabling behaviour. Maintains victim status. Rescuing takes attention off rescuer's own issues. Main motivation is to avoiding confronting own issues/problems. Rescuers are too good to be true!

Persecutor:
Critical, controlling, blaming, oppressive, angry authoritarian, enforcing rules, superior. Keeps victim oppressed through threats and bullying. Persecutor role usually presents when the building resentment at rescuing being unappreciated or finding victimhood too oppressive.

Victim:
"Poor little me". The victim feels powerless, hopeless, helpless and ashamed. Poor problem-solving, decision making skills. Cannot find pleasure in life. Poor insight. Feels like a 'persecutor magnet'. Hopes for a rescuer to save everything but change nothing.

These roles or feeling states rotate in time!

- **Listen for commitment**

Oftentimes people tend to resort to games when they have given up on some commitment they previously had. They become not only helpless but also cynical. However, the good news is that they usually retain some commitment deep down in their hearts. For example, the commitment of the client to engage you in counselling can be elicited by saying something like *"I can tell that this is not a great state of affairs for you, are you interested in a conversation to see if we can see a possible way out?"* Once you have obtained the client's commitment to engage with you, then you can scale up to elicit their commitment to some action that is aligned to what they want to see changed in their life.

- *Who are you committed to being known as in your life regardless of the situation? Even in the worst of circumstances, how do you want to be perceived?*
- *If the circumstances were different, what would you really like to see happen? Are you willing to stand for making that happen even if it seems unfair and uneven at times?*
- *If you would have to put in more effort than others over a long period of time and you may not get credit or recognition for it, would you be up for making it happen?*
- *If you could have it your way, what are you really committed to achieving?*
- *If you knew this situation wasn't going to change, would you make the choice to stay here?*
- *"Can I say something really straight? I would really like to support you, but it feels like you are pretty set on (and maybe even invested in) there not being a solution – am I picking up on that correctly?*

The key to this line of questioning is that the counsellor is not going to argue over the client's core belief that the situation is so bad. He/she simply accepts that it is "so bad" and takes it off the table for discussion. By so doing the only question that the client remains facing essentially become, what things are you committed to get out of it. What values do you want to display"?

- **Say or do the unexpected**

This is best illustrated by way of an example. Let us say at some point early in the counselling encounter, the counsellor has consented to a particular demand or condition of the client for the sake of progress. As the counselling engagement proceeds, a pattern begins to emerge in which the client capitalizes on the counsellor's earlier concession to escalate his/her demands even to the point of ridiculousness.

If the counsellor is not aware that the client is engaged in the psychological game, he/she may easily become hooked and find himself/herself playing the complementary role thus inadvertently contributing to the perpetuation of the game pattern. So what is the counsellor got to do to bring the game to the end? One way to unhinge the game is for the counsellor to do or say something unexpected in order to shake the client out of the game pattern. The counsellor might say something like; '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 here".

- **The I and ME model**

Another strategy of ending the psychological game is to introduce the client to the concept of the I and ME model. According to this model, the SELF is comprised of two sides. The one side is the public ME (social self) which is essentially the social mask that people use to present themselves as being a certain type of a person to the world and others. For instance, a person might present himself to the world and others as a brave, caring and generous person. On the other hand, there is the private I which is the real self.

This aspect of the SELF is usually known only by the individual himself/herself. It is so private that the individual may carefully try to keep it hidden away even from his/her closest confidants. The "private I" normally contains the individual's disappointments, shame, past secrets and other sensitive materials. It is guarded jealously because if the materials stored in it are allowed to come out in the open they can potentially endanger the public ME The value of introducing and discussing this concept with the client is not to coax the client to reveal his/her inner secrets. It is in helping the client to gain insight and awareness that the "private I" does indeed exist and can be a powerful force behind their displayed behaviour (i.e. the social mask). You want to show the client that it is not unnatural for them to try to protect themselves (normalization).

- **Silence**

The client might just sit quietly. When this happens as a rule thumb do not immediately jump in to break the silence. Let it simmer for a bit because it is often in silence that great insights are gained. However, if the silence persists for too long you can say something like *"You are free to say whatever comes to your mind"* or *"I see you are deep in thought at this moment"* or "It looks like you are finding it difficult to say something at the moment."

If the silence occurs deep into the counselling session, take this as an opportunity to summarize the materials covered so far in the session. You may also request the client to summarize the materials shared in the session or to list the core messages that they have gained from the session.

However, if the silence is not broken by these efforts, it is advisable to respect the silence and just sit in with the client until the end of the session. You must also consider engaging in something that involves less talking such a colouring or drawing.

- **Incorporate the physical body**

In addition to assisting the client to change the narrative and his/her perception, it is also imperative to address their physical body for the desired change to have staying power. A client who is caught in the victim mindset is often identifiable by a body stance that is generally slumped and curved in. The body can be incorporated by asking the client questions like *"If you were respected or accepted by your teacher or other learners, show me how would you would be standing and holding yourself?"* When the client shows you the confident and assured posture then follow-up by asking, "How does that feel to present yourself like that?"

The way people hold their body does affect their feelings of power. From a neuroscience perspective it has been shown that the hunched-over body stance is often accompanied with the release of the stress hormone called cortisol while the 'chest is up, arms back, head high and legs steady' body stance often go with the release of 'feel-good' hormone called the testosterone.

- **Non-verbal behaviour**

You can glean a substantial amount of information about the client through observation. Mehrabian estimated the percentage of information that is conveyed via the different modes of communication as follows; verbal mode = 7%, Vocal mode (i.e. tone of voice, inflexion, pauses, emphasis etc) = 38% and through the body = 55%. The information conveyed by the body is often more accurate compared to verbal communication because it is a more primitive way of communicating and has a knack for leaking the person's true feelings. In evolution before men acquired verbal language, they communicated through the body.

One important form of non-verbal communication is the physical appearance of the client from which a lot can be deduced about the client energy levels. In general, a client whose energy level is highly drained is expected to be unkempt or poorly groomed because it takes some energy to do these things.

Non-verbal language is not always straight forward. There is always a danger of misreading it. You can, however, reduce the risk of misreading non-verbal language by looking at it in terms of clusters behaviour, context and culture. For example, if the client maintains a posture of crossed arms, this may not reveal much on its own but if such a posture is accompanied by head down or averting eye contact one might be more confident to draw the conclusion that the client is being defensive. Similarly, what a frown might mean largely depends on the context in which it occurs.

A frown that occurs when the person has been repeatedly making the same mistake is likely to mean annoyance, while the frown that may occur when a person is trying to solve a difficult task might be a sign of intense concentration. The context helps to decipher the correct meaning of the action or gesture. Furthermore, certain gestures might mean the opposite in different cultures. Research across the world show that gestures may mean totally different things in different communities. For example in some certain communities shaking the head sideways means 'No', while shaking the head up and down means 'No'. However, the reverse of this might be true in other communities.

In certain Namibian communities, it is the norm that upon encountering an adult, the child must take the initiative to greet the adult first and yet in other communities, the child is expected to wait for the adult to greet him first. Therefore, to be an effective counsellor, you must be up to speed with local cultural nuances and practices. When you closely observe the client, they manifest themselves (i.e. they reveal something about themselves or about their internal state). Often times they manifest themselves unconsciously through behaviour such as weeping or wearing a sad look. Clients also commonly manifest themselves through displacement activities.

For instance, a teenager who is not able to express his/her aggression and anger against his/her parents may engage in self-mutilation or striking his/her head against the wall show. This is a displacement of anger. Another common displacement activity is scapegoating in which the person blames others in order to avoid taking responsibility for their shortcomings. In the case of the school environment, scapegoating may present itself as blaming or accusing teachers or fellow learners for all sort of things.

Setting up the foundation of counselling

Once you have cleared the ground by closely observing the client, the next thing is to put in place the foundation structures of the imminent serious business of counselling proper. Specific skills are required to motivate the client to be fully engaged in the counselling process.

Attending

The first of these counselling skills is attending which means paying deliberate attention to certain aspects of the client while ignoring others. At any given time there may so many things happening in the environment and you cannot attend to all of them at once so have to make a decision on the things to concentrate your energy and resources on. There are physical and psychological aspects of attending. Some examples of physical attending are briefly described below.

Distance

Refers to the distance that should be maintained between the counsellor and the client. By convention, it must not be less than 90-120cm. If the distance is shorter it can be perceived as intimidating or intrusive. The precise distance is influenced by culture and the environment.

Squaring means facing the client straight in order to assure the client of your total presence and interest. In the case of more than one client adjust your body position in such a way that you are able to see all of them equally well. For more than 3 participants it best to sit in a circle. If one of the participants is talking to you, you incline your body to them so that it is clear to everyone that you are attending to that particular person. If however, the client is uncomfortable with the squaring technique, shift to an angled position.

Position

The counsellor and the client must face each without a desk or table in between. If you have to sit by a table, you must adopt the corner position.

Types of seating

The chairs must be comfortable for both the counsellor and the client. The specification of the chairs such as the height of the back should be scrupulously kept equal. Any differences may be perceived to mean power differential between the counsellor and the client.

Encouragement to talk

Refers to physical and verbal continuation messages that are meant to establish rapport and make the client feel accepted and understood. There are two classes of continuation messages. Bodily continuation messages include responsive facial expressions, nodding the head, leaning forward, drawing a bit closer when the client is saying something very important. Verbal continuation messages include words like ' Tell me more', 'Really', ' Go on ', 'I see', 'I understand', ' Then', 'Umhm', ' I see' and 'So.' 'mm-hm', 'yes', 'right', 'really' and 'OK'.

Eyeing

Means maintaining a fairly steady eye contact with the client. As a general rule, you maintain more eye contact when listening to the client than when talking. Keeping steady eye contact conveys nonverbally that you are with the speaker and are interested in what he is saying.

Listening

When the client starts expressing himself the counsellor must listen accurately to ensure that the message being shared is not missed or misunderstood. The mistake that is commonly made is failing to differentiate between hearing and listening. Hearing is about capturing the sounds while listening is more advanced in the sense that it involves hearing the sounds, understanding the meaning of the sound and remembering them accurately. Listening requires a certain level of discipline and for that reason, one can say listening is disciplined hearing.

It is must be noted that there are several types of listening some of which are useful to the counselling process while others are a disservice. Fake listening is when a counsellor pretends to be listening when in fact they are not. For example, the counsellor might encourage the client to keep on talking by nodding or saying 'that is really interesting' when in fact they have long switched off from the conversation. In partial listening, only certain parts of what the client has said is heard and understood because, along the way, the counsellor has lost the client. An example of partial listening occurs is when the counsellor dozes of now and again during the counselling process.

Another type of listening is selective listening in which the counsellor deliberately listens to aspects of what the client is saying that is relevant to the problem at hand while discarding the elements that are irrelevant. This selection process can be helpful in that it enables the counsellor to leave out the 'noise' and concentrate on what is important. However, a danger with this type of listening is that there is a risk of leaving out important information especially when the counsellor predetermines very early in the counselling process what to listen to and what to filter out.

In projective listening, the counsellor does not really listen to what the client is saying but rather to things that are on his/her own mind. In other words, he/she pursues his/her own agenda at the expense of that of the client. In filtered listening the counsellor allows his/her own prejudices and personal, familial, social and cultural biases to cloud the message that the client is sharing. Sometimes the counsellor is driven by his/her preferred theoretical orientation and theories to see the client and his/her problems from a particular angle and thereby failing to have a holistic understanding of the client.

Effective counselling requires total listening which entails listening to the client fully, being present totally and picking out the messages accurately, without distorting and understanding the problem. When the counsellor listens in this manner he is able to understand the client's internal frame of reference and to communicate to the client this understanding of the counsellor.

Responding

It is not enough that you have listened to the client. The client wants to verify for himself that you have understood that accurately. There are a number of benefits to carefully composed responses. The first is to provide the client with the assurance that their message was accurately understood. The second is to enable the client to hear his/her real message without the clutter of noise and irrelevant materials. The third is to give a certain clarity to the narration of the client since you pick and choose the gist of the message. The fourth is giving clarity to the counsellor himself regarding what he/she has understood.

One tool that you can use to express your responses is reflection. We will discuss a number of types of reflection below.

Reflection of the content

It means repeating to the client what he has said either word for word (parroting) or paraphrasing. When you paraphrase you use your own words to express the gist of the client's message without distorting the meaning and the feeling tone.

Example of paraphrasing

Client: *"My grandmother is very old but as far as I can remember she was as strong as an ox. Nothing ever put her down. But in the past six months, things have not been the same. She went to see the doctor in the hospital ten times already. I just wonder whether she will be well again. It was so disturbing to see her suffering like that".*

Counsellor: *"So, you are concerned about the health of your grandmother. Her health seems to have deteriorated a great deal recently and you concerned about the prospects of her full recovery".*

Paraphrasing makes use of the 'you say' formula. The word 'you' is purposely used to make the statement personal, e.g. 'You say,' 'You are saying, 'You seem to be saying,' 'From what you say I understand' or 'You say your brother and you have been fighting recently'.

> **Examples of lead-ins for paraphrasing**
>
> What I hear you saying is...
>
> In other words...
>
> So basically how you felt was...
>
> What happened was...
>
> Sounds like you're feeling...
>
> To put it in a different way, you seem to be saying...
>
> As I understand it...
>
> It seems like...
>
> So, from where you sit...
>
> I'm not certain I understand you; you're feeling...

Reflection of feelings

In reflection of feeling the reflection may be based on things that the client has directly told the counsellor or may be the result of non-verbal behaviour by the client such as tears welling up in his/her eyes or a change in tone of voice. Sometimes, the reflection of content and feelings are combined, but the emphasis is on feelings. The formula that is used 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. For example, the counsellor might say 'You're sad because you've lost your best friend.'

Example of reflection of feelings

Client: *"I am so ashamed of my mother. I feel like crawling into the woodwork when shows up at the school in that rickety bakkie of hers".*

Counsellor: *"You feel so embarrassed that your mother drives in an old car to your school. It makes you wish you find some-place to hide".*

Figure 7 below provides the definition of reflection of feelings, a situation in which it is appropriate or helpful to use reflection of feeling as well as the situation it is not appropriate to use the reflection of feelings.

Figure 7: Elements of Reflection of Feeling
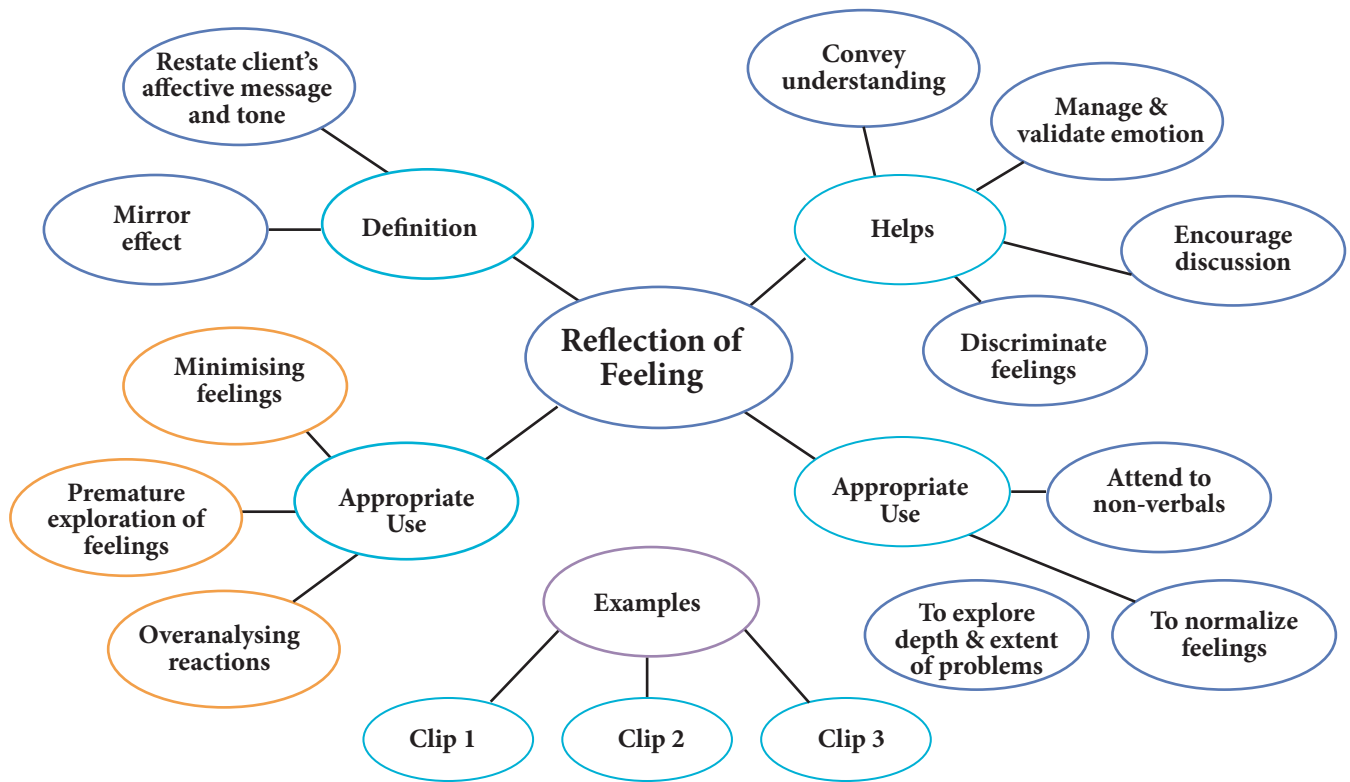
Sometimes the client's feelings are not easily discernible because they are hidden deep underneath. Since you may not be completely sure about the deeper feelings, it is advisable to use tentative language when trying to bring it to the attention of the client. Examples of tentative statements that you may use are: '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.' The advantage of tentative statements is that you give abundant room for the client either to confirm or to deny the existence of such a feeling. When counselling young clients it is generally recommended that reflection is used sparingly just to help the young client know that he is being heard and understood. Overuse of reflection is unhelpful because young people, as a general rule, do not use reflection in their peer conversations. Therefore, to join effectively with young people, counsellors need to use a conversational style that is comfortable the young client.

Spacing responses
You must never be too hasty in responding to what the client has expressed. Make sure that the client has fully expressed herself before responding. Pause a bit to allow the client to pick up the conversation if he may desire to do so. Hurried responses not only deny the client the opportunity to elaborate on what he is saying, it also conveys to the client the message that you did not listen to him properly.

Understanding responses
How you respond to what the client expresses is critical for building the foundation for counselling. There are numerous types of counsellor responses to the client but because of space limitations, only one type is briefly discussed here. This is the understanding or paraphrasing response. The understanding response entails picking out the feeling of the client and expressing it to his/her satisfaction. This is best done when you operate from the client's personal frame of reference. This is basically the lens that the client consistently uses to view of himself/herself, others and the world and to guide his/her behaviour.

The internal frame of reference does not necessarily have to be the correct picture of reality. What matters is that it is the subjective feeling of the client. If the counsellor recognizes this subjective feeling and conveys it to the client, the client will feel understood. For example, the teenager who comes to be seen may insist that he has no problems at all. He can argue

that he uses cannabis only to enhance his/her creativity in his/her music-making venture. So for this client, the belief that cannabis is a creative force is his/her internal frame of reference. In order to understand the client in his/her internal frame of reference, you have to *'get into the shoes of the client, crawl into his/her skin, see the world with his/her eyes, and to feel the sensation with his/her senses'.* You cannot simply dismiss the client's internal frame of reference, you have to work with it.

Let us now shift our attention a bit and consider the tasks of the client in the founding stage. When the counsellor attends to the client he invites the client to get involved. If the invitation is accepted the client shows it by getting interested to work out the problem, gathering the courage to look into his/her situation and wanting to take appropriate steps to address the situation. In other words, the client begins to tell his/her story and express his/her concerns. Sometimes the story is told in half-truths but it is vital that it is told in full and authentically so as for the counsellor to know and address the true condition. Clients commonly express their problems in three ways:

1. What happened or happening to them (experience),

2. What they do or not do (behaviour)

and

3. What they feel (affect).

An example of the problem expressed by way of experience would be – "My stepmother is always shouting at me",
-that of behaviour would be –
"I fight a lot on the playground (acts of commission), or "I forget to do my homework" (acts of omission),
and that of affect would be –
"I get so frustrated with the way they treat me"
In general, clients are more comfortable talking about their experience, but less so talking about their feelings. Invariably they are greatly discreet about their behaviour. It is vital that clients express their problems in terms of experience, feelings and behaviour because it allows the counsellor to have a more comprehensible understanding of the dynamics of the problem. A deeper understanding of the dynamics enables the counsellor and the client to better pinpoint the problem and to identify the appropriate steps to address the problem.

Summary of the base building stage
- The counsellor invites the client by attending to him and the client responds to the invitation by getting involved or interested
- The client then shows his/her involvement by expressing his/her concerns to the counsellor
- The counsellor, in turn, listens attentively to the client
- After listening actively to the client, the counsellor responds by reflecting back to the client
- It can be a reflection of the content only, the feelings only, or both content and feelings together. Reflection as a style of responding encourages the client to explore deeper and further his/her situation

The skills of the counsellor and tasks of the client in the base building stage can be chalked off as depicted in Table 3 below.

Table 3

Skills of the counsellor and the tasks of the client in the base-building stage		
Counsellor		**Client**
Attending	☐	Involving
Listening	☐	Expressing
Responding	☐	Exploring

Pinpointing the problem

Many a time the clients talk about their problems in an unclear, confusing or disconnected way. Sometimes the connection of the problem is in the client's but is not evident to the counsellor. Yet the counsellor cannot set reasonable goals for counselling if the client and the counsellor have not pinned down what the problem is.

Although there are innumerable possible problem areas, we can demarcate a number of them:

- The *situation* rather than the person is problematic. This often happens in a situation that the client is or has been exposed to brutalizing or dehumanizing conditions
- The problem area can be developmental. For example, a boy who was polite and easy going suddenly becomes irritable, rude and disrespectful as he enters adolescence stage
- The client may feel dissatisfied because of the mismatch between what he is required to do and what he has flair for or natural interest in. This is the case of *unused potential*. For example, a learner may become dissatisfied when he is forced to do science subjects when his/her interest and natural ability are in the field of arts and humanities
- In the case of *misused potentials*, the client does not channel his/her capabilities in the right areas. For instance, John is a bright young Grade 7 learner, but he commits a lot of his/her energies to trying to prove that he is superior to his/her peers
- In the case of *attention-seeking*, the client invest inordinate amounts of time and energy in the quest for attention, recognition or admiration. For example, Jane engages in self-mutilating behaviour in order to attract the attention and sympathies of his/her parents

The problem that brings the client to counselling may not be immediately apparent. It is nonetheless imperative that it is clearly pinpointed to guard against just shooting in the dark. You should have clarity on what you are shooting for – what the target is. One approach to pinpointing the problem is to simply ask the client to describe in short what his/her problem is. The other approach is for you to outline to the client what you understand the problem to be, and then wait for feedback from him in terms of confirmation, clarification, elaboration or denial of what you will have submitted to them tentatively. It is only once both of you have agreed on what the problem is that you are ready to delve into the counselling proper.

In the event that you realize that you are out of depth to effectively solve the problem, you must refer the client to someone with the requisite capacity to help the client.

In the true collaborative nature of counselling, it cannot be effective when the client does not play his/her role. In this stage while the counsellor is leading the process of pinpointing the problem, the client must be willing to look at himself and investigate his/her problem. He should be willing to look at his/her problem from different angles so as to better understand it. The client must be willing to go deeper in *investigating* himself/herself and his/her situation than just remaining at the shallow or superficial level.

PRESENT SCENARIO STAGE

Aim: In this stage, the counsellor listens carefully and assists the client to explore how things are now for the client. What is going on in his/her life? The client has to see all the aspects of the difficulty and related circumstances.

In this stage, we elaborate on the specific skills that the counsellor may use to help the client move forward. Recognizing the collaborative nature of counselling, we also discuss the relevant client tasks in this stage. The skills and tasks that fall in this stage are discussed below under the three sub-stages.

Sub-stage A: Story – Helping client tell their story
In this sub-stage, the focus is on encouraging the client to tell, expand, explore and clarify the story that has brought him to counselling. Some clients are readily open and articulate in telling their stories, while others are more like closed books. Concentrating on assessing rather than judging the client helps to establish an effective helpful relationship. You can clarify the story by actively listening to the client and by being guided by Rogers' core conditions of congruence/genuineness, un-conditional positive regard/warmth and empathy (CUE).

The **effective helpful relationship** between the counsellor and the client is built and maintained by using the skill called pacing. It entails 'matching the client in certain respects, falling into step with the client and entering into their internal frame of reference'. It means staying in touch or in sync with the client although you may not agree, endorse or share the client's ideas. In addition to meaning that the counsellor should not run too far ahead or too behind the client, pacing also means that you carefully adjust the amount of therapeutic exposure to ensure that the client's emotional capacities are not overwhelmed or exceeded.

Various aspects of the client can be paced. These include his/her ideas, beliefs and experiences, words and behaviour. In pacing, you follow the client in whatever he is doing for a while and then you change or vary something slightly. It has been observed that the clients often also change to fall into step with you. For example, having noticed that the client's speed of breathing is too high, the counsellor might match his/her speed of breathing for a period of time and then gradually slow down his/her own rate of breathing. Research has shown that clients show a tendency to follow suit and adjust their breathing rate to match that of the counsellor. Human beings' natural tendency to fall into step with each has been demonstrating in numerous behaviours such as yawning, crossing over the leg, scratching and fidgeting.

The skill of pacing can also be looked at in relationship to the concept of a therapeutic window. The *therapeutic window* represents a hypothetical "place" where counselling interventions are thought to be most helpful because a psychological balance between inadequate and overwhelming activation of emotion during counselling has been found (Briere & Scott, 2012). When you have found the therapeutic window, you have the optimal dosage of counselling intervention where what you do as a counsellor is neither too little nor too much.

When the counsellor limits himself/herself to the exploration of surface issues when in fact the client has the capacity to explore his/her problems at a greater and deeper level it is referred to as *undershooting* the therapeutic window. The negative side of undershooting is that the time and effort of the counsellor and clients are not utilized for the maximum gain.

The flip side of undershooting is *overshooting* in which case the client is encouraged to proceed with counselling at "full steam ahead' without taking precaution to ensure that materials and emotions stirred are adequately processed. The dangers associated with overshooting is that the client is likely to engage in avoidance manoeuvres in order to protect himself/herself from being overwhelmed by the counselling process. Common avoidance behaviours include disengagement or "spacing out" and switching off cognitively during the session, showing aggressive behaviours, or trying to change the subject to

something less threatening. Dropping out of treatment altogether represents the extreme case of avoidance behaviour. The power of pacing lies in being fully present in order to hear/see what has been said/done and in being able to take on the perspective of the other so that you can pull out the underlying theme or gist from what is sometimes a confusing mass of words or emotions. It builds a connection between the counsellor and the client because it lets the client feel really heard and understood, sometimes for the first time in their lives. Feeling understood and accepted, the skill of pacing encourages the client to *explore* himself, his/her situation and his/her problem at a deeper level and with less need for denial.

The *important skills* that are required in this sub-stage include attending, active listening, appropriate use of silence, reflecting, paraphrasing, checking, understanding, open questioning and summarizing.

Some of the *useful questions* that you may pose to encourage the client to tell his/her story include:
- How do/did you feel about that?
- What are/were you thinking?
- What is/was that like for you?
- What else is there about that?

The main aim of this sub-stage is to assist the client to make sense of his/her situation from the confusion that he might have experienced before. An exemple of the statement that the client is likely to say upon completion of this stage is: *"....as you summarized what I shared with you, all the jumble in my mind began to make sense"*.

Sub-stage B: Blind Spots - Helping client break through blind spots
In this sub-stage, the focus should be on exploring the problem at a deeper level by asking the question "What really is going on". Oftentimes, clients only have a surface appreciation of the problem either because they are emotionally invested in the problems, or they have not yet looked at it closely enough from different angles.

You should, therefore, assist the client to explore all aspects of the story including his/her feelings, thoughts, behaviour, environment, the past, internal and external resources. By doing this you assist the client to uncover blind spots or gaps in their perceptions and assessment of the problem, the situation, others and themselves.

Communication skills, focusing skills and challenging skills are the critical sets of skills that are required in this sub-stage. The specific skills that you can use here include: gentle challenging, identification of different perspectives, patterns and connections, discussion of 'shoulds & oughts', negative self-talk, highlighting of blind spots (discrepancies, distortions, incomplete awareness, things implied, what's not said), taking ownership, focusing on specifics rather than generalities and identifying strengths.

You can help the client to break-through the blind spots by systematically exploring aspects of the whole person using questions and activities.

Exploring feelings
- How do you feel about that?
- When do you feel like...?

Exploring thoughts
- What do you think about the whole thing
- Is that thought helpful or unhelpful?
- In what way may that thought make things worse?
- What is the alternative thought that may make things get better?

Exploring behaviour
- What did you do?
- What were the consequences of your behaviour?
- Did your behaviour prove to be helpful or not?

Exploring the environment

The environment refers to the world outside the client and includes people, places and things.

- What do you think caused all this?
- What things/persons do think make the difficulty worse?
- Who supports you? How do they support you?

You can also encourage the client to gain a better appreciation of his/her situation by asking himself questions like the following:

What problems am I avoiding?
- What opportunities am I ignoring?
- What am I overlooking or refusing to see?
- How am I being dishonest with myself?
- What don't I want to do?
- If others were honest, what would they tell me?
- What am I thinking or feeling about this?
- What about all of this is a problem for me?
- Is there any other way of looking at this problem or situation?

Exploring the past

Any aspect of the client's past that is relevant to the problem must be explored. This may relate to the client's previous attempt to resolve the problem, the client's experience with counselling or what worked or did not work in the past.

Exploration of the past can be done by asking questions along these lines:
- What situation in the past appeared to worsen or improve this situation?
- Have you felt like this before?
- Have you tried to address this problem? What did you try?
- Did it help? What have you done that did not help much?
- What is different now?

Exploring resilience and resources

You can reinforce the client's confidence and self-esteem by highlighting his/her inner and outer resources. You can do this by asking questions similar to these below:
- What are your strengths?
- What do you enjoy doing?
- Who supports you?
- What things or activities make you feel better?
- Is there a place where you feel better?

Blind spots refer to things that the client is unaware of or he chooses to ignore. They include:
- Not aware that his/her thoughts cause or worsen the problem
- Not aware that his/her understanding of the problems differs from the understanding of others
- Not aware that his/her behaviour or reaction contributes to the worsening of the problem

Not aware that his/her thoughts, behaviour and feelings do not dove-tail together (i.e. that there discrepancy or disharmony).
Johari's Window

This is a handy tool for introducing the concept of blind spots. It comprises of four panes. We use an example of a teenage girl who is having a sexual relationship with an older man (sugar daddy) to illustrate how the tool can be applied in real life.

Figure 8: The Johari Window
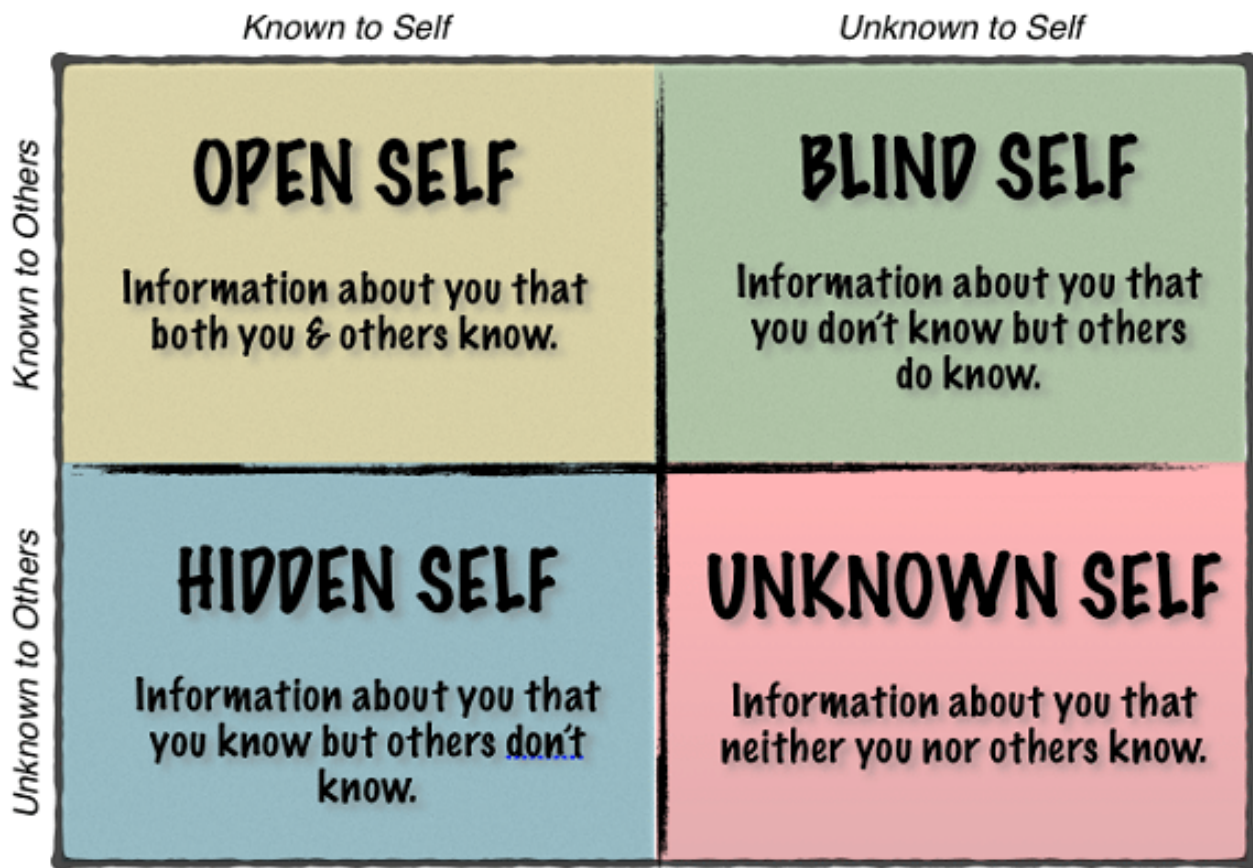
The Open Self refers to information that is known to oneself and is also available to others. In our example, both the client and the counsellor know that the client has a relationship with a sugar daddy. The hidden self refers to information that is known by oneself but is not known to others. In our example, the client is aware of the details of the relationship such as the abuse that has taken place but such information is unknown to the counsellor.

Blind Self - refers to aspects of the self that the person is not aware of but is known by others. In our example, it may be clear that the girl is being used in the relationship, but the girl herself may not realise it.

Unknown Self – refers to things that are unknown both the self and to others. In the example, both the girl and the counsellor may be unaware of the sugar daddy's HIV status. This sub-stage is about gaining new insights into the client's story and can be expressed by something along the lines of *"Until today, it had never occurred to me that my anger was connected to fear of rejection".*

Sub-stage C: Leverage - Helping client choose the right things to work on
In this sub-stage, the focus is on helping the client to rid himself of a sense of stuckness, the feeling that there is nothing that he can do to change the situation. The sense of stuckness is often a result of the client trying to do too much too quickly in the absence of a well thought out strategy. The counsellor helps the client to work on issues, problems and choices that have the possibility of making a difference in their life (i.e., have leverage). Because you and the client, invest a lot of resources in the counselling process, there must be a way to get a reasonable return on your investment. The principle of leverage suggests that you do a number of things:

• You assist the client to shift from concentrating on the perceived weaknesses to appreciating and acknowledging their strengths and resources
• When there are many issues at hand it helps to prioritize the issue that is uppermost in the client's mind – the issue he/she experiences as a crisis that needs urgent help. For instance, if the client is suicidal, you cannot start by addressing his/her academic concerns before you have attended to his/her desire to end his/her life

- In the case where the problem is complex or complicated, help the client to break down the issue into *manageable chunks* and to address the problem in an incremental way by taking on small bits of a problem one at a time. For example, a client who reports that he has problems with everyone can be encouraged to start by focussing on building relationships with one or two key people in his/her life before moving on to address his/her relationship with the rest
- Start with addressing what the client considers *important* even if it might appear to you as a counsellor that he is trying to escape real issues. This is because you must start with the client internal frame of reference
- Some problems have the potential to take care of other issues automatically when handled well. So you must address first those issues that will yield general improvement. For example, a client who reports strained relationships both at school and at home on account of his/her perfectionistic tendency will benefit more if you assist him to address first his/her drive to be perfect. The other issues can be expected to subside once the unmitigated drive for perfection is addressed
- Sometimes the costs in terms of time and effort may be perceived to be disproportionate to the desired results. In that case, the client may not be motivated to invest so much energy for so little returns. The counsellor must help the client to conduct a cost and benefit analysis of tackling the problem and recommend ways of tackling the problem that are proportionate to the costs involved

Focusing and prioritizing are critical skills in this sub-stage to work on.

Sometimes the client is faced with many difficulties and it is essential to prioritize certain things. The following are questions that are useful in this sub-stage:

- What in all of this is the most important?
- What would be best to work on now?
- What would make the most difference?
- What is manageable for now?
- You know one cannot do everything at once, so let us choose...Which one should we address first?

This sub-step is about choosing the problem to focus on. A client who has successfully negotiated this sub-stage may say something along the lines of *"I realize there is plenty of ground to cover, but for now, I will concentrate my energies on my relationship with my mother. I will see to the other issues later".*

CHAPTER 8

PREFERRED SCENARIO: WHAT SOLUTIONS MAKE SENSE FOR ME?

Aim: This stage focusses on of shifting attention of the difficulty of the situation to what the client would prefer in his/her life to be like- his/her hopes, wishes and dreams.

In this stage, you concentrate on helping the client to acquire in-depth clarity about what they really want and what they want the future to look like? This is important because when clients are faced with problems they tend to act impulsively and quickly jump into action without reflecting on what they really want, or without closely exploring ways in which their problems might, in fact, be opportunities.

Possibilities - Helping clients identify possibilities for a better future
In this sub-stage, you must focus on helping the client to be imaginative and creative in order to broaden his/her horizon of what is possible. You must encourage the client to push the envelope, to think outside the box, and not to be constrained by consideration of practicalities.

It is about encouraging the client to brainstorm their ideal scenario. The miracle question is commonly used to encourage the client to think creatively about possible solutions to his/her problem; *'if one day, you wake up to find that everything is just perfect, is just how you want it, like your ideal world, what would it be like?'*

You must encourage the client to let loose his/her powers of imagination. This can be experienced as quite scary for some clients but for others, it can be experienced as immensely liberating. The client may express his/her feelings by making statements such as; *"At first it was really difficult but after I took time to imagine various possibilities, I began to realize that there are so many options out there for me".*

Ways to encourage brainstorming and imaginative thinking include assuring the client that anything goes, to write down ideas as they come without censoring them and telling him not to rush and to take time in thinking of all possible means of dealing with the problem.

Some of the useful questions to ask in this step include:
• Ideally, what do you want?
• What would be happening?
• When things are exactly what you want them to be like, what would you be doing/thinking/feeling?
• What would you have that you don't have now?
• What would it be like if it were better / a bit better?

Change Agenda - Helping client choose realistic and challenging goals
In this sub-stage, the focus is on returning to reality after the messy and dizzying heights of the brainstorming process by assisting the client to formulate goals which are specific, measurable, achievable/appropriate (for him/her, in his/her circumstances), realistic (with reference to the real world), and have a time frame attached.

You want to assist the clients to craft goals that are demanding yet achievable. It is not uncommon for the client to verbalize unrealistic preferred scenarios. When this happens you cannot just say "what, drop it, it is too outlandish'. Help the client to realize the improbability of their preferred scenario by doing the following:

• Praising the client for his/her originality
• Giving him the homework to go and consider how feasible the solution and give feedback in the next session

Examples of useful questions to pose include:

- What exactly is your goal?
- How would you know when you've got there?
- What could you manage/are you likely to achieve?
- Which feels best for you?
- Out of all that, what would be realistic?
- When do you want to achieve it by?
-

When this step is effectively done, the kind of statement that the client may say is along the lines of: *"By the end of this year, my Math grades should have improved to 'B' level".*

Commitment - Helping client find incentives that enable him to commit to their chosen agenda

Clients need incentives to commit to the chosen change agenda. Below we list some of the incentives that can be used help secure the commitment of the client:

- the chosen goals should be acceptable and appealing to the client
- the goals should have been selected from among a number of options
- the client should be assisted to see ways of managing the obstacles that stand in the way of attaining the chosen goals
- craft contracts with the client to encourage them to commit themselves to choices
- help the client to identify and define actions and strategies to convert goals into concrete accomplishments
- encourage client to undertake a cost-benefit analysis of achieving the chosen goals

Useful questions to ask in this sub-stage include:

- What will be the benefits when you achieve this?
- How will it be different for you when you've done this?
- What will be the cost of doing this?
- Any disadvantages/downsides to doing this?

An example of a client statement that reflects the successful completion of this sub-stage is *"This is clearly uncharted territory. A lot might go wrong but I need to resolve this."*

Personalizing skills

Often clients attribute their problems to third parties: friends, employers, teachers, spouses, parents, and the environment. They tend to externalize their experiences. The counsellor must help the client to become aware of the part that he contributes to the problem. The client must be ready to take responsibility for his/her life. Personalizing enables the client to understand where he is with respect to where he wants or needs to be in her world. It promotes a dialogue between their "real selves" and their "ideal selves." You try to help to find a bridge that transports them from their real selves that they are unhappy with to their ideal selves that they desire.

The skill of personalizing involves four elements, namely:

- Interchangeable response to meaning
- Personalizing meaning
- Personalizing the problem
- Personalizing the goals

Building an interchangeable base

If the counsellor is to respond to the client in a meaningful way, his/her responses must capture both the feelings and content of the client. Feelings and content are often interconnected. For example, the client might be angry (feeling) that the teacher gave her low marks in a test (content). Or the client might be sad (feeling) because his/her friend has transferred another (school).

The advantages of the interchangeable base of communication) are:
- The incorporation of the content, feeling and meaning helps the client to sustain exploration of his/her problems
- It provides the counsellor with the opportunity to verify his/her understanding of what the client has been communicating to him. It helps the client to find out that the counsellor has been willing to understand what he has been telling the counsellor

Responding interchangeably to meaning uses an externalizing format: You feel.... (feeling) because....... (content). "You feel disappointed because the teacher gave you a low mark in the test. Here the focus is external because someone else, not the client himself, is seen as the reason for the feeling – the teacher giving a low mark.

Personalizing meaning

The personalizing meaning response also uses the 'You feel .... because you ...... (meaning) format. However, it differs from the interchangeable response to meaning in that the focus is on internal factors. The counsellor also considers the personal implications or consequences for the client by asking himself, "what are the effects of the situation upon the client?" or "What personal beliefs or assumptions cause the client to feel this way about the situation?" Note that the counsellor is "additive" when he formulates and communicates information about assumptions and implications for the client he cannot or will not articulate. In formulating personalized responses to meaning the counsellor searches his/her own experiences and his/her own understanding of implications.

The counsellor builds upon what the client tells and shows him, and extend the client's understanding of his/her personal assumptions or the consequences of his/her experiences and his/her role in it. For example, if a learner says *I have been stuck in this grade for three years now. It is ridiculous. No one tells me why I cannot proceed to the next grade.* No one says a thing. And you rot in this stupid grade", An example of personalizing meaning response (PM) would be "You feel frustrated because you have no control over the situation (implications)" or *"You feel frustrated because you believe you can manage in the grade higher than the one you are in now (assumptions)"* .

This is in contrast to the interchangeable response to meaning which (IR) would be something like *"You feel angry because no one explains to you why"*

Other examples of personalizing meaning examples
- *"You feel furious because they are always interfering (personal implications, the effects of the situation upon the client)".*
- *"You feel devastated because you are once again dependent upon the people you tried to leave behind (personal implications, the effects of the situation upon the client)"*
- *"You feel angry that your right to choose has been violated (assumptions)"*
- *You feel angry because he does not acknowledge your efforts (personal implications)"*

Personalizing problems

While personalising meaning responses are about helping the client to begin to understand his/her situation in terms of it is internal, rather than external significance, personalizing problems is about helping the client to grapple with the question about his/her behaviours and how they may be contributing to the situation.

Personalising problems responses concentrate on helping the client to understand what it is that they are unable to do that has led to their present experience of themselves. By this, the counsellor assists the client to take responsibility for his/her life and to look at himself as the source and master of his/her problems. The elements that are involved under personalizing problems include conceptualizing deficits, internalizing deficits and specifying deficits.

When *conceptualizing deficits*, the counsellor ask these questions of himself: What is missing that is contributing to the problem? What is it that the client is failing to do that is contributing most directly to these problems? The counsellor is helped to answer such questions by searching his/her own experience, his/her own understanding of human health and development, searching out for expert information and people for advice. The client may have a deficit in skills, knowledge, attitudes, specific information, interpersonal skills, thinking etc.

A response that conceptualizes the client's own deficits is formulated in the ....deficit).....is missing. For example, the deficit may be studying skills that are missing.

When assisting the client to *internalize his/her deficits*, the counsellor's responses are formulated to communicate the client's accountability or responsibility for their deficits. The responses of the counsellors encourage the client to answer the question - *"What is there about me that is contributing to the problems?*

The format to personalized response to the problem is *"You feel ... because you cannot (problem/deficit)."* For example: *"You feel hopeless because you cannot manage to pass your Math tests".*

When the deficit is clearly specified, it is easier to specify the goal. The counsellor helps the client to describe the client's problem or deficit in terms of a specific behaviour or a series of behaviours.

It uses the format - "You feel ... because you cannot ...(problem/deficit).

For example, if the client says *"They talk about my young sister as if she is not there. It really gets to me when I do not step up to defend her name. She looks up to me. I am her elder sister. I mean I want to do something, but I just do not know how to handle it",* an example of personalizing the problem response (PP) would be *"You feel bad because you cannot handle the people who are bad-mouthing your young sister".*

Other examples personalized problems responses:
- *"You feel disappointed because you cannot present your ideas clearly when engaging in debates with other learners"*
- *"You feel inadequate because you can defend your friends from the bully in your class"*
- *"You feel distressed because you cannot keep your weight down"*

Personalized goals
The basic way to personalize goals is to determine the behaviours that are opposite of the personalized problem. It involves a number of steps. The first step is to conceptualize the desired goal by reversing the question: "What is there about the client that is contributing to the problem (deficit)?" by asking "what might contribute to resolving the problem?" In other words, you seek to reverse the deficit. So personalized goal response takes the format of - "You cannot ...... (problem/deficit) and you want to ...... (goal)". An example would be- *"You cannot relate effectively with new classmates and you very much want to relate effectively with them."*

The second step is to formulate responses that communicate what it is that the client will do to solve his/her problems. By this, the counsellor helps the client answer the internalizing question "what is it that I will do to contribute to solving the problem?" Format:

The personalized goal response takes the format of "You feel .... because you cannot (problem/deficit) and you want to (goal/asset). Example: *"You feel disappointed because you cannot understand well your girlfriend's behaviour and you want to be able to understand well her behaviour"*

In the third step, the counsellor helps the client to specify his/her desired goals. The goals are described as a behaviour or series of behaviours that are achievable. The format that the response assumes is – "You feel .... because you cannot (problem/deficit) and you want to ...... (goals).

A personalized goal is one that is tied and directly flows from the personalized problem. It is basically the flip-side of the problem. It normally has two parts. The first part of the response describes the problem while the second part describes the client's goal. If for example, the client says *"I try so hard in class and in doing my homework. But the stuff just flies above my head",* an example of a personalized goal response would be *"You feel helpless because you cannot handle the material and you want very much to be able to master it"*
Other examples of personalized goal responses are:

- *"You feel disappointed because you cannot relate effectively to your stepmother and you want to have a good relationship with her"*
- *"You feel upset because you could not make it into the school's football first team and you really wanted to be on the team this year?*
- *"You feel discouraged because you cannot find your way to be part of the group and you very much want to belong"*
- *The main task of the client in this stage is to understand himself deeply by appreciating and accepting his/her contribution to the problem*

Exercise on personalizing skills

We close this section by asking you to show your understanding of personalizing skills by completing the exercise below. A brief description of what was said by the client is followed by four different responses by the counsellor. Using what you have learnt in this chapter about the various types of personalised responses, label each response correctly i.e. which response represents interchangeable response to meaning, personalising meaning, personalising problems and personalising goals.

An adolescent says *"All my life I have felt like something is amiss. I have tried to figure it out but with no success. I am a fair, decent and well raised person you man but something does not add up. I persistently feel that something is missing. I am not where I believe I should be in life".*

Table 4

Counsellor's Response	Type of Response
"You feel weak inside because you cannot define what is missing".	....
"You feel dissatisfied because your life is not meeting your expectations"	....
"You feel disappointed because you have not yet figured out what it is missing in your life and you want, deeply, to find it".	....
"You feel sad because things might have turned differently for you if you had had this missing information"	....

Reframing Skills

Reframing is about taking new perspectives by looking at a situation, thought, or feeling from another angle. It helps to deepen the client's understanding of the problem. This is vital because uncovering issues and problem-solving is the crux of the work in counselling spaces.

Reframing is about helping the client to see the forest for the trees by gaining access to a different or broader picture of the situation. The client's problematic attitudes, feelings or thoughts are often rooted in old patterns that no longer serve you. These patterns can be broken down or adjusted by taking on a new perspective.

Let us use the case of a Grade 12 learner to illustrate reframing in practice

Tangeni is a recently appointed head-boy at his High School. He was selected on account of a stellar academic performance and exemplary behaviour over the years. He however always privately struggled with self-doubt. The question of whether he was good enough kept on creeping into his head.

The tradition at his school is that all members of the School Representative Council (SRC) are appraised by the teachers at three months intervals. When Tangeni got his first written performance review, it simply stated, without much elaboration that you could "manage your time more efficiently". Tangeni is totally devastated. In his mind, this is confirmation that he is a complete failure as a leader. He considers resigning from his position as the school head-boy.

Let us consider what the teachers' feedback would have meant to Tangeni had he reframed it to mean that the teachers were trying to tell him that they do not like that he often stays late after hours on a daily basis and want him to take better care of himself? What if the teachers saw him as a prized asset to the school and that they were concerned about the possibility of losing him through burn out?

We see from this example of Tangeni that reframing can be a powerful tool in freeing the client from anxiety. It can be used to challenge assumptions and automatic thoughts that may come up for the client.

Other examples of Reframing (Berg, 1994a)
- Anger is labelled as intense caring
- Fighting can be a sign of one's independence
- Lazy: laid back, mellow, relaxed, taking it easy
- Pushy: assertive, in a hurry, action-oriented
- Impatient: action-oriented, has high standards
- Uncaring: detached, allows room for others
- Depressed: overwhelmed, quiet, slowing down
- Aggressive: forceful, unaware of his/her own strength
- Nagging: concerned, trying to bring out the best in someone
- Withdrawn: deep thinker, thoughtful, shy, and quiet.

The deep understanding which is generated by reframing brings about change in the client's outlook on his/her life. This change of looking and experiencing his/her life is called re-orientation. Upon completion of re-orientation, it can be said that counselling is now complete at the thinking and feeling level. But not much behaviour change might take place. The client need practical action steps to translate the willingness to change and good intentions to real practical actions. Practical behavioural actions are addressed by the **Initiating Skills** which are described in the next section.

CHAPTER 9

ACTION STRATEGIES: HOW TO GET WHAT I WANT OR NEED?

Aim: This stage concentrates on imparting the client with the strategies to move towards the chosen goals. It is about 'how' to take appropriate action to attain set goals.

This stage requires that the client is provided with support and encouragement because transitioning from the present scenario to the preferred scenario is often experienced as uncomfortable and sometimes overwhelming. As a result, the approach often entails encouraging the client to proceed in a gradual step by step fashion.

The skills needed in this stage are called **Initiating Skills** because the counsellor facilitates the client to take the necessary steps to act according to the new orientation he has acquired from interacting with the counsellor. Change is initiated by setting goals and making contacts with the client.

Possible Strategies - Helping clients see that there are many ways of implementing their agenda
This sub-stage is another creative endeavour in which the client is encouraged to explore, brainstorm and generate new and different ideas for action and breaking out of old mindsets.

Clients often fail to achieve their goals because either strategies are too complicated or they have not explored the different ways by which the solution can be found. In the case of strategies that are too complicated, the client should be helped to break down the goal into sub-goals.

This method can be referred to as the 'divide and conquer process'. In the case of inadequate exploration, the client must be encouraged to brainstorm. Brainstorming enables the client to suspend judgement, to generate multiple ideas and to be less constrained in his/her thinking.

Useful questions to ask in this sub-stage include:
- How many different ways are there for you to do this?
- Who/what might help?
- What has worked before you or for others
- What about some wild ideas?
- How can you get where you want to go?

Statements such as *"I got some pretty good ideas from seemingly crazy ideas"* is emblematic of what this step is about.

Best Fit Strategies - Helping client identify best fit strategies
Following the brainstorming in the previous sub-stage, the focus shifts to assisting the client to identify and select the strategies that are realistic for himself given his/her unique circumstances, needs, aspirations, preferences and resources.

Best fit strategies should be consistent with the client's values and least likely to be thwarted by factors in the environment. The counsellor and the client should, therefore, scrutinize the internal and external factors that may promote or hinder action and find ways to strengthen or neutralize them respectively.

Examples of useful questions to ask include:
- Which of these ideas appeals most to you?
- Which is most likely to work for you?
- Which are within your resources/control?

Successful resolution of this sub-stage is represented by a statement such as *"I would prefer to have a sit down with my brother to better understand his/her point of view"*.

Plans - Helping client formulate actionable plans

The aim of this sub-stage is to help the client to move into action by crafting actionable (realistic and adequate) plans. The counsellor's role is to collaborate with the client in turning good intentions into workable plans with a specific order and time scales.

Whilst you as a counsellor you must be pro-active in encouraging the client to take action, you must always resist the temptation of imposing your own agenda on the client. The aim is to help the client to look out and overcome obstacles, turn challenges into opportunities and inspire the client to mobilize personal, social and material resources.

Some of the questions that are useful to pose in this sub-step are:

•   What will you do first?
•   When?
•   What will you do next?
•   When?

Statements along the lines of *"I will invite my brother on a road trip before the end of the week so that we can have some quiet uninterrupted time to discuss our differences"* are representative of what the client might say at the end of this sub-stage.

CHAPTER 10

EVALUATION AND FOLLOW-UP AND TERMINATION

Evaluation

Evaluation is important for both the client and the counsellor. It provides the means to check whether the process has been beneficial to the client. It is principally about how the client has been faring during counselling. It also helps the counsellor to learn about the efficiency and effect of his/her helping process. There are three types of evaluation that can be conducted. The first is self-evaluation in which the client evaluates his/her own performance or progress.

The second type of evaluation is that that is conducted at the end of the process. The third type of evaluation is on-going evaluation which is conducted periodically throughout the process. The advantage of on-going evaluation, is that should there be a need to change anything, the change can be effected at the earliest possible time. If evaluation is reserved only at the end of the process it may be too late.

While the counsellor takes a leading role in evaluating the counselling process, the client takes the major share in **reviewing** the process. The client looks back at the counselling process to identify what happened, what he learned, what strategies worked and what did not and why. He also looks at how the goals were achieved, or why they were not achieved. On the basis of the review, he may institute certain modification or even abandon certain strategies that have proven not to be helpful. It should be remembered that counselling is not only about solving problems. It is also for growth

Follow-up

What would happen next depends on the outcome of the evaluation process. If the judgment is that there is a possibility for further improvement, the decision may be to conduct further sessions. If it is judged that the client can benefit from seeing another practitioner, the client is referred to another person. If both are satisfied with the progress made, the decision should be to terminate counselling.

Termination

Sometimes it is difficult to know when to terminate counselling. However, there are clues that can give you an idea as to when it is the right time to terminate counselling. Below are some of the possible clues:
- When the client has reached a plateau.
- When the client seems to have an inner sense that to continue would need more strength than they are able to provide at that time.
- The client may have become involved and happily engaged in social activities with friends, in sport or in a club. Further, they may start to see counselling as an unnecessary intrusion into their lives and may not want to attend.
- The focus of counselling may shift and the client may begin to "play" instead of doing useful counselling work, with the counsellor recognising that the counselling sessions no longer seem to be achieving goals.
- The client has gone far enough in the counselling process so that they can continue making progress on their own. This is especially true when parents are involved and committed to the process of change.
- The client's behaviour may have changed for the better as reported by the parents or the school.

Counselling has a beginning and an end. So you must prepare your client for this eventuality. It should not come as a surprise to the client.
- Prepare the client for termination a session or two in advance, by reiterating his successes and warning him that you are nearing towards the end of counselling
- Explain to the clients that you are now impressed with the way they are coping or managing challenges in life
- Review with client the lessons learnt and how they can be of use in life.
- Acknowledge that it is normal to feel sad when people who shared a lot have to separate and go their own ways.
- Assure the client that he can come back in the future when the need to clear something or when new challenges arise (maintain open door policy).
- Implement a gradual termination by maintaining contact for a limited period through instruments such as review sessions, letter writing and occasional phone calls.

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