

THERAPEUTIC PRESENCE: IMPORTANCE OF LISTENING - I

Unit Structure

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1.0 OBJECTIVES

- To understand dialogue as the second nature to interactions with clients.
- To know the basic guidelines for visibly tuning in to clients.
- To understand non-verbal behaviour as a channel of communication.

1.1 INTRODUCTION

It is very important to be with someone when you are going through difficult times in your life. One may not be able to help someone every time in action, but the presence or a simple conversation makes a very big difference. For example, if your friend's family member is in hospital, just your being there for him or her will make a difference even if you do not get a chance to speak. Likewise, just being with a friend who has lost his or her pet dog can relieve him or her even though nothing is said between you both. What is comforting to your friend in these situations is your presence, which is empathetic to the friend. But sometimes, more than comforting words or your presence is required and that is being a listener.

Most of the time, clients visit the counselors just because they want someone who will just listen to them. Clients find it painful when they feel that they are not being heard. Therapy demands strength and intensity of listening. Therapeutic presence is seen when the counselors are visibly tuned with the clients. It shows their empathy towards their clients as a

counselor and conveys to the clients that the counselors are there to listen to them. This puts the counselors in the position of robust listeners. In this process of therapeutic presence, both counselors' qualities - necessary dialogue with the clients and non-verbal communication play a very important role.

Research on helping relationships, that is, how to develop and have good helping relationships is carried out on a large scale, however, there is a lack of studies on communication in the research literature, especially the importance of listening and relationship-building skills. This may be due to ignorance about effective communication in many societies and communities. In workshops with parents, the audience is asked to rate between 1 and 10 on how essential it is for them to have open communication with their child in order to form a strong relationship with them. Without a second thought, the scores hit 10. Then they are asked the next question – what steps do they take to develop this open communication with their kids? In most of the sessions, no one has ever answered this question. This shows that the parents expect that these communication skills should develop amongst their children on their own.

The most important requirement in any relationship, especially in helping relationships, is a 'dialogue'. A firm pattern of communication skills of the counselors is the most essential feature of success in a helping relationship. Training and revision of the same should be a norm that should be provided to all to-be-counselors for a good 'therapeutic presence' (Knapp, 2007). And these communication skills in a form of dialogue should become second nature to the counselors to interact with the clients. Psychologists like Carl Rogers (1951, 1957, 1965), Bob Carkhuff (1987), and Allen Ivey (2012) are a few of the pioneers in improving and refining the communication skills required in the therapeutic process. The influence of their work is seen vastly in the field of counselling.

In this unit, we will discuss 'dialogue as the second nature of interactions with clients and 'the basic guidelines for visibly tuning in to clients. Along with this, we will also cover topics on 'active listening' and 'non-verbal communication'.

This section focuses on the 'dialogue pattern' essential in a therapeutic setup. In most cases, research shows that clients are unable to establish healthy interpersonal relationships with others in their life due to a lack of effective communication skills and this is the main reason which often they never realize. Ineffective communication and lack of dialogue are often reflected in their therapeutic relationship with the counselors. Hence, a need arises to make dialogue the second nature to interactions with clients and establish basic guidelines for visibly tuning in to clients. In this section, you shall study suggestions to help clients with poor communication skills and who are unable to engage in dialogue during the therapeutic process.

1.2 DIALOGUE AS THE SECOND NATURE OF INTERACTIONS WITH CLIENTS

It is now clear that counselors need to possess a wide range of communication skills to aid the clients to have a fulfilling and engaging therapeutic experience as much as possible. The conversations between the clients and their counselors should have a helping dialogue for a good therapy session (Knapp, 2007; Paré & Lysack, 2004; Seikkula & Trimble, 2005). Effective communication skills required for counselling not only include being good at it at a personal level, but also having them establish a dialogue so that the clients have an engaging experience (Paré & Lysack, 2004; Seikkula & Trimble, 2005).

Egan (2012) devised four essential requirements to have a true dialogue between the counselors and the clients during the helping session. They are turn-taking, connecting, mutual influencing and co-creating outcomes (Egan & Resse, 2018). Let us study each of them individually and in detail in order to gain a better understanding.

Turn-taking:

The foremost requirement to form a dialogue in a therapy session is 'turn-taking'. Dialogues are interactive in nature. Dialogue in simple words means taking turns to talk which goes like "you talk, then I talk and so on". Especially during counselling sessions, monologues on the part of the counselors or helpers do not add value to the therapeutic process and hence should always be avoided. Engagement is the core of the counselling process. The clients narrating endlessly or the counselors lecturing endlessly should have no place in therapy. In the first place, counselling is not at all this type of endless stories or endless lectures. If there is only a monologue, it will create isolation and only dialogue can lead to interaction between the both.

The possibility of mutual understanding and learning can take place by 'turn-taking' in any situation including therapy sessions. Through dialogues by taking turns, the counselors can learn more about their clients and understand them better. This aids the counselors to chalk out the intervention for the therapy which has its basis on the 'give and take dialogue' in the session between the both. Dialogues also ensure that clients are thinking aloud which in turn helps them to understand themselves and their concerns fully. This also leads them to use their unutilized opportunities once they learn to face their issues and problems.

Connecting:

The second requirement to have a true dialogue in a therapy session is 'connecting'. Let us understand this in a better way. Have you ever seen two people talking to each other but there is no relation or coherence in their topic of discussion? As a witness to their conversation, we often feel confused and think that they are talking about the past with each other that only leads to more confusion. In reality, they are having two independent

monologues and not a dialogue. These alternating monologues are never helpful in any conversation and especially in a therapy session between clients and the counselors.

The most important prerequisite of an ideal therapy session is that whatever the clients and the counselors are conversing with each other should be linked in some way or the other to what either of them is talking about. This lowers the confusion and sets some clarity. There should be some direct connection between the clients' and counselors' remarks to what they are talking about or discussing during the session. The working alliance can be productive only when the clients and the counselors are engaged in the conversation with clarity and coherence and when both of them are on the same page. Active listening and responding with the respect to the topic of conversation and what they think about the same is indispensable in a therapeutic session. Later in this unit, we will study what the counselors can do to aid their clients who fall behind due to their inability to connect.

Mutual Influencing:

The next essential requirement is 'mutual influencing' to promote a dialogue between the counselors and the clients. When there is a true dialogue between two individuals, both individuals show openness to being influenced by what the opposite individual wants to say. This reflects the social influence aspect of counselling, which is discussed in the earlier chapter.

Counselors influence their clients and at times unbiased and open-minded counselors show readiness to learn from or get influenced by their clients. When the clients are in the driver's seat, it is not so possible that their counselors will not be influenced. In a therapeutic session, counselors and clients continually challenge each other to show openness towards each other and for new learnings for one another. Fowers and Davidov (2006, 2007) suggest that "the virtue of 'openness to the other' and dialogue keep multicultural diversity and other forms of diversity from descending into chaos. The pairing of the two keeps both client and helper on track".

Co-creating Outcomes:

The result of good dialogue is always beneficial to both parties. And as we know, therapy sessions are all about good outcomes, beneficial accomplishments and positive results. The task of the therapists in the session is to strike a balance between two extreme ends of not directing the clients and not leaving the clients on their own. In a way, the counselors are a catalyst who helps the clients to find their own answers through problem-managing dialogue. In a good counselling space, the real dialogue never biases the clients or the counselors to shape the outcomes in advance. A dialogue is different from a conversation. If the counselors know what to tell the clients or if the clients are also directive; this will lead to a conversation but the likelihood of dialogue in this scenario decreases. We cannot change the fact that change is possible only if the clients want to. Counselors can only facilitate and influence change via

effective dialogue. Co-creating outcomes will still have clients in the driver's seat who are in charge of the navigation and outcome.

Egan (2009) states, "Although individual communication skills are a necessary part of communication competence, dialogue together with the collaboration it fosters is the integrating mechanism" (p. 130). When dialogue is effective, it conveys both; empathy and respect towards the opposite individual. This during a session, aids the clients to understand themselves and their own problems in a better way. It also in turn leads to engagement in dealing with problem-managing change. Degraded dialogues often lead to exploitation of the therapy process and conflict of terms of the therapy session.

Overall, the base of effective dialogue is having good individual skills for effective communication. Having good communication skills is not only required in a therapeutic relationship but also essential in every interpersonal relationship outside the therapy sessions. These skills are extensions of ourselves when interacting with others (Adler & Proctor, 2007; Canary, Cody, & Manusov, 2008; DeVito, 2008, 2009; West & Turner, 2009; Wood, 2007). Training programs for to-be counselors should include basic training in interpersonal communication skills which will help them later to adapt these skills in the therapeutic process with the clients.

In the next section of this unit, we will study about what are the basic guidelines the counselors need to follow to visibly tune in to the clients and what it means.

1.2.1 Basic Guidelines for Visibly Tuning-In to Clients:

Along with a real dialogue as second nature to interactions with clients, there are particular non-verbal skills too that should be followed to visibly tune in to clients. Before we proceed to the non-verbal behaviour for effective communication, let us go through the guidelines to be followed while using non-verbal skills. These guidelines are offered by Egan (2009), acronymed as 'SOLER'. Each of the guidelines has been explained individually as follows:

However, one may take note of an important aspect of cultural differences, since from the cultural differences point of view, communication skills are sensitive and the counselors should take optimum care in adapting what is to be followed in different cultures. Egan (2009) suggests taking these guidelines as a framework and being cautious while using them with clients who belong to different cultures.

S - Face the Client "Squarely":

This is related to adopting a body posture that shows involvement with the clients. It indicates that the counselors are there with them and available to hear them. In some cultures, involvement is often conveyed through facing the opposite person squarely. Generally, while we talk to another person and our body is turned away from the person, it lessens the degree of

contact with the opposite person. Therefore, people try to turn towards the person who is speaking or to whom they are speaking when all are seated in a circle.

Egan (2009) suggested the orientation of body posture that will convey the message to the clients that counselors are involved in the session. However, if squarely facing the clients seems to be threatening, in that case, an angled position may work as well. The important point is that the quality of counselors' presence is important and not the inches and angles as such. Always remember that whether we like it or not, whether we are aware or not, our body posture sends out messages. Hence, the body posture of the counselors should be in congruence with what they are trying to do or say during the therapeutic session.

O - Adopt an "Open" Posture:

Crossed legs and crossed arms are signs of 'closedness'. It depicts less involvement or availability. An open posture can show that counselors are open to the clients when they are talking to the counselors. Open posture is generally associated with non-defensive posture. However, counselors can still be involved with the clients even if their legs are crossed. However, they should ask themselves "Does my present body posture convey availability and openness to the client?". Thus, their body posture should reflect their empathetic and open-minded nature.

L - Remember that it is possible at times to "Lean" toward the other:

Leaning forward over the table and talking or listening when engaged in a conversation is a sign of the natural involvement of people in a conversation. The counselors can move forward to the clients or back away as the upper body offers that flexibility. A little leaning toward the opposite person is a cue that conveys that the counselors are in tune with the clients and are interested in what they have to say. However, leaning back may convey that the counselors are not present for the clients and are getting bored. Also, leaning forward too much may frighten the clients and can be overwhelming to them. It can be mistaken as some kind of demand or initiating intimacy or closeness and can be misinterpreted or misunderstood by the clients. Thus, leaning forward shows physical flexibility which enhances communication and also reflects the mental flexibility of the counselors which is required in a therapy session.

E - Maintain Good Eye Contact:

It is normal to have fairly steady eye contact while having a deep conversation. However, it should not be a 'staring'. Having good eye contact is a way of telling the clients that counselors are with them and are interested in listening to them and also want to hear what they want to say. However, since there is no specific rule to maintain constant eye contact, counselors also can look away occasionally, so that it should not appear as staring. However, if counselors look away frequently, then it may give an impression that counselors are reluctant to have this conversation or be involved in the session. It may also reflect discomfort on the counselors'

part. In some cultures, like Asian, too much eye contact with someone, who is in an authoritative position, does not work. Eye contact has cultural meaning. But in any culture, having fair eye contact in a counselling session is essential.

R - Try to be Relatively “Relaxed” or Natural in These Behaviours:

‘Being relaxed’ has two meanings: i) a way to not be fidgety, nervous or engage in distracting kinds of facial expressions. If counselors do not express being relaxed, the clients may think about why counselors are nervous or anxious; and ii) to be comfortable with using your own body as a medium of personal contact and expression. Being natural and being yourself is a requirement while using these skills in order to help the clients to be at ease.

These are the guidelines counselors can follow as a framework to fit in the counselling session with the clients, based on the cultural norms of their location. The counselors trained in the ‘skilled helper’ framework can also modify the guidelines sometimes to suit their clients, for example, visually impaired students studying in the schools or colleges for the blinds. For that purpose, a few changes can be done to the SOLER framework as described above. Thus, the counselors can replace a few ideas in the guidelines aptly and sensibly, to suit their clients considering their needs. As suggested by Egan (2009), one needs to understand the idea behind the guidelines and revise and adapt to the needs of the clients in the therapeutic session. Now, let us see the ways the changes can be brought out by the counselors for their visually impaired clients, for example:

We are aware that eye contact is not relevant to the counselors, who themselves are visually impaired or if their clients are visually impaired. However, people who are visually impaired often feel insulted when they have a feeling that sighted people talking to them are not looking towards them or are facing somewhere else. Hence, attention to the direction of the voice is very important to them. Thus, in this context, listening and attending skills are suitable for each alphabet of the acronym SOLER to the visually impaired students. However, what stands for E (i.e., eye contact) does not fit well. Therefore, the acronym SOLER can be changed to SOLAR with contemplation, in which “A” stands for ‘Aim’, which means; “Aim your head and body in the direction of the clients, so that when they hear the voice of counselors, be it linguistically or para linguistically, clients know that counselors are attending directly to what clients are saying (personal communication)” (Egan, 2009, p. 135).

Thus, we can see how a slight change in the framework can work well with the clients considering their needs. Hence, one should be sensitive while using these guidelines. This also points out the fact that the non-verbal orientation of the counselors can affect clients more than the counselors may think about it. Any sign that points out counselors’ ‘unavailability’ or distracts counselors from ‘being there’ can affect the dialogue. If counselors’ internal attitudes do not reflect their external behaviour, they may lose the impact even if they may be empathetic,

genuine, respectful and caring. Also note that if counselors are not used to being attentive as an individual, they may find it difficult or they may feel very self-conscious in the beginning to tune as visible in their initial counselling sessions. Counselors should take every conversation that they have outside the therapy sessions in their everyday life as a chance to practice. This in turn will help them (counselors) to visibly tune in during the sessions. However, as mentioned earlier in a couple of instances, counselors should take this framework as guidelines and not as a rigid and fixed set of rules that are required to be applied during all the sessions.

Here are a few questions that the counselors may ask themselves to check how visibly tuned in they are as counselors. Egan (2009, p. 136) offered a list of questions as an exercise for to-be counselors, that should be answered to have a self-check:

- “What are my attitudes toward this client?
- How would I rate the quality of my presence to this client?
- To what degree does my nonverbal behaviour indicate a willingness to work with the client?
- What attitudes am I expressing in my non-verbal behaviour?
- What attitudes am I expressing in my verbal behaviour?
- To what degree does the client experience me as effectively present and working with him or her?
- To what degree does my non-verbal behaviour reinforce my internal attitudes?
- In what ways am I distracted from giving my full attention to this client? What am I doing to handle these distractions? How might I be more effectively present to this person?”

After studying the importance of dialogue and getting to know the guidelines that counselors need to follow, let us move to our next section of this unit which is non-verbal behaviour as a channel of communication and active listening as the foundation of understanding. Since empathetic communication also involves the role of non-verbal communication, let us study how non-verbal behaviour is a channel of communication and then how understanding is based on active listening.

1.3 NON-VERBAL BEHAVIOUR AS A CHANNEL OF COMMUNICATION

Many of us fail to recognize and identify the non-verbal cues that others send to us and also to use non-verbal behaviour to give a message to others. This leads to limiting our capacity for interpersonal effectiveness (Manusov, 2005; Manusov & Patterson, 2007). For example, each one of us knows someone who talks endlessly in a monologue without realizing that the opposite person might be giving out signs of boredom. We get

bored in a class in which the professor just talks plainly without making an attempt to show more openness toward the students. Researchers and practitioners in the field of psychology recognize and acknowledge the importance of non-verbal behaviour in practising counselling (Mehrabian, 1972, 1981; Philippot, Feldman, & Coats, 2003; Richmond, McCroskey, & Hickson, 2012; Weitz, 1974) as well as in daily life over the years (Burgoon, Guerrero, & Floyd, 2009; Knapp & Hall, 2010; Pease & Pease, 2006).

Highlen and Hill (1984) have shown why it is important to understand and use non-verbal behaviour. Let us see now which concepts are related to non-verbal behaviour.

- Through non-verbal behaviours emotions are communicated
- Conversations are regulated through non-verbal behaviours
- It gives us important insights during helping relationship
- We can get insights on self-perceptions
- Non-verbal behaviours also give us cues when the opposite person is not saying much or at all but is thinking about something.

Studies on non-verbal behaviours are important because they are culturally based and helping nature is multicultural. As proposed by Egan (2018), “David Givens (2008) of the Center for Nonverbal Studies has published an online nonverbal dictionary of gestures, signs, and body language cues. To assume that nonverbal behaviours mean the same thing across cultures is not only wrong but sometimes dangerous as well. Watch what you do with your hands in different cultures” (p. 75).

Remember that the body part like our face is extremely communicative in nature too. Even if there is silence in a room full of people, we do understand the messages that are filled in the atmosphere or at least get a hint of the same. There are times in the counselling sessions where you will find the voice quality of the clients, physiological responses, bodily motions and facial expressions are more communicative than what they are saying through words. Egan (2009) has outlined a few factors that play an important role in the therapeutic dialogue for both; counselors as well as clients. They are listed below (p. 132):

- Bodily behaviour, such as posture, body movements, and gestures
- Eye behaviour, such as eye contact, staring, and eye movement
- Facial expressions, such as smiles, frowns, raised eyebrows, and twisted lips
- Voice-related behaviour, such as tone of voice, pitch, volume, intensity, modulation, spacing of words, emphasis, pauses, silences, and fluency

- Observable autonomic physiological responses, such as quickened breathing, blushing, paleness, and pupil dilation
- Physical characteristics, such as fitness, height, weight, and complexion
- Space, that is, how close or far a person chooses to be during a conversation
- General appearance, such as grooming and dress.

One amazing fact is that each one of us is constantly speaking through our non-verbal behaviour. Counselors in order to be effective learn this 'non-verbal language' and also make use of it to make interactions effective with their clients. Trained and effective counselors learn and know how to catch the meaning which is relevant and seen through cues of non-verbal behaviours of their clients during the sessions.

Though counselors read the non-verbal behaviours of the clients, one has to be cautious because clients also catch the meaning of the non-verbal behaviours of their counselors. Hence, it is necessary to focus on one's non-verbal behaviours as a counselor so that he or she does not give out signs which may offend or hurt the clients. So, let us study and understand the counselors' non-verbal behaviour.

1.3.1 Non-Verbal Behaviour of the Counselors:

As mentioned earlier, counselors need to check their non-verbal behaviour first, before they interpret the same of their clients. Like your clients, the non-verbal behaviour of the counselors also communicates with their clients. In fact, counselors' non-verbal behaviour is more important than the words at times, during the therapy session. It may affect the clients for better or for worse. Cues that show counselors' availability and quality of their presence are read by their clients through their non-verbal behaviour. How attention counselors pay and how it is denoted through their presence leads to the degree to which their clients will trust them, open up to them and get encouraged to talk about important elements of their problematic situations. If counselors' non-verbal behaviour showcases their half-hearted presence, it may lead to forming distrust towards them and the clients will be hesitant to talk openly about themselves with the counselors. There are chances that counselors' non-verbal behaviour will get misinterpreted or misunderstood by their clients. For example, according to counselors, there may be enough space between them and their clients which counselors find comfortable, but the clients might find the space too close to you. Or taking too much time to think during the pause taken by the clients might lead to a feeling of embarrassment for the clients. Every client will be different, and so will be their sensitivity towards your non-verbal behaviour.

Always remember that in order to be an effective counselor, one needs to be mindful. One should not be preoccupied during the session which can lead to a course of non-verbal messages being sent to the clients. The

foremost important step as a counselor in the counselling session is to read and get to know one's own non-verbal actions and reactions. For example, as the clients are speaking during the session and counselors feel that their muscles are tensing while they hear the clients, counselors need to mentally say to themselves, "I am feeling anxious now. What is going on? And because of this am I sending the signal to the client of my discomfort through my non-verbal behaviour?" Counselors need to do this self-talk in their minds and check their bodily signals and not let their clients get distracted by the same.

Counselors also need to control their impulses to react and use censored instinct reactions while doing so. For example, if counselors feel angry instinctively when the clients say something, counselors have to control their external expression with a neutral look so that they get some time to reflect. This self-control expected during the session is not fake, instead, is respect towards the clients, that comes before counselors' instinct reactions. Not showing anger toward the clients is different from not denying it. Awareness about the same is the first step necessary to acknowledge and deal with it.

Egan (2009, p. 133) proposed that "in a more positive vein, you can 'punctuate' what counselors say with nonverbal messages. For example, Raj is especially attentive when Jyoti talks about actions, she could take to do something about her problem situation. She leans forward, nods, and says 'yes, ya, ok'. She uses nonverbal behaviour to reinforce, let's say, Jyoti's intention to act constructively in renewing contact with a couple of key friends".

It is also important to note that counselors should not become preoccupied with their bodily messages and also with their tone and quality of voice while talking. Instead, counselors should learn to use their instinct for communication so that it looks natural. Counselors' awareness about their non-verbal behaviours mirrors their inner peace with self, counselling process and clients. The working alliance with the clients will only enhance if their non-verbal behaviour does not come in the way.

If counselors' attitudes and values like empathy, and respect are not carried in the counselling session, they will not appear to be true and would probably appear ingenuine even if they learn the skills of tuning in visibly. Counselors' visible presence should showcase their mindset and what is in their hearts. If counselors have no interest in working with the clients or are disinterested in their welfare, subtle or maybe not very subtle cues will reflect through their non-verbal behaviours.

1.3.2 Understanding more about the non-verbal behaviours:

Let us see a very unusual example: If you know, bees and ants talk and make life decisions through the medium of signals they send to one another through hives and swarms. The signals they send are non-verbal in nature. Research studies by Buchanan (2007; 2009) and Pentland (2008; 2010) propose that even human beings do the same thing. Talking about

therapy, social influence dimensions are equal to these signals. Pentland proposed the term - 'honest signals'.

Honest signals are honest in nature as they are unconscious, autonomic and automatic. They are sent to one another via four mediums namely, interest, consistency, activity and mimicry. Let us see an example of 'activity'. By becoming more active, both the counselors as well as the clients show nervous energy during the session. Both of them pick each other's signals. Let us take an example of 'interest'. One can guess how much the other person is interested in what he/she is doing by reading non-verbal behaviour of how attentive they both are to each other. This attentiveness lets one expect when the other person has made his or her point and finds the right time to react. Pentland and his colleagues have also developed the technology that enables one to read as well as to measure this process of signalling. Honest signals do influence other people and are difficult to fake. Thus, the clients will be able to read their counselors through these signals during the counselling session and make guesses about what kind of a counselor or a person they (counselors) are. It is difficult to fake genuineness.

The important point to be made here is that nonverbal signals are not just conversational details but are at the heart of dialogue. "The fact that signals are being sent, received and acted on 'in the shadows' adds a note of uncertainty to the dialogue, but uncertainty can add vigour to the counselling process" (Duncan, et. al., 2010).

1.3.3 Myths to be Avoided about Non-Verbal Behaviours:

Richmond and McCroskey (2000) described a few myths that are commonly held about nonverbal behaviours (p. 2, 3). They are as follows:

1. "Non-verbal communication is nonsense. All communication involves language. Therefore, all communication is verbal". This myth is disappearing. It does not stand up under the scrutiny of common sense.
2. "Non-verbal behaviour accounts for most of the communication in human interaction". Early studies tried to prove this, but they were biased. Studies were aimed at dismissing myth number 1 and they overstepped their boundaries.
3. "One can read a person like a book". Some people, even some professionals, would like to think so. You can read non-verbal behaviour, verbal behaviour, and context and still be wrong.
4. "If a person does not look into your eyes while talking to you, he or she is not telling the truth". The same non-verbal behaviour can mean many different things.
5. "Although non-verbal behaviour differs from person to person, most non-verbal behaviours are natural to all people". However, this is

found not to be true either in cross-cultures or even within the same culture.

6. “Non-verbal behaviour stimulates the same meaning in different situations”. Very often the context is the key. Yet some professionals obtain the myth and base interpretive systems on it.

This section explained non-verbal behaviour as a channel of communication and how understanding non-verbal behaviours is important to being an effective counselor. How to understand the clients’ non-verbal behaviours is explained in detail in the later part of this chapter. After studying this we move to our next sections which are ‘active listening as the foundation of understanding’, ‘forms of poor listening, processing information from clients in a thoughtful search for meaning’ and ‘importance of listening to helpers’ own internal conversation, key ingredients of successful therapy, dealing with distorted listening’.

1.4 SUMMARY

The most important requirement in any relationship, especially in helping relationships, is a ‘dialogue’. Communication skills in a form of dialogue should become second nature to the counselors to interact with the clients. In this unit, we discussed ‘dialogue as the second nature of interactions with clients and the basic guidelines for visibly tuning in to clients. Along with this, we will also cover topics on ‘active listening’ and ‘non-verbal communication’. Egan (2012) devised four essential requirements to have a true dialogue between the counselors and the clients during the helping session, namely, turn-taking, connecting, mutual influencing and co-creating outcomes (Egan & Resse, 2018). There are also particular non-verbal skills that should be followed to visibly tune in to clients. The guidelines for the same are offered by Egan (2009), acronymed as ‘SOLER’. They are Face the Client “Squarely” (S), Adopt an “Open” Posture (O), Remember that it is possible at times to “Lean” toward the other (L), Maintain Good “Eye” Contact (E), and Try to be Relatively “Relaxed” or Natural in These Behaviours (R).

Highlen and Hill (1984) showed it is important to understand and use non-verbal behaviour, because through non-verbal behaviours emotions are communicated, conversations are regulated, it gives us important insights during helping relationship, we can get insights on self-perceptions, and non-verbal behaviours also give us cues when the opposite person is not saying much or at all but is thinking about something. Bodily behaviour, eye behaviour, facial expressions, voice-related behaviour, observable autonomic physiological responses, physical characteristics, space, and general appearance are a few factors that play an important role in the therapeutic dialogue for both; counselors as well as clients (Egan, 2009). Richmond and McCroskey (2000) described a few common myths about nonverbal behaviours: i) “Non-verbal communication is nonsense. All communication involves language. Therefore, all communication is verbal”, ii) “Non-verbal behaviour accounts for most of the

communication in human interaction”, iii) “One can read a person like a book”, iv) “If a person does not look into your eyes while talking to you, he or she is not telling the truth”, v) “Although non-verbal behaviour differs from person to person, most non-verbal behaviours are natural to all people”, and vi) “Non-verbal behaviour stimulates the same meaning in different situations”.

Thus, the present unit focuses on dialogues and non-verbal behaviour as essential elements in a therapeutic setup.

1.5 QUESTIONS

1. Explain dialogue as a second nature of interaction with clients.
2. What are the basic (SOLER) guidelines for visibly tuning-in to clients.
3. Discuss non-verbal behaviour as a channel of communication.
4. Write short notes on:
 - a. Factors outlined by Egan (2009) that play an important role in the therapeutic dialogue
 - b. Myths about non-verbal behaviours.

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THERAPEUTIC PRESENCE: IMPORTANCE OF LISTENING - II

Unit Structure

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- 2.2 Forms of poor listening
- 2.3 Processing information from clients in a thoughtful search for meaning
- 2.4 Importance of listening to helpers' own internal conversation
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2.0 OBJECTIVES

- To understand active listening as the foundation of understanding
- To understand forms of poor listening
- To learn processing information from clients
- To learn the importance of listening
- To learn key ingredients of successful therapy and forms of distorted listening

2.1 ACTIVE LISTENING AS THE FOUNDATION OF UNDERSTANDING

Just tuning in visibly with the client is not enough solely. The counselors need to tune in visibly as well as mentally with the purpose of listening to what the clients want to say through their complaints, intentions, stories, decisions, proposals, points of view, narratives and much more. It may look easy and even the to-be counselors may feel that it is easy to understand the concept of listening to the clients and may wonder why 'listening' is being discussed here with so much gravity. But one needs to know especially when one is in the role of the counselor that people often fail to listen to one another. As put forth by Egan (2018), "Full listening means listening actively, listening accurately, and listening for meaning. Listening is not merely a skill. It is a rich metaphor for the helping relationship itself - indeed, for all relationships" (p. 80).

Active listening is an important aspect which is a prerequisite in all human services professions. For example, ‘doctor-patient relationship’, ‘mentor-student relationship’, etc. Listening is an important skill required to reach out to our clients. Egan (2018) mentions that Hippocrates told aspiring doctors to listen to the patient, and the patient will tell them what is wrong. Today, even though doctors use sophisticated high-tech diagnostic methods together with a hands-on approach in making their diagnoses, listening to patients is still an extremely important part of health care. If Hippocrates was living, I’m sure that he would still be giving the same advice to doctors” (p. 80).

So, we can understand how and why active listening is an important skill that every counselor should develop in order to be an effective counselor. With this, let us see the forms of poor listening, which one should avoid and take optimum care and check that one is not doing so during the therapy session.

2.2 FORMS OF POOR LISTENING

What is effective listening? Effective listening is an activity. It does not happen automatically. It is not a state of mind like being relaxed or happy. It needs effort, like any other activity or work. First, we need to understand what it is that is the opposite of effective listening. At some point in time, we all must have experiences that we are not heard by the opposite person while we are talking or many times, we do not listen adequately or actively to what the other person is talking about. In both cases, there is inadequate or inactive listening. So, let us see what these inadequate and inactive forms of listening are, which lead to poor listening. They have been discussed as follows:

Non-listening:

It happens at times that we are not really engaged actively in listening. Most of the time, it goes unnoticed, but sometimes the opposite person realizes that we are not listening carefully. For example, Kiran narrates some issue at work to his colleague and asks a question that what the colleague would do if he was in his place. His colleague Raj gets startled by the question and replies that he is not sure. Kiran realizes that Raj was not paying attention and asks him whether he was listening to what he narrated for the last 5 minutes. Raj feels a little embarrassed as he had strayed away from the conversation. There can be many reasons for Raj to not be tuned in during the conversation. Even if he wanted to help his colleague, for some reason, he just turned out.

This situation is different from a therapy session with counselors and the counselor is set out and is bound to listen but, even the experienced counselor’s mind may wander off during the session as they listen to similar kinds of stories repeatedly forgetting that this client’s story is unique to him or her. This ‘non-listening’ is a poor form of listening.

Partial listening:

Partial listening is listening at a superficial level. The counselor who engages in partial listening may listen to bits and pieces of what the client is saying but may leave out essential points that the client is narrating. For example, Raj's client Kiran is desperately searching for a new job and is narrating an incident that went wrong during a job interview and could have been avoided. Raj listens to the story partially and does not find Kiran that interesting. Kiran stops his narration and has a look of unhappiness on his face. To cover up the situation, Raj tries to recollect the pieces of the story he heard partially and tries to show that he understood the situation.

However, his attempt to show that he has understood everything that Kiran narrated appears to be hollow and fake. Kiran notices this and reacts in a sad tone. This form of listening is 'partial listening' which can do greater harm than non-listening since it is a pretence of listening and is fake in nature.

Rehearsing:

Another form of poor listening is 'rehearsing'. Let us see what it means. For example, Raj is a novice therapist who was attending to his client Kiran. Kiran was narrating some sort of a wild dream in the session which he was having repeatedly, to which Raj talks mentally to himself that he does not think that any meaning can be derived from this bizarre dream of his client and all that must be Kiran's speculation. Raj failed to realize that these dreams are really disturbing Kiran. However, he is supposed to catch the emotions that Kiran is expressing instead of thinking about the meaning of the dreams. It happens that even if experienced counselors ponder on how to respond to the clients, they unknowingly stop listening.

Effective counselors, in fact, listen carefully with the intention of understanding the core messages and themes of the narration by the clients. They never stop responding during the session or do not rehearse. Their responses help the clients in the problem-managing process. Even when the client stops speaking, effective counselors take a pause to think before speaking. Egan (2018) proposed that "pausing says, 'I'm still thinking over what you've just said. It seems to move the problem in a different direction. Let me see if I can put my finger on what you've just said'. Effective helpers pause, not because they have not listened or have nothing to say. They pause because they have listened and want to respond helpfully" (p. 82).

Tape-recorder listening:

This form of listening is also poor in nature. The clients do not want that the counselors to just repeat their words after listening to them. Even a recorder that does that type of work. Clients need more than the physical presence of the counselors while communicating. This is true in any type of situation outside counselling as well. Psychological, emotional and social presence is much more important in human communication than

mere physical presence. At times, counselors fail to tune in visibly and listen and may not be completely present mentally during the session. These signs of partial presence and non-listening are picked up by clients.

Generally, counselors are polite or intimidated and occupied with their own concerns during the session and may not say anything when they feel that the clients are not present fully. But it is a disgrace if you are not listening fully to your clients during the sessions. The clients need counselors who are lively and not a recorder.

After studying the forms of poor listening, let us see what is empathetic listening. We need to study this in order to train the to-be counselors to become effective counselors. So what is empathetic listening?

Empathetic listening:

Listening to the opposite person with the value of empathy is 'empathetic listening'. This type of listening is suitable and active in nature and is opposite to poor forms of listening. Empathetic listening involves observing, attending, listening and being with the clients, which fosters an understanding of them and their world. However, conceptually it is not possible to enter or get into the world of another person to experience it, but it is not difficult to at least approximate the same. Empathetic listening is selfless in nature because counselors are fully available to their clients while putting aside their own concerns and issues. However, Carl Rogers emphasized that this deeper understanding of their clients and their empathetic approach should be communicated to the clients by their counselors. Only intense attention is not enough if the concerns of the clients are not understood. Egan proposed that "empathetic listening leads to empathic understanding, which leads to empathic responding" (p. 82).

In order to help the clients, the counselors must be able to understand their problems, their struggles with the same and problem management opportunities. If your understanding of the client's issues is not adequate, your help would be off track and would not really be of any help to them. And if your understanding is just on the surface at a superficial level, the chances of understanding the main issues of the client's life will decrease. As mentioned by Egan (2018), "Carl Rogers (1980) talked passionately about basic empathic listening - being with and understanding the other—even calling it 'an unappreciated way of being' (p. 137). He used the word 'unappreciated' because in his view few people in the general population developed this "deep listening" ability and even so-called expert helpers did not give it the attention it deserved" (p. 82).

Carl Rogers describes 'being with' and 'empathetic listening' in his own words: "It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing. It means temporarily living in the other's life, moving about in it delicately without making judgments" (p. 142).

Now that you know what empathetic listening is, let us study the good forms of empathetic listening. Each of them is described as follows:

Focused listening with respect to the client's experiences, thoughts, behaviours and affect:

As Egan (2018) puts forth, the process of helping is a 'talking game'. Therefore, the quality and the kind of talk, both are important. Listening should be unbiased and focused, where the focus should be on problem management helping which aids the counselors to organize the information that the clients are presenting without biases and prejudices. Counselors listen carefully to the narratives and stories of the client in order to help them search for insights, and solutions for both; problem management and opportunity development to lead the clients to life-enhancing outcomes. The narratives that the clients present during the sessions are stories, which are a mixture of clients' experiences, thoughts, emotions, and behaviours.

By showing clinical mindfulness, counselors are able to organize such information presented by the clients in order to move further toward their goals and objectives. Bricker et. al. (2007) claim that the helpers without any framework or schema for organizing what clients are saying risks 'clinical drift'" (p. 25). Clients narrate their stories in the session which are their experiences, thoughts, emotions and behaviours. The experiences are the activating events. Taken everything together the counselors are listening to their clients' personalities. Listening includes both; individual thoughts as well as patterns of thinking which are parallel to individual emotions and patterns of emotionality triggered by internal and external events and experiences.

Experiences are what happened to them. Thoughts are what goes through their head and what they think. Behaviour is what they do or refrain from doing. The affects are their moods, emotions and feelings associated with their experiences as well as their behaviour. Counselors can understand problem situations in depth when clients talk clearly about their specific thoughts, behaviours, experiences and feelings related to specific situations.

1. Listening to client's experiences:

It is of utmost importance to listen and understand what clients are narrating about their experiences. During sessions, they spend much time talking about what happened to them. However, many times, the focus of their stories is other people who do or fail to do something, at times the experiences they narrate are incomplete or not clear enough and most of the time, they portray themselves as victims. The clients have a general tendency to blame others or the world in general for their problems.

One of the main reasons why problem situations are not manageable by the clients is their passive nature or portrayal of themselves as a victim affected by people around them, family, workplace, cultural norms or internal forces. They feel that their life or a particular aspect of it is not

under their control. Hence, they talk about these issues at large during the counselling session.

One is not denying the fact that few clients have been treated unfairly and truly are victims of the behaviours of others who are there in their lives. Counselling does help to cope with victimization however, complete management of their problems at times needs changes in the social settings of their lives. An effective counselor should have the capacity to distinguish between clients who are truly victims and those who are complainers. Please note that complaining and self-pity will not lead to making things better for the clients. Effective counselors need to respect clients' negative experiences and also help them to move beyond their problems.

2. Listening to clients' thoughts and patterns of thinking:

A lot of information is processed in the client's mind. However, clients share this information in a few common ways that include stating intentions, offering proposals and plans, sharing points of view and declaring decisions. Each one of these is discussed below.

Stating intentions, offering proposals and plans - During the counselling session, clients at times state their intentions, offer proposals or narrate situations to make a case for a few courses of action. This is done through the thinking patterns they showcase during the sessions. They feel that this is the way to show problem management behaviour.

Sharing points of view - Clients share their points of view by discussing their stories, making plans, reviewing obstacles, and exploring possibilities. These points of view are their estimation of something. At times they also feel that why others do not agree with their point of view.

Declaring decisions - Decisions which clients declare during the counselling sessions can be tricky in nature. The way they are declared speaks a lot in itself. Declaring a decision in most cases fails to consider the implications it will have on others in the client's life and most of the time is not open to further discussion. Most of the clients declare decisions which they have already made. The main characteristic of an effective counselor is to help the clients review the decisions they have made and alter or make new decisions which will consider significant others in their life.

3. Listening to client's behaviours and patterns of behaviour:

Every client has a different way of speaking and expressing themselves. Few of them talk freely about what happens in their life, about their experiences. However, some clients may be hesitant or reluctant to talk. This can be also due to narrating a few incidents in which even they may be at fault. Every individual at some point in their life gets into trouble and then does things which may not help them to get out of the troubled situation and so is the case with the clients.

4. Listening to the client's feelings, emotions, and moods:

One can compare our moods, emotions and feelings to a river or stream of water which is flowing continuously in our minds. The river or stream most of the time is neutral and peaceful but at times can be raging and can create turbulence which is at times dangerous and often beneficial. These moods, feelings and emotions truly play an important role in clients' life which can lead to undeveloped opportunities and problem situations (Angus & Greenberg, 2012; Plutchik, 2001, 2003; Rottenberg & Johnson, 2007). Ciarrochi & Mayer (2007), Ciarrochi, Forgas, & Mayer (2006), Mayer, Roberts, & Barsade, Mayer & Salovey (1997, 2008), and Salovey & Mayer (1990) proposed that there is a unique kind of intelligence or ability which is known as 'emotional intelligence. It is an ability of an individual to make life more enhancing.

Listening to the clients' feelings, emotions, and moods is very essential because whatever the clients do has an underlying emotional tone. Clients' stories, narratives, points of view, proposals, and decisions are full of these underlying moods, emotions and feelings. These in turn greatly affect their lives and quality of the same. And in turn, these moods, feelings and emotions drive or influence the client's behaviours. As Egan (2018), rightly mentions "Understanding the role of feelings, emotions, and moods in clients' problem situations and their desire to identify and develop opportunities is central to the helping process. Emotions highlight learning opportunities" (p. 89).

It has been observed through literature in psychology that there is a tendency to offer more attention to negative emotions over positive emotions. To be an effective counselor, one needs to check the positive emotions of the clients which can prove to be beneficial to them. Research shows that physical and psychological well-being together is promoted by positive emotions (Salovey, Rothman, Detweiler, & Steward, 2000). Negative emotions consume psychological resources and can be hindrances in providing and promoting learning opportunities and negative health-related behaviours. An individual needs social support as well while managing his or her problems and developing opportunities for growth. Research shows that having positive emotions also leads to accepting social support if required.

Here, I would like to inform you that as a counselor, one needs to be very attentive because it often happens that clients express their feelings without saying a word. At times, you may also have clients who hold back their feelings even though they feel deeply about the same. It is your role as an effective counselor to identify the hints and signals in both verbal and non-verbal communication which are cues about the client's feelings and emotions which are troubling them inside.

An effective counselor is able to recognize the meaning of the clients' feelings and emotions which they express through their points of view, intentions and proposals, stories and decisions. The meaning may not be

available in their verbal communication, but you need to derive it through their non-verbal behaviours.

5. Listening for strengths, opportunities, and resources:

It is very crucial to listen to what the clients are saying in the session in order to identify their strengths, opportunities and resources which they mention through their verbal and non-verbal behaviours. If a counselor listens only to the problems of the clients, the therapy will include discussing only the problems. As an effective counselor, you need to recognise clients' resources in order to help them manage their problems and develop opportunities. As truly mentioned by Maslow (1968), individuals tend to use only a small fraction of their potential and there is much to be tapped yet. A counselor needs to listen to the unsaid messages of their clients which may act as strengths while coping with problem situations.

Aspinwall and Staudinger (2003); and Peterson and Seligman (2004) propose that counselling should also be focused on clients' strengths and resources which lead to developing opportunities in order to deal with the struggle with problem situations of the clients. Listening and identifying hints of the capabilities of the clients should be a priority of effective counselors. Untrained and poor counselors focus just on the problems of the clients, but effective counselors look for the resources that the clients possess but are unaware of in order to develop strengths and opportunities to deal with their problems.

6. Listening to clients' non-verbal messages and modifiers:

People who are able to establish and maintain relationships with others are good at reading and understanding non-verbal behaviours (Carton, Kessler, & Pape, 1999). An effective counselor should know that clients give hints of the message they want to convey during a therapy session through their non-verbal behaviours. The counselors should be able to correctly take these hints and read the underlying messages without distortions, misinterpretations and overinterpretations. As rightly put forth by Egan (2018), "our nonverbal behaviour has a way of 'leaking' messages about what we really mean. The very spontaneity of nonverbal behaviours contributes to this leakage even in the case of highly defensive clients (Wahlstein, 1991). It is not easy for clients to fake nonverbal behaviour" (p. 90). The way makes use of question marks, punctuation, periods, the exclamation marks in written language, similarly, non-verbal behaviours use body postures, facial expressions, voice quality, and bodily movements to express the message one wants to convey. Let us see the ways in which non-verbal behaviours are modified while communicating.

- **Confirming or repeating:** What is said verbally is many times confirmed or repeated through non-verbal behaviours. For example, if the clients are not agreeing to a certain thing, they may show it by nodding.

- **Denying or confusing:** Sometimes what the clients are saying does not match their non-verbal behaviours. For example, a client is upset, but denies it while saying. However, her throat is choked while saying that and her lips shake. This shows that her verbal behaviour is denied through her non-verbal behaviours or both the behaviours are not matching leading to confusion.
- **Adding intensity:** Emotions or intensity are added by non-verbal behaviours to verbal messages. For example, while narrating a sad experience, the clients often stare at the floor which shows how intense that experience would have been.
- **Controlling or regulating:** Messages through non-verbal behaviours can be controlling and can regulate what is happening. For example, during couple therapy, the husband might just give a glance at the wife and she might change her words or stop talking. A non-verbal gesture of glance has affected further communication.
- **Strengthening or emphasizing:** emphasizes and strengthening the verbal message can be seen through non-verbal behaviours. For example, clients while telling their point of view of decisions may show firmness through their body posture to emphasize their point.

One must be cautious enough to understand the difference between 'reading' non-verbal behaviours and 'interpreting' non-verbal behaviours. One, listening to the clients is important to understand them and not to make subjective interpretations of their verbal and non-verbal messages. Costanzo (1992) proposed that counselling psychology students who are trainee counselors may watch the video tapes of their interactions with their clients in order to understand and learn from the non-verbal behaviours of both; the clients and themselves. Egan (2018) says that once you develop a working knowledge of nonverbal behaviour and its possible meanings, the next step is practice (p. 91).

Listening to the entire context of what the client is narrating is important because non-verbal behaviours often mean various things. Counselors should also avoid getting fixated on the details of behaviour and take the entire situation of the clients into consideration. Focusing only on the non-verbal behaviours of the clients during a session can be an overwhelming experience for the counselor, hence the counselor should be aware and use non-verbal communication only to understand the clients in a better way instead of overly focusing on the same.

Thus, we can see that empathetic listening includes both; listening to the clients' verbal messages along with non-verbal behaviours. Now we move to our next section and study the importance of processing information from the clients in order to make thoughtful meaning of the same.

2.3 PROCESSING INFORMATION FROM CLIENTS IN A THOUGHTFUL SEARCH FOR MEANING

We process information when we hear it in order to understand its meaning. An effective counselor processes this information thoughtfully. Let us study what is thoughtful processing. Following are some guidelines proposed by Egan (2018) to become effective counselors.

Understand clients through context:

Our clients are not just the sum of their verbal and non-verbal messages but are more than that. The deepest form of listening is driven by the contexts in which the clients ‘live, move and have their being’ (Cook, 2012). Along with interpreting, clients’ non-verbal behaviours, it is also important to understand their narrations, points of view, and stories through which they emote the messages they want to convey. This will give us a wider context of their lives. We cannot understand our clients in isolation, for a complete understanding we need to have a context of their problems and their opportunities that are unused. As truly proposed by Egan (2018) in earlier chapters, “all the things that make people different - culture, personality, personal style, ethnicity, key life experiences, education, travel, economic status, and the other forms of diversity; provide the context for the clients’ problems and unused opportunities. Key elements of this context become part of the client’s story, whether they are mentioned directly or not. Effective helpers listen through this wider context without being overwhelmed by the details of it. There are several development frameworks that can help you take a contextual frame of reference with your clients (Arnett, 2000; Egan & Cowan, 1979; Qualls & Abeles, 2000)” (p. 94).

Identify key messages and feelings:

Information overload should be avoided by the counselors. For a thoughtful search for meaning, the counselor should be able to identify important factors from the clients’ verbal messages and non-verbal behaviours.

Listen to the slant or spin and don’t avoid tough-minded listening and processing:

In order to let the clients explore issues in-depth, this type of listening is required which also recognizes blind spots which require to be modulated in order to gain newer insights. Effective counselors not only listen carefully but also try to identify spins, twists or a slant that clients may give while telling their stories. At times clients do have distorted perceptions about self, others or the world, however, their vision, and feelings are real. Tough-minded listening and processing can be done by identifying the distortions, gaps and dissonance the clients may show during narrating their experiences. Counselors can be client-centred or client-focused only when they are reality-centred or reality-focused during the therapy sessions.

Think and consider what is missing:

While talking about their problems and issues, often the main elements are left out by the clients. You should be vigilant enough to spot that the important things are missing in their stories. They narrate their story without talking about what they felt or how they behaved. At times, the context or reason behind narrating a story is left out. They may also tell you their decisions without considering the implications or purpose behind the same. As they talk about everything, the counselors should be in a position to note what the clients are adding in their narration and what they leave out. For example, a client will narrate a story, but often not inform how they behaved or reacted in a particular situation.

It is important to note that identifying what is missing is not looking for things which clients leave unsaid like a few details. It is obvious that no individual can narrate each and everything the way it happened. But using one's clinical judgment is important which is similar to what common sense is. Use your clinical judgment to ask about the missing parts. You will find ways of helping clients fill out their stories with essential but missing details related to stories, points of view, and messages in later chapters.

Now we move to our next section of this chapter which explains the importance of listening to one's own internal conversation as a counselor, the key ingredients of successful therapy and how to deal with distorted listening.

2.4 IMPORTANCE OF LISTENING TO ONE'S OWN INTERNAL CONVERSATION AS A COUNSELOR

When the clients are narrating their experiences, the counselors have a conversation with themselves in order to process the information provided by the clients. That conversation which the counselors have with themselves is the 'internal conversation'. An effective counselor not only listens to the clients during a session but also listens to the self internally. The counselor does not become preoccupied with self, but an internal conversation is important in the secondary channel in order to decide how to give help to the clients through therapy. It can be called a positive type of self-consciousness required parallelly during the session.

At times, this second channel which is parallelly on in the counselors' mind can be overwhelming and may be visible through the counselors' non-verbal behaviours. One needs to be very careful during the session and should be conscious enough to understand how to interact with the clients in a better way while listening to one's own internal dialogue while being aware of your own non-verbal behaviours as well.

Internal conversation or dialogue is an ongoing process and is on all the time. The counselor needs to be careful as it can cause a distraction during the session and the mind may wander off. But if used wisely, it can be a helping tool for the clients. In one study, Fauth and Williams (2005) found

that the counselors' internal conversations were generally helpful rather than hindering from both the trainee and student-client perspectives (p. 443). Clients also have an internal conversation the way the counselors have it. Helping the clients talk about the key points which they have in their internal conversations is an important task for the counselors.

2.4.1 Key ingredients of successful therapy:

Now let us study what is required to make the therapeutic experience successful for the clients. An effective counselor carefully follows the following practices during the sessions to make therapy a success.

Listening to the client:

The counselors aim to give full attention to their clients by listening carefully to their stories, opportunities, expectations, requirements, what they feel is important, struggles, concerns, reactions during the session, non-verbal behaviours, their apprehensions to drive the session, their understanding and readiness towards the therapy, hesitations and uncertainties they try to express and participation. The foremost responsibility and professional duty of the counselors are to listen to their clients.

Listening to ourselves as therapists:

The counselors along with listening to the clients, need to listen to themselves as well which includes the ways through which they impact their clients, their own hesitations and uncertainties, the way they get affected by the clients, mistakes they make, own emotions, difficulties they may face, their genuineness, the effectiveness of the therapy and ways to not get preoccupied with themselves or overwhelmed. Listening to self along with listening to the clients during the session is also a responsibility of the counselors.

Listening to the relationship:

In order to identify what is working or what needs attention in the therapy, counselors need to listen carefully to the relationship they build with the clients and also understand how this collaboration can be developed in order to make therapy a success. Effective counselors also pay attention to the quality of dialogue during the therapy session and also to the ways they or their clients influence each other, recognize any hurdles that may arise and the way to deal with those hurdles. Finally, good outcomes make relationships better.

Listening to the flow of communication and dialogue:

Counselors pay attention and listen to how effectively they and their clients are forming a collaboration through dialogue. Counselors are able to tailor the communication to the needs of the clients by listening to how the clients are responding during the session. Counselors also listen carefully to note how efficient the clients are in communication. In order

to engage the clients as fully as possible and have a dialogue, the counselors use their communication skills quietly.

Listening to the two-way feedback between clients and helpers:

In order to keep a track of the progress of the clients and to maintain the quality of the session, the counselors listen to both; formal and informal feedback from the clients. The counselors consider all the feedback from the clients thoughtfully.

Listening to the flow of the method of therapy:

Counselors pay attention and look for hints or signs from the clients to understand the effectiveness of the method of the therapy. They listen to and make note of the difficulties the clients might be facing during any phase of the therapy. Counselors try to catch the problems faced by the clients and use the problem-management framework to achieve the expected outcomes. They also try to find out cues of the level of commitment that the clients show towards the therapy and the behaviour modification involved to achieve the outcomes.

Listening to the decisions being made:

Effective counselors listen to the overall ways the clients make their decisions about something. Counselors pay minute attention when clients have some ideas about making decisions about something in order to think about the consequences and decisions which are intended or unintended. They listen to what the clients are saying to identify clues about the clients' thoughts behind taking some decisions or the reasons behind their indecisiveness. At times, the clients declare their decisions out of nowhere without considering the consequences. Counselors listen to those declarations in order to make meaning behind the same. Counselors also keep a check on their decision during the counselling session to decide the flow of the therapy while responding to the client.

Counselors need to listen to their own selves to make appropriate decisions for the sake of their clients. Egan (2018) says that helpers need to listen to or stay in touch with their own decision-making styles. Responding to clients involves a whole series of decisions. Ongoing research on 'naturalistic' or 'adaptive' decision making (Klein, 1998, 2008, 2011; Schraagen, Militello, Ormerod, & Lipshitz, 2008) shows that the kind of 'fast' decisions experts such as firefighters and airline pilots make on the spot makes sense under two conditions. They must be skilled and experienced" (p. 100). Counselors need to be skilled, principled and experienced since there can be occasions which are complex or ambiguous and the counselor may need to make some important decisions during the counselling process.

Listening to the key assumptions, beliefs, values, norms, ethical issues, and moral issues in play:

It is very important to listen to the clients' stories in an unbiased manner considering their personal values, norms, ethnicity, culture, beliefs, assumptions and morals which may or may not influence the clients. The above-mentioned factors directly or indirectly affect the clients' lives which they may bring with them to the therapy session. Therefore, listening carefully to these factors and focusing on the clients through their lens is very essential.

2.4.2 Distorted listening and its forms:

After studying listening, now we know that it is not easy to be engaged in it and requires effort on the part of the counselors. Distractions and hindrances are bound to happen however, it is the counselors' job to stay fully tuned during the session. Listening to the clients also includes listening to and interpreting their non-verbal behaviour of the clients. Outside counselling sessions too, you may see the following forms of distortions while listening to others while having a communication with them. These distortions also hinder during therapy sessions with the clients while having a dialogue. At times, there can be more than one type of distortion which may interfere while having a dialogue with the clients. Counselors never intend to bring these distortions into the therapy session and hence they are the dark side that may take place unknowingly. Counselors, at times, may not even realize that these forms of distortions are taking place during the session. However, they create obstacles to having open-minded listening and processing of information which is essential for real dialogue during the sessions between the counselors and the clients. The following are a few forms of distorted listening which are explained for better understanding of which the counselors should be mindful of in order to avoid them during having a dialogue with the clients.

Filtered listening:

Listening to the other person in a completely unbiased way is impossible for any human. We develop kind of various filters through socializing with others through which we listen to others, the world around us and ourselves as well. Hall mentioned that one of the functions of culture is to provide a highly selective screen between man and the outside world. Therefore, culture in its many forms designates what we pay attention to and what we ignore. This screening provides the structure for the world (p. 85). Filters help us with structure while interacting with others in the world. However, we form various biases while listening to others due to the filters formed by our personal, family, society- and culture-based concepts of which we are not aware most of the time.

Biases are greater if the cultural filters are stronger in nature. For example, upper-class and upper-caste counselors may have an upper-class and caste filter while listening to the lowest caste or class person. But there will be no difference if the clients are of the same background. There is a

possibility that the counselors' cultural filters create bias. Similarly, conscious or unconscious prejudices too can lead to distorted understanding. Counselors too are human and are bound to have gender, class, caste, culture, nationality, sexual orientation, religious, and political preferences. In these cases, to avoid biases and prejudices the counselors should have self-knowledge and awareness which will avoid filtered listening and eventually win over distortions during listening to the clients

Evaluative listening:

Attentive listening does not mean there are no distortions. Even if one is listening attentively, the listener can be evaluative which can lead to distorted listening. This means that they listen with attention, but while doing so they judge the other persons based on what they are narrating and immediately make judgements based on good or bad, acceptable or unacceptable, right or wrong, relevant or irrelevant, likeable or unlikeable and so on. This is a universal tendency and counselors are not exceptions for the same.

Evaluative listening can lead to advice which will take away the essence of counselling. The advice may be sound but the purpose of counselling is not giving advice. The counselors should first understand the clients and then if required help them to challenge themselves for positive outcomes. Evaluation will only offend the clients and will do no good to them. Evaluation should not be judgmental. Evaluation for understanding is different from evaluative listening. Though all humans tend to evaluate while listening, the counselors should be well aware of this and try to avoid evaluative listening for the interest of the clients while considering their background and points of view.

Stereo-based listening:

Even if stereotypes may have some validity at a certain point, no one likes to be stereotyped. The labels one gives to the other person cause a great hindrance to empathetic understanding. Psychotherapies are no exception in creating labels, for example, diagnostic categories like Type A personality or maniac and so on. Counselors should not forget that these labels should be used for convenience in order to interpret the clients instead of understanding them having a certain type of disorder. Let not labelling and stereotypes be a hindrance and create distorted listening during the counselling session. With reference to Gestalt psychology, let the clients be the 'figure' in the foreground during the session and the models or therapies which can create stereotypes be the background which is used only to understand the client and their uniqueness.

Fact-centred rather than person-centred listening:

Few counselors tend to ask their clients many questions to acquire information as if acquiring facts about the clients will cure them. This may lead to collecting information but missing the person. The key factor to avoiding distorted listening is listening to the clients contextually by trying to focus on the key messages and themes. The counselor should try to

focus on the style of narration that the clients present in order to explore more.

Sympathetic listening:

Counselors tend to feel sympathy for the clients since most of the clients have faced adverse conditions in their life and have been victims in society. It may happen that sympathy if felt strongly, may lead to distorted listening during the counselling session.

Sympathy has a definite place in human relationships but as a matter of fact, sympathy is not of much help in counselling relationships. Sympathy can lead to taking sides by becoming accomplices with the clients when they are narrating their stories. Counselors need to know the complete story without taking sides in order to help the clients in a better way. Sympathizing with the clients can also lead to self-pity which can act as an obstacle to taking action for problem managing.

Sympathy has an unmistakable place in human relationships, but its “use,” if that does not sound too inhuman, is limited in helping. In a sense, when one sympathizes with someone, he or she becomes the other person’s accomplice. If the counselor sympathizes with the client as she tells me how awful her husband is, I take sides without knowing what the complete story is. Expressing sympathy can reinforce self-pity, which has a way of driving out problem-managing action. Hence, sympathetic listening which is not objective in nature is a form of distorted listening.

Interrupting:

Interrupting the clients is a form of distorted listening because when counselors interrupt their clients during a session, they stop listening and also before interrupting, they kind of rehearse it mentally which leads to partial listening. However, an effective counselor should know the difference between interruption and forming a dialogue with the clients. If interruption serves the purpose of dialogue which is crucial for the process of problem management, then it can be useful. However, care should be taken by the counselor while forming a dialogue in order to avoid interruption as a form of distorted listening.

Thus, we learnt about active listening as the foundation of understanding, forms of poor listening, processing information from clients in a thoughtful search for meaning, the importance of listening to the helpers’ own internal conversation, key ingredients of successful therapy and forms of distorted listening.

2.5 SUMMARY

Active listening is an important aspect which is a prerequisite in all human services professions, such as ‘doctor-patient relationship’, ‘mentor-student relationship’, etc. It is an important skill required to reach out to our clients. Non-listening, partial listening, rehearsing, and tape-recorder listening are the poor forms of listening that we learned in this chapter

while learning about active listening. We also learned about empathetic listening which involves focused listening with respect to the client's experiences, thoughts, behaviours and affects. Information from clients can be processed in a thoughtful search for meaning by i) understanding clients through context, ii) identifying key messages and feelings, iii) listening to the slant or spin and don't avoid tough-minded listening and processing, and iv) thinking and considering what is missing. We also learned about the importance of listening to one's own internal conversation as a counselor.

Furthermore, key ingredients of successful therapy involve listening to the clients, ourselves as counselors/ therapists, the relationship, the flow of communication and dialogue, two-way feedback between clients and helpers, the flow of the method of therapy, decisions being made, and the key assumptions, beliefs, values, norms, ethical issues, and moral issues in play. On the other hand, distorted listening may take place in the form of filtered listening, evaluative listening, stereo-based listening, fact-centred rather than person-centred listening, sympathetic learning, and interrupting.

2.6 QUESTIONS

1. Discuss various poor forms of listening.
2. Elaborate on empathetic listening.
3. Write a detailed note on Processing information from clients in a thoughtful search for meaning.
4. Discuss the key ingredients of successful therapy.
5. Discuss distorted listening along with its various forms.
6. Write short notes on:
 - a. Active listening as a foundation of understanding.
 - b. Non-listening
 - c. Partial listening
 - d. Evaluative listening
 - e. Sympathetic listening

2.7 REFERENCES

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EMPATHIC RESPONDING - I

Unit Structure

3.0 Objectives

3.1 Introduction

3.1.1 Importance of responding skills in developing relationships with clients

3.1.2 Empathy as a communication skill to develop relationships

3.1.3 Wider view of empathy: Empathic/Empathetic responding

3.2 Three dimensions of responding skills

3.2.1 Perceptiveness as the foundation of responding skills,

3.2.2 Basic know-how of responding well

3.2.3 Assertiveness in responding to clients

3.3 Basic formula for communicating empathy

3.3.1 Responding accurately to clients' feelings, emotions, and moods

3.3.2 Responding accurately to the key experiences, thoughts, and behaviours in clients' stories

3.4 Summary

3.5 Questions

3.6 References

3.0 OBJECTIVES

- To understand the importance of responding skills.
- To understand and learn empathy as a communication skill.
- To learn three dimensions of responding skills.
- To learn the basic formula for communicating empathy.

3.1 INTRODUCTION

Listening to clients serves two purposes in the counselling process; first to understand the clients and second to respond to them in constructive ways. Listening is at the heart of understanding since it is a very active process during therapy. Tuning in to the clients at both the levels (psychologically and physically), understanding the context, recognising the main messages, ideas and points of view of the clients and helping the clients understand themselves is the function of listening. Now that we are clear about the importance of listening, let us study what are responding skills and the importance of the same in order to develop therapeutic relationships with the clients.

3.1.1 Importance of Responding Skills in Developing Relationships with Clients:

Counselors do not just listen to their clients, but also respond to them in various ways. They respond to share that they do understand their clients, to make sure that they understood things correctly, to get more clarity, to summarize what is being discussed and to help the clients challenge themselves for problem management. A counselling process is not one-way. Counselors respond to their clients and clients respond to their counselors which leads to the formation of therapeutic dialogue.

The values discussed in other chapters including empathy should be incorporated by the counselors while responding to the clients. Empathetic responding, probing when required, summarizing during the sessions and promoting self-challenge to the clients are done by the counselors, which helps the clients to narrate and explore their own stories from different perspectives. This leads to exploring different possibilities for a better future for the clients, setting goals, developing plans to achieve the goals and making a plan for problem management as well as for action required for the development of opportunities.

Egan and Resse (2018) proposed that communication skills which are to be used by an effective counselor should not be just limited to the counselling sessions, but in fact, brought to action during everyday interactions with each other. However, in reality, effective communication rarely happens in our everyday life. They also believe that expression of empathy is important because everyone wants to be understood by others and when one feels that he or she is better understood, he or she tends to function better. Empathy is also an essential characteristic of civil society. Showing empathy leads to exhibiting respect towards others. Hence, responding empathetically is crucial to building relationships.

3.1.2 Empathy as a Communication Skill to Develop Relationships:

It is not necessary every time to show understanding through words. Many times people show understanding through actions in subtle and rich ways. People often show empathy through actions which are equally valuable like words while responding with empathy. At times people find it difficult to show care and empathy through verbal communication but both responses (verbal and non-verbal) are essential to show empathy.

In any case, the therapeutic alliance between the clients and the counselors should be an empathetic relationship. Communicating empathy by the counselors to the clients should be natural and not require some extra effort. It should be the characteristic of every counselling session and not just be an 'add-on'. As mentioned by Pedersen et. al. (2008), there should be 'inclusive cultural empathy' towards each facet of the conversation between the counselors and the clients. Empathy should not be a celebrated characteristic, but should be a basic human feature. The technique of including empathy in every communication is humanized and civilized for every relationship. According to Zaki, Bolger, and Ochsner (2008), empathy should be bidirectional and reciprocal during the

counselling sessions. Willingness to reveal themselves is essential on the clients' part, whereas the counselors should be ready to show understanding. Egan and Resse (2018) show another way of looking at the wholeness of empathy which states that "at one level there is, a verbal dialogue between clients and helpers. But at another level, there should also be an ongoing social-emotional dialogue between helpers and clients. This makes the relationship real and genuine" (p. 106). Goleman and Boyatzis (2008) and Zaki, et. al. (2008) researched empathy from neuroscience's perspectives to understand empathy. Research in this field proposes that when two individuals engage in empathetic dialogue, the quality and substance of words used also change. They call it the 'technology' of empathy and one must look at empathy through this lens for better understanding.

3.1.3 A Wider View of Empathy: Empathic/ Empathetic Responding:

Helping professions consider empathy of great value and believe it to be favourable in therapeutic alliances. According to Slattery & Park (2011), few researchers propose that empathy is just not a value or skill required in counselling but is a mode of treatment. Egan and Resse (2018) describe empathy as listening and showing non-judgmental understanding towards your clients about what they think and feel. Rogers (1980) describes empathy (quoted in Elliott et al. article, p. 133) as the therapist's sensitive ability and willingness to understand the clients' thoughts, feelings, and struggles from the clients' point of view. It is this ability to see completely through clients' eyes and adopt their frame of reference (p. 85). It means entering the private perceptual world of the other and being sensitive, moment by moment, to the changing felt meanings which flow in this other person. It means sensing meanings of which he or she is scarcely aware (p. 142).

Rogers states that it is important to make clients get in touch with the meanings of the story they narrate during the sessions. He also says that empathy is acquired from clients' frames of reference and is not just a plain interpretation of what the clients are stating. It is the need of the counselors to understand their clients, the way their clients see themselves, others and the world. It is related to the accuracy of listening to the clients and the thoughtful processing of what they say. Empathy is the desire to put forth clients and try to get together with the clients' efforts when they try to manage problematic situations in their lives. The outcome of empathy should be the natural outcome of the counselling session. Norcross (2010) proposed that empathy is linked to outcomes because it serves a positive relationship function, facilitates a corrective emotional experience, promotes exploration and meaning creation, and supports clients' self-healing (p. 119).

In his book, entirely on empathy in counselling and therapy, author Arthur Clark (2007) mentions the importance of the role of empathy in 13 different methods of treatment. He is the one who came up with a wider view of empathy and describes three kinds of empathy namely; subjective empathy, interpersonal empathy and objective empathy. According to

Clark (2007), subjective empathy enables the counselors to momentarily identify with the clients through intuitive reactions and fleetingly imagine and experience what it is like to be the clients (p. 349). Counselors show this type of understanding when they themselves understand their own self and when they have exposure to reality as well as imaginative experiences similar to those of the clients. For example, when clients narrate their struggles, counselors briefly recall their own struggles in a similar situation. This brief recall is not a distraction for the counselors, but instead adds to their understanding of the clients.

The second type of empathy; objective empathy comes from what is learned by the counselors in different situations and experiences as well as read in well-credited theories and research. For example, a counselor is listening to the client's narrative and finds characteristics of anxiety. Recognizing these characteristics add to the understanding of the client in a better way. Both types of empathy - subjective and objective - provide some kind of understanding to the counselors of their clients. However, these understandings obtained in the sessions are not directly or immediately shared with the client. For example, the counselors will not say, "I can clearly see that you have anxiety symptoms."

The third type of empathy proposed by Clark (2007) is interpersonal empathy. It is a kind of empathy which is referred to while studying counselling and therapy. It is the ability to understand clients' frames of reference and what the clients are feeling and thinking along with the ability to communicate this understanding without any biases and prejudices to the clients. It is likely that the clients will move forward in the therapeutic process if they feel heard and understood by the counselors. This in turn strengthens the therapeutic alliance, leads to a deeper understanding of self, better hold on problematic situations and clarity of idea of what the expected and desired outcome of the problem management is and so on.

Overall, all types of empathy are interlinked to each other and are essential to facilitate and aid the therapeutic process. However, both subjective and objective empathy can stand in a way of effective counselling if not used with caution. When the counselors' subjective experiences or objective information linger during the session, both types of empathy may impede the counselling process. This does not mean that subjective and objective empathy is always a hindrance but rather they should be in a position to complement interpersonal empathy and not be central in the therapeutic process. The literature on empathy is wide. Hence, there is no one pure and true approach to empathy. The approach more or less should be based on the needs of the clients to drive them further in the helping process. A counselor should remember that clients and their concerns are of primary importance in the counselling process and an effective counselor is able to instinctively use subjective and objective empathy along with interpersonal empathy to serve the needs of the clients immediately. Subjective and objective empathy has its own importance to aid the counselling process but the main focus should be on the clients.

This section is a kind of anatomy of the process of responding with empathy, which means understanding the same while looking at its parts. The purpose of cutting it into different parts will aid a deeper understanding of the process involved in counselling. The parts are skill-in-action which will help us to study the process of responding with empathy in a better manner. Egan and Resse (2018) proposed that the communication skills involved in responding to clients have three dimensions namely; perceptiveness, know-how and assertiveness (p. 110). Let us study how each dimension looks in responding with empathy.

3.2.1 Perceptiveness as the Foundation of Responding Skills:

Feeling empathetic by the counselors is helpful only if the perceptions of the counselors are accurate. However, easier said than done, the accuracy of perceptions is more complicated than one would think. Ickes (1993, 1997); and Mast and Ickes (2007) defined 'empathic accuracy' as "the ability to accurately infer the specific content of another person's thought and feelings" (p. 588). According to them, the ability to have empathetic accuracy leads to success in many walks of life. People who are emphatically accurate perceivers are consistently good at reading others' feelings and thoughts. They are also tactful advisors, effective negotiators, diplomatic officials, productive salespersons, successful teachers, influential politicians and most importantly insightful therapists.

Such people having accuracy in perceptions are also capable of knitting their perceptions into their dialogues. Counselors do the same by sharing empathetic responses with their clients. An empathetic response is an accurate communication of one's understanding of another person from that person's point of view. However, it can be said to be accurate only if it is perceived to be accurate by the clients (Hodges, 2005). The components of this accurate perception are the understanding of the counselors, the communication of that understanding to the clients by the counselors and the clients' perception of the accuracy. One should have caution with accuracy as it is subject to numerous uncertainties involved in the relationship. Inaccurate perceptions during the counselling process can disrupt the process. A good counselor's perceptiveness emerges from basic intelligence, experience, social intelligence, reflection on one's experience, development of wisdom, tuning in to the clients, listening carefully and thoughtful and objective processing of the information.

More importantly, perceptiveness is an important part of social-emotional maturity. The effective perceptiveness is not one-sided and rather depends on the clients as well. However, a counselor's perceptiveness if perceived by the clients leads to collaborative discussion and shared understanding with the clients finally helping the clients to move forward to problem management.

3.2.2 Basic Know-How of Responding Well:

As a counselor, as one knows the kind of response is essential during the session, he or she should be in a position to deliver the same. For example, if the clients are confused and apprehensive in the session since it is their first session, it is crucial that you should know how to translate your understanding and perceptions into words to make them feel at ease. The counselors should be perceptive and should know how to address the clients in order to decrease their anxiety or hesitation shown by them during the session. This unit will help you to understand and develop the know-how of responding well with effective communication with accurate empathetic understanding of your clients.

3.2.3 Assertiveness in Responding to Clients:

Excellent know-how of responding and accurate perceptiveness are meaningless if both are not shown by you to your clients. It is crucial to make them a part of the therapeutic dialogue. It is important to share both with your clients in order to have assertiveness in responding to your clients. Assertiveness in any case should not override perceptiveness and know-how otherwise it can have bad results.

Thus, the three dimensions, namely, perceptiveness, know-how and assertiveness of responding apply to all the communication skills essential during the therapeutic process in all the stages and tasks of problem management of the counselling process.

3.3 BASIC FORMULA FOR COMMUNICATING EMPATHY

Few researchers are of the opinion that teaching counselors to respond with empathy is difficult and rigid. Egan and Reese (2018) say that empathy can be taught, but all communication skills come to life, are personalized, and become part of one's interpersonal relationship style only through genuine day-to-day use (p. 112). However, they also proposed how to develop therapeutic communication training programs for the counselors in the following sections of this chapter.

Now let us see how basic empathetic understanding can be expressed. The counselors can begin the statement by saying:

- You feel (name the appropriate emotion expressed by the clients).
- Because (mention the appropriate experiences, behaviours and thoughts that led to these emotions or feelings).

Let us have a glance at the following example:

Example 3.1

The client is talking about his knee pain and his caregivers are busy and are not available. The client is in pain but is also not in a position to go on

with the daily chores on his or her own. A possible communication between the client and the counselor could be like this.

- **Counselor:** You are feeling bad not only because you are in pain but also due to your inability to go on with your daily routine on your own and you feel that your freedom and movement have been curtailed.
- **Client:** Yes, right! I can still manage the pain somehow but not being able to get around on my own is very disturbing and feels like being prisoned.

The discussion further leads to the counselor pointing the ways of managing the both client's problems of the pain as well as restricted movements.

The basic formula of communicating empathy – 'You feel because ' is a beginner's guideline to get used to responding with empathy accurately. The key points of the client's story, narrative, point of view, proposals, intentions, decisions, moods, feelings, and emotions associated with them are the main focus of this basic formula. The accuracy of the counselor's response by using this formula for empathetic communication does not solve the client's problem in itself, but the client gets a chance to vent out his or her concerns and find different perspectives to manage the problem.

3.3.1 Responding Accurately to Client's, Feelings Emotions and Moods:

What is the importance of moods, feelings and emotions in our lives has been discussed in previous chapters. It is very essential that the counselors should respond to the client's emotions and feelings in such a manner which will help to go forward in the helping process. For this, it is very important to identify the main emotion the clients are either discussing or expressing (counselor's perceptiveness) during the session and then including them into the dialogue (counselor's know-how) even if they are messy or sensitive (counselor's assertiveness).

Following are a few guidelines which can be used to respond with accurate empathy to the client's moods, emotions and feelings:

- Use the right intensity and the right family of emotions: While using the basic formula to communicate empathy, use the right family of emotions and appropriate intensity. For example, 'hurt', 'relieved', 'enthusiastic', 'angry', etc. are different families of emotions. However, 'annoyed', 'furious', and 'angry' are emotions of the same family but depict different intensities. Another example of different families of emotions is feeling 'mad', 'bad', 'sad', 'glad' and the feeling 'happy', 'content', 'overjoyed' are intensity within the 'glad' family of emotions.

- Distinguish between discussed and expressed feelings: During the counselling session, clients often express the emotions they are feeling during the session along with speaking about the emotions they felt at the time of the experience they had in the past. It is very crucial to understand the difference between these two emotions which are expressed and discussed. Clients do not always point out and/or name their emotions and feelings. It is the counselors' understanding to distinguish between the two; discussed emotion which they are narrating during the session and expressed emotion which is a part of the message. It is very important to identify and understand the difference between the two.

Read and respond to feelings and emotions embedded in clients' nonverbal behaviour: Most of the time the counselors need to read the clients' emotions which include the family of the emotion and intensities of the emotion through their non-verbal behaviour. The counselors should be in a position to understand the emotion behind the clients' non-verbal behaviour which is intense and to identify the broad family under which the emotion falls along with the intensity of the emotion. This will lead to a better understanding when the clients are revealing their experiences, thoughts and behaviours which gave rise to these emotions.

- Be sensitive in naming emotions: It may happen that few clients may feel threatened when they find that their emotions and feelings are being identified, named and discussed by the counselors. There are wide differences in cultural sensitivities and also personal sensitivities within a culture. If this is the case, it is better if the counselors focus more on thoughts, experiences and behaviours initially and then only gradually proceed to discuss the emotions and feelings of the clients. If the clients feel threatened when their emotion is pointed out or named, they may deny and push it aside and start a new narrative. This shows the clients' resistance and change of topic. In such cases, the counselors should give some time to the clients and allow the clients themselves to name the sensitive emotion. However, every time avoiding naming the emotion may not be helpful for the clients as well and may rob the robustness of the therapeutic process. Also, remember that clients are not fragile the way we think they must be.
- Use Variety in Responding to Clients' Feelings and Emotions: The way the clients express their emotions and feelings in different ways, it is crucial that the counselors also should communicate their understanding of the clients' feelings in a variety of different ways. It can be done by using single words, different kinds of phrases, through implications of the behavioural statements made by the clients and through implications of the experiences the clients are discussing. For example, responding in single words by naming the emotion the clients are showing or expressing or responding by using a phrase appropriate to the emotion. Implied emotion can be shown through a statement likewise implied experiences that the clients are discussing can also be reframed into a statement while responding. Ultimately,

the counselors should discard the formula and use one's own language instead of the textbook words to make sense to the clients. This will help the counselors to go beyond textbooks and develop a variety of ways to communicate their understanding of the clients' emotions and feelings. This will help the counselors not to sound fake and unnatural. With experience in the field, the counselors will be able to extend the range of expressions while being at the service of the clients and having a variety of responses will become the counselors' second nature.

- Neither overemphasize nor underemphasize feelings, emotions, and moods: This may happen that in the process of following the guidelines, the counselors may take an overly rational approach and ignore the clients' emotions, feelings and moods. Do not indulge in excessive questioning of your clients with questions about their feelings in order to extort answers. Though clients' feelings, emotions and moods are important, they are not everything and it is best if the counselors try to find the links between the clients' moods, feelings and emotions and the experiences, behaviours and thoughts of the clients that gave rise to them.

3.3.2 Responding Accurately to the Key Experiences, Thoughts, and Behaviours in Client's Stories:

So now we know that the key experiences, behaviours and thoughts of the clients have given rise to the feelings, moods and emotions of the clients. As Egan and Resse (2018) proposed that the 'because;' in the empathic-response formula is to be followed by an indication of the experiences, thoughts, and behaviours that underlie the client's feelings (p. 117). The helper's response recognizes the clients' satisfaction and also how important it is for the clients to feel both safe and free (p.118). The flavour of the clients' experiences, behaviours, expressed feelings and attitudes is captured by the counselors and expressed in the response to the clients.

The clients perhaps share their perceived sense of helplessness once the counselors communicate the understanding of the clients' situation from their point of view. The counselors also get to know whether the clients have tried a few approaches in order to manage the problem situation before seeking therapy. This information may show the counselors how true is the perceived sense of helplessness shown by the clients. It is also important to recognize the core of what the clients are saying when the clients declare their decisions or express their desire to handle something.

The clients may also be implementing some techniques to manage their problems outside therapy sessions. In such cases, the counselors need to check the success rate of the techniques the clients are adhering to and discuss it with the clients in order to keep the clients away from backsliding.

After studying the importance of responding skills in developing relationships with clients, empathy as a communication skill to develop

relationships and a wider view of empathy, the present unit dealt with the three dimensions of responding skills namely; perceptiveness as the foundation of responding skills, basic know-how of responding well, assertiveness in responding to clients. We studied the basic formula for communicating empathy and responding accurately to clients' feelings, emotions, and moods, responding accurately to the key experiences, thoughts, and behaviours in clients' stories in the last section of this unit.

The next unit will help us to learn the tactics for responding with empathy, responding to the context, and using empathy to achieve therapeutic goals as an extended part of the basic formula for communicating empathy. It will also enable us to understand how to become competent and confident in responding with empathy and its principles and guidelines.

3.4 SUMMARY

In this unit, we learned the importance of responding skills in developing relationships with clients by understanding empathetic relationships and empathetic responding. We also learned about perceptiveness, basic know-how of responding well and assertiveness as three dimensions of responding skills. We further discussed how counselors can respond with empathy by understanding the basic formula for communicating empathy, that is, how to respond accurately to clients' moods, feelings and emotions with few guidelines, and how to respond accurately to the key experiences, thoughts, and behaviours in client's stories. The next unit focuses on the tactics for responding with empathy, responding to the context, and using empathy to achieve therapeutic goals as an extended part of the basic formula for communicating empathy.

3.5 QUESTIONS

1. Discuss the importance of responding skills in developing relationships with clients along with empathetic relationships and empathetic responding.
2. Elaborate on three dimensions of responding skills.
3. Write a detailed note on the basic formula for communicating empathy.
4. Write short notes on:
 - a. Empathy as a communication skill to develop relationships
 - b. Empathic/ empathetic responding
 - c. Three dimensions of responding skills

3.6 REFERENCES

Empathic Responding - I

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EMPATHIC RESPONDING - II

Unit Structure

- 4.0 Objectives
- 4.1 Introduction
- 4.2 Basic Formula for Communicating Empathy
 - 4.2.1 Tactics for Responding with Empathy
 - 4.2.2 Responding to the Context
 - 4.2.3 Using empathy to achieve therapeutic goals
- 4.3 Becoming Competent and Confident in Responding with Empathy
 - 4.3.1 Principles and Guidelines
- 4.4 Summary
- 4.5 Questions
- 4.6 References

4.0 OBJECTIVES

- To learn the basic formula of communicating empathy
- To understand how to become competent and confident in responding with empathy
- To know the principles and guidelines regarding responding with empathy

4.1 INTRODUCTION

Responding With Empathy:

Although many people feel empathy for others and value empathy, very few know how to put empathic/ empathetic understanding into words. Therefore, unfortunately responding with empathy through appropriate communication during conversations relatively becomes an unlikely event in everyday life. Maybe this is the reason why it is so powerful in counselling settings. Clients often report that the most helpful thing to happen in counselling sessions is being understood by someone since many of them have an unfulfilled need to be understood in their lives. They do not find that in their everyday life outside the counselling sessions.

4.2 BASIC FORMULA FOR COMMUNICATING EMPATHY

This section provides an extended knowledge, in continuation to a previous unit discussing the basic formula for communicating empathy,

with a few other important points. It shares knowledge about some tactics for responding with empathy, how to respond to the context and how to use empathy to achieve the therapeutic goals. Let us have a look at each of these parts of the basic formula for communicating empathy.

4.2.1 Tactics for Responding with Empathy:

Below are a few tactics that will help you as a counselor to improve the quality of the responses you give to your clients.

Give yourself time to think:

Novice counselors often dive in too quickly with an empathetic response when the clients take a pause. Here, 'too quickly' means the counselors do not allow themselves to take enough time to think and reflect on what the clients just narrated, which is necessary to identify the core message communicated by the clients. Watching videos of competent and professional therapists may help beginners. They often take appropriate pauses and do not rush. They allow themselves to comprehend what the clients are saying.

Use short responses:

The therapeutic alliance and counselling process work best when the clients are engaged in a dialogue with the counselors and not when the counselors give speeches or allow the clients to wander on about something. Counselors can have frequent responses in a dialogue with the clients but the responses should be precise and to the point. When trying to be accurate, a beginner counselor may often give lengthy responses or allow the clients to go and on before responding. Ask yourself, "What is the core of what the client is narrating?". It will help you to make accurate, short and concrete responses.

Gear your response to the client, but remain yourself:

Try to match the tone of the clients in order to show your empathetic responses. However, do not overdo it or mimic your clients and be yourself. On the other hand, do not adopt a language or slang used by the clients, which is not yours just to match the clients' wavelength.

The following are a few suggestions given by Egan and Reese (2018, p. 128) for effective empathic/ empathetic responding:

- Remember that empathy is a value, a way of being, which should permeate the relationship and every aspect of your dialogue with the clients.
- Your empathic responses should flow naturally from your empathic relationship with the clients.
- Be aware that empathic responding is not used as a way of influencing your clients.

- Do not get lost in your communication skills; keep the big picture in mind.
- Respond to the client-in-context and the part diversity plays in that context.
- Tune in carefully, both physically and psychologically, and listen actively to the client's point of view.
- Make every effort to set your judgments and biases aside and walk in the shoes of the clients.
- As the clients speak, listen especially for cultural voices and core messages.
- Pay attention to both verbal and nonverbal messages and their context.
- Use frequent but short responses that highlight the clients' core messages.
- Be flexible and tentative in your responses so that the clients do not feel pinned down.
- Move gradually toward the exploration of sensitive topics and feelings.
- After an empathic response, attend carefully to cues that either confirm or deny the accuracy of your response.
- Take special care when the clients' culture differs considerably from your own.
- Note signs of clients' stress or resistance; try to judge whether they arise because you are inaccurate or because you are too accurate in your responses.
- Make sure that your responses are helping the clients remain focused on the clarification of key issues.
- Keep in mind that the communication skill of responding with empathy, however important, is just one tool at the service of the overall goal of helping.
- Use empathy in every stage and task of the helping process".

According to Duncan (2010), empathy is work and one cannot take it for granted, but instead needs to sort out what the clients find empathic and what engages the clients in the work. But it is really worth the effort (p. 134).

4.2.2 Responding to the Context:

It is very essential to take into account the context of what is said by the clients and every detail that surrounds and permeates the clients' narrative

in order to respond empathetically to the clients along with paying attention to their non-verbal behaviour, and words. The context in which the clients are talking is very important to understand. The counselors should listen to the clients in the context of their lives because the context can modify everything the clients are saying. Hence, counselors should learn to respond to the context, not just the words of the clients.

Understanding the context of the clients' situation adds value to understanding the clients in a better way and their points of view and information about where their perspectives are coming from. It aids the understanding of the counselors to know more about the clients' environmental realities.

4.2.3 Using Empathy to Achieve Therapeutic Goals:

Counselors should learn to use empathic/ empathetic responses throughout the helping process. Because empathic responses from the counselors are useful and important at every stage of the therapeutic process and also in every task. Keeping a check on understanding and communicating it throughout the counselling process is always helpful and crucial. Following are a few guidelines counselors can find useful while responding with empathy during various stages of the process of problem-management by using empathy to achieve therapeutic goals.

Problem clarification and opportunity identification:

It is very important to have a clarification of the problem before initiating it to manage. This helps the clients too to gather the pieces and move and helps to build a foundation for problem-management techniques. While clarifying this, it may happen that the clients themselves gain some insight and identify opportunities to tackle the problem.

Discovering and evaluating options for a better future:

Discovering the problem and evaluating the options can bring some clarity to the ambivalent nature of the problem. With this clarity, the clients can go on exploring more possibilities while making a decision for a better future.

Choosing actions to accomplish goals:

There can be various ways to manage a problem that the clients are facing. But exploring and evaluating the possibilities will eventually lead to choosing appropriate action to accomplish the clients' goals.

Program implementation issues:

Actions chosen to accomplish the clients' goals may not always work the ways they were thought of. The attempts made by the clients can be failed. In this case, the counselors should first address and communicate the understanding of the clients whether they are disappointed with the implementation of the plan which failed and then focuses on what can be

learnt from the failure. It is very important on the counselors' part to discuss program implementation issues with the clients.

Section 4.3 discusses some additional principles and the guidelines that provide the strategies to respond empathetically. So, let us move to Section 4.3 to understand them.

4.3 BECOMING COMPETENT AND CONFIDENT IN RESPONDING WITH EMPATHY

It is of utmost importance for a counselor to study how to become competent and confident when they respond to their clients with empathy. The following section will help us study the principles and guidelines of the same. Counselors in general need competence in their communication skills and in particular especially when they are communicating empathy to their clients. Empathetic responding is very crucial and essential otherwise active listening on the part of the counselors is an absolute waste. Counselors in order to be effective should make empathetic responding a part of their communication skills in everyday life otherwise it may sound unnatural and fake when trying it out only during the counselling session. Like a dialogue, empathetic responding also should become second nature to the counselors. This will aid the counselors to have essential genuineness. Following are some principles which will guide the counselors to respond with empathy. However, one should remember that these guidelines are not formulas to be used mindlessly. They are just frameworks which shall be incorporated by the counselors.

4.3.1 Principles and Guidelines:

Empathetic responding aids human contact, helps to build a relationship, acts as a lubricant for conversation, is an intervention based on perception check and lastly is a mild form of social influence (Egan & Reese, 2018). Responding with empathy is always a useful tool. Driscoll (1984), in his common-sense way, referred to empathic responses as “nickel-and-dime interventions that each contribute only a drop of therapeutic movement, but without which the course of therapeutic progress would be markedly slower” (p. 90). Empathetic responses provide a continuous flow of understanding which supports the clients throughout the therapeutic process. It proves to be always right to let the clients know that they are being understood from their point of view. Thoughtfully listening to the clients in order to process the information they provided also leads to empathetic responses. Needless to say that the participation of the clients effectively improves and is more whole in nature when they feel that they are being understood in the helping process. Empathetic responding not only helps to build trust but also makes way for the helpers to make use of stronger interventions which can engage clients to challenge themselves.

Respond selectively to core client messages:

The reality is that it is beyond unworkable to respond with empathy to each and everything the clients say. Hence, the counselors should make

every attempt while listening to the clients to identify and respond to what they think are core messages which are at the heart of what the clients are expressing and saying, especially when the clients are speaking at a length. The counselors should be in a position to pay attention selectively to the most important message the clients communicated amongst the many. The counselors' empathetic response to the important messages communicated by the clients also helps the clients to identify what is core. In this way, the counselors lay a foundation of the core and follow the clients' lead. The counselors should always ask themselves - 'what is most important? what is the core?'. This also helps the clients to sort out their minds and bring more clarity. A counselor should always keep in mind that the key or the core can be an experience or action or feelings communicated by the clients or all three of them together.

Use empathic responses as a mild social influence process:

Counselors cannot respond with empathy to everything that the clients say during the session. Hence, the counselors are always in search of core messages in order to select the relevant core messages and respond accordingly which more or less influences the journey of therapeutic dialogue. Empathetic responding may also be a part of the social influence dimension of counselling. Counselors believe that the core messages they decide to be important for attention are primarily core because they are core for the clients. However, the counselors also believe that a few other messages at some levels are important too for the clients.

It may happen that the clients may not be clear while narrating their story and may speak quickly due to stress. In such cases, the counselors may find it difficult to interpret the message as well as to interrupt the clients in between. Once the clients have narrated, the counselors can break in and reframe in order to gain clarity. However, care should be taken that this should not break the clients' chain of thoughts and the counselor needs to be careful not to put words in the client's mouth. Clients' own words should be used to get clarity.

Use empathic responses to stimulate movement throughout the helping process:

Along with being an excellent tool to build a therapeutic alliance, empathetic responding also acts as a stimulus at every stage as well as a step of the helping process. When clients feel that they are being understood, they tend to move forward in the therapy. Empathetic responding also helps the clients in exploring the problem or unexplored opportunity more practically. It also helps the clients check possibilities for a better future, employ the newly changed agendas and understand the degree of commitment required to pursue an agenda. After goal-setting, empathetic responding enables the clients to decide the action plans for problem management. In the action stage, counselors use empathy to make the clients identify obstacles that may occur, ways to overcome them and then accomplish goals.

According to Egan and Reese (2018), it often happens that empathic responses that hit the mark put pressure on clients to move forward. So, responding with empathy, even though it is a communication of understanding, is also part of the social influence process (p. 124).

Use empathic responses as a way of bridging diversity gaps:

This principle is an outcome of the previous two. Empathetic responding is possible when the counselors are effectively tuned in and listening to the clients especially when the clients differ from the counselors in significant ways. Showing empathy and responding accordingly is a way to show the clients that counselors are interested in understanding them better and are ready to learn about their concerns and also to help them to understand themselves better. Scott and Borodovsky (1990) proposed to refer to empathetic listening as 'cultural role taking'. Egan and Reese (2018) also refer to this as 'diversity role taking'.

Recover from inaccurate understanding:

It is expected that the counselors should work to be accurate in their understanding of the clients' situation and what they communicate, but it may not be the case every time. Counselors can be inaccurate at times. The counselors may feel that they have understood the clients or what the clients are saying and then share with the clients only to find out that this is not the case. For this reason, empathetic responding is a tool to check one's perception of the clients' narratives.

If the counselors are accurate in empathetic responses, the clients tend to confirm the same through verbal or non-verbal cues. For example, a nod to confirm or words like 'right', 'exactly', etc. On the other hand, if the responses are not accurate, the clients may show that too through verbal and non-verbal cues. For example, the clients may stop narrating or fumble or tell them that this is not what they meant. In either case, the counselors should be sensitive to all the cues; verbal and non-verbal, both.

Most important is that if as a counselor you show your intentions of understanding your clients, they will not feel discouraged by the inaccuracies on your part. If you build a solid therapeutic alliance, then your clients will read your intent and not just focus on the degree of accuracy you show during the session. In a sense, there is no such thing as perfect accuracy or the right kind of accuracy or the right degree of accuracy (Biesanz & Human, 2010; Lewis & Hodges, 2012).

There are ways of recovering from a failure to understand the clients accurately, but recovering from inaccuracy is something that the counselors and the clients do together. It can be a relationship-building interaction or part of the give-and-take of therapy.

Possibilities to be Avoided:

Few counselors are very poor at communication and they seldom realize it. Many times novice and incompetent counselors make use of poor

substitutes instead of accurate empathetic responses. Let us have a look at some possibilities that should better be avoided in the session:

No Response:

According to Sue and Sue (1990), it can be a mistake to remain silent and say nothing. However, there are wide cultural differences in how silence is perceived and dealt with. But generally, it is better to respond to the clients even if briefly when the clients say something significant. Or else the clients may feel unheard and undeserved. Do not make the clients wait and wonder by keeping silent.

Distracting questions:

Many counselors like people in everyday life keep on asking questions during the counselling session. The questions are related to anything other than empathetic responding. When such types of responses in the form of questions or statements are used by the counselors, there are high chances that the key messages expressed by the clients are left out and unattended. Distracting questions appears to be a mistaken agenda of the counselors to ask and get more information.

Cliches:

Avoid cliché talks that are casual and maxim in nature. When counselors hold to cliché talks, they appear to be insensitive instructors and also sound like they are dismissing their client's story, experiences or thoughts and feelings. Such types of responses are very hollow and do not at all showcase understanding.

Interpretations:

Few counselors instead of expressing understanding, make interpretive responses which are based on their theories of helping. They feel using interpretive responses is more important. In instances like these, the counselors fail to respond to the clients' emotions and feelings, tend to sound moralistic and ignore the core messages. They also sound dismissive of the clients' experiences.

Advice:

All of us get unsolicited advice in our everyday life. Imagine the clients getting the same during therapy as well. Then what is the use of approaching a counselor. Giving advice in counselling sessions by the counselors makes things out of order making them worse for the clients. The advice by the counselors also sounds a bit clichéd. Advice giving also takes away the clients' self-responsibility. In a few cultures, clients expect that the counselors should give them advice. In such cases, there are ways of giving advice that will bring out collaboration with the clients in order to tackle a problem. The clients may share different perspectives or problem-solving options instead of offering direct advice.

Parroting:

Empathetic responding is not simply repeating what the clients have said. Such repetition is parroting and may appear like a satire. Parroting though accurate not only looks like satire but also sounds awful. Restating what the clients said or repeating the same words or even paraphrasing makes no real sense or understanding and does not showcase the counselor's presence with the client. Since the understanding the counselors want to show is their own, it should convey something which appears to be their own. Parroting does not convey the counselor's understanding. Hence, to avoid parroting, the counselors should process the information the clients are giving and identify what is core along with the clients' perspective and emotions. Do not oversay things during the counselling session.

Agreement and sympathy:

As truly pointed out by Egan and Reese (2018), responding with empathy is not the same as agreeing with the clients or being sympathetic. An expression of sympathy has much more in common with pity, compassion, sympathy, and condolence than with empathic understanding (Clark, 2010) (p. 133). Though in many cultures these are very common human traits, they are not useful in the therapeutic alliance. This is because of the simple reason that sympathy indicates agreement, whereas empathy stands for understanding and acceptance of the person the clients are. Sympathy can also be said as a form of involvement with the clients in worst cases.

Faking:

It happens that clients are distracted, confused and in a highly emotional or vulnerable state. All the above situations affect the clarity of what they are narrating during the session. It may happen that the counselors are unable to pick the key messages as the clients are confused or they are not stating the messages with clarity. It may also happen that the counselors themselves get distracted in some way during the helping process. Whatever the case may be, it is a mistake on the counselor's part to pretend an understanding. Effective and genuine counselors admit that they got lost in between and then work to go back on track again. The counselors in such cases may humbly ask the clients to go back to what they missed. This indicates that the counselor thinks it to be important to stay with the client. It also shows respect towards the clients. Admitting loss of track is any time preferable instead of using cliches. If the counselors often find themselves unable to understand and are losing track of what the clients are saying, then the counselors need to find out what is hindering their role of being a counselor. Whatever the case may be, faking it is never a substitute for proficiency and competence.

If you find yourself making any of the above mistakes or errors in your role of being a counselor, then it is your responsibility to find a way to recover. Counselors are not immune from making mistakes. But realizing and acknowledging these errors is essential. Effective counselors realize these mistakes and act on them to give full justice to their profession and clients.

4.4 SUMMARY

In continuation with the previous unit, we had a glance at responding with empathy and learned about the basic formula for communicating empathy in the form of i) tactics for responding with empathy, that is - giving yourself time to think, using short responses, and gearing your response to the clients, but remain yourself, ii) responding to the contexts, and iii) using empathy to achieve therapeutic goals, which are - problem clarification and opportunity identification, discovering and evaluating options for a better future, choosing actions to accomplish goals, and program implementation issues.

We also discussed various principles and guidelines for becoming competent and confident in responding with empathy that suggest - responding selectively to core client messages, using empathic responses as a mild social influence process, using empathic responses to stimulate movement throughout the helping process, using empathic responses as a way of bridging diversity gaps, and recovering from inaccurate understanding.

Apart from this, we had a look at some possibilities that should be avoided in the sessions by the counselors – no response, distracting questions, clichés, interpretations, advice, parroting, agreement and sympathy, and faking. Thus, it is important that counselors should realize such mistakes and act on them to give full justice to their profession and clients to become effective counselors or helpers.

4.5 QUESTIONS

1. Discuss the different tactics for responding with empathy and responding to the contexts as a basic formula for communicating empathy.
2. Elaborate on responding to the contexts and using empathy to achieve therapeutic goals as a basic formula for communicating empathy.
3. Explain different possibilities to be avoided in the session.
4. Discuss various principles and guidelines for becoming competent and confident in responding with empathy.
5. Write short notes on:
 - a. Suggestions by Egan and Reese (2018) for effective empathic/empathetic responding
 - b. Responding to the contexts
 - c. No response
 - d. Distracting questions
 - e. Parroting
 - f. Faking

4.6 REFERENCES

- Egan, G. & Reese, R. J. (2019). The skilled helper: A problem-management and opportunity-development approach to helping (11th Ed.). Cengage Learning.
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OTHER SKILLS - I

A. Art of Probing, Summarizing

Unit Structure

5.0 Objectives

5.1 Overview

5.2 Probing

5.2.1 Verbal and Non-Verbal Prompts

5.2.2 Types of Probing

5.2.3 Guidelines for Using Probes

5.2.4 Probes with Empathic Response

5.3 Summarizing

5.3.1 Using Summaries When They Add Value

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5.4 Example of Use of Probes and Summaries in the Case of Marcus and Andréa

5.5 Summary

5.6 Questions

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5.0 OBJECTIVES

- To develop an understanding of other skills used in the process of counselling
- To develop an understanding of the skill of probing
- To develop an understanding of the skill of summarizing
- To develop an understanding of the application of probing and summarizing with the clients

5.1 OVERVIEW

Previously, we learned about therapeutic presence with the importance of listening and empathic responding during counselling sessions. Here, we will focus on other skills that are also very helpful in dealing with the problems of the clients effectively. Decision-making is considered to be one of the key ingredients of successful therapy. Hence, the counselors as helpers have an important role to play in organizing the context in which the client makes decisions. For this purpose, the counselors need to use the appropriate treatment models, their own framework, methods, and communication skills. These all factors can be used as “nudges”, which are powerful and yet gentle. This nudge can be explained with an example

of an empathic response from the counselors. An empathic response to the client can form a nudge in two ways: i) counselors cannot respond empathically to everything a client says and has to respond selectively. This selective response itself can influence the client to be genuine while sharing the content, ii) empathic responses from the counselors often tend to influence clients to explore the issue being discussed more broadly and deeply. Here, the empathic responses of the counselors may influence the clients well (though not necessarily), but they still do not connect with clients. Thus, the counselors need to be skillful to make powerful use of nudges to facilitate decision-making in the client.

Probing and summarizing are two of the important communication skills that counselors often use as a nudge. They can be of great benefit to the clients, if their power is used appropriately during counselling sessions. In Section 5.2, we will learn the skill of probing, while in Section 5.3, we will learn summarizing.

5.2 PROBING

Empathic responses often enable the clients to explore themselves and their behaviour with relative ease. But, the counselling sessions are not always easy only with sharing empathic responses. Counselors require to nudge and encourage the clients to prompt them to explore their concerns spontaneously at times when clients fail to do so. Thus, the ability to use prompts and probes well is also an important communication skill. Using probes enables the counselors to gather information in a specific area related to the clients' presented concerns or to encourage the clients to respond leading them to only specific topic areas.

Probes and prompts are verbal as well as non-verbal tactics. They help clients talk more freely and concretely about any issue at any stage of the helping process. Probes can help the clients in dealing with several concerns, such as i) identifying and exploring opportunities overlooked by them, ii) clearing up blind spots, iii) translating dreams into realistic goals, iv) thinking about realistic plans to accomplish goals, and v) working through difficulties to action. Thus, thoughtful use of probes provides focus and direction for the entire helping process.

5.2.1 Verbal and Non-Verbal Prompts:

Prompts are brief verbal and non-verbal interventions. They let the clients know that the counselors are with them and encourage them to talk further. So, let us understand what are the verbal and non-verbal prompts and how they can be used to progress through an effective helping process.

a) Verbal Prompts:

They are also called vocal prompts. They are intentional, rather than mere automatic responses of the counselors. Counselors often use them to indicate their focused attention on the content the clients are sharing in the session. Verbal or vocal prompts are not a sign of flagging attention of the

counselors. They also do not imply that the counselors do not know what else to do at those particular moments in the counselling sessions. Counselors thus can use responses like “um”, “uh-huh”, “sure”, “yes”, “I see”, “ah”, “oh”, and “okay” as prompts. Here is an example of the verbal prompts.

Example 5.1:

Client (hesitantly): I don’t know whether I can “kick the habit”, you know, just let some trivial things go at work and home. I know I have made a contract with myself. I’m not sure that I can keep it.

Counselor: “Um”. [The counselor utters this briefly and then remains silent.]

Client (pauses, then laughs): Here I am deep into perfectionism and I hear myself saying that I can’t do something. How Ironical! Of course, I can. I mean, it’s not going to be easy, at least at first.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

In this example, a brief “Um” response from the counselor prompts the client to reconsider what she just said. Thus, prompts should never be the primary responses, but should be essentially used as directives, whenever required in the counselling sessions.

b) Non-Verbal Prompts:

Counselors’ various non-verbal behaviours carry a force of probes. Counselors’ bodily movements, gestures, nods, eye movements, and other such cues are non-verbal prompts or nudges, which can be used effectively. Let us see an example to understand the non-verbal prompts.

Example 5.2:

Here, a client is talking about his difficulty in maintaining a peace proposal with a neighbour with whom he is not able to get along well.

Client: I just can’t do it!

Counselor: [says nothing, but simply leans forward attentively and waits for further details.]

Client (pauses and then says): Well, you know what I mean. It would be very hard for me to take the first step. It would be like giving in. You know, weakness.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

Here in this example, The non-verbal response of the counselor prompts the client to express further. This helps them go on to explore how such a proposal could be a sign of strength rather than weakness if worked out properly.

Thus, the verbal and non-verbal prompts both help the counselors progress effectively in the counselling session and provide the clients with insight into dealing with their difficulties.

5.2.2 Types of Probing:

There are different types of probes that help clients name, take notice of, explore, clarify, or further define any issue at any point in the helping process, if used with precaution. They provide clarity and help the session progress further. Here are mentioned different forms of probes:

a) Statements:

This form of probe indicates the need for further clarity at any point of the helping process during the counselling session. Using such probes, counselors often confess that they are still not clear with the things that clients are trying to communicate to them. Let us see the following example:

Example 5.3:

Here, a client is having problems with his 20-year-old son who is still living at home.

Counselor: It's still not clear to me whether you want to challenge him to leave the nest or not.

Client: Well, I want to, but I just don't know how to do it without alienating him. I don't want it to sound like I don't care for him and that I'm just trying to get rid of him.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

In this example, counselor's probe in the form of a statement helped the client know that counselor is unable to comprehend a certain part of a concern shared by him. Other such statements could be "I'm not sure I understand how you intend...", "I guess I'm still confused about...", etc. Such probes put the responsibility on clients without accusing them of failing to speak up with more clarity.

b) Requests:

Probes also can take the form of direct requests for further information or more clarity. Counselors should be careful about the use of probing while using it in the form of a request. That is, the requests should not sound like commands. Also, tone of voice and other paralinguistic and non-verbal

cues can help counselors soften their requests. Consider the example below:

Example 5.4:

A counselor is talking to a woman living with her husband and her mother-in-law.

Counselor: Please tell me what you mean when you say that three's crowd at home.

Client: I get along fine with my husband, I get along fine with my mother-in-law. But the chemistry among the three of us is very unsettling.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

Here, a probe in the form of a request helped the counselor get some new helpful information from the client, which was unclear before.

Considering the nature of requests, probes such as "Come on, just tell me what you are thinking" would not certainly be a helpful probe in this or any other situation. Because such requests would sound more like a command, even considering the tone of the counselors' voice and other important characteristics.

c) Questions:

The use of questions can open communication. Direct questions are probably among the most commonly used probes. Questions facilitate the process of clients' self-exploration through an increased understanding and finally lead their commitment to the appropriate action. While questioning, counselors may use specific verbal leads. Using such specific verbal leads enable the counselors to focus on major facts, feelings, and self-perceptions that clients bring to the session. Effective use of close and open-ended questions can encourage the clients to talk more freely and openly. Counselors questioning more can appear as having all the power in the counselor-client relationship. This kind of inequality can destroy the counselor-client alliance, especially during the earlier sessions.

Many times cultural aspects also may cause such kind of hindrances in the counselling process. It is because the clients from some cultures may feel that they are being interrogated if too many questions are asked by the counselors, if they have not developed trust in their counselors. Hence, questions should be used more carefully. Also, "why" questions are especially troublesome and they may turn the clients defensive with a feeling that they are bound to provide a logical explanation for their behaviour. Thus, questions have the potential to damage helping relationships, sometimes even beyond repair. Some examples of direct questions that could be asked, are: "How do you react when.....?", "In situations like that, what keeps you from making a decision?", "Now, that

the indirect approach to.....is not working, what might Plan B look like?” An extended example of direct questions as the probe has been presented here in the following case:

Example 5.5:

A client approaches for help in controlling her anger, for which she comes up with a solid program with the help of the counselor. Here is a glimpse of the interaction between them from the next session, where the client gives signs of backtracking.

Counselor: You seemed enthusiastic about the program last week. But now, unless I’m mistaken, I hear a bit of hesitancy in your voice. Or am I just hearing things?

Client: Well, after taking a second look at the program, I’m afraid it will make me appear weak. My fellow workers could get the wrong idea and begin bullying me.

Counselor: So there’s something about yourself and your style of relating at work that you don’t want to lose.

Client: That’s right!

Counselor: What might that be?

Client (hesitating for a moment and says): Courage!

Counselor: Well, maybe there is a way of keeping your courage without giving in to outbursts that get you in trouble.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

Here, in this case, in the next session, the counselor is trying to confirm his or her observation about the client’s hesitancy in following a planned program. The counselor is also trying to know the possible reasons behind the client’s behaviour. For this, the counselor uses the direct questions as probes, which helps the helping process progress further with discussion on related concerns.

Sometimes probes in the form of single words or phrases are also effective. But, whatever the form the probes take, are often some sort of questions directly or indirectly. Here, we will see a few examples of how single words or phrases are helpful in counselling sessions.

Example 5.6:

Here, a client is talking about a difficult relationship with her sister at one juncture.

Client: I really hate her.

Counselor (responds simply and unemotionally): Hate.

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Client: Well, I know that hate is a too strong term. What I mean is that things are getting worse and worse.

Example 5.7:

In another case, a client, who is troubled with irrational fears, is discussing the feelings with the counselor.

Client: I have had it. I just can't go on like this. No matter what, I'm going to move forward.

Counselor: Move forward to....?

Client: Well... to not indulging myself with my fears. That's what they are, a form of self-indulgence. From our talks I've learned that it's a bad habit. A very bad habit.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

In Example 5.6, the counselor utters a single word from the client's speech in an unemotional way. This helped the counselor gain clarity to explore the feelings of the client toward her sister, along with their intensity. Similarly, in Example 5.7, the counselor takes the help of a phrase used by the client to gain clarity. This helped the counselor understand the decision made by the client. Thus, it helped both the counselor and the client go on to discuss ways of controlling irrational fears.

It is important to use questions effectively while probing during the counselling process. The novices in the counselling profession tend to ask too many questions. They also ask questions adding no value when they are in doubt about what to say. The counselors need to keep in mind that the questions should be thoughtful and should be used effectively as a probe to progress the counselling session in the right direction. Probes in the form of questions can be an important part of an interaction with the clients. Here are two guidelines that will be helpful in using the questions as a probe effectively:

i) Avoid too many questions:

Too many questions may annoy the clients and may turn them become reluctant to put their efforts into the helping relationship. Such unnecessary questions may also sound like fillers and create an impression that the counselors do not have anything better to say. Hence, the counselors should not make the helping process appear as a process of mere gathering information. Asking clients too many questions ends up turning the helping process into directionless question-and-answer sessions. Let us consider the following example:

Example 5.8:

Here, the counselor is working with an inmate in a state facility for young offenders, who engaged in burglary and drug use. He is difficult to work with and is blaming his dysfunctional family for everything. The counselor gets frustrated due to this and ends up asking a series of questions.

Counselor: When did you first feel caught in the messiness of your family?

What did you do to try to get away from their influence?

What could you do different?

What kind of friends did you have?

As a result of this, the client, who is annoyed by such questions and already has mastered escaping such questions, just refuses to talk further.

{**Source:** Egan, G. (2014). *The skilled helper: A problem-Management and opportunity-development approach to helping* (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

In this example, questions appear more like a random search for information with no clear goal. Thus, the session appears to go futile.

ii) Ask open-ended questions:

Asking open-ended questions is a general rule in the counselling sessions or helping process. Such questions require more than a simple yes or no or similar single word answer/s. Closed questions lead to a series of questions. Also, counselors asking closed questions end up asking more and more questions. It is ideal to ask a closed question only when a specific piece of information is required. Thus, the occasional use of a sharp closed question can have the right impact. Closed questions usually begin with “is”, “are”, “do”, or “did”. Sometimes they are useful to direct the talkative clients to the point and gather information. Such questions are helpful to gain clarity, focus, and narrow the area of discussion.

On the other hand, open-ended questions in moderation can help clients fill in the missing pieces of information at every stage of the helping process. They place responsibility on the clients and allow them a degree of control over what information to be shared. They also help the counselors gain important information from the clients. Thus, asking open-ended questions is the most beneficial type of questioning because it encourages clients to talk more freely and openly. The open-ended questions generally begin with “what”, “how”, “could”, or “would”. They are used for different purposes, such as i) to begin interviews; ii) to encourage clients to express more information; iii) to elicit examples of particular behaviours, thoughts, or feelings; and iv) to increase the client’s commitment to communicate. Here, we will have a glance at a few examples of closed and open-ended questions.

Example 5.9:

Close question: “Now that you have decided to take early retirement, do you have any plans?”

Open-ended question: “Now that you have decided to take early retirement, how do you see the future? What plans do you have?”

Close question: “How many jobs have you had in the past two years?”

{**Source:** Egan, G. (2014). *The skilled helper: A problem-Management and opportunity-development approach to helping* (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

In Example 5.9, from the above pair of questions, the open-ended question provides a wide scope to acquire more details from the client regarding his or her plans after retirement. However, a close question related to job change will not help the career counselor much to get the relevant information for helping the client draw up a resume and a job-search strategy. Let us also have a look at the following conversation between the counselor and a client.

Example 5.10:

Here, a client has been explaining what he was going to do to respond to his “ungrateful” son.

Counselor: Is responding to him what you truly want?

Client: You’re damn right, I do!

{**Source:** Egan, G. (2014). *The skilled helper: A problem-Management and opportunity-development approach to helping* (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version}.

Such a question by the counselors (in Example 5.10) will not help to generate information from the clients. Rather, it would take the form of a challenge and a tricky issue for the counselors if the clients will respond the way mentioned in Example 5.10. Such a response from the clients would just let the counselors know about the intensity of the clients’ feelings.

Thus, this section explains how different types of probes can be effective if used thoughtfully. The next section provides the different guidelines for using probes.

5.2.3 Guidelines for Using Probes:

Here are some guidelines on how to use different probes. It is suggested that the counselors should use their ongoing feedback system as a way of probing. Besides, different probes should be used for helping clients i) engage as fully as possible in the therapeutic dialogue, ii) achieve

concreteness and clarity, iii) fill in missing pieces of the picture, iv) get a balanced view of problem situations and opportunities, and v) move into more beneficial stages of the helping process. Apart from this, probes also should be used to explore and clarify clients' points of view, intentions, proposals, and decisions, and to invite clients to challenge themselves. Let us understand each guideline with possible examples.

i) Use an ongoing feedback system as a way of probing:

A feedback system is considered an excellent opportunity for probing, irrespective of the way of getting systematic feedback from the clients on both progress toward and the achievement of outcomes and quality of therapy sessions. Here are two examples presenting two different sessions of the same client.

Example 5.11:

Ms. X is a single mother and has lost her fairly well-paying job during the economic disaster. This economic adversity turned her from a bad drinker to a problem drinker. She spent almost all her money on her lifestyle, leaving no financial support for her during financial hazards. She felt sorry for herself and spent a lot of time blaming the usual suspects for her financial crash. In the first session, she was given a scale measuring her self-perception about how she is doing individually, on which she understandably rated herself low on that scale. In the second session, she significantly rated high because she thought that counselling was the answer. Surprisingly, she rated herself lower in the third session than she did in the first session. This example presents the dialogues between the counselor and her during the third session.

Counselor: I see your “individually” score has taken a hit. What’s the message?... I think that I might be reading it in your face and posture.

Client: I felt so good after the last session. I was fired up. My hopes were high, they were flying. I was going to take a charge of my life back. But two days later, I received a couple of default notices. My boss told us we would all have to take a cut in pay. And my boyfriend described me as “scary”. My world collapsed. I collapsed. I just don’t know how I’m going to recover.

Counselor: So, for a while, you arose, then you crashed.

Client: ...Yes, I was attacked on all sides. Bank, work, boyfriend.

Counselor: You said, your hopes were high. Tell me more about that.

Client: Well, I thought it was going to be easy to pull everything together. I just felt so good. Now I’m thinking that I can’t pull this off at all. It’s just too much. It’s going to take so much work. Budgets. Working out repayment schedules. I have to create a whole new lifestyle.

Counselor: The misery is very real. But, let's put it aside for a moment. What good might come from all of this? What could you mine from it?

Client (pauses): Nothing! (the counselor remains silent)... (in a more subdued voice) I suppose I could become more realistic...

Counselor: Ok. Let's see what this "realism" could be.

The counselor and Ms. X go on to discuss the possibilities of a more "realistic" lifestyle, which makes Ms. X relax gradually.

Example 5.12:

Now this second example deals with the survey at the end of the session. Ms. X rates the "overall" category higher in this session than in the other two sessions.

Counselor: Well, what made this session work for you?

Client: One very bittersweet word. Realism.

Counselor: OK. How did that work?

Client: It triggered something in me. I hate self-centred people and all of a sudden I saw myself as self-centred (stops speaking).

Counselor: I'm not sure about the interplay between "realism" and "self-centred" and your score for the session.

Client: One session from the financial crash is that we were all – well, many of us – were living beyond our means. Maybe our whole society, government and all. Like a national self-centredness. I feel that I'm a fairly intelligent person. But, all that was stupid. The dose of realism during this session was very good for me, especially because we went about it in a constructive way.

In this session, realism was defined in terms of concrete possibilities that helped Ms. X, being away from the "impossible" and regain some of her enthusiasm. Thus, this particular session opened the door to progress with life-enhancing outcomes.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

This example illustrates how effective probing along with systematic feedback from the clients helps both the parties (counselors and clients) progress further for possible outcomes, adding value to the client's life.

ii) Use probes to help clients engage as fully as possible in the therapeutic dialogue:

Many clients do not have all the communication skills needed to engage in problem-managing and opportunity-developing dialogue. With such and all types of clients, probes are the principal tools to help them engage in give-and-take during the helping process. Let us consider the following example to understand how probes are helpful to counselors to make their clients engage in the therapeutic dialogue.

Example 5.13:

Here, a client has been struggling to tell the counselor a story about her attempts to get her insurance company to respond to the claim she filed after a car accident.

Client: They just won't do anything. I call and they just ignore me. I don't like it!

Counselor: You are angry with the way you are being treated. And you want to get to the bottom of it... Maybe it would be helpful to review what you have done so far.

Client: Well, they sent me some forms that I didn't understand very well. I did the best I could. I think they were trying to show that it was my fault. I even kept the copies. I have got them with me.

Counselor: You are not sure you can trust them... Let's see what the forms look like...

A look at the forms revealed that the forms were standard. The counselor considered the fact that this is the client's first encounter with an insurance company and the client has poor communication skills. This gave the counselor insight into the way the phone conversation that took place between the client and the insurance company. Here, the counselor shares empathic responses and uses probes. This helps the client feel that her first experience with the insurance company is valid and okay. Besides, the client is also suggested to get help from someone who has filled in insurance forms multiple times.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

Thus, this example shows how the probes used by the counselor with empathic responses helped the client engage in a problem-managing dialogue, despite her poor communication skills and get an effective solution.

iii) Use probes to help clients achieve concreteness and clarity:

Probes can help clients turn abstract and vague things or thoughts into something concrete and clear, that is, the things the clients can work on. To get clarity on this guideline, we will see the following example.

Example 5.14:

Here in this example, a man is sharing his story about his dissatisfaction with living a somewhat underprivileged social life.

Client: I do funny things that make me feel good.

Counselor: What kind of things?

Client: Well, I daydream about being a hero, a kind of tragic hero. In my daydreams, I save the lives of people whom I like but who don't seem to know I exist. And then they come running to me but I turn my back on them. I choose to be alone! I see many such a kind of dreams.

Counselor: So in your daydreams, you play a character who wants to be liked or loved but who gets some kind of satisfaction from rejecting those who haven't loved him back. I'm not sure, I've got that right.

Client: Well... yes... I somewhat contradict myself... I do not want to be loved, but I guess, I don't do very much to get a real social life. It's all in my head.

The counselor's probe reflects a clear statement about the client's thoughts. The counselor also helps the client explore his fantasy life in order to find out what the client wants from his relationships with others and what he needs to do to get it.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

Here, we saw that the counselor's probes with empathic responses led to clarity about the client's story in the above example. Probing led to the client's story getting more specific. Thus, the motive behind the probing was getting the specific details that would bring clarity about the problem or an unused opportunity to plan further steps.

iv) Use probes to explore and clarify clients' points of view, intentions, proposals, and decisions:

Many times clients may fail to clarify their points of view, intentions, proposals, and decisions. For example, a decision announced by the clients may sound unclear, and even the reasons behind it and its implications for the clients and others may not be clear. The following example deals with one such case, which will help us understand the use of probing for exploring such aspects.

Example 5.15:

Here, a client has met a bad automobile accident while driving under the influence and fortunately he was the only one to get hurt. He is recovering physically, but his psychological recovery has been slow. During this recovery period, many psychological problems were revealed that were not being dealt with. One such problem is a lack of self-responsibility. A counselor is helping the client work on some of the issues.

Client: I don't think that the laws around driving under the influence should be as tough as they are. I'm scared to death of what might happen to me if I ever had an accident again.

Counselor: So you feel you are in trouble... I'm not sure why you think that the laws are too tough?

Client: Well, they bully us. One little mistake and the game is over! Your freedom is thrown out. Laws should make people free.

Counselor: Well, let's explore a little. Hmm... let's say all laws on driving under the influence were dropped. Then, starting from zero, if you are asked to start adding ones that make sense. Where would you start?

Here, the counselor knows that the client is running away from taking responsibility for his actions. So, the counselor uses probes to get him to spell out the implication of his point of view on DUI (driving under influence) laws to attempt to help the client listen carefully to himself.

{**Source:** Egan, G. (2014). *The skilled helper: A problem-Management and opportunity-development approach to helping* (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

Here, the probes used by the counselor were aimed at exploring and clarifying the client's points of view, intentions, etc. The counselor also attempted to encourage the client to engage in self-responsible behaviour by explaining the implications of his decisions for himself and others.

v) Use probes to help clients fill in missing pieces of the picture:

Probes help the therapeutic dialogue progress by helping clients identify missing pieces of information, such as thoughts, experiences, behaviours, and feelings to complete a problem-management puzzle. This will help both – clients and counselors – get a better solution to the problem or an unused opportunity; discover possibilities for a better future, or even coming with a plan of action. Let us see the following example:

Example 5.16:

A client is experiencing a conflict with his wife over his mother-in-law's upcoming visit.

Counselor: I realize now that you often get angry when your mother-in-law stays for more than a day. But I'm still not sure what makes you angry over her.

Client: First of all, she throws our household schedule out and puts her own. Then she provides a steady flow of advice on how to raise the kids. My wife sees this as an "inconvenience". For me, it's a total family disruption. When she leaves, there is a lot of emotional cleaning up to be done.

Counselor: So when your mother-in-law takes over everything gets turned upside down... How do you react in the face of all this turmoil?

Client: Well... well... I guess I go silent. Or I just get out of there, go somewhere, and become very angry. After she has gone, I take it out on my wife, who still doesn't see why I'm annoyed so much.

Thus, here, the counselor probes the client to get some missing information on the direct communication between him and his mother-in-law, and his reactions to it. Probes are also directed to know the efforts taken by the client for bringing any changes.

{**Source:** Egan, G. (2014). *The skilled helper: A problem-Management and opportunity-development approach to helping* (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A modified version of example}.

Such probes directed towards getting missing information also help clients get better clarity about their own behaviour exhibited in order to bring the desired changes. Thus, it will help them to take further thoughtful steps to resolve their problem.

vi) Use probes to help clients move into more beneficial stages of the helping process:

Probes can be used to help clients tell their stories more fully, face blind spots, set goals, formulate action strategies, discuss obstacles to action, and review the actions taken. Thus, they can help clients engage in dialogue about any part of the helping process, and move to the next stage of the process easily and successfully. The following example demonstrates how the counselor helps a couple by probing to move on to problem-managing action.

Example 5.17:

Mr. S and Mrs. F are a middle-aged couple, who have been complaining about each other. Besides, they have talked vaguely about "reinventing" their marriage, which is a term used in a sort of marriage encounter group they attended. The couple has also hinted at doing more things in common.

Counselor: What kind of things do you like doing together? What are some possibilities?

Mrs. F: I can think of something, though it might sound stupid to you (with a glance toward her husband). We both like doing things for others, you know, caring about people. Before we were married, we talked about spending some time in the Peace Corps together, though it never happened.

Mr. S: I wish we had... But those days are past.

Counselor: Are they? The Peace Corps may not be an option, but there must be other possibilities. (No one of the couple says anything) I tell you what. Take a piece of paper. Jot down three ways of helping others. Do your own list. Forget what your spouse might be thinking.

Thus, the counselor's probes encourage Mr. S and Mrs. F to brainstorm possibilities for some kind of service to others. This helps them move away from exploring the torturous problem to opportunity development.

{**Source:** Egan, G. (2014). *The skilled helper: A problem-Management and opportunity-development approach to helping* (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A bit modified version of example}.

In the above example, we can see how the probes used by the counselor help the clients move into a more beneficial stage of the counselling process.

vii) Use probes to invite clients to challenge themselves:

Sharing empathic responses can be a mild form of social influence or challenge. But, many times empathic responses act as probes also. They can be indirect requests for further information or ways of moving clients toward a more productive stage of the helping process. They can be invitations to self-challenge. Many probes are not just requests for relevant information, but they often place some kind of demand on the client to respond, reflect, review or re-evaluate. Probes can also serve as a bridge between communicating understanding to clients and helping them challenge themselves. Let's understand this from the following example.

Example 5.18:

In this example, a client has committed himself to support some of his mother's possessive ways. But now he shows signs of weakening resolution.

Counselor: The other day you talked of "having it out with her" – though that might be a too strong term. But just now you mentioned something about "being reasonable with her". Tell me the difference between these two.

Client (pausing): Well, I think you might be witnessing nervousness...
She is a very strong woman.

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Here, the counselor helps the client reconsider his decision of “getting tough” in some decent way with his mother. The counselor also helps him think about what can be done to strengthen his resolve, if he really wants things that way.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A bit modified version}.

This example demonstrates how the probes make the clients challenge themselves in terms of their thoughts, views about their current problems.

5.2.4 Probes with Empathic Response:

During the counselling sessions, it is difficult using the skills one at a time. Rather, they must be intermingled naturally in the give-and-take of the session at any point of the helping process. Thus, the skilled helpers continually tune in, listen actively, and use a mix of probes and empathy to help their clients clarify and focus on their actual concerns, deal with their blind spots, set goals, make plans, and work on them actively to get things done with possible desired changes. The formula of the right mix of different skills often depends on the clients, their needs, the problem situation, possible opportunities, and the stage of the helping process.

The basic guideline about probing with empathic responses is that the counselors must respond with empathy to what the clients say after the counselors use a probe. The counselors should use one probe with another, only when i) the probe is effective enough to yield some important information that needs to be listened to and understood, ii) an empathic response is accurate, which tends to succeed in placing a demand on the clients to explore further. Below is the example of the same case dealt with by the two different counselors (Counselor A and Counselor B) using different probes. Let's have a look at the example.

Example 5.19:

In this example, the client is a young Chinese American woman whose father died in China and whose mother is now dying in the United States. She is sharing about the common subordination of Chinese women. She is afraid of being passive in her American life. She also talks about her sister, who gives everything to her husband without expecting anything in return.

Counselor: To what degree is this modest role rooted in your culture?

Client: Well, being somewhat modest is certainly in my cultural genes. And yet I see many of my North American counterparts adopting a very different style, when I look around. A style that frankly appeals to me. But last year, I took a trip back to China with my mother to meet my half-

sisters. And the moment I landed, I wasn't American. I was totally Chinese again.

Here, we see that the client is sharing something significant about herself. Now let's look at the different probes used by Counselor A and Counselor B in continuation of this dialogue...

Counselor A: What did you learn there?

Client: That I am Chinese!

Here, Counselor A uses another probe, instead of responding to the client with an empathic response. This elicits only a repetition of what she had just said. Besides, a probe used by the counselor also causes some annoyance in the client.

Counselor B: There you learned just how deep your cultural roots go.

Client: And if these roots are so deep, what does that mean for me here? I love my Chinese culture. I want to be Chinese and American at the same time. How to do that? Well, I haven't figured it out yet. I thought I had, but I haven't.

Here, Counselor B uses an empathic response which seems to work more effectively than the probe used by Counselor A. This helped the client move forward to explore her thoughts and feelings.

{**Source:** Egan, G. (2014). *The skilled helper: A problem-Management and opportunity-development approach to helping* (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A bit modified version}.

Thus, this example clearly illustrates how probing with an empathic response works better and effectively and helps the clients move on to the productive stage of the helping process by thinking aloud and exploring more of their stories. This gives a clear picture of how the combination of empathic responses and probing gets things moving, rather than making the client focus on their miseries.

Thus, the counselors should be careful while responding empathically, so that their responses should not sound "automatic". Another important thing to note down is that the counselors should not appear as "interrogators", asking so many questions or probing unnecessarily. All responses to the clients, including probes and challenges, are empathic when they are based on a solid understanding of the clients' core messages and points of view. This is especially true in the case of clients from different cultural backgrounds. Hence, while dealing with clients from different cultures using the probes, the counselors must consider the following things: i) they should be aware and sensitive about the clients' cultural differences, ii) they must be flexible and adapt their skills to accommodate the clients' culture, iii) they must remember that the clients' issues are developed in a cultural context, iv) they should listen to family and cultural issues that affect the clients, so that the problems clients are

facing can be resolved within that family and cultural context. Table 5.1 presents the guidelines for using probes.

Table 5.1 Guidelines for Using Probes:

- Keep in mind the goals of probing. Use probes to:
 - Help clients engage as fully as possible in the therapeutic dialogue.
 - Help non-assertive or reluctant clients tell their stories and engage in other behaviours related to managing their problems and developing opportunities.
 - Help clients identify experiences, behaviours, and feelings that give focus to their stories.
 - Help clients open up new areas for discussion.
 - Help clients explore and clarify stories, feelings, points of view, decisions, and proposals.
 - Help clients be as concrete and specific as possible.
 - Help clients remain focused on relevant and important issues.
 - Help clients move on to a further stage of the helping process.
- Use probes to provide nudges or mild challenges to clients to examine the way they think, behave, and act both within helping sessions and in their daily lives.
- Make sure that probing is done along with empathy.
- Use a mix of statements, open-ended questions, prompts, and requests, not questions alone.
- Follow up a successful probe with an empathic response rather than another probe.
- Use whatever judicious mixture of empathic responses and probing is needed to help clients clarify problems, identify blind spots, develop new scenarios, search for action strategies, formulate plans, and review outcomes of action.

{Source: Egan, G. (2014). The skilled helper: A problem-management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole Cengage Learning}.

5.3 SUMMARIZING

Like probing, summarizing is another important communication skill that can be used to provide both focus, direction, and challenge during the counselling session. Hence, the counselors should develop their ability to summarize and help clients summarize the main points of a helping

process. This intervention strategy enables the counselors to do several things, such as i) reviewing verbally various types of information that have been presented in the session, ii) highlighting significant information in the opinion of the counselors based on everything that has been discussed in the earlier session/s, and iii) providing the clients with an opportunity to hear the various issues that they have presented. Thus, summarizing helps both the counselors and the clients providing with the opportunity to review and determine the significance of the information presented in the session/s, as well as to use this review to establish priorities.

According to Brammer (1973), several goals can be achieved by thoughtful use of summarizing. A few of them are: i) “warming up” the clients, ii) focusing on scattered thoughts and feelings, iii) bringing the discussion of a particular theme to a close, and iv) prompting the clients to explore a theme more thoroughly. This section will help us understand the art of summarizing and its effective use.

5.3.1 Using Summaries When They Add Value:

Summarizing is used to gather together a clients’ verbalizations, such as facts, feelings, meanings, and patterns; and to restate them to the clients as accurately as possible. According to Brammer and MacDonald (1996), summaries frequently give the clients a feeling of movement as ideas and feelings are explored. Using summaries is useful in particularly three phases: i) at the beginning of a new session, ii) when the session seems to be going in no particular direction, and iii) when the clients need a new perspective. Apart from this, summaries are also valuable to counselors to check the accuracy of their own understanding of the information that has been gathered in the session. Let us see how it can be used effectively in each of these three phases.

a) At the beginning of a new session:

Sometimes clients may seem uncertain about how to begin sharing in a new session. In such a situation, using summaries at the beginning of a new session will help the counselors prevent the clients from repeating the same thing from the previous session. This also encourages the clients to move on by putting them under certain pressure for the same. Apart from this, beginning a new session with summarizing serves several important purposes, such as i) it shows the clients that the counselors have listened carefully to what was said by the clients in the last session, ii) it also shows that the counselors also have had thought over whatever was shared in the last session, iii) it helps clients begin a new session with the new point in continuation to the last session, iv) it offers the clients opportunity to add or even modify what was said by them earlier, v) it also places the responsibility on the clients for moving forward in the helping process. Apart from this, feedback from clients at the beginning and end of each session also helps the flow be much smoother from session to session.

b) During the session that is going in no direction:

One of the main reasons why the session may lose direction is that many times the counselors allow the clients to keep discussing the same things over and over again. Such a situation may arise if the counselors i) do not help the clients go more deeply into their stories, focus on possibilities, and goals, ii) do not discuss strategies that will help the clients get what they need and want. The important purpose to summarize at this stage is to help the clients move beyond “pitying themselves” and find ways of coping with their current problems.

c) When the client needs a new perspective:

Bringing the scattered elements together often helps the clients see the “bigger picture” more clearly. This offers the clients a new perspective related to their concerns and insight into the solution to their problems. Thus, summarizing at this stage is also helpful for demanding clients’ cooperation with genuine efforts in further counselling sessions. Because it manages well to give fair clarity to the clients about how important and helpful the further sessions will be if the clients take responsibility and interest in exploring their stories. The following example illustrates the same.

Example 5.20:

A man has been reluctant to go to a counselor with his wife. In the solo session with the counselor he agrees to a couple of sessions. In this particular session, he talks a great deal about his behaviour at home.

Counselor: I would like to pull a few things together. You have encouraged your wife in her career, especially when things are difficult for her at work. You also encourage her to spend time with her friends as a way of enjoying herself. You also make sure that you spend time with the kids. In fact, time with them is important for you.

Client: Yes. That’s right.

Counselor: Also, if I have heard you correctly, you currently take care of the household finances. You are usually the one who accepts or rejects social invitations, because your schedule is tighter than hers. And now you are about to ask her to move because you can get a better job in Boston.

Client: When you put it all together like that, it sounds as if I’m running her life... She never tells me so.

Counselor: Maybe we could talk a little about this when the three of us get together.

Client: Hmm... Well, I would... Hmm... [smiles]. I would better think about all of this before the next session.

A summary by the counselor provides the client with a mild jerk and helps him realize that he needs to face up to the fact that he is making many decisions for his wife and some of them are very big.

{**Source:** Egan, G. (2014). *The skilled helper: A problem-Management and opportunity-development approach to helping* (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A bit modified version}.

This example shows how the client who was reluctant earlier to attend the counselling session is ready to attend the upcoming counselling sessions, when the counselor offered him a new perspective about his important role in the family.

5.3.2 How to Get Clients to Provide Summaries:

Summaries can be helpful when clients are puzzled about where to go next either in the helping session or even in real-life situations. In such cases, counselors' probes will help them move on, but summaries will help them move on more with responsibility. Another important thing is that the counselors do not require to provide a summary always. Sometimes counselors also can ask clients to summarize by pulling the important points together from the last session. And this often proves to be better in helping the client play a major role in the helping process and move on. Of course, counselors also can provide some help to the clients for summarizing if required.

5.4 EXAMPLE OF USE OF PROBES AND SUMMARIES IN THE CASE OF MARCUS AND ANDRÉA

Marcus (a counselor) and Andréa (his client) are in a counselling session. Marcus is using probes throughout his dialogue to help Andréa get greater depth and clarity about the key issues discussed by her. In the following dialogue, he helps Andréa review her encounters with people of her age during her visit to Iran. Marcus thinks that she might find implications or guidelines for a better future for herself. Let us have a look at the exchange of dialogues between them in one of their sessions:

Marcus: It might be useful to review what you learned during your trip to Iran. There might be some hints on how to shape your future here.

Andréa: Given what I've read about Iran, I expected everyone to be well, depressed. The economy there is tough and I don't think they have the kind of freedom that we have here.

Marcus: But you discovered that they have their own kind of freedom.

Andréa: Exactly. The young people wanted greater freedom, but they were almost happy. They criticized the government a lot just as we do. They criticized their religious leaders for being too conservative and too controlling. But they didn't criticize the religion itself. They also wanted a better economic future. But

they didn't just complain as some young people here do. They talked about ideas. They looked excited talking about better ways of doing things. And they loved their culture. They didn't seem constrained by it. That is, they seem to feel freer than I do. To tell you the truth, I didn't experience the kind of miserable life that is reported in the press here in the west.

Marcus: This sounds so positive. Even their complaining sounds positive.

Andréa: Don't get me wrong. I'm not saying that everything was perfect.

Marcus: That's a good point. You don't want to idealize what you experienced there, but it strongly appealed to you.

Andréa: That's just it! It appealed to me. It was positive and it made me think of what is lacking in my own life.

Marcus: The contrast hits you. The "cultural ghetto" feeling.

Andréa: And, it is the feeling. The young people I met talked positively about family life even though they found some of it constraining. They were energized by their families and communities. I was jealous because they had a community of friends. The families I visited were alive. I don't have a community of friends. I never found a home so lively. And it's even worse now after the conversation with my father. I am jealous of the young people I met even more.

Marcus: So finding or creating your version of what you experienced over there is central to the future you would like to create for yourself.

Andréa: You can say that. When I talk to you about the future I always feel better. Even now after the disastrous conversation with my father.

At this point, Marcus uses a combination of empathy and probing to help Andréa explore other issues in her life, such as her relationship with her mother, and how that plays out in the task of creating a better future for herself. To help Andréa reset the system after her disastrous conversation with her father, Marcus also suggested that she should summarize what was happened and what she has learned up to this point. His suggestion near the end of the session makes both of them agree on beginning the next session with her summary. Here is the interaction between them in the next session.

Marcus: Well, Andréa, where do we start?

Andréa: I would like to talk about the key things that I have learned so far and use them as a reference point for getting my life in order. First of all, I think I have been naive in my attempt to

carve out my future. All that has happened, has made me both realistic and more determined. Yet also more fearful.

Marcus: So you are wiser now, but with your eyes wide open what you see is scary.

Andréa: Yes, the challenges scare me. I have a huge dilemma. I want to create a full life for myself both for my career and social life. But my wants clash with what my parents want. They see my desire to create a different life for myself as a betrayal. They are older now and my father's health is doubtful. It's a kind of cultural clash inside me – the American who wants to move on versus the dutiful Iranian daughter who knows what she has to do. But I know that's too simplistic.

Marcus: Or it may be a simple framework for getting a clear picture of the elements that are in conflict.

Andréa: Yes, something like a tool or a map.

Marcus: What are the main features of the “social life” issue?

Andréa: The equation is wrong. My home life and my work life are equal to my social life. I don't have friends of my age. I don't have a friendship community. I would like to have friends of all ages. That's what I liked about Iran. I don't have any close friends, women or men. Some of the conversations I have with you, I should be having with friends.

Marcus: So the balance between work and social life is wrong and needs some immediate attention. Anything on the positive side?

Andréa: Well, I do feel secure at home and work. But It's a kind of lifeless security. This may sound self-serving, but the most positive thing about the social picture is my desire for a more engaging community of some kind. I loved my brief affair with an expanded social life in Iran. People are good for me and I'm good for them.

Marcus: So you are ready to go. What about your friend Jim?

Andréa: I found out that Jim is getting divorced. We get along well, but he is not the one. I'm not sure there will ever be a “one”.

They go on to review the main features of Andréa's career aspirations and where she stands for them. She talks about what it is like being a “cultural hybrid”. Andréa concludes by reviewing her main challenge.

Andréa: Right now something in me says that I can't follow my heart in either my social or work life without in some sense abandoning my parents. And I don't want to abandon them. I don't think I can.

Marcus: So the search is on its way to do both career and social life without abandoning them. Where does “not always pleasing them” fit into the picture?

The issues are fairly clear in Andréa’s case. Andréa knows pretty much what she wants, but at the moment she can not see how she can get what she wants. Figuring this out is a further challenge for both the counselor and the client.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity-development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning - A bit modified version of example}.

5.5 SUMMARY

Nudges are important factors that are powerful and yet gentle and they include appropriate treatment models, counselors’/ helpers’ own framework, methods, and communication skills applied by them to make the therapy successful. The counselors need to be skillful to make powerful use of nudges to facilitate the decision-making of the client. Probing and summarizing are two of the important communication skills that counselors often use as a nudge and helpful strategies for dealing with the problems of the clients effectively. At times, the clients are likely to fail to explore their concerns spontaneously. At such points, along with sharing empathic responses, the counselors require to nudge and encourage the clients to prompt them to do so by using their communication skills and ability to use prompts and probes well.

Probes and prompts are verbal and non-verbal, which help clients talk more freely and concretely about any issue at any stage of the helping process. Verbal prompts are intentional and include responses, such as “um”, “uh-huh”, “sure”, “yes”, “I see”, “ah”, “oh”, and “okay”. On the other hand, non-verbal prompts include counselors’ bodily movements, gestures, nods, eye movements, and other such cues, which can also be used effectively to progress the counselling session further. Statements, requests, and questions are different types of probes, which provide clarity. Two important guidelines for using probes are avoiding too many questions and asking open-ended questions more than closed questions. This helps the counselors gain important information from the clients. We also learned about some major guidelines for using probes. The basic guideline about probing with empathic responses is that the counselors must respond with empathy to what the clients say after using a probe. During counselling sessions, the communication skills must be intermingled naturally in the give-and-take at any point of the helping process.

Summarizing can be used to provide both focus, direction, and challenge during the counselling session. It helps both the counselors and the clients by providing them with the opportunity to review and determine the significance of the information presented in the session, and to use this review to establish priorities. Using summaries is useful mainly at the

beginning of a new session, when the session seems to be going in no particular direction, and when the clients need a new perspective. Both – counselors as well as clients – can summarize by pulling the important points together from the last session.

5.6 QUESTIONS

1. Explain probing as an important communication skill during the helping process/counselling session and discuss the various types of probing (statements, requests and questions).
2. Give short notes on verbal and non-verbal prompts.
3. Explain the guidelines for using “questions” as probes.
4. Give short notes on closed and open-ended questions as probes.
5. Explain in detail the guidelines for using probes.
6. Explain using probes with empathic response in brief.
7. Discuss summarizing as an important communication skill during the helping process/counselling session. Discuss three major situations, when summarizing can be used effectively.

5.7 REFERENCES

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OTHER SKILLS - II

B. Challenging and Self-Disclosure

C. Dealing with Resistance

Unit Structure

6.0 Objective

6.1 Challenging

6.1.1 Concept of self-challenge

6.1.2 Targets of self-challenge

6.1.3 Identifying blind spots

6.1.4 Skills to challenge blind spots

6.1.5 Helpers' self-challenge

6.2 Helpers' self-disclosure

6.3 Reluctance and resistance

6.3.1 Identifying reluctance and resistance

6.3.2 Dealing with reluctance and resistance

6.4 Summary

6.5 Questions

6.6 References

6.0 OBJECTIVES

- To develop an understanding of other skills used in the process of counselling
- To develop an understanding of the skill of challenging
- To develop an understanding of the skill of self-disclosure
- To develop an understanding of the skill of dealing with resistance

6.1 CHALLENGING

Previously, we learned about probes and summarizing as important communication skills and kinds of nudges frequently used by counselors in the helping process to help clients gain clarity and insight into their present situation and help them make decisions. Here, as an extension to what we learned previously, we will learn other important communication skills used to make the helping process effective: challenging, helpers' self-disclosure, and dealing with reluctance and resistance. This particular section deals with challenging, self-challenges for clients (Section 6.1.1 through Section 6.1.4) as well as counselors as helpers (Section 6.1.5), guidelines for self-challenge, and other related aspects.

Challenging the clients from an external frame of reference helps them develop new and better perspectives about themselves, others, and their problem situations. It invites clients to examine the discrepancies in their feelings, thoughts, and communication of which they are unaware for various reasons. Challenging is effective when done skillfully. Two distinctive characteristics of skillful challenges are i) they tend to be fairly close to clients' existing perspectives, and ii) they are presented in a relatively non-threatening manner.

Challenges are invitations for exploration. Therefore, counselors should be careful about their vocal and body communication while presenting challenges to the clients. That is, their vocal and body communication should be relaxed and friendly. Counselors should avoid making strong challenges at the beginning stage of the profession as helpers. Strong challenges often result from counselors' inexperience, which may cause risk to their therapeutic relationship with the clients. Therefore, beginning counselors should restrict themselves to presenting mildly threatening challenges. Well-timed and tactfully worded challenges are helpful in getting genuine responses from clients and keeping their defensiveness under control. Also, skillful challenges help clients enlarge their understanding and act more effectively. This whole process of challenging will lead to clients deciding whether challenges help them move forward in their exploration. Clients' positive feedback on this is likely to boost the working alliance between counselors and the clients.

Counselors may use verbal messages for challenges, such as, "On the one hand... on the other....", "On the one hand..., but.....", "You say..., but....", and "I'm getting two messages....", or "I'm getting a mixed message....". Challenges beginning with such phrases are mildly threatening. They also indicate the discrepancy between two statements made by the clients and place the responsibility on the clients to explain their points of view and explore their feelings and thoughts. Challenging helps counselors find out inconsistencies between the ten pairs of dimensions (Table 6.1) based on their observations and communication with clients.

Table 6.1 Examples of Challenging Inconsistencies

Inconsistencies between	Examples (Verbal messages by counselors)
1. Verbal/ vocal and bodily communication	"On the one hand, you are saying you are all right, but I see the pain in your voice and your eyes look a little weepy."
2. Words and actions	"You say that your kids are the most important thing to you in the world, but you seem to rarely go to be with them."
3. Values and actions	"You say that you value honesty, but you also don't mind changing the truth sometimes."

4. Giving and keeping one's word	"You said that you would spend more time with your children, but do not seem to have done so."
5. Negative self-picture and positive evidence	"You say you are no good with people, yet you seem to have some very good friends."
6. Goals and actions	"You say you want to get a job and gain financial independence, however, you are also telling me you have done little about looking for a job."
7. Earlier and present statements	"A moment ago you said that you were uneasy about your social work course, but now you are saying it is quite good."
8. Statements and evidence	"You said that your boyfriend never does anything for you, but now you have just told me that he took you out to dinner on your birthday."
9. Thoughts, feelings, and actual communication	"You get extremely tense about going to parties, but you are also saying that you manage to perform so that it is hard for people to notice how tense you get."
10. Own and others' evaluations	"I'm getting two messages. You feel that you are hopeless at cooking, but feedback from your girlfriend seems to be that she is pleased with your efforts."

{**Sources:** 1. Nelson-Jones, R. (2009). Introduction to counselling skills: Text and activities (3rd Ed.). Bangalore: Sage Publications; 2. Nelson-Jones, R. (2016). Basic counselling skills: A helper's manual (4th Ed.). Los Angeles: Sage Publications}

There are chances that clients may feel disrespected at times when offered challenges. They also resist when the challenges are strong. Strong challenges should be avoided even by the skilled counselors and helpers, especially in the initial sessions where rapport and trust are yet to be established. Counselors also should not challenge the clients persistently as no one likes to be challenged persistently. Clients can use different strategies to resist challenges, such as i) dishonouring challengers, ii) convincing counselors to change their views, iii) devaluing the issue, iv) seeking support elsewhere because views are being challenged, and v) agreeing with the challenge inside helping, but then doing nothing about it outside helping process.

6.1.1 Concept of Self-Challenge:

We learned that the different techniques which help clients place demands on themselves are known as "nudging" and that this nudging helps clients to bear on problem situations and unused opportunities. It also helps them

discover and tap the resources within and around themselves. A stronger form of nudging is inviting the clients to challenge themselves in a variety of ways. Counselors help clients engage in self-challenge in order to highlight and promote self-responsibility and self-determination. They use their communications skills to help clients engage in self-challenge for reality testing. Thus, the overall goal of challenging is to help clients do some reality testing and invest what they learn from this in creating a better future for themselves.

We face conflicts that make us challenge ourselves at all levels of life. Failure to challenge in some areas of life can make us distressed. Though self-initiated self-challenge is ideal, it doesn't happen usually. Helping in its best form is a constructive social influence process and it involves some forms of challenges. The ultimate goal of helping is to achieve a set of life-enhancing and problem-managing outcomes for clients. All effective helping involves some kind of mixture of support and challenge. Hence, the clients will have to support and challenge themselves in order to manage their problem situations. In some cases, clients will also need to support and challenge their family members to overcome a problem situation. A challenge without support is harsh and unjustified, and support without challenge can make a person feel empty and counterproductive. Hence, the right mixture of both – challenge and support – is essential.

According to Wei and Ku (2007), it is especially important to help clients challenge their self-defeating patterns of thinking, expressing emotions, and behaving. Therefore, counselors should help clients challenge themselves to change ways of thinking, expressing emotions, and acting that keep them caught up in problem situations and prevent them from identifying and developing opportunities. Also, counselors should become partners with their clients in helping them challenge themselves for several purposes, such as i) to find possibilities in their problems, ii) to discover unused internal and external strengths and resources, iii) to invest those resources in the problems and opportunities of their lives, iv) to spell out possibilities for a better future, v) to find ways of making that future a reality, and vi) to commit themselves to the actions needed to make it all happen.

Beliefs, values, norms, ethics and morality are the drivers of one's behaviour, based on which people make choices. Hence, counselors require to listen to these drivers carefully in the helping process. They also must make the clients aware of these drivers and help them understand how these drivers influence their decisions in the process of inviting them to challenge themselves.

6.1.2 Targets of Self-Challenge:

There are two types of self-challenges: i) one that involves self-criticism, and ii) one that involves self-enhancement. Counselors should help clients challenge everything that comes in a way of understanding and managing problem situations or identifying and developing life-enhancing

opportunities. Self-challenge aims at helping clients challenge themselves to participate fully in the helping process. Some of the main targets of self-challenge are as follows:

1) Self-defeating mindsets:

Mindsets refer to more or less permanent states of mind, which include prejudice, assumptions, attitudes, beliefs, values, biases, preferences, norms, points of view, unexamined perceptions of self, others, and the world, preconceptions, etc. Mindsets can be either productive or problematic, which tend to drive external behaviour or at least be observed in external behaviour. Therefore, the principle behind dealing with this target is to invite clients to change outdated, self-limiting mindsets and perspectives into self-enhancing and beneficial new perspectives that drive problem-managing and opportunity-developing action. Let us understand how these different mindsets can be dealt with:

- **Prejudice:** Counselors can invite the clients to rethink their prejudicial stereotypes. This can help the clients think more clearly about their problem situations. Clients will need to discover that often both parties are responsible to create a mess and contribute to their problem situation. Thus, clients should examine their behaviour and the degree to which it has been affected by their prejudices.
- **Self-limiting beliefs and assumptions:** Albert Ellis (Ellis, 2004; Ellis & Ellis, 2011) claimed in his rational-emotional-behavioural approach (REBT) to helping that challenging clients' irrational and self-defeating beliefs is one of the most useful interventions. Ellis identified some of the common dysfunctional beliefs in which people tend to talk to themselves. These beliefs (Table 6.2) are seen to get in the way of effective living.

Table 6.2: Dysfunctional beliefs and their meanings

Dysfunctional Beliefs	What do they mean?
i) Being liked and loved	I must always be loved and approved by the significant people in my life.
ii) Being competent	I must always, in all situations, demonstrate competence, and I must be both talented and competent in some important areas of life.
iii) Having one's own way	I must have my way, and my plans must always work out.
iv) Being hurt	People who do anything wrong, especially those who harm me are evil and should be blamed and punished.
v) Being danger-free	If anything or any situation is dangerous in any way, I must be anxious and upset about it. I should not have to face dangerous situations.

vi) Being problemless	Things should not go wrong in life, and if by chance they do, there should be quick and easy solutions.
vii) Being a victim	Other people and outside forces are responsible for any misery I experience. No one should be quick and easy solutions.
viii) Avoiding	It is easier to avoid facing life's difficulties than to develop self-discipline; making demands of myself should not be necessary.
ix) Tyranny of the past	What I did in the past and especially what happened to me in the past determines how I act and feel today.
x) Passivity	I can be happy by being passive and uncommitted, and by just enjoying myself.

{**Source:** Egan, G. (2014). The skilled helper: A problem-Management and opportunity development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning}.

Ellis further suggested that violation of these kinds of beliefs in persons' life make them see the experiences as terrible. In such situations, clients should think that it is not the end of the world, rather they can often do something to resolve such issues that make them feel terrible.

Sternberg (2002, 2003) also explored some self-beliefs that make smart people get involved in stupid things at times. He (2003, p. 5) identified the four such fallacies that reflect in the thinking of such people:

- i) The Egocentrism Fallacy: People consider their own interests while planning their actions, thinking that it is all about them. They do not think of anyone else's interest.
- ii) The Omniscience Fallacy: People may indeed know a lot about something. But, they start to think that they know everything about everything.
- iii) The Omnipotence Fallacy: People think that they are all-powerful and can do whatever they want.
- iv) The Invulnerability Fallacy: People think that they can get away with whatever they do without being caught. Or, they will be able to free themselves even if they are caught.

Also, Riso et al. (2007) described the kinds of maladaptive cognitive schemas and core beliefs that characterize a range of psychological disorders. Schemas refer to dysfunctional beliefs as well as to innate systems of thinking that cause trouble. Identifying and dealing with such disordered and self-defeating patterns of thinking can benefit clients, and

counselors can add a great deal of value to their clients' lives by helping them in doing so.

2) Self-limiting internal behaviour:

Some forms of thinking are actually behaviours in which we can choose whether to engage or not. They are actions that we can choose to do or not. Our internal or cognitive behaviours involve a wide range of activities, such as daydreaming, praying, believing, identifying problems, reviewing opportunities, making decisions, formulating plans, making judgements, approving or disapproving of self and others, wondering, valuing, imagining, creating standards and norms, ignoring, forgiving, rehearsing, and many other things. Clients may need some help if they are willing to replace their self-limiting and self-defeating internal behaviours with more creative ones. Developing new perspectives and changing internal behaviour can enormously help some clients.

3) Self-defeating expressions of feelings and emotions:

Managing our emotions and the ways we express them is a part of our socio-emotional intelligence. Some of our emotions are bottled up, while some are quite visible. Counselors can help their clients face the needless denial and bottling up emotions, let emotions run internally, and self-defeating forms of emotional expression. Berking et al. (2008, p. 485) found that a focus on emotion-regulation skills may play an important role in the prevention and treatment of affect-related mental health problems.

4) Dysfunctional external behaviour:

The external behaviour of some clients creates trouble for them. Not doing something is also considered a form of behaviour. Clients often fail in making choices and engaging in those particular behaviours that would be helpful for them in coping with their problem situations and developing opportunities. This is a form of self-defeating external behaviour based on self-defeating thoughts. Making clients aware of their self-defeating thoughts would be helpful for them in working on their external behaviour. Therefore, counselors should help clients examine how their self-defeating thoughts turn to be their external behaviour.

5) Distorted understanding of the world:

At times, clients may fail to see the world as it is in reality. This is a distorted understanding of the world. It can keep the clients involved in problem situations and prevent them from identifying and developing opportunities. However, clients' failure to fully understand the environment in which they live and its impact on their lives does not mean that they are stupid. They may fail to notice things that have a negative impact on their lives. Hence, making clients aware of such a distorted understanding of the world in their minds can help them make wise decisions.

6) Discrepancies:

There are various kinds of discrepancies that often influence our lives. For example, discrepancies between thinking and acting. That is, we do not always do what we say we are going to do. Such discrepancies keep clients involved in their problem situations. They can include the following and more of such things (refer Table 6.1):

- What clients think or feel versus what they say
- What they say versus what they do
- Their views about themselves versus the views that others have of them
- What they are versus what they claim they want to be
- Their stated goals versus what they actually accomplish
- Their expressed goals versus their actual behaviour

In such cases, counselors can help the clients challenge the discrepancies in their lives. This can help both counselors and clients to work together on shaping a future for the clients.

7) Unused strengths and resources:

Clients' self-challenge focus on their problems as well as their "possible self". Counselors can help clients become aware of the opportunities and resources along with their strengths that are either unused or underused by the clients (Aspinwall & Staudinger, 2003; Tedeschi & Kilmer, 2005). This can add great value to clients' lives. Some of the resources are client-based, which include talents and abilities that are not being used. Some are external, which include failure to identify and use social support in managing problems or developing opportunities. Counselors can help clients tap such resources that they have failed to use. This can be done by helping clients ask themselves such questions as "What kind of unused strengths do I have?", "What can I do to release and master both internal and external resources?" Strengths are hidden even in dysfunctional behaviour. According to Driscoll (1984), counselors as helpers can help clients understand that even their irrational thoughts and behaviours can be a source of their strength. Making clients aware of the logic behind even apparently dysfunctional ideas and behaviours can enable clients to use them for managing their problem situations.

8) The predictable dishonesties of everyday life:

These predictable dishonesties refer to everyday behaviours like distortions, avoidance, tricks, excuse-making, etc. that keep people involved in their problem situations. We all have ways to defend ourselves i) from ourselves, ii) from others, and iii) from the world. A little dishonesties within us are like two-edged swords. For example, our lies may help us cope with unexpected difficulties, but they may even cost us

by harming our relationships with others if we use them frequently as our preferred coping strategy. Another example could be “blaming others”. Blaming others for our misfortunes helps us save ourselves, but it is also likely to disturb our interpersonal relationships and prevent us from developing a healthy sense of self-responsibility. Such dishonesties may take place in or outside the helping sessions as more widespread patterns of clients’ behaviour. Challenging the defences of clients could be dangerous in some cases. Therefore, counselors should help clients challenge themselves concerning their dishonesties to cope with their inner and outer worlds more creatively, rather than challenging their defences. Here are some types of dishonesties:

- **Distortions:** They are self-serving as they turn the picture of the world for a person from too painful or demanding to the comfortable and peaceful one. Thus, some clients can distort a view of the world in various ways according to their preferences.
- **Games, Tricks, and Smoke Screen:** Clients’ delusions that offer them comfort and profit will be maintained by the clients obviously and continually inside and outside the counselling sessions. Thus, clients who are fearful of changing attempt to use communication in order not to communicate. Therefore, counselors need to establish an environment that discourages clients from playing such games.
- **Excuses:** They are universal and have their positive uses in life, like games and distortions. Excuse-making helps a great deal to avoid problems in life. Here, counselors should help the clients challenge themselves to review and make changes in some of the ways they think. Thus, skilled counselors should not let the clients take advantage, despite being caring and empathic.

In reality, these eight and many other such targets often appear in combination. This may result in inadequate management of feelings and emotions influencing both internal and external behaviour. Here, the counselors need to help clients change their relationships with troublesome and unproductive thoughts and feelings by approving and soothing them with respectful attention. Thus, the counselors can help clients determine the purpose of their lives.

6.1.3 Identifying blind spots:

The term “blind spot” refers to the condition that clients are not necessarily aware of how they are limiting themselves. Thus, blind spots are the things people fail to see or choose to ignore that restrict them from identifying and managing problem situations or identifying and developing opportunities for themselves. Ten common blind spots identified by Van Hecke (2007) that get people in trouble are i) failure to think things through, ii) always having the right answers, iii) failure to pick up cues and clues and notice what is going on, iv) lack of self-awareness, v) failure to explore one’s biases, vi) seeing the world through rigid categories, vii) jumping to conclusions, viii) failure to check things out, ix) seeing coincidences as causes, and x) failure to see the big picture

and put things in context. According to Van Hecke, we often remain ignorant of our own blind spots and “stupidities” while readily pointing out others’ blind spots. Therefore, while inviting clients for self-challenge, counselors should consider clients’ degree of awareness of self-limiting thinking, emotional expressions, and behaviour. They require to make such clients aware of how they need to sharpen their perceptions of themselves while being perceptive about others. They can also help the clients understand how blind spots are obstacles to effective decision-making. Let us have a look at some blind spots mentioned below:

1) Lack of awareness:

Whether intentional or unintentional, blind spots tend to come in the way of change and are of various types. Making clients aware of things unknown to them helps them know themselves better, cope with problems and develop opportunities. This also leads to an insight into how lack of awareness narrows their lives and how their mindset stands in the way of change. This blind spot has different degrees ranging from “simple unawareness” to “not so simple”.

2) Failure to think things through:

This is a very common human experience. We perform many tasks, such as exploring problems, examining opportunities, searching for possibilities, or formulating plans of action casually and incompletely. We then proceed to make decisions based on illogical reasoning. Sometimes strong beliefs made stronger by emotions restrict the clients from thinking things through. Habits, laziness, or thoughtlessness of clients also influence their thinking. As a result, a failure to see the possible short-term and long-term consequences of dysfunctional behaviour can mess up one’s life. In such cases, counselors need to challenge the clients and help them think key issues through.

3) Self-deception:

This type of blind spot differs from a simple lack of awareness and is contrary to the kind of social-emotional maturity. Sometimes clients choose to stay in dark about the things they would rather not know, because they would be challenged to change their behaviour if they knew them.

4) Choosing to stay in the dark:

This is another common human experience like a failure to think things through. Heffernan (2011) calls this experience “willful blindness”, where someone expresses saying for example, “I could find out, but I don’t want to, at least not yet”. This indicates a sort of one’s unwillingness to know something. In the helping process also, vague and ambiguous behaviour of the clients with their counselors indicates that they may also be restricting something from themselves, which would hurt to know or know more fully. This reflects their preference to stay in the dark.

5) Knowing, not caring, and failing to see consequences:

Sometimes clients know that their thinking, forms of emotional expressions, and acting are getting them into trouble or restricting them, and yet they do not seem to care. This situation is called a blind spot in an extended sense to describe such behaviour, because either clients do not seem to fully understand or appreciate the degree to which they are choosing their own misery, or they do not see the implications and consequences of being careless.

Thus, the term blind spot includes a wide range of behaviour, such as being unaware, deceiving ourselves, not wanting to know, ignoring, not caring, or knowing but not fully. In other words, we do not fully understand the implications or the consequences of what we know. As helpers, counselors should help clients deal with these blind spots as one of the most important things. A list of important questions (Table 6.3) is presented below that would be helpful to disclose the blind spots. Counselors can help their clients ask these questions to themselves in order to develop new perspectives and change their internal as well as external behaviour.

Table 6.3: Important Questions to Disclose Blind Spots

• What problems am I avoiding?	• What opportunities am I ignoring?
• What is really going on?	• What am I overlooking?
• What do I refuse to see?	• What don't I want to do?
• What unverified assumptions am I making?	• What am I failing to factor in?
• How am I being dishonest with myself?	• What's underneath the rocks?
• If others were honest with me, what would they tell me?	

{Source: Egan, G. (2014). The skilled helper: A problem-Management and opportunity development approach to helping (10th Ed.). Belmont: Brooks/Cole CENGAGE Learning}.

Thus, counselors can help clients deal with their dysfunctional blind spots to prevent further damage, limit damage that has already taken place, and turn their problems into opportunities.

6.1.4 Skills to challenge blind spots:

So far, we have learned how self-challenge focuses on the kind of understanding that leads to constructive change. We have also learned how self-challenge can help clients turn their blind spots into new perspectives and translate them into more constructive patterns of both internal and external behaviour. This process of turning blind spots into new perspectives is named with various positive terms, such as 1) seeing things more clearly, 2) getting the picture, 3) getting insights, 4)

developing new perspectives, 5) spelling out implications, 6) changing perceptions, 7) developing new frames of reference, 8) looking for meaning, 9) shifting perceptions, 10) seeing the bigger picture, 11) developing different angles, 12) seeing things in context, 13) context breaking, 14) rethinking, 15) getting a more objective view, 16) interpreting, 17) overcoming blind spots, 18) second-level learning, 19) double-loop learning (Argyris, 1999), 20) thinking creatively, 21) reconceptualizing, 22) discovering, 23) having an “ah-ha” experience, 24) developing a new outlook, 25) questioning assumptions, 26) getting rid of distortions, 27) relabeling, 28) making connections, 29) frame-breaking, 30) frame-bending, and 31) reframing. Thus, all these terms imply some sort of cognitive restructuring needed to identify and manage both problems and opportunities.

Developing new perspectives is a painful experience at times. Therefore, helping clients explore the consequences of their actions is one way of helping them challenge their both internal and external actions. A basic assumption that effective helpers have about their clients is that clients have the resources to see themselves and the world in which they live in a less distorted way and to act on what they see.

Indirect Approaches to Challenge Blind Spots/ Clients’ Self-challenge:

Here are three indirect approaches or skills mentioned below:

a) Advanced Empathy:

This skill or approach refers to capturing and sharing the fuller message or the message behind the message. What makes advanced empathy a form of challenge is that it tends to dig the hidden messages a bit deeper and clients might not immediately recognize themselves from counselors’ response, which may cause an experience of instability. Advanced empathy invites clients to take a closer look at themselves and their behaviour. Counselors can ask the following questions to themselves to probe a bit deeper as they listen to clients:

- What is this person only half saying?
- What is this person hinting at?
- What is this person saying in a confused way?
- What covert message is behind the explicit message?

Thus, counselors focus on what clients are truly saying or at least expressing by using advanced empathic listening and processing, though tentatively and confusedly. Counselors as skilled helpers capture and share the message behind the message to focus on the problematic dimensions of clients’ thinking, emotional expression, and behaviour. Also, they focus on unused opportunities and resources. Being effective helpers they listen for and tap the resources hidden deeply in clients and often forgotten by them. Advanced empathy can be practised in the following ways:

Helping clients make the implicated implicit:

This is the most basic form of advanced empathy. It involves helping clients give fuller expression to what they are implying rather than saying directly.

Helping clients identify themes in their stories:

Often certain themes emerge when clients narrate their stories. This thematic material reveals feelings (e.g. hurt, anxiety), thoughts (e.g. being preoccupied with the past), behaviour (e.g. controlling others, blaming others, overwork), experiences (e.g. being a victim, punished, ignored), or some combinations of these all themes. Counselors can share their perceptions when they see a self-defeating theme or pattern emerging from their discussion with clients and can help clients check out those self-defeating themes.

Helping clients make connections that may be missing:

Clients often share their experiences, thoughts, behaviours, and emotions through their stories as much as possible. However, they may miss sharing something which may be important and helpful to progress the session in the right direction. In such situations, counselors need to help clients make the kinds of connections that provide insights or perspectives that enable them to move forward.

Sharing educated hunches based on empathic understanding:

While listening to the clients, counselors need to process thoughtfully what clients say in order to put it all into context. Here, counselors begin to form hunches about the message behind the message or the story behind the story. Counselors can share the hunches that might add value according to them. The hunches become more enlightening with increased maturity level, social competence, and experience of counselors in helping others. Here are some benefits that the hunches offer:

- Helping clients see the bigger picture
- Helping clients go a bit deeper: Hunches help clients see more clearly what they are expressing indirectly or merely implying.
- Helping clients see implications and draw conclusions: Hunches help clients draw logical conclusions from what they are saying.
- Helping clients open up: Hunches help clients explore areas they are only hinting at.
- Helping clients see things they may be overlooking
- Helping clients own their stories: Hunches, overall, help clients take fuller ownership of their experiences, behaviours, feelings, points of view, and decisions which they previously owned partially.

Counselors should use hunches, like all responses, based on their understanding of their clients. Responding with empathy would not be sufficient to draw inferences from clients' history, experiences, or behaviour at will. It also would not be enough to load clients with interpretations that are more deeply rooted in counselors' favourite psychological theories of the clients' world. Thus, counselors need to have emotional intelligence and social competence to use constructive advanced empathy.

b) Information Sharing:

The information helps clients at any stage of the helping process. Clients start sharing information once they are made aware in the initial therapy session that they are not the first to try to cope with a particular problem. The information shared by them can help them further clarify possibilities and set goals. Thus, information is also important at the implementation stage. Information on obstacles commonly experienced by the clients helps them cope and persist. On the contrary, some missing information makes it difficult for clients to explore their problems fully, set goals, and proceed to action. The skill or strategy of information sharing includes both providing new information and correcting misinformation. Thus, it helps clients develop new perspectives on their problems or guides them on how to act. It proves to be quite confirming and supportive in some cases. On the other hand, in some cases, providing clients with new perspectives can be both comforting and painful. In some situations, giving information is especially useful, particularly when a lack of accurate information is either causing a problem situation or is worsening an existing problem. Here are a few cautions that counselors as helpers should observe in giving information:

- Be tactful when information is challenging, or even shocking, and help the clients handle the disequilibrium that is likely to be caused by the information.
- Do not overwhelm the clients with information.
- Make sure that the information you provide is clear and relevant to the clients' problem situation, and that it will not leave clients with any kind of misunderstanding.
- Be supportive and help the clients process the information.
- Do not confuse information sharing with advice-giving. Professional guidance differs from telling clients what to do.

c) Helpers' Self-Disclosure:

Self-disclosure by counselors or helpers requires their ability and willingness to share some of their own experiences, thoughts, behaviours, and feelings with clients. It is one of the ways to help clients challenge themselves. Effective helpers listen, process, respond and try to track and manage the impressions they are making on clients. Helpers' self-

disclosure faces some criticisms, such as i) it is found to have the potential to frighten clients, ii) it can make clients see counselors as less well-adjusted helpers, iii) it is likely to place a burden on clients at times. On the other hand, iv) it is well appreciated by clients as suggested by some research studies, and v) some clients see self-disclosing helpers as “down-to-earth” and “honest”. vi) it can serve as a form of modelling in a direct form.

Self-disclosure which helps clients develop new perspectives and new possibilities for action is challenging. It puts pressure on clients to talk about themselves more openly or in a more focused way. Helpers’ self-disclosure is challenging for at least these two reasons:

- i) It is a form of closeness and is not easy to handle for some clients. Therefore, counselors need to know precisely why they are revealing information about themselves.
- ii) It can indirectly convey a challenging message “You can do it too”. Counselors’ revelations regarding their past failures often centre on problem situations they have overcome or opportunities they have grabbed.

Sometimes clients misinterpret helpers’ self-disclosures and their intent. However, such disclosures can be very encouraging for clients, if executed properly. Section 6.2 deals with helpers’ self-disclosure separately and in detail with a few guidelines for its execution in the helping process.

Direct Approaches to Challenge Blind Spots/ Clients’ Self-challenge:

Here are a few direct approaches to clients’ self-challenge:

a) Making Suggestions and Giving Recommendations:

Counselors should not tell clients what to do or should not try to control their lives. Rather, they should let clients make their own decisions, which should reflect the values of respect and empowerment. Some clients from some cultures expect or want clear guidance from counselors. However, professional guidance should aim at facilitating self-responsibility in clients. Counselors as helpers often experience tension between the desires of having their clients manage their lives better and respecting their clients’ freedom. Strong and respectful relationships between counselors and their clients make stronger and more direct interventions possible. At this stage, suggestions and recommendations can encourage clients to move to problem-managing action. Thus, counselors move from counselling mode to guidance role.

Some research studies claim that clients generally prefer to go along with recommendations from counselors when they are undoubtedly related to their problem situation, challenge clients’ strengths, and are not too difficult. Thus, effective helpers can provide suggestions, recommendations, and even directives with respect to clients’ of their self-sufficiency or their honour. Such suggestions, advice, and directives from

counselors can act as stimuli for clients to come up with their own resources. It requires a great deal of experience with clients while offering suggestions, advice, and directives. Therefore, novices should proceed with caution and should not offer suggestions, advice, and directives to their clients.

b) Confrontation as a Stronger Medicine:

Some clients terminate the helping relationship simply because they are not willing to change. Such clients can be categorized across a continuum from mildly to extremely reluctant or resistant. Even there are chances that they may be collaborative on some issues, while being reluctant on others. In such cases, Patterson et al. (2004) address “crucial confrontations” that can be helpful for people who fail to live up to clear and realistic expectations that have been set up with them or for them. People who break promises, violate expectations, or engage in some bad behaviour should expect to be confronted. Confrontation skills help counselors focus on the failure of their clients to live up to their own expectations, or the defined legitimate expectations of the culture or community in which they live. Confrontation does not involve ultimatums like “do this or else”. Rather, it is more often a way of making sure that clients understand the consequences of not changing and of persisting in dysfunctional patterns of behaviour or the cost of failing to use opportunities. Thus, confrontation works as a strong medicine through caring for clients, if used carefully. Confrontation should be empathic and respectful, should empower the clients, and should lead to action. Counselors should not use confrontation to vent their frustrations on reluctant and resistant clients.

c) Encouragement:

Encouragement is also one of the kinds of nudge and itself is a mild form of challenge. It is also a form of support which is one of the main ingredients in successful therapy. Counselors should encourage clients i) to identify and talk about their problems and unused opportunities, ii) to find their motives, and reasons for change that make sense to them, iii) to review possibilities for a better future, to set goals, and to engage in actions, iv) to use the change options that they find fit best, and iv) identify inevitable obstacles to change and ways of overcoming them. Encouragement emphasizes intrinsic rather than extrinsic motives. Intrinsic motives are those that clients have internalized for themselves (e.g. “I want to be free”), while extrinsic motives are those which are not internalized (e.g. “I’ll get in trouble if I don’t change”). Realistic encouragement as one of the helping skills can be used at any stage of the helping process.

Rollnick and Millner (1995) introduced an approach called motivational interviewing (e.g. Arkowitz & Westra, 2008; Michael et al., 2006) that can be used to help clients at any stage or for any task in the problem-management framework. The motivational interviewing approach is an admittedly directive approach with a gentle touch and it involves: i) encouraging rather than confronting, and ii) informing clients about such

things as the consequences of their behaviour. Respect, self-determination, self-empowerment, and self-healing are the core values emphasized in motivational interviewing (Vansteenkiste & Sheldon, 2006). Apart from this, empathy as a value and empathic responses as a form of communication skill is used extensively in the helping process. Empathy differs from sympathy and it respects the clients' autonomy and self-healing abilities. Thus, it is a fully human nudge in the right direction.

6.1.5 Helpers' Self-Challenge:

Self-challenge applies to both – clients as well as counselors – equally. Previous sections (Section 6.1.1 through Section 6.1.4) help us understand all about self-challenge on part of clients, different ways that counselors use to invite their clients to challenge themselves, and care the counselors should follow while helping clients challenge themselves, and many other important aspects. Now, this section will help us to understand the different aspects concerning counselors as helpers challenging themselves during the helping process. Thus, self-challenge on part of clients and counselors should not be confused or mixed.

Counselors as helpers also need to continually challenge themselves to become more informed and effective in their profession. Their self-challenge is related to every aspect of the helping process. They must be careful while challenging, because their invitation to self-challenge still could be ineffective and even they may hurt clients. Therefore, the challenges by the counselors should be i) caring and genuine, ii) based on their understanding of the clients, and iii) designed to increase clients' self-responsibility and to help clients move into outcome-focused action. Every invitation to self-challenge should be a sign of empathy. Thus, an invitation to self-challenge requires the use of all communication and relationship-building skills. Here are some helpers' self-challenge principles which further imply some basic guidelines for inviting clients for self-challenge.

a) Keep the goals of invitations to client self-challenge in mind:

The goal of inviting clients to self-challenge is to help them develop the kinds of alternative perspectives, internal behaviour, and external actions that are required to achieve the general outcomes of the helping process. Counselors need to help clients personalize these broad outcomes:

b) Don't force clients to make decisions, but do provide a "Choice Structure":

Choice structure helps clients see things from a different perspective and give them the freedom to make decisions that they otherwise would not have made (Corsini, 2011; Hagedorn, 2011). Thus, counselors should provide a choice structure to the clients that does not force them to make any particular decision, but enables clients to challenge themselves with respect to their dysfunctional controlling aspects concerning the problem situation. Also, counselors should be inventive with the probes and choice structure that they provide clients to help them challenge themselves.

c) Earn the right to invite clients to challenge themselves:

Counselors can do the following things to earn the right to invite clients to Challenge themselves:

- **Develop a solid relationship:** Counselors need to challenge themselves to deal with their helping relationship with clients more creatively if they are experiencing poor rapport or stagnated relationships with clients. The effective challenge follows from an accurate understanding and invitations for effective challenge emerges from empathy. Empathy enables counselors to see the world through clients' eyes and to see how their thinking, behaving, and emotional expressions are getting them into trouble. Thus, counselors should challenge clients only after spending considerable time and effort in building a relationship with their clients.
- **Be open to invitations to challenge yourself:** Counselors should not hesitate to invite others if they are dealing poorly with the expressed or implied invitations others make to them both in counselling sessions and everyday life. Counselors should not be defensive in the helping relationship, in the relationship with their supervisors or seniors, and in their everyday life. Thus, they should exhibit a model of non-defensive attitudes and behaviour that they would like to see in their clients.
- **Work on your own life:** Counselors must determine what gives them the right to invite clients to challenge themselves. An approach of some counselors to helping avoids challenges of any kind, avoid conflict, and they have unexciting interactions with their clients. Such counselors should ask themselves such questions, as 'why should others accept invitations to self-challenge from them?', 'what remains unchallenged in their own life?' In this context, Berenson and Mitchell claimed that only people who are striving to live fully according to their value system have the right to invite others to challenge themselves and only such people have potential sources of human nourishment for others.

d) Help clients be specific in their self-challenges:

Inviting clients to challenge themselves on specific issues makes the helping process effective. Vague challenges are not helpful as they lack clarity and specificity. Counselors should keep in mind that helping often needs to be intrusive to make a difference. Hence, they should not hesitate to be clear and specific in their approach even though they feel being intrusive. Clients do not know what to do about vague challenges. Therefore, vague statements from counselors will not make any difference to clients, and they would satisfy only counselors' needs, such as ventilation and frustration. On the other hand, specific statements would be more effective and helpful to clients and the counselling session to move on.

e) Be tentative, but not apologetic in the way you invite clients to self-challenge:

Tentative invitations to clients to challenge themselves are well received and generally viewed more positively than strong and direct challenges. Clients are more likely to respond to tentative invitations. On the other hand, clients are likely to react if the invitations sound like accusations. Therefore, counselors should deliver invitations as hunches that are open to review and discussion. They should keep in mind that inviting clients to self-challenge is not an opportunity to put clients in their place. Apart from this, invitations to self-challenge should not sound apologetic as they can be easily dismissed by clients, if they are filled with too many qualifications in terms of verbal content or counselors' tone of voice.

f) Invite clients to challenge unused strengths rather than weaknesses:

Overfocus on failures often makes it difficult for people to change their behaviour. The tendency of being preoccupied with their own limitations leads people to see their achievements as unimportant. As a result, they withhold rewards from themselves even when they engage in life-enhancing behaviour. Sometimes even adverse life experiences can be a source of strength. People are often more resilient than they are considered to be. Therefore, counselors should challenge the strengths of clients which should help them explore and use the assets and resources they have.

g) Help clients build on their successes:

In the helping process, effective helpers should help clients place reasonable demands, rather than too many demands on themselves. They should also help clients appreciate and celebrate their success.

h) Make sure that invitations to self-challenge respect clients' values:

Counselors should help clients clarify their values and make reasonable choices based on them. They should be careful about using challenges to force clients to accept the values that counselors believe, even indirectly. Inviting clients to clarify their values is legitimate. However, forcing them to accept the values that counselors believe is likely to violate the empowerment value. Therefore, counselors can help clients explore the consequences of the values they hold, rather than questioning them about their values. In such cases, clients themselves can be well invited to question their values that seem to be life-limiting rather than life-enhancing. Counselors can use their own judgement along with empathy while inviting clients for self-challenge. They should be flexible enough while offering valuable help to their clients in their search for solutions. All ways that counselors as helpers can use to invite self-challenge for themselves can be summarized as mentioned below. They can evaluate themselves by answering how well they do on each of the following parameters while helping their clients:

- Inviting clients to challenge themselves
- Earning the right to invite clients to self-challenge
- Being tactful and tentative in invitations without being weak or apologetic
- Helping clients develop specific self-challenges that are effective and make a difference
- Helping clients challenge their strengths rather than their weaknesses
- Making sure that self-challenge does not become self-demeaning or self-destructive.
- Inviting clients to clarify and act on their own values

Counselors as helpers face different challenges throughout the helping process while helping their clients achieve their goals. One of the challenges for counselors is dealing with reluctant and resistant clients, which often makes the counselling session difficult to move on. Section 6.3 of this chapter deals with this challenge separately.

6.2 HELPERS' SELF-DISCLOSURE

Self-disclosure in the helping process refers to the counselors' or therapists' act of sharing their feelings, thoughts, and experiences with the clients that are relevant to the situation presented by the clients. It is defined as any information that counselors convey about themselves to clients (Cormier et al., 1997). In self-disclosing, counselors draw on situations from their own life experiences and selectively share those personal reactions with the clients. Appropriate and facilitative self-disclosure is an important part of a therapeutic relationship in the helping process. Like many other communication skills, helpers or counselors can use self-disclosure also in both – individual as well as group counselling. In self-disclosure, counselors do not necessarily have to disclose details of their past or their personal life to make themselves known as a person or to empathize with their clients. A few words and/or nonverbal cues such as a touch, a look, a gesture, etc. can express their feelings of identification and understanding and convey them to the clients. At times, counselors' self-disclosure also involves communicating their observations and personal reactions to clients or to what is happening in the session at any given particular time. This can have a therapeutic impact and provide a powerful model of giving interpersonal feedback when done in a sensitive and caring manner, especially in group counselling sessions.

While self-disclosing, counselors should consider some important points, such as i) what are the reasons behind their disclosure, ii) whether the clients or group participants are ready to accept it, iii) what could be the possible impact of counselors' sharing of intimate details, iv) how relevant is the degree of their disclosure to the here-and-now process. Counselors who disclose here-and-now reactions rather than detailed personal events

from their past tend to facilitate the progress of counselling sessions (Yalom, 2005). This selective disclosure provides the clients with acceptance, support, and encouragement. Apart from this, counselors should always remember that if they decide to share personal concerns, it should be for the benefit of their clients and that their self-disclosure should not be overwhelming to divert them from their role and functions as counselors or helpers.

Counselors should be aware of the timeliness and value of their self-disclosure, which are truly critical factors in the helping process. Thus, appropriate self-disclosure does not take the focus away from the clients. Also, when it is used appropriately, it succeeds in making gains for both counselors and clients and helping the therapeutic relationship move to deeper levels of understanding and sharing. Self-disclosure can influence the helping relationship both positively and negatively and counselors must take care in measuring the impact their disclosure may have. A positive impact of self-disclosure may be noticeable in the possibility of modelling self-disclosure for clients or helping them gain a different perspective on presenting problems. On the other hand, a negative impact may be evident in the focus shifting to the counselors' issues from that of the clients.

Counselors should use self-disclosure at the later stage of the helping process as it would be very useful and appropriate at that stage rather than at an earlier stage. According to Hill and Knox (2002), therapists must understand how their disclosures are affecting their clients and must use self-disclosures appropriately. Hill and Knox present a few guidelines (Table 6.4) for using self-disclosure:

Table 6.4: Guidelines for using self-disclosure by Hill and Knox (2002) to be Practised by Therapists/Counselors

- Monitor the frequency and purpose of their disclosures.
- Consider disclosing for
 - normalizing experiences,
 - modelling and strengthening the therapeutic alliance,
 - validating the reality, or
 - offering alternative ways to think or act.
- Avoid self-disclosure that
 - is used to meet their own needs,
 - takes the focus off the clients' experiences,
 - interferes with the flow of the session,
 - burdens the clients,

- blurs the boundaries in the relationship, or
- contaminates the transference.
- Observe how clients react to the disclosures.
- Ask clients how they react to sharing personal material.
- Decide how to intervene next.
- Determine what clients need from the therapists, because different clients react differently to the therapists' disclosure.

Here is another set of a few guidelines for helpers' self-disclosure and appropriate sharing of personal experiences, emphasizing caution regarding the execution of self-disclosure on counselors' part:

- 1) **Talk about yourself:** Counselors as helpers should not disclose the experience of third parties whom they know.
- 2) **Talk about past experiences:** Counselors may not have sufficient emotional distance from current experiences, for example, experiences of divorce.
- 3) **Be to the point:** Personal disclosures from counselors should follow similar client disclosures. They should avoid slowing down or defocusing the counselling or helping session through lack of relevance or talking too much.
- 4) **Be sensitive to clients' reactions:** Counselors should have sufficient awareness to realize when disclosures might be helpful to the client and when they might be unwelcome or a burden.
- 5) **Share personal experiences sparingly:** Counselors should be careful not to switch the focus of counselling and helping from clients to themselves.
- 6) **Make sure that your disclosures are appropriate:** Counselors should share about themselves only if it helps clients achieve treatment goals. Their disclosing should not be more than necessary and exhibitionistic. Such self-disclosures by counselors are surely inappropriate.
- 7) **Make sure that disclosures are culturally appropriate:** This caution underlines the fact that counselors' behaviours do not apply to or fit in all cultures easily. Hence, their behaviours cannot be transferred automatically from one culture to another.
- 8) **Be careful of your timing:** Timing is critical. Premature or poorly timed helpers' self-disclosure can distract clients or turn them to be reluctant. Hence, counselors should learn through experience to deal with "natural openings" – a safe and appropriate point for disclosing themselves with the clients to make it more beneficial.

- 9) **Keep your disclosure selective and focused:** Counselors should not distract clients with random stories about themselves. Clients may feel discouraged or depressed because of unfocused self-disclosures by counselors.
- 10) **Don't disclose too frequently:** Too frequent self-disclosure by counselors is inappropriate. Counselors who disclose themselves too frequently, appear as self-centred or even immature. In such cases, clients may even suspect that counselors are having some hidden motives.
- 11) **Do not burden the client:** Counselors must be aware of the fact that clients are already in the overburdened stage due to their problem situations. Therefore, they should not burden the clients with unnecessary and frequent self-disclosures.
- 12) **Remain flexible:** Counselors should be flexible in disclosing themselves and their self-disclosure should be according to the different problem situations of different clients. Clients may be even asked directly whether they want counselors to disclose themselves. But, not necessarily every client in every situation may want counselors' self-disclosure or may benefit from it.

Let's see a few examples of self-disclosure from counselors/ helpers.

Example 6.1:

Here are a few responses showing counselors' involvement:

- While responding to specific disclosures, counselors may use expressions, such as, "I'm delighted", "That's great", "That's terrible", "I'm really sorry to hear that..".
- Counselors may use phrases to respond to clients as people, such as, "I admire your courage", "I appreciate your honesty".
- While responding to clients' vulnerability, counselors may use phrases, such as, "I'm available if you get really low", "I'm very concerned about what you are going through".

Example 6.2:

Here is one more example demonstrating how a counselor is sharing or can share personal experiences with the clients:

Counselor: Leena, at one stage in my life, I was unemployed too and found it a very scary and difficult time. Though our experiences differ clearly, I think I do have some idea of what you are going through.

{Source for Examples 6.1 and 6.2: Nelson-Jones, R. (2009). Introduction to counselling skills: Text and activities (3rd Ed.). Bangalore: Sage Publications.}

6.3 RELUCTANCE AND RESISTANCE

Counselors as helpers inevitably face the challenge of dealing with clients who are unwilling or unable to engage readily in the hard work often needed to bring about problem-managing changes. This behaviour is called reluctance. They also come across clients who sometimes strongly “push back” against any kind of helping at all or parts of the helping process. This behaviour is called resistance. Though reluctance and resistance are two distinct terms, they are often used interchangeably. This particular section deals with resistance and reluctance on clients’ part that is faced by counselors as a challenge. Let us understand these two concepts and how counselors can deal with them by challenging themselves in this regard.

6.3.1 Identifying Reluctance and Resistance:

Reluctance to change is normal. Clients many times come armed against change to a greater or lesser degree. It is an in-built human condition that reflects uncertainty about change. On the other hand, resistance is a way of reacting to some kind of compulsion or pressure. Many times clients resist because they tend to think that they are being forced to do something.

a) Reluctance:

There are many ways and reasons for reluctance on clients’ part. Being slow to seek help or accept it when offered is an early form of reluctance. Here are many reasons noted by Vogel et al. (2007) based on some common beliefs for why troubled people avoid seeking help in the first place:

- “Society looks down on those who seek help”.
- “The whole experience will be too emotionally painful”.
- “Counselling probably won’t help me very much”.
- “I’ll have to reveal all my dark secrets”.
- “My family and friends will see me as odd”.
- “I’ll be embarrassed and feel worse about myself than I do now”.

Reluctance is present in almost all clients as problem management and opportunity development require a lot of effort from both parties – counselors and clients. Especially, developing unused opportunities provide challenges, which could be exciting for some clients, while terrific for others. Let us have a look at the most possible and common reasons for their reluctant behaviour:

Fear of Intensity:

The helping process can be intense for two reasons: i) when counselors use high levels of communications skills (e.g. tuning in, listening, sharing

empathic responses, probing), and ii) when clients also cooperate by exploring the feelings, experiences, behaviours, points of view, and intentions related to their problem situations. This intensity can cause clients, and even counselors to withdraw.

Lack of Trust:

The irrational fear in some clients of being cheated makes it very difficult for them to trust anyone and even the most trustworthy counselors. Such clients are very slow to reveal themselves, even when confidentiality is assured in the therapeutic relationship between clients and counselors. Counselors need to use a combination of patience, encouragement, and invitations to self-challenge to deal with such clients.

Fear of Disorganization:

Self-disclosure is difficult for some clients because exploring some unknown things about themselves is more burdensome for them. Such clients may begin well in the helping process. But, they are likely to escape if they find the problem-exploration process overwhelming. Thus, they want to avoid possibly a high degree of disequilibrium, disorganization, and crisis that are likely to result from a process of digging out their inadequacies.

Shame:

Shame experiences can be defined as an acute emotional awareness of a failure to be in some way. They refer to the experience of getting exposed to particularly sensitive and vulnerable aspects of the self. Shame is often sudden. It makes clients see their inadequacies within a moment. These inadequacies are often unrecognized and clients are not ready for their exposure. Thus, shame is primarily an exposure of self to oneself. It is more painful when exposure moves from the self to another person. It is sometimes even related to insignificant external incidents (e.g. casual remarks by someone), especially when someone was already ashamed. Overcoming the shame related to the most personal issue/s is very difficult. In such cases, relative safety is also not sufficient at times to overcome the shame, even though it is the therapists' office where there is near-absolute confidentiality. Cultural diversity makes it more difficult to deal with reluctance related to shame experiences. Individuals from some cultures may find it comfortable to share even the most personal details of their personal lives without experiencing any shame, while individuals from some more conservative cultures may find it very hard.

The Cost of Change:

Some clients are afraid to take responsibility for themselves as they subconsciously know to some extent that they will have to change if they do so. In other words, they know that they will need to i) leave the comfort associated with their unproductive patterns of living, ii) work more persistently, iii) suffer the pain of loss, iv) acquire skills needed to live more effectively, and v) engage in more of such tiresome activities. Fear

of such a persistent effort turn the clients to be reluctant. Counselors need to help clients see that the outcomes are worth the effort.

A Loss of Hope:

Some clients have the notion that change is impossible which causes a loss of hope in them. Therefore, they are simply not willing to put their effort into the helping process and this results in reluctance. Some clients need to gather the courage even to see a helper or counselor. In such cases, reluctance refers to clients' hesitancy to engage in the work demanded by the tasks in the helping process. Clients exhibit their reluctance in many ways, often being covert. Some of the behavioural characteristics related to reluctance are as follows:

- Clients talk about only safe or low-priority issues.
- They seem unsure of what they want.
- They gently block the helping process by being overly cooperative.
- They set unrealistic goals and then use them as an excuse for not moving forward.
- They don't work very hard at changing their behaviour.
- They are slow to take responsibility for themselves.
- They tend to blame others or the social settings and systems of their lives for their troubles and play games with helpers.
- They don't come for counselling in the first place.

Counselors, thus, can identify the signs of clients' reluctance from these behavioural characteristics, and the possible reason/s behind their reluctance to involve in the helping process with the required effort. This will enable counselors to deal with reluctant clients effectively.

b) Resistance:

Clients may want to engage in therapy or some therapeutic exercise. But, sometimes counselors may appear demanding to the clients. This might make the clients feel that their counselors are forcing rather than inviting them to participate. Thus, resistance can be considered the clients' way to fight back. Here are some aspects of resistance, which will help counselors identify the kinds of resistance:

Reacting to perceived mistreatment:

Sometimes clients may think that their counselors are mistreating them. This leads clients to resist in some way. In some cases, clients have a belief that their cultural beliefs, values, and norms (personal or groups) are being violated by the helpers or counselors. This also can make clients resist. Thus, some clients tend to see compulsion in the helping process even though it does not exist. Accordingly, they react based on their

perception, and this results in some form of hidden or open fighting back. Some signs that resistant clients who feel abused show are as follows:

- They let everyone know that they do not need any help,
- They show little willingness to establish a working relationship,
- They often enough try to blame and find the counselors guilty,
- They are often resentful,
- They make active attempts to block the helping process or terminate it prematurely,
- They can either be testy or actually abusive and hostile,

Thus, resistance to helping is a matter of degree and not all resistant clients engage in extreme forms of resistant behaviours.

Involuntary clients:

Involuntary clients (Brodsky, 2011) are often resisters who are sometimes called “mandated” clients. Such clients are found in different setups like schools (especially schools below college level), correctional settings, marriage counselling (especially court-mandated), employee agencies, welfare agencies, court-related settings, and other social agencies. But, any client can become a resister who feels as being forced or treated unfairly. Clients can experience coercion in a wide variety of ways. Here are a few kinds of clients who often resist:

- Clients who see no reason for going to the helper in the first place,
- Those who dislike third-party referrers (e.g. parents, teachers, correctional facilities, social service agencies) and whose resentment carries over to the helper,
- Those who don’t know what the helping process is about and fear the unknown,
- Those who have a history of rebelliousness,
- Those who see the goals of the counselors or the helping system as different from their own,
- Those who have developed negative attitudes about helping and helping agencies and who foster suspicions about helping and helpers,
- Those who believe that going to counselors is the same as admitting weakness, failure, and inadequacy which makes them feel like losing prestige,
- Those who feel counselling is something that is being done to them, which makes them feel that their rights are being disrespected,

- Those who feel a need for personal power and find it through resisting a powerful figure or agency, and consider resistance their power,
- Those who dislike their counselors but do not discuss their dislike with them,
- Those who differ from their counselors about the degree of change needed,
- Those who differ greatly from their helpers, for example, based on socio-economic background and other such aspects.

Thus, being resistant is also a way to protect one's self-esteem. As noted in the last kind of resistant clients, many socio-cultural variables, such as gender, prejudice, race, religion, social class, upbringing of the clients, cultural and subcultural strategic plans, and the like can lead to resistance. For example, a man might instinctively resist being helped by a woman and vice versa. Another example could be that an African American person might instinctively resist being helped by a white person and vice versa.

Healthy Resistance:

Resistance cannot be negative always. Being a healthy sign, resistance can also mean that clients are standing up for their rights and fighting back. According to Koenig (2011), resistance also creates an opportunity for collaborative decision-making. Thus, clients can negotiate or fight for their needs through resistance.

Counselors, thus, need to identify the kind of resistance their clients are showing in the helping process and deal with them accordingly.

6.3.2 Dealing with Reluctance and Resistance:

Counselors, in their practice, may often find a mixture of reluctance and resistance in the same client. Therefore, in order to make therapy more efficient, counselors need to find ways of helping their clients deal with reluctance and resistance without any delay. Here are some principles that will help counselors deal with clients' reluctance and resistance:

a) Avoid unhelpful responses to reluctance and resistance:

Sometimes counselors, especially those who are beginners, may be unaware of the occurrence of reluctance and resistance. Such counselors are often unsettled when they face uncooperative clients. They experience a variety of emotions, such as confusion, panic, irritation, hostility, guilt, hurt, rejection, and depression. As a result, they react in unhelpful ways, when distracted by such feelings. Here, a few of such unhelpful ways are listed below in which counselors are likely to react:

- Accepting own guilt and trying to calm down the clients
- Becoming impatient and hostile, and expressing these feelings verbally or non-verbally

- Doing nothing in the hope that the reluctance or the resistance will disappear
- Lowering their expectations of themselves and proceeding with the helping process in a halfhearted way
- Trying to become warmer and more and more accepting, hoping to win the clients over by love
- Blaming the clients and ending up in a power struggle with them
- Allowing themselves to be abused by clients, playing the role of a victim
- Lowering their expectations of what can be achieved by counselling
- Handing the direction of the helping process over to the clients
- Giving up

Thus, counselors experience stress when they engage with “difficult” clients, and some counselors even indulge in self-defeating attitudes and assumptions about the helping process. Here are some of these attitudes and assumptions of such counselors:

- All clients should be self-referred and adequately committed to change before approaching me for help.
- Every client must like me and trust me.
- I am a consultant and not a social influencer; it should not be necessary to place demands on clients or even help them place demands on themselves.
- Every unwilling client can be helped.
- No unwilling client can be helped.
- I alone am responsible for what happens to the clients.
- I have to succeed completely with every client.

Such unrealistic beliefs on counselors’ part also can influence the helping process. Effective helpers are aware of reluctance and resistance on clients’ part. Therefore, they are never surprised by them and do not encourage such clients’ behaviours. In order to help their reluctant and resistant clients, counselors essentially need to be free of such unhelpful responses.

b) Develop productive approaches to dealing with reluctance and resistance:

Reluctance and resistance can take any form. Here are some principles and a general approach to managing reluctance and resistance appearing in any possible forms:

Explore your own reluctance and resistance:

Counselors should examine reluctance and resistance in their own life, in terms of their reactions when forced by someone, their feelings when treated unfairly, running away from personal growth and development, etc. Counselors who are finding ways of overcoming their own reluctance and resistance in various forms are more likely to help their clients deal with their reluctance and resistance.

See some reluctance and resistance as normal:

Counselors should help their clients see that their reluctance and resistance are not “bad” or odd. They also should help clients see the positive side of their resistance, which could be a sign of self-affirmation.

Accept and work with the clients’ reluctance and resistance:

Teyber (2005) talked about the central principle in the helping process, that is, “honouring” the clients’ resistance. In this regard, starting the helping process with the clients’ frame of reference, counselors i) should accept both the clients’ and their own reluctance or resistance, ii) should not ignore or intimidate by what they find, iii) should let clients know how they experience it and then explore it with them, iv) should model openness to challenge, v) should be willing to explore their own negative feelings, vi) should help clients work through the emotions associated with reluctance and resistance, vii) should avoid moralizing, viii) should befriend the reluctance or the resistance, ix) should not react to their reluctance and resistance with hostility or defensiveness. Thus, the skill of direct, mutual talk is extremely important to deal with clients’ reluctance and resistance.

See reluctance as avoidance:

Counselors should see clients’ reluctance as a form of avoidance rather than relating it necessarily with clients’ ill will. They should understand the principles and mechanisms underlying avoidance behaviour. Clients’ perception of counselling as lacking in suitable rewards or even as being punishing leads them to avoid counselling or continuing it only halfheartedly. In such cases, counselors should help them search for suitable incentives. They should find ways to present the helping process as rewarding by introducing constructive changes and talking about outcomes.

Examine the quality of interventions:

In the helping process, counselors should i) examine their helping behaviour whether it appears unfair to the client, ii) evaluate whether they are becoming too directive in the helping process due to which clients may feel pressurized, iii) examine whether they are venting out their emotions, such as anger and frustration as a reaction to clients’ reluctance, and iv) own such feelings and find ways to deal with them. Counselors should not over-personalize what clients say or do as this may reduce their

effectiveness. Counselors should note that they might not be the cause of clients' resistance necessarily, but could be a result of pressure from others for dealing with the problems.

Be realistic and flexible:

Counselors should remember that there are limits to what they can do as helpers and that their expectations for growth, development, and change should not exceed those of clients. Counselors should know their personal and professional limits. This will prevent the therapeutic relationship from turning into a harmful one. Rigid expectations of both clients and counselors become self-defeating.

Establish a “just society” with clients:

Counselors should deal with the clients' feelings of coercion by establishing as much mutuality as to be consistent with helping goals and inviting their participation in every step of the helping process and decision-making. Counselors can share their expectations, discuss and get reactions to helping procedures. They should explore the helping contract with their clients and get them to contribute to it.

Help the clients search for reasons for moving beyond resistance:

Counselors can use clients' self-interest as a way of identifying the reasons to help them participate in the helping process. They can also brainstorm as a way of discovering possible incentives. One of such important reasons could be the realization of clients that they are going to remain in charge of their own lives.

Do not see yourself as the only helper in your clients' lives:

Counselors can also engage significant others for clients (i.e. peers, friends, and family members) in helping clients face reluctance and resistance, rather than considering themselves as the only helper in clients' lives.

Employ reluctant and resistant clients as helpers:

Counselors can also possibly find ways to get reluctant or resistant clients into situations to help others. The change of perspective through such situations can help the clients settle themselves with their own unwillingness to work. Counselors also can play clients' roles through role-play technique and manifest the same kind of reluctance and resistance the way clients do. Thus, assigning a helper's role to the clients would help them overcome their unwillingness to work or cooperate. Hanna et al. (1999; see also Hanna, 2002; Sommers-Flanagan & Sommers-Flanagan, 2006) divided fifty strategies for helping clients into three categories i) reaching clients, ii) accepting them, and iii) relating to them.

Thus, reluctance and resistance create challenges for both clients and helpers. Helping clients overcome, deal with or settle with different forms

of unwillingness are often important tasks in the helping process. There are chances at times that clients may react strongly when invited to challenge themselves. At such times, counselors should not be surprised about it. Instead, they should find ways of helping the clients work through their emotion-laden reluctance and resistance if they react negatively rather than respond. Overall, counselors need to use both – values and skills – to find ways to help clients who at first sight seem to be reluctant and resistant.

6.4 SUMMARY

Challenging, helpers' self-disclosure, and dealing with reluctance and resistance are other important communication skills used to make the helping process effective. Challenging needs to be done skillfully from an external frame of reference to make it effective. It helps clients develop new and better perspectives about themselves, others, and their problem situations. It invites clients to examine the discrepancies in their feelings, thoughts, and communication of which they are unaware for various reasons. Skilful challenges tend to be fairly close to clients' existing perspectives, and they are presented in a relatively non-threatening manner. Counselors should be careful about their vocal and body communication while presenting challenges to clients; and should use well-timed, tactfully worded and mildly threatening challenges. Inviting clients for challenging themselves in a variety of ways is a stronger form of nudging. Counselors require using communications skills to help clients engage in self-challenge. Effective helping involves a mixture of support and challenge to achieve a set of life-enhancing and problem-managing outcomes for clients. There are two types of self-challenges. Out of them, one involves self-criticism, and another involves self-enhancement.

A blind spot is a condition in which clients are not necessarily aware of how they are limiting themselves. People often fail to see or choose to ignore blind spots that restrict them from identifying and managing problem situations or identifying and developing opportunities for themselves. Some common blind spots are failure to think things through, failure to pick up cues and clues and notice what is going on, lack of self-awareness, failure to explore one's biases, etc. There are indirect and direct approaches to challenge blind spots/ clients' self-challenge. Indirect approaches include advanced empathy, information sharing, and helpers' self-disclosure. Direct approaches include making suggestions and giving recommendations, confrontation, and encouragement.

Helpers' self-challenge should be caring and genuine, based on their understanding of the clients, and designed to increase the clients' self-responsibility and to help the clients move into outcome-focused action. Self-disclosure in the helping process refers to the counselors' or therapists' act of sharing their feelings, thoughts, and experiences with the clients, that are relevant to the situation presented by the clients. Appropriate and facilitative self-disclosure is an essential part of a therapeutic relationship in the helping process.

Reluctance refers to the clients' unwillingness or inability to engage readily in the hard work often needed to bring about problem-managing changes. Resistance refers to the clients' tendency to "push back" strongly against any kind of helping at all or parts of the helping process. The most possible and common reasons for clients' reluctant behaviour are i) fear of intensity, ii) lack of trust, iii) fear of disorganization, iv) shame, v) the cost of change, and vi) a loss of hope. Resistance by clients is of three types: i) reacting to perceived mistreatment, ii) involuntary clients, and iii) healthy resistance.

6.5 QUESTIONS

1. Write a detailed note on challenging as one of the communication skills in the helping process.
2. Explain the concept of self-challenge (for clients) and describe any two targets of self-challenge.
3. Describe the various targets of self-challenge.
4. What are the different blind spots?
5. Describe advanced empathy as an indirect approach to challenge blind spots.
6. Describe any two direct approaches to challenge blind spots.
7. Write a detailed note on helpers' self-challenge.
8. Write a detailed note on helpers' self-disclosure.
9. Write short notes on a) reluctance, b) resistance.
10. Explain the principles that help to deal with clients' reluctance and resistance.

6.6 REFERENCES

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THE STAGES AND TASKS OF PROBLEM MANAGEMENT - I

Unit Structure

7.0 Objectives

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7.2 Tasks of Stage I

- 7.2.1 Challenges Clients Face in Talking about Themselves
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- 7.2.14 Challenging to Make a Right Decision

7.3 Summary

7.4 Questions

7.5 References

7.0 OBJECTIVES

After reading this unit, you will be able to understand:

- How to help clients tell their stories?
- How to help clients challenge themselves to participate as fully as possible in the helping process?
- How to help clients focus on the right story?
- How to help clients move into action right from the beginning?

7.1 OVERVIEW

Counselling Stages I, II, and III:

All worthwhile helping frameworks, models, or processes ultimately help clients and answer for themselves four fundamental questions. They are:

- i) what is going on?
- ii) what does a better future look like?
- iii) How do I get there? and
- iv) How do I make it all happen?

Thus, the first question focuses on helping clients spell out their current picture, the second question helps them paint their preferred picture, the third question helps them take the way forward to achieve the preferred picture, and the fourth and last question helps them turn planning and goal setting into the kind of action that leads to the solutions, results, outcomes, or accomplishments in a more constructive manner.

These four questions have turned into three logical Stages I, II, and III. Stage I helps clients explore their concerns. Stage II helps clients determine problem-managing outcomes and set goals. Lastly, Stage III helps clients draw up plans to accomplish goals. In this and the next unit, we are going to learn these three stages of the counselling process. The present unit will deal with the tasks of Stage I, while the next unit will deal with the tasks of Stage II and Stage III. Let us start with understanding the tasks of Stage I.

7.2 TASKS OF STAGE I

Clients go to helpers or counselors when they are in distress and have difficulty managing their lives effectively. They are either not aware of the root cause of their problem or even what the problem is. Very often, the problems occur because clients are not able to understand even themselves. In such a situation, the counselors need to help them understand themselves, their problems, and the opportunities or strengths that the clients have not used to manage their lives effectively. Counselors can do so by encouraging clients to i) tell their stories, ii) reframe their stories, develop a new and more useful point of view, and begin thinking about new, more constructive ways of acting, and iii) stay focused on the key issues and concerns that will make a difference in their lives, in Stage I. Though these three tasks appear to be separate, they are intermingled in actual helping sessions. They do not have a hierarchical order. That is, counselors need not move necessarily from step one to step two to step three. Another important thing is that these three tasks are not limited to only stage one. There are three reasons for that

1. Clients find it difficult to tell all their stories right in the beginning session of the helping process. Their full story has many threads that are very often linked in the various sessions.
2. Blind spots can appear at any stage. Therefore, new perspectives are needed at every stage of the helping process, not only at the beginning.
3. Counselors need to help clients tell their stories, choose problem managing goals, develop plans to overcome problems and then implement those plans.

Considering these facts, actions related to problem management should be initiated early. Therefore, clients should be encouraged at the initial stage only to act upon what they are learning in the counselling sessions. If the actions lead to any positive changes, it indicates that the therapy being used is effective. Let us consider the following example:

Example 7.1:

A person is diagnosed with the third stage of cancer. No wonder, the person is likely to experience the feeling of despair. His immediate reaction may be to withdraw from interpersonal and social interaction by isolating himself from others. But, this is the time when he needs to find his inner strength to deal with his situation and be open to finding out how to deal with this situation. For this purpose, he needs to engage with other people, to talk to people who care for him and want to help him. In such a case, counselor needs to help the person to be willing to take help and become active in the helping process. There need not be very elaborate plans on how to act. But, even a simple act is sufficient like meeting a cancer survivor who has experienced and successfully overcome a similar kind of trauma. Here, the person may tell his story to a stranger (i.e., a cancer survivor) and request the stranger to visit again. Such behavioural signs will indicate that the patient is learning and realizing that he needs to do lots of things gradually at his pace and that he is not alone. In this scenario, the helper may be either professional or even informal.

Therefore, Stage-I of the counselling process is also known as the client-centred assessment stage, where the counselors and clients collaborate to let the clients identify what is going wrong or missing in their life, what is it that clients have been ignoring, and what opportunities they have not yet utilized. This assessment is done by the clients themselves with the help of counselors to get this clarity.

Three tasks in Stage I (depicted in Figure 7.1) are related to the following three questions in order to help clients gain answers to them:

1. “What’s going on in my life? What are my main concerns?”
2. “As I look more closely, what’s truly going on in my life? What new perspectives will help me deal with my concerns?”

3. “What should I be working on? Which issues, if handled well, will make a real difference in my life?”

Thus, in Stage-I, the tasks are activities that help clients to let the helper know about their concerns as clearly as possible with neither too much nor too little detail.

7.2.1 Challenges Clients Face in Talking of Themselves:

Researchers, such as Denise Sloan (2010) and Pennebaker (1995), have highlighted the importance of self-disclosure. After reviewing many studies, Denise Sloan (2010) noted that self-disclosure is related to the psychological well-being of the person. It helps in improving social bonds and leads to various health benefits. Pennebaker (1995) explained that self-disclosure is as important as the feedback from the counselors. Common sense belief is that clients will be reluctant to open up and will not indulge in self-disclosure.

Farber et al. (2004, p. 340) had a different opinion on self-disclosure. They expressed the following opinions based on their findings regarding clients' self-disclosure:

- Most clients feel that therapy is a safe place to disclose, which is made especially so by the goodness of the therapeutic relationship.
- Though the disclosure process initially generates shame and anticipatory anxiety, it ultimately produces feelings of safety, pride, and authenticity.
- Keeping secrets inhibits the work of therapy, whereas disclosing produces a sense of relief from physical as well as emotional tension.
- Disclosures in therapy facilitate subsequent disclosures to one's therapist as well as to family members and friends; and
- Therapists should actively pursue material that is difficult to disclose.

However, not all clients are comfortable with self-disclosure. Some clients refuse to go to the therapy sessions because they are scared of self-disclosure. Vogel and Wester (2003) noted fear of self-disclosure as a leading factor in not seeking therapy. The counselors need to identify whether the clients are willing to engage in self-disclosure or they are scared of it. If the clients are scared or reluctant to engage in self-disclosure, it can be associated mainly with two kinds of inabilities of clients:

- inability to share their personal stories with others; and
- inability to reasonably assert themselves in social settings of everyday life

In such a situation, counselors should help clients feel comfortable and assure them of privacy and confidentiality. This will help clients feel confident with the courage required to share their personal stories

appropriately. Farber et.al. (2004) stated that many clients may need helpers' encouragement to speak about difficult issues. They talk freely once they become comfortable with the counselors as well as with themselves. However, clients do not narrate their stories in a single shot. Rather, they present their stories in bits and pieces over the entire course of the helping relationship. Revisiting or not revisiting a particular event from the clients' life depends entirely on their wish.

7.2.2 Case Illustration:

Let us understand how clients can be helped talk of themselves through a case illustration of Yasmin (Client) and Ravi (Counselor).

Case 7.1:

Ravi knows that if Yasmin gets help to get a reasonably clear picture of herself, her problem, and her unused opportunities, she can do better something about them. Ravi helps Yasmin tell her story and review her concerns by using his communication skills. Let us have a look at the case.

Ravi (beginning the session): "Well, Yasmin, what's going on? How can I help?"

Yasmin (admitting that she is still working it through): I'm not here to revise the accident and its immediate consequences.

However, Yasmin realizes, as she talks, that this is not going to be as easy as she thought. Talking about the accident would be relatively easy, but talking about the fact that she has come to realize that she is broadly dissatisfied with the direction of her life seems much more frightening. This is uncharted territory. Furthermore, Yasmin is not used to sharing her concerns with anyone, not even with her parents. She also wonders whether she should have chosen a woman as her counselor. Up to this point, wh has been able to keep all her problems under control, but begins to wonder whether talking about them to a stranger will "cause to burst". In the midst of Yasmin's thoughts –

Ravi (suggesting Yasmin): A bit of background about you and your family might help.

This sounds good to Yasmin. It is relatively safe. So through the give and take of the conversation, the details of the background outlined earlier emerge.

Then in the rest of this session and the next one a week later she moves on to her more immediate concerns. She is worried about her father who has never gotten over the death of his son, the loss of his career, or his self-imposed cast out from his country. Yasmin's father lives in America, but now has become more and more dependent on her due to economic circumstances he is facing in his car business. He also has health problems, but he does not take care of himself and does not go for checkups. He probably also might have had a mini-stroke as per the doctor's opinion.

Besides worrying about her father, Yasmin has her own set of issues. She is experiencing some sort of cultural dilemma. Although she is fully American in many ways, she feels that she has allowed herself to follow her “old country” cultural norms. Her trip to Iran made her realize that the young people with whom she had a conversation, seemed to be much more “culturally free” than she was. They seemed to her suffering from some political and financial constraints, but knew what they wanted. She certainly does not feel like an outsider in the United States, but she knows that she is not leading the “American life”. She also expresses some hostility toward her two cousins who, from her point of view, have bought American materialism.

The young people she met in Iran seemed to have a rich social life, which made her feel that she is missing out something. These feelings have recently become more intense because she met a man she likes through work and has met him a few times for coffee. She has not told her parents anything about this, because she knows that they would not approve. She feels guilty about this. For the past few months, she has been suffering from insomnia and headaches, but always has been hiding it behind a good face that no one suspects. Yasmin talks about all of these things in a very matter-of-fact way.

In this case, Yasmin brings some of these issues. She talks more freely as she becomes more comfortable with Ravi and with herself as a client. However, there are still some hesitations. Ravi realizes that clients’ stories do not come out all at once in a neat manner, rather they emerge over the entire course of the helping relationship. He also wonders whether at some point it would be wise to revisit the accident and the story of her recovery.

{Source of the Case Illustration: Egan, G. (2014). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (10th Ed.). Australia: Brooks/Cole.- a bit modified}

Overall, clients differ radically in their ability to talk about themselves and their problem situations. Reluctance to disclose oneself within counselling sessions often results from the clients’ inability to share themselves with others and inability to be reasonably assertive in the social settings of everyday life. In such cases, one of the goals of the entire counselling session is to help clients develop the skills, confidence, and courage they need to share themselves appropriately.

7.2.3 Principles That Can Guide to Help Clients Tell Their Stories – Feel Safe:

The term ‘story’ is used in a broader sense in counselling rather than in the conventional narrow sense. There are no specific rules about how to help clients tell their stories. It simply depends on the needs of the clients. Hanna (2002) listed various precursors applicable to clients before they engage in self-disclosure and called these precursors ‘regulators of change’ indicating the readiness-for-change. Some of them are as follows:

- A sense of necessity (“I’ve got to do something about this”)

- A willingness to experience anxiety or difficulty,
- Awareness of the main factors in the problem situation,
- A desire to confront the problem,
- Efforts directed toward change, hope for a better future, and social support.

Hanna (2002) believed that how fast a person will change and how deep the change will be, depend on how many such precursors are present. The more the number of precursors present in a person, the faster and deeper the change will be in the psyche of the person. Hence, counselors should look for these regulators in clients' stories when clients are sharing. Counselors may even help clients develop such regulators. With this background, let us see some of the principles or guidelines for helping the clients tell their stories. In the next few sections (7.2.4 to 7.2.8) we will focus on these guidelines separately.

7.2.4 Learn To Work With All Styles of Storytelling:

All clients are different. As we discussed before, some clients readily engage in self-disclosure and share almost everything about themselves right in the first session itself. On the other hand, some are very reluctant to open up and find it difficult to share their stories. These differences in clients are due to either individual differences or cultural differences, or even both. Some clients come to counselors of their own free will, while some are sent to the counselors. They have a unique way of narrating and a different approach to revealing their stories. Accordingly, different clients have different kinds of stories that differ in length, emotional content, etc.

Some stories are long and filled with so many details, while some are short and crisp. Some stories are laden with emotions, while some are expressed coldly, even if they involve trauma and terror. Some stories start with a single issue (e.g., "I am having a stomach problem for the last one month and want to get rid of this problem"), while some start with multiple issues (e.g., "I am suffering from insomnia and stomach problems from last six months"). Some stories centre only on the clients' inner world (e.g., "I hate myself", "I am lonely"), while some stories are focused on the external world, such as problems at work, and interpersonal relationships. Still, some other stories involve concerns for both the inner and external world. Some clients present their primary story at the beginning itself, while others start with a secondary story first, maybe to see the counselors' reaction to their stories. Some clients trust the counselors instantly because they are helpers, while other clients may mistrust counselors, even though they are helpers.

No matter what kind of clients counselors may have to deal with, their first job as helpers is to establish a working relationship with their clients, and help them narrate their stories, so that they can help clients manage their problems and gainfully use the opportunities hidden in their stories. A

disclosed story is the starting point for a possible constructive change. In other words, when clients disclose their stories, they take the first step toward a better life. It is often difficult for helpers to interrupt clients and highlight the core issues in their stories when clients share their stories persistently without any break. In such cases, helpers can review the most important or primary points at the end of the story in an orderly manner. For example, a counselor may say “You have said quite a bit. Let us see if I have understood some of the main points you have made. First of all...”. On the other hand, clients, who are unwilling or cannot articulate their stories to helpers, have to be dealt with in a different manner.

7.2.5 Start Where the Client Starts:

Clients do not necessarily start sharing their stories in the initial stage itself. Different clients start sharing their stories at different stages of the helping process. Clients do not begin their stories with “....this is what happened to me,this is how I reacted, and nowthis is how I feel”. Hence, counselors need to develop a good understanding of where the clients are before helping them to develop an insight into where they need to be. For this purpose, counselors need to join clients at the point wherever they start sharing their stories. Let us look at some examples of different cases where clients start at different points in the helping process.

a) Stage I: Exploring the Problem Situation:

Example 7.2:

Arun begins by saying, “The last time I was in therapy, my life was in mess, it is still. I was addicted to drugs. I was having constant fights with my boss, whom I think is stupid. I had broken up with my parents because they did not approve of my girlfriend and now I have just broken up with my girlfriend for good. I think we were totally incompatible. I have managed to overcome my drug problem. I was sure that will solve my problems. I am back here because I have just lost my job”.

{Source: Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole – A bit modified version}

In this case, Arun apparently had tackled a few of his problems successfully, but the core issue of his inability to get along with people was still unresolved. Here, the counselor can begin the helping process by addressing this core issue.

b) Stage II: Setting Goals:

Example 7.3:

Saurabh, a student said, “I don’t know whether I want to be a teacher or a lawyer or a businessman. I am interested in both. But, I can’t pursue both simultaneously and I need to decide about it soon, as the dates for admission are approaching fast. I hate being stuck with this kind of decision”.

{**Source:** Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole.- A bit modified version }

This is a case of approach-approach conflict. The counselor can help him by weighing the advantages and disadvantages of each option.

c) Stage III: Choosing a Course of Action:

Example 7.4:

Aarti is a Human Resource (HR) manager in a large company. She says, “I have found that our vice-chairman is indulging in some unethical practices, which I think is very wrong. He is due to retire in the next six months. I am in dilemma whether to keep quiet and just monitor his movements till he retires or should I blow the whistle. If I take action against him, it will become a major issue and it may damage the reputation of the company itself. I don’t want him to go free and I don’t want to hurt the reputation of the company too. I don’t know what to do?”

{**Source:** Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole - A bit modified version }

Here, the core issue is Aarti’s dilemma about what action to take. The counselor can help her in searching for a strategy that will best fit the needs of the organization.

Implementation: The Action Arrow

Example 7.5:

Omkar comes to the counselor with a problem that he is not very tactful while speaking to other people. He knows his problem and has planned a resolution for himself that he will be tactful. But, every time one of his neighbours does something stupid (in his opinion), which makes him unable to keep his resolution. He said,

“I know when I speak up, things tend to get worse. I know I should leave it to others who are more tactful than I am. But, they don’t move quickly enough – or forcefully enough.”

{**Source:** Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole - A bit modified version }

This indicates that Omkar knows his problem and what action to take. But, his core issue is that he is unable to implement the decided course of action to which he has committed. The counselor can help him find reasons for sticking to his decided course of action.

Example 7.6:

A mother comes to the counselor and says, “I have a son. I knew when he reaches his teenage, he might want to try out crazy things, and I might have to control him very tightly. I did that, but it is not working. He is out of control, and the more I tried to control him, the worse he got”.

{Source: Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole.}

An initial problem of the mother in this example is a ‘failed solution’ that has led to more problems. The counselor can help her come up with more solutions that fit her and her son’s needs.

7.2.6 Assess the Severity Of The Client’s Problems:

Severity, in the context of the counselling process, refers to the degree of the clients’ problem. Theoretically, the severity of the problem can range from negligible to life-threatening. But, the experience of severity differs from client to client. Clients may think of their present problems as very grave, while they may appear to be mild by objective standards. Thus, clients tend to judge their problems to be more severe than they are in reality. That is, overstatement by the clients of their problems itself causes a problem. In such a situation, the counselors should first help clients put their problems in the right perspective by helping them differentiate between the degrees of problem severity. When clients narrate their stories related to their problems, the therapists often get a rough idea of clients’ orientation in life, plans, goals, ambitions, and some idea of the events and pressures surrounding those particular problems. As stories are open over many sessions, the therapists need to judge whether clients’ problems are just common developmental or adjustment-related issues or whether there are signs of more serious persistent problems in their lives. Based on the answers to these questions, the therapists should decide whether therapy needs to play only a supportive role or it needs to involve long-term goals for story repair. In short, this work between clients and therapists can be seen as life-story elaboration, adjustment, or repair.

The experienced therapists often identify what is the severity of the clients’ problems, which potential resources the clients have or have not used and to what extent, and how much help should be provided. They also understand the potential highest level of functioning of particular clients and the appropriate level of expectations from them accordingly.

Mehrabian and Reed (1969) suggested the following formula to measure the severity of the problem.

$$\text{Severity} = \text{Distress} \times \text{Uncontrollability} \times \text{Frequency}$$

This formula indicates that distress, uncontrollability and frequency are not additive. Any factor of them being high or low can influence the level

of severity. Thus, even a low-level anxiety event faced by a person can cause a problem of high severity if it is uncontrollable and persistent. This often can be seen in cases of suicide and violence in interpersonal or social relationships. For example, sometimes we hear of an employee who performs a violent act against his boss or colleagues, though there was no indication of his being so aggressive before the incident occurs. Hence, the therapists must develop skills to identify early warning signs of such unpredictable acts of the clients in order to prevent such events.

7.2.7 Help Clients Identify and Clarify Key Issues:

The therapists need to discuss the problem situations and unused opportunities very clearly with the clients. There should be no vagueness or ambiguity. They also must discuss the possibilities for the future, goals, strategies for accomplishing goals, plans, implementation issues, and feelings about all of these as concretely as possible. Let us have a look at a case reported by Egan and Reese (2019) in this context.

Example 7.7:

Janice's husband has been suffering from severe depression for over a year. One day, after Janice suffers a fainting spell, she talks to a counselor. At first, feeling guilty about her husband, she is hesitant to discuss her own concerns. In the beginning, she says only that her social life is "a bit restricted by my husband's illness." With the help of empathic highlights and probing on the part of the helper, her story emerged and turned from "A bit restricted" into a much fuller story bit by bit. This is a summary of her story that Janice did not say all at once.

Janice: John has some sort of 'general fatigue syndrome' illness that no one has been able to figure out. It's like nothing I've ever seen before. I move from guilt to anger to indifference to hope to despair. I have no social life. Friends avoid us because it is so difficult being with John. I feel I shouldn't leave him, so I stay at home. He's always tired, so we have little interaction. I feel like a prisoner in my own home. Then I think of the burden he's carrying and the roller-coaster emotions start all over again. Sometimes I can't sleep, then I'm as tired as he. He is always saying how hopeless things are and, even though I'm not experiencing what he is, some kind of hopelessness creeps into my bones. I feel that a stronger woman, a more selfless woman, a smarter woman would find ways to deal with all of this. But I end up feeling that I'm not dealing with it at all. From day-to-day, I think I cover most of this up so that neither John nor a few people who come around can see what I'm going through. I'm as alone as he is.

This is the fuller story spelt out in terms of specific experiences, thoughts, behaviours, and feelings. The actions Janice takes – staying at home, covering her feelings up – are part of the problem, not the solution. But now that the story is out in the open, there is some possibility of doing something about it.

{Source: Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole.}

7.2.8 Help Clients Explore the Context of Their Key Issues or Concerns:

Conyne and Cook (2004) emphasized assessing the context or background of the problem that the clients bring to the therapists. This is called ‘ecological counselling’ and it is another application of the people-in-systems approach to listening. They believed that the behaviour cannot be understood as separate from the clients’ environment. One has to also keep in mind that the clients’ environment is not static and is continuously changing. Another case shared by Egan (2014) is presented below:

Case 7.2:

In a management development seminar, Tarik tells his counselor that he is a manager in a consulting firm. The firm is global, and he works in one of its offices in Southeast Asia. He says that he is already overworked, but now his new boss wants him to serve on a number of committees that will take away even more of his precious time. He is also having trouble with one of his subordinates, himself a manager, who in Tarik’s view, “is undermining his authority in the wider team”.

The counselor, however, felt there was more to this case that has not been revealed. Since the counselor was from a different cultural background, he wanted to deal with the client as a full person by knowing about his cultural background too. As he probed further and learnt about the background of the client, a whole new story emerged that revealed that Tarik is a manager in the firm as well as a partner. However, he is a newly joined partner. With a relatively flat structure, these firms have a quite hierarchical culture. Hence, the clients Tarik has to work with are the “dogs” of the region in large part. His boss is an American who has been in his present job for only 4 months. Tarik has heard through the rumours that his boss is going to stay for only 1 more year, because of his near retirement. Though a decent man, he is quite distant and offers Tarik little help. This leads Tarik to believe that his real boss is his boss’s boss, whom he cannot approach because of company and cultural protocol. The subordinate who is troubling Tarik is also a partner and for several years, but has not been very successful. This subordinate-cum-partner thought that he should have been made the manager of the unit Tarik is running now. He has been engaging in a bit of sabotage behind Tarik’s back.

{Source: Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole.}

Though this case shows that looking at the background is beneficial to understanding the real root of a client’s problems, the therapist need not look for background just for the sake of it.

Apart from these guidelines, some other guidelines are focused on helping clients talk about the past productively, in a way that it will make sense of the present. Counselors should help clients talk about the past to be reconciled to or liberated from it, and in order to prepare for action in the future. Counselors also should help clients spot unused opportunities and begin to search for unused Resources as they tell their stories. Thus, overall, counselors should help clients see every problem as an opportunity.

7.2.9 Helping Clients Tell Their Real Stories:

Stage I is also aimed at helping clients tell their stories in a way that opens them up to doing something for them. At this juncture of Stage I, counselors use their communication skills, such as self-challenge, which are the essence of this level. We have learned that when clients open up about their stories, they are more or less mentally prepared to make changes in them for betterment. The counselors' job is to use their skills to help clients work through blind spots and develop the kind of new perspectives that lead to new problem-managing and opportunity-developing behaviour. The "real" story gives an accurate picture of the clients' problem situation. This will bring out the real story of the clients and will give an accurate idea about their problem situation. For example, if the client says that 'it is not my fault, my spouse is always the cause of the problem', it means that there is not a real story yet and there still may be blind spots in the client's thinking. To bring the real story out, the counselors can help clients i) uncover hidden concerns, ii) clarify vague issues, iii) add important details, iv) explore clients' hesitations, v) see their problems from a more constructive perspective, vi) add important information and details that are being left out, vii) find unused strengths and resources, and viii) spot and explore opportunities buried in or masked by problem situations.

7.2.10 Case Illustration:

Let us understand how clients can be helped tell their real stories with the help of the same case of Yasmin (Client) and Ravi (Counselor) presented earlier.

Case 7.3:

Yasmin had a conflict-laden conversation with her father which left her shocked and disoriented. Before this conversation, she was an excellent participant in the helping process. In some ways, it was easy because the discussion focused on opportunities rather than problems. She imagined new career opportunities and there was a budding relationship with a male friend. However, new problems emerged after the conversation with her father.

Yasmin was depressed in the sessions that followed the disastrous encounter. She found it difficult to talk, she felt that she was trapped, she was reluctant to focus on other possibilities and she resisted Ravi's attempts to engage her in self-challenge. An underground current of

resentment toward the “cultural captivity” imposed on her by her parents surfaced together with the low-grade depression that accompanied it. Also, this depression was intensified by the memories she had from her trip to Iran – young people “happy and free” with whom she had a conversation – and by the ignored but persistent feelings of vulnerability associated with the auto accident.

Here, one of the first things that Ravi notes is that Yasmin has developed a very new useful perspective on her own. Rather than blaming the auto accident for the discontent that she was feeling about her life, she realizes that the accident was a wake-up call. Ravi helps Yasmin develop a range of useful new perspectives over the course of the helping encounter, so that both of them will have a clearer picture of what is going on in Yasmin’s life and what is bothering her the most. For instance,

Ravi (at one point, noting that Yasmin never talks about her mother):

I’m curious why you never talk about your mother, except indirectly when you say ‘my parents’. She is sort of a missing person.

This helps Yasmin realize that she does not see her mother as an “agent” in her story, but her mother is “just there” as it were. She has not seen this as an issue, but maybe it is.

Ravi also helps Yasmin see that while, externally, she gives the impression that she is assertive, and a doer, she seems to endure personal problems rather than wrestle with them. Or in some ways, she’s a doer and in other ways not. Yasmin describes herself as living between two cultures without becoming her own person in either of them, because she feels culturally lost. At this aspect, Ravi wonders aloud how this might be affecting Yasmin.

Ravi believes that some of the symptoms that Yasmin is describing constitute a mild form of depression, though at this point he does not feel important to use that word itself. In one session,

Ravi: Do you see your insomnia and headaches as symptoms of health problems or reactions to the concerns that you are discussing?

Yasmin (thinks that it is the latter, but observes): Well, this might be the kind of incentive I need to get a physical checkup. I haven’t had one in years. I don’t want to end up like my father.

Ravi helps Yasmin get in touch with the fact that she describes herself as very duty-driven. For instance, even though she does a great deal for her father both at work and at home, she intimates that she has always thought that she should be taking better care of him. She feels some guilt because she is not doing as good a job as she thinks she should do. Here, Yasmin begins to realize that she resents the fact that she thinks like this.

{**Source:** Egan, G. (2014). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (10th Ed.). Australia: Brooks/Cole – A bit modified version}

Thus, Stage I involves challenge or self-challenge. It is something clients engage in with counselors' help, and not something counselors do to clients. In this case illustration, we saw how Yasmin and Ravi progressed as they worked together when Yasmin was disappointed and stuck. Here, Ravi does not just tell Yasmin all these things or interpret what she is saying. Rather than using his skills and activities to bring her emotions out, he acts as a catalyst to help her make problem-managing discoveries for herself.

7.2.11 Help Clients Challenge the Quality of Their Participation:

Counselors can help clients accept responsibility and participate as fully as possible in helping themselves. They can also help clients use different types of self-challenges. It is not easy and even those clients who are fully motivated can face certain hurdles in helping themselves. Egan (2014) offered some principles that counselors can use to help clients in challenging themselves to participate as fully and as intelligently as possible. However, these are just principles and not compulsory rules.

Invite Clients to Own Their Problems and Unused Opportunities:

Very often clients genuinely think that other people, situations and outside forces are responsible for their problem situations. They do not believe that they are themselves also responsible for their problems. Therefore, counselors need to help clients challenge themselves to accept full responsibility for their problem situation. Challenging clients to accept the responsibility means making them understand that they are responsible to some extent for either creating or maintaining the problem.

For example, a client comes with the belief that her business partner had been cheating on her. She is alarmed but she has not taken any action about it. Let us see how three different counselors differ in their responses to her.

Example 7.8:

Counselor A: You feel angry because he alone decided to close the deal on his terms.

Counselor B: You are angry because your legitimate interests were ignored.

Counselor C: You are furious because you were ignored, your interests were not taken into consideration, maybe you were even financially victimized, and you let him get away with it.

Counselor C challenges the client by repeating the statement “You let him get away with it.”

{Source: Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole.}

Counselors also need to help the clients accept the responsibility for unused opportunities. Wheeler and Janis (1980) note, “Opportunities usually do not knock very loudly, and missing a golden opportunity can be just as unfortunate as missing a red-alert warning” (p. 18). For example, Egan (2014) presented a case in which a client, named Tess, shared her story saying that her relationship with her brother Josh deteriorated over a property dispute after their father’s death. Their fights became like an all-out war, which used to be minor before their father’s death. She did not say it openly, but she was shocked herself looking at her own anger and aggression. However, she was not shocked enough to do something about it. Later, when her brother had a heart attack, she knew that it is an opportunity to mend her relationship with him. But she kept putting it off, despite knowing that the longer she delays, the more it will be difficult to mend it. At this point, she comes to the counselor and tells him the story. The session takes place as follows:

Example 7.9:

Tess: I thought that this was going to be our chance to patch things up, but he hasn’t said anything.

Counselor: So, nothing from his side.... What about yours?

Tess: I think it might already be too late. We are falling right back into our old patterns.

Counselor: I don’t think that’s what you wanted.

Tess (angrily): Of course, that’s not what I wanted!... That’s the way it is.

Counselor: Tess, if someone threatens you and says, “Make this work or I’ll shoot,” what would you do?

Tess (after a long pause): You mean it’s up to me....

{Source: Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole.}

As it is clear from their conversation that the counselor made Tess realize that it is her responsibility to grab the opportunity. She realizes that “missing a golden opportunity can be just as unfortunate as missing a red-alert warning.”

Invite Clients to State Their Problems as Solvable:

Very often clients come with an attitude that their problem is unsolvable and they are the victims of the situation. They want to gain sympathy and do not act to change the situation. Very often they blame their past for

their present problems, which implies that the past cannot be changed and hence there is no solution to their problem. However, the fact is that clients can change their attitude about the past and change the present problem situation. If clients cannot do anything about the problem, it can be considered an unsolvable problem. On the other hand, if they can do something about it, it is a solvable problem.

Even if a problem appears to be unsolvable, the clients need to change their point of view and think about how they can cope with that problem to make it solvable. For example, a teenager may feel miserable because his self-centred parents keep fighting with each other and do not pay any attention to him. He cannot solve the problem by changing his parents' self-centredness and their fights or forcing them to pay attention to him. But he can cope with this problem situation by developing fuller social opportunities outside the home. The counselor can help him develop new perspectives on himself and his family life and challenge him to act both internally and externally on his own behalf.

Invite Clients to Explore Their “Problem-Maintenance Structure”:

Pinsof (1995) points out that it is important to explore with clients the “actions, biology, cognitions, emotions, object relations, and self-structures” (p. 7) that keep them stuck in their problems. He coined the term ‘problem-maintenance structure’ which refers to the set of factors (i.e., personal, social, organizational, community, and political) that keep clients from identifying, exploring, and ultimately doing something about their problem situations and unused opportunities. The counselors need to help clients restructure their self-defeating defences, cognitions, patterns of emotional expression, self-focused and outward-focused behaviour, relationships, and approaches to the environment.

Invite Clients to Move on to The Right Stage And Task of The Helping Process:

Here are a few guidelines on how counselors can help their clients challenge themselves:

1. Clarify problem situations by describing specific experiences, behaviours, and feelings when they are vague.
2. Talk about problems with clients when they are reluctant to do so. Discuss opportunities, goals, commitment, strategies, plans, and actions with them.
3. Help them develop new perspectives on themselves, others, and the world when they prefer to cling to distortions.
4. Help them review possibilities, analyze them, develop goals, and commit themselves to reasonable agendas when they would rather continue self-pitying for their problems.
5. Search for ways of getting what they want, instead of just talking about what they would prefer.

6. Spell out specific plans instead of taking a scattered, hit-or-miss approach to change.
7. Stick with the implementation of plans when they are tempted to give up.
8. Review what is and what is not working in their pursuit of change then and there.

Thus, the counselors can help clients challenge themselves to engage themselves more effectively in all the stages and tasks of problem management, both during the session and later in future too.

7.2.12 Help Clients Focus on The Right Story:

‘The Right Story’ is very important because the counselors encourage clients in Stage I to ask themselves questions related to ‘right’. For example, “Am I working on the right issues?”, “Am I setting the right goals?”, “Have I drawn up the right plan for accomplishing these goals?”, “Am I implementing my plan in the right way?” That is, the term ‘right’ refers to what is right for the client, not to what is considered right by the counselors based on their preferred theories, approaches to treatment, resources or personal culture. Counselors can let the clients know the implications of their own decisions. The entire helping process is to help clients search for values.

Thus, at this stage of the counselling process, counselors help clients focus on the right story. The right story means the key issues to work on. Very often, clients come with many issues. In such cases, the counselors need to help clients choose any one of the issues out of many that will make a significant difference in their lives. If clients are not inclined to work at all or want to work on trivial issues that will not make any significant difference to their lives, the counselling process needs to be discontinued at least for some time.

7.2.13 Choosing Issues That Will Make a Difference in Clients’ Lives:

Helping is quite costly both financially and psychologically so it should be taken very seriously. The counselors must ask themselves, “Am I creating value through each of my interactions with this client?” They also should encourage clients to ask themselves, “Am I working on the right things? Am I spending my time well in these sessions and between sessions?” In other words, the counselors need to analyze whether the helping process is working in any particular situation and whether it is worth it.

Counselors can use many techniques to help their clients create value in their lives, such as i) working on the right things, ii) addressing issues that will make some kind of substantive difference in the lives of the clients, iii) maintaining the quality of their participation in the helping process and making the right decisions, and iv) making the counselling process a value-added helping process.

In this section, we will consider some of the principles or guidelines that can help clients get value from the helping process and can make a difference in their lives. More than one principle can be applied at a time.

Determine whether or not helping is called for or should be continued:

The counselling service should be offered only when the clients are substantially ready to invest themselves in a constructive change in their life. If the clients are not motivated enough and do not have reasons to participate in the helping process, they might gradually stop coming for help. In such cases, it will be a total waste of resources. However, whether to begin or continue with the helping process should not be decided by the counselors alone. It should be a combined decision of the clients and the counselors.

Frances, Clarkin, and Perry (1984) offered guidelines for different types of treatments for different types of clients and the situations in which 'no treatment' is the best option. In the 'no treatment' category, they included clients having a history of treatment failure or who seem to get worse from treatment, such as the following:

- Criminals trying to avoid or diminish punishment by claiming to be suffering from psychiatric conditions
- Patients with malingering or fictitious illness
- Chronic non-responders to treatment
- Clients likely to improve on their own
- Healthy clients with minor chronic problems
- Reluctant and resistant clients who try to avoid help

While discontinuing the treatment, the counselors should never use sentences such as - "Your concerns are truly not that serious", "You should be able to work that through without help", "I don't have time for problems as simple as that" as they indicate lack of respect. Counselors can interrupt treatment and stop further treatment for various reasons and it may prove to be beneficial in a true sense.

If There Is A Crisis, First Help Clients Manage The Crisis:

Phillip Kleespies (2009) described many types of behavioural emergencies that may form a crisis in the clients' lives and can be a risk for suicide, violence, and victimization. Some of the common emergency-related crises can be self-injury, personality disorders, and substance abuse. Egan explained the three stages of the helping process that can be applied in a compressed version to deal with such types of emergencies. It is important to pay special attention to the context in which the crisis took place as clients are themselves the only part of it. This will surely make some

difference in clients' lives. However, concentrating only on clients will be ineffective.

Begin With The Issue That Seems To Be Causing The Clients The Most Pain:

People approach counselors mostly when they are much in pain, though not in crisis necessarily. Pain can make them vulnerable or demanding. Vulnerable clients may be willing to control, while demanding clients may be very impatient. Their demand for immediate relief may indicate that they are self-centred which may be a part of the broader problem. This pain may be self-inflicted and clients must be respected for their vulnerability. Thus, relief from the pain can be a reason for the clients to work in the helping process. The counselors should help the clients use their pain as a reason to deal with critical issues in their life and to find the psychological strength that the clients might have. Thus, they may need to challenge the clients to work on it.

Begin with Issues The Clients See as Important and Are Willing To Work On:

When the counselors begin with the issues that are important to the clients, they convey the message "Your interests are important to me." The counselors should accept the clients' agenda rather than imposing their own agenda on the clients and help them understand their problem situation in a better way from a new perspective and find hidden opportunities in their problem situation.

Begin With Some Manageable Sub-Problem of A Larger Problem Situation:

A large problem situation can be very complicated, vague and not manageable. It is best to break it down into smaller problems that can be managed easily. This helps the clients also work on them easily. Thus, the counselors must cater to clients' immediate needs and should not get stuck in theories and methodologies.

Move As Quickly As Possible To A Problem That, If Handled, Will Lead To Some Kind Of General Improvement:

Some problems, if handled quickly, give better results than expected. This is known as a 'spread effect'. Egan describes a case in this context as follows:

Case 7.4:

Jeff is a carpenter in his late 20s. One day he becomes disoriented and bangs many cars near his job site with his hammer. He is overheard saying, "I'll get even with you." He is admitted briefly to a general hospital's psychiatric ward. The immediate crisis is managed quickly and effectively. He talks to a psychiatric social worker during his brief stay. He feels good about the interaction, and they agree to have a few sessions after he is discharged. In their interactions, the focus turns to his isolation.

This has a great deal to do with his lack of self-esteem – “Who would want to be my friend?” The social worker believes that helping Jeff to get back into the community may well help with other problems. He has managed this problem by staying away from close relationships with both men and women. They discuss ways in which he can begin to socialize. Instead of focusing on the origins of Jeff’s feelings of isolation, the social worker, taking an opportunity development approach, helps him involve himself in mini-experiments in socialization. Jeff’s symptoms begin to decline as he begins to get involved with others. The psychiatric social worker identified Jeff’s lack of human contact as the starting point to search for value. She realized that one of the reasons why people shy away from him is his self-centred and harsh interpersonal style. When he repeats his question – “Who would want to be my friend?” – the helper responds, “I bet a lot of people would ... if you were a bit more concerned about them and a bit less rude....”

{**Source:** Egan, G. (2014). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (10th Ed.). Australia: Brooks/Cole.}

Focus On A Problem For Which The Benefits Will Outweigh The Costs Counselors need to balance the benefits and costs of dealing with difficult problems. If both counselors and clients put a lot of effort into the helping process, it is expected to bring some reasonable benefits. The counselors must make sure that they are not committed to their theories more than the clients’ needs and must help clients create values by working on the right things. The counselors can help clients search for value by asking clients to ask themselves the following questions:

- What problem or opportunity should I truly work on?
- Which issue, if tackled, would make a substantial difference in my life?
- Which problem or opportunity has the greatest reward value?
- Which issue do I have both the will and the courage to work on?
- Which problem, if managed, will take care of other problems?
- Which opportunity, if developed, will help me deal with critical problems?
- What is the best place for me to start?
- If I need to start slowly, where should I start?
- If I need a boost or a quick win, which problem or opportunity should I work on?

In reality, the counselors do not help the clients search for values, they help the clients create value through the choices that clients make and the way the clients translate these choices into actions and life-enhancing

outcomes. It involves making the right decisions at every step of the helping process. The clients' decision-making depends on their beliefs and values. Some broad guidelines for helping the clients get the most value out of therapy are mentioned below:

- Help clients focus on issues that have reward potential for them.
- Maintain a sense of movement and direction in the helping process.
- Avoid unnecessarily extending the problem identification and exploration stage.
- Help clients move to the stages of the helping process that will provide them with the most value.
- Remember that clients are making decisions throughout the helping process and can benefit from your help at times.
- Encourage clients to act on what they are learning.

7.2.14 Challenging Clients to Make Right Decisions:

Tasks of Stage I also mean initially choosing issues to work on. The use of the third and the last part of Stage I (i.e., I-A) revolves around value, that is, it moves beyond the client's choosing the right things to work on. It contributes to clients' search for meaning. We know instinctively what the clients mean when they say that their lives are "meaningless", even if we know little about the specifics. Even though the specifics of stories differ from client to client, stories presented in the therapeutic sessions are often enough about the lack of meaning.

Clients do not find value, but they create value through the choices they make and the way they translate these choices into action and life-enhancing outcomes. Thus, the last segment of tasks of Stage I is not just about choosing the right things to work on, but it involves making the right decisions at every step of the helping process. The second and third task groups of Stage I (i.e., Stage I-B and Stage I-C) permeate the whole of the helping process and involve decision-making based on clients' beliefs and values. They involve both – invitations to self-challenge and a search for value.

Thus overall, the working principle in the helping or counselling process is that in every stage and every task collaborate with the clients and enlist their collaboration in adding value and making a difference-focusing on issues that make a difference, engaging in substantive self-challenge, setting goals that make a difference, engaging coming to grips with a commitment to these goals, making plans that go somewhere, and engaging in a life-enhancing change in everyday life.

7.3 SUMMARY

In this unit, we briefly had an overview of Stages I, II, and III of the counselling process along with four fundamental questions to work on. Then we learned about tasks of Stage I in detail. In Stage I, counselors need to help clients understand themselves, their problems, and the opportunities or strengths that the clients have not used to manage their lives effectively. Counselors can do so by encouraging clients to tell their stories; reframe their stories, develop a new and more useful point of view and begin thinking about new, more constructive ways of acting; and stay focused on the key issues and concerns that will make a difference in their lives.

We saw how clients can be helped tell their stories, their real stories and the right stories. We learned about the challenges clients face in talking about themselves. We learned some of the principles that can guide to help clients to tell their stories and feel safe: learning to work with all styles of storytelling, starting where the client starts, assessing the severity of the client's problems, and helping clients identify and clarify key issues and explore the context of their key issues or concerns. We also learned about how to help clients tell their real stories and help them challenge the quality of their participation. This can be done by inviting clients - to own their problems and unused opportunities, to state their problems as solvable, to explore their "problem-maintenance structure", and to move on to the right stage and task of the helping process. And lastly, we also learned how to help clients focus on the right story.

We also had a look at how to choose issues that will make a difference in clients' lives - Determine whether or not helping is called for or should be continued, if there is a crisis, first help clients manage the crisis, begin with the issue that seems to be causing the clients the most pain, begin with issues the clients see as important and are willing to work on, begin with some manageable sub-problem of a larger problem situation, move as quickly as possible to a problem that, if handled, will lead to some kind of general improvement, and focus on a problem for which the benefits will outweigh the costs. And finally, we learned about challenging clients to make the right decisions. We tried to understand all these aspects through some examples and case illustrations.

7.4 QUESTIONS

1. Write a note on challenges that clients face in talking of themselves with reference to self-disclosure.
2. Discuss in detail any two guidelines for helping the clients tell their stories.
3. Discuss choosing issues that will make a difference in clients' lives by explaining any two guidelines.

4. What can counselors do to help clients challenge the quality of their participation in the helping process?
5. Write a short note on the following guidelines:
 - a. Start where the client starts,
 - b. Help clients spot unused opportunities.

7.5 REFERENCES

- Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Ed.). Australia: Brooks/Cole.

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THE STAGES AND TASKS OF PROBLEM MANAGEMENT - II

Unit Structure

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8.0 OBJECTIVES

After reading this unit, you will be able to understand

- What kind of changes do the clients need or want?
- What is the power of goal setting?
- How to help clients set goals?
- How to help clients commit themselves to their goals?

8.1 OVERVIEW

Stages II and III are about problem-managing outcomes in an approach. Hence, both the stages together are important parts of the helping model. Their approach to helping is client-directed and outcome-informed. Counselors help clients in these stages to develop and implement programs for constructive changes. They help clients ask and answer the following two commonsense but critical questions, “What outcomes do I want?” and “What do I have to do to get what I want?” Thus, Stage II is about goals and outcomes, while Stage III is about the activities or the work needed to produce those outcomes. Also, reviewing possibilities for a better future often helps clients move beyond the problem-and-misery mindset that they bring with them in counselling sessions and develop a sense of hope. This helps clients understand their problem situations better. Stage II and Stage III are about a better future for the clients. So let us now understand the tasks in each of them one by one.

8.2 TASKS OF STAGE II

Problem situations can make both the present and future look troubled. The interrelated tasks of Stage II outline three ways in which counselors can partner with their clients to explore, design, and develop a better future. Stage II involves the following three tasks:

Problem-Managing Possibilities:

Here, counselors can help clients move from problems to solutions, and develop a sense of hope by making them answer the questions, such as “What possibilities do I have for a better future?”, “What are some of the things I think I want?”, “What about my needs?”, and “What would my problem situation look like if it were being managed well?” to themselves.

Goals, Outcomes, and Impact:

Here, counselors help clients shape a practical change agenda from among the possibilities, which is one of the central tasks of helping. Clients can ask themselves questions like “What do I really want and need?”, “What outcomes will manage my problem situation?”

Commitment:

Here, counselors can help clients discover incentives for commitment to their change agenda by making clients ask themselves, “What am I willing to pay for what I want?”

Thus, clients cannot achieve any significant change in their life and come out of the problem situation without knowing what it is that they need. Hence, the clients must also learn to set realistic and achievable goals that are beneficial for them, while the counselors should help them learn the strategies to achieve those goals.

8.2.1 Help Clients Determine What Kind of Change They Need or Want:

Needs are different from wants. The need for change differs from client to client. Clients should be helped to ask themselves “What kind of change do they need?” in order to answer the question “How much change do they need?” Therefore, the therapy should be client-driven and the therapists should concentrate on core issues to bring out a substantial positive change in clients’ life rather than focusing on trivial issues and insignificant life changes. However, they should not set an unrealistic goal of changing the entire personality of the clients.

8.2.2 Help Clients Distinguish Needs from Wants:

Sometimes wants and needs (of the clients) may be the same, while they may differ in other cases. For example, workaholic persons always want to work all the time and do the work, especially what they like. Though it is very difficult for them to realize and accept, it is necessary to make them realize that they need to slow down their work as they become old, and may need to change the kind of work that they had been doing throughout their life. Such clients need to be challenged to explore beyond their wants and what they truly need. Some clients tend to go with their wants despite knowing their needs. However, counselors should keep in mind that the goals should be set according to the specific needs and wants of the clients. Thus, there can be different goals for different clients.

8.2.3 Continuum between First-Order and Second-Order Change:

The first-order change is the change that is considered within the values, rules, or expectations that are held currently or traditionally. Watzlawick, Weakland, & Fisch (1974) describe the first-order and second-order changes. According to them, first-order change involves a “variation that occurs within a given system that itself remains unchanged”, while second-order change involves a “variation whose occurrence changes the system itself. It is a change of change. It is always in the nature of a discontinuity or logical jump” (Levy, 1986, p. 9).

First-order change involves small improvements and adjustments that do not alter the fundamental core of the system, while second-order change alters the fundamental structure. The concept of second-order change does not talk about the degree of problem-managing power or dealing with substantive change. Instead, it deals with how big or extensive the substantive change is. Thus, ‘coping or the first-order change’ and ‘major change or the second-order change’ are the two ends of the continuum.

Singhal, Rao, and Pant (2006) highlight the differences between first-order and second-order change as follows:

- Adjustment to the current situation versus changing the underlying system
- Motoring on as well as possible versus creating something new

- Change prone to collapse versus change that is designed to endure
- Reinforcing or fixing versus transforming
- Changes based on old learning or no learning versus changes based on new learning
- Current set of values and behaviours staying in place versus a fundamental shift in values and behaviours
- The persistence of an old narrative versus the creation of a new narrative
- Playing with symptoms versus attacking causes

The first-order change may be an adjustment that allows the core patterns and process to stay the same, while the second-order change alters the fundamental structure. First-order change deals with symptoms, while second-order change deals with causes. The first-order change leaves the underlying problem in place and deals mostly with the easily seen manifestations of the problem, while the second-order change resolves the problem. Therefore, first-order change has its uses, while second-order change is seen as a form of substantial change as well as “good” or “real” change. Sometimes it is the only kind of change possible. However, ultimately the clients decide how much and what kind of change they want and are ready for.

8.2.4 Power Of Goal Setting:

Before learning about the power of goal setting, let us understand what is a goal. A goal is some desired state and it is just an idea until it is accomplished. Even though we may not be aware of it, goal-setting is a part of our everyday routine life. In fact, not setting a goal is also a form of goal-setting. We have goals that may be overt or covert, enhancing or limiting, chosen or default. We should strive to make these goals work for us and not against us. Goals are forces that move us and lead us to use our resources. They help us self-regulate ourselves and move in the right direction. Therefore, counselors should help clients set goals that empower them in four different ways mentioned below:

a) Goals help clients focus their attention:

Very often, clients keep thinking overly about the past instead of focusing on the future. In that case, their thinking remains blurred and their actions are aimless. Goals bring clarity and focus on what needs to be done. Let us consider the following example:

Example 8.1:

A counselor had a client, a migrant man, who was a victim of torture. During the sessions, the counselor found him to be aimless and cooperating in a minimum way and just thinking overly about the torture that he had gone through. The counselor's supervisor asked him to

encourage the client on exploring the possibilities of the future instead of thinking only about the past. When the counselor asked the client, “If you could have one thing you don’t have, what would it be?” The client immediately said “A friend,”. During the rest of the session, he was completely focused. What was uppermost in his mind was not the torture but the fact that he was so lonely in a foreign country. When he did talk about the torture, it was to express his fear that torture had “disfigured” him, may not be physically, but psychologically and that making him unattractive to others.

b) Goals help clients mobilize their energy and direct their effort:

The chances of clients engaging in aimless behaviour are very less if they have goals. Goal-setting changes thinking as well as encourages many clients to start engaging in constructive change after setting even broad and basic minimum goals. Clients who appear to be lazy or tired, listless and uncooperative during the problem exploration stage often become enthusiastic and active when they are asked to discuss the possibilities for a better future and set goals accordingly.

c) Goals provide incentives for clients to search for strategies to accomplish them:

Once the goals are set, clients try to find strategies to accomplish those goals. Achieving goals itself becomes the reason for them. For example, one 70-year-old lady had a heart problem alert that turned out to be a false alarm. But after that false alarm, she decided to start living again. She developed her own unique ways to redevelop her social life and renovated her house to accommodate two young college girls as paying guests.

d) Clear and specific goals help clients increase persistence:

Clients with clear and realistic goals do not give up as easily as clients with vague goals or with no goals at all. Payne, Robbins, & Dougherty (1991) conducted a study on retirees and showed that high-goal-directed retirees were more outgoing, involved, resourceful, and persistent in their social settings than low-goal-directed retirees. Low-goals-directed retirees were more self-critical, dissatisfied, resentful, and self-centred. They wasted more time on wishful thinking. High-goal-directed retirees translated their wishes into specific outcomes. Clients can differ in the degree of clarity about their goals. This can range from aimlessness to an extremely precise goal. Clients can also differ in the clarity of their goals in different areas of their lives. For example, a client may be very clear about his educational and career goals but aimless in developing sexual maturity. Most of us have had a directionless phase in one or another area of life at one time or another.

8.2.5 Guidelines To Help Clients Set Goals:

Goals are specific statements about what clients want and need. Effective counselors help their clients by helping them design, choose, craft, shape, and develop their goals. Such goals are more likely to be workable if they

are i) stated as outcomes rather than activities, ii) specific enough to be verifiable and to drive action, iii) substantive and challenging, iv) both adventurous and practical, v) realistic in regards to the internal and external resources needed to accomplish them, vi) sustainable over a reasonable period of time, vii) flexible without being indecisive, viii) congruent with the clients' values, and ix) set in a reasonable time frame. These characteristics are not a step-by-step program. They are used in different combinations for different clients, depending on their level of aimlessness or clarity. All clients do not need to have all the characteristics in their goal-setting. These characteristics can be seen as "tools" that counselors can use to help clients design and shape or reshape their goals. Goals with these characteristics are more likely to be turned into problem-managing outcomes with the desired impact on clients' lives. Here are a few guidelines for counselors to help clients engage in goal-setting:

a) Help clients describe the future they want in outcome or accomplishment language:

The counselors must help clients in getting problem management outcomes. They should help the clients set the goals as an outcome and not as activities. Even if clients express their desire to engage in any particular activity, it does not mean that they will achieve their goals. They must state their goals in terms of outcomes. For example, if a client says "I want to start studying", it is just an activity, it is not an outcome. It will become an outcome if the client says "In the next three days, I want to finish three lessons". Clients who know what they want are more likely to work harder as well as smarter. Helping clients state goals as accomplishments rather than activities helps them avoid directionless and thoughtless action. So, the counselors must help clients clarify and articulate goals about their real needs and what they want from life at that moment.

b) Help clients move from broad aims to clear and specific goals:

Counselors can add value by helping clients move from good intentions and vague desires to broad aims and then on to quite specific goals. For example, a client who has been so committed to the work that he has been neglecting his family life realizes it and says, "It is time for me to realign some of my priorities". This statement is just an intent. For any concrete outcome to take place, this intent needs to be converted into broad aims and goals. The broad aim is the area in which the clients want to work and make some general statement about that area. Consider another example (Example 8.2) of a person, who has been a workaholic and neglected his family life.

Example 8.2:

Client: My family life is deteriorating because I am not around enough. I must spend more time with my wife and kids. Actually, it's not just a case of must. I want to!

The client has moved from declaring his intent to a broad aim when he says he wants to spend more time at home, but still, he has not created a picture of what it would look like when he spends more time at home.

Counselor [to move him towards specific goals]: Tell me what 'spending more time at home' will look like.

Client: I will spend weekends at home or six hours at home per day.

This is just a quantitative statement. The counselor needs to move him in the direction of self-challenge.

Counselor: You will be spending more time at home, tell me what you will be doing with all that time.

The counselor is encouraging him to think about spending quality time at home and not just the more quantum of time.

When the client says he wants to spend more time at home with family, this is an example of an instrumental goal. Though this goal is helpful in the sense that he cannot achieve his ultimate goal unless and until he is at home. But his ultimate goal is to have a good family life. Instrumental goals are strategies for achieving higher-order goals, it is important to make sure that the client has clarity about the higher-order goal. Instrumental questions should answer the question 'what?'

There is another difference between instrumental and ultimate goals. If the client says, "I want to have a good family life", a question arises 'what does he mean by good family life?' The definition of good family life can differ from family to family and from culture to culture. If the goal is clear and specific enough, the clients will be able to determine progress toward the goal. If goals are stated too broadly, it is difficult to determine both progress and accomplishment. Being able to measure progress is an important motivation. If there is a two-way feedback system in place, clients and helpers can collaborate routinely on goal clarification.

c) Help clients establish goals that make a difference:

Clients need goals that will make a substantial contribution to managing the problem situation and developing some opportunities. If goals are target-oriented, they help clients prepare themselves to progress. As Locke and Latham (1984, p. 21, 26) noted that people become motivated in proportion to the level of challenge that they face. Even the goals which cannot be completely achieved will lead to high efforts, bringing partial success as a reward. But this does not mean that the goals should be impossible for the person to achieve. Clients differ in their abilities and therefore we can not set the same level of challenging goals for every client.

d) Help clients formulate realistic goals:

Setting too challenging or rigid goals will do more harm than good. If the clients see the goal as an impossible thing, they will not even begin to try

to achieve them. Locke and Latham (1984, p. 39) stated that a primary purpose of goal-setting is to increase the motivation level of the individual. But it can have precisely the opposite effect if it constantly makes the individual feel inadequate. A realistic goal is the one i) that is under clients' control, ii) clients have the resources to achieve it and iii) there are no impossible obstacles to prevent achieving that goal. Counselors should help clients formulate realistic goals based on the following two criteria, that is, resources and control.

Resources:

Counselors should help clients choose goals for which the resources are available for the clients to achieve them. Let us look at the case of Rory as an example in this context:

Case 8.3:

Rory was demoted from his present post due to restructuring in his organization. He was not happy about it and wanted to leave his job. Alternatively, he thought of becoming a consultant. But the problem was he had insufficient resources for that. He lacked the assertiveness, marketing savviness, industry expertise, or interpersonal style needed to become an effective consultant. Setting up the business as a consultant would have taken some time and he did not have sufficient funds to withdraw to make him rise in that period. So the option of setting up a consultancy did not seem to be very realistic. The outplacement counselor encouraged him to challenge himself, change his focus and look for resources that are available to him. He thought over it and realized that he has a great interest in graphic designing, but he is not good enough to take up a technical job in the company's design department. However, he is good with people, very good at scheduling and planning, and knows enough about graphic design to discuss issues meaningfully with the members of the department. So, he can apply for a supervisory post in the design department. Combining his interest in graphic design and his managerial skills was much more realistic and a move in the right direction. It was challenging, but something that could have a substantial impact on his work life.

{**Source:** Egan, G. & Reese, R. J. (2019). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition) Cengage Learning}.

Control:

Counselors should help clients choose goals that are under their control. Very often, clients believe that they can achieve their goals only if others do not act the way they do. Clients often fail to realize that they have no control over what others do, but they have control over only themselves. Consider the following case of Tony reported by Egan (2014):

Case 8.4:

Tony, a 16-year-old boy, felt that he was the victim of his parents' inability to relate to each other. Each tried to use him in the struggle, and at times he felt like a Ping-Pong ball. A counselor helped him see that he could probably do little to control his parents' behaviour but that he might be able to do quite a bit to control his reactions to his parents' attempts to use him. For instance, when his parents start to fight, he could simply leave instead of trying to "help." If either of the parents tries to get him as a supporter, he could say that he had no approach to knowing who was right. Tony also worked at creating a good social life outside the home. That helped him withstand the tensions he experienced at home. Tony did not want to be used as a pawn in his parents' interpersonal game. But that was not under his control. Creating a good social life outside the home was within his control and that helped him.

{**Source:** Egan, G. (2014). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (10th Edition) Cengage Learning, Egan, G. & Reese, R. J. (2019). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (11th Edition) Cengage Learning }.

e) Help clients set practical goals:

Goals should be realistic and achievable. However, realistic achievable goals need not be wise ones. Goals should lead to direction and wisdom. Clients may set impractical goals if they jump directly from problem clarification to action without exploring all possibilities and then setting realistic goals. Such impractical goals increase the problem rather than getting it resolved.

f) Help clients set sustainable goals:

Clients should set stable goals and commit themselves to those goals. The commitment will take place only if the goals produce lasting outcomes.

Case 8.5:

One separated couple expressed the desire to get back together again and they did so. But this reunion lasted only for six months and then they separated again. Here the goal of getting back together was achievable but not sustainable. It would have been sustainable if they had asked themselves "what do we need to do to get back together and also to stay together? What would our marriage have to look like to become and remain workable?"

{**Source:** Egan, G. (2014). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (10th Edition) Cengage Learning}.

g) Help clients choose flexible goals:

Goals should be flexible enough to adapt to changing realities in the life of the clients. Sometimes setting too specific or too rigid goals does not allow clients to take advantage of emerging opportunities. Clients' choices need to be adapted to their changing circumstances. Gollwitzer, Parks-Stamm, Jaudas, and Sheeran (2007) explored goal-directedness in terms of the following three characteristics:

Flexibility:

It refers to the ability to modify goals while keeping the original purpose of the goal intact. It also refers to the clients' ability to reasonably change tactics, when one course of activity is blocked or proven to be ineffective or inefficient.

Tenacity:

It refers to the ability to stick to a goal or the means to achieve the goal even when it is difficult to achieve.

Rigidity:

It means sticking to the original goal or actions to achieve a reasonable goal even when the goal itself is proving to be ineffective in managing a problem situation or the action is not leading to goal achievement.

These three characteristics are related to both – the goal itself and the means to accomplish the goal. Apart from these characteristics, Gollwitzer et. al. (2007) also recommended “flexible tenacity” in goal pursuit.

h) Help clients choose goals consistent with their values:

Counselling is all about helping the clients. But the help remains ethical only if it reasonably respects the values held by the clients. Values are criteria that we use to make decisions. Helpers may invite clients to reexamine their values, but they should not encourage clients to perform actions that do not respect their values. Consider the following example:

Example 8.6:

A lady suffers a brain stroke in her old age and has passed into a coma. Doctors have told her daughter that her mother cannot come out of a coma and she would live a physically inactive life even if she survives. The daughter has to decide whether to terminate the life support system or extend the physically inactive life of her mother. In this case, the counselor suggests her to go and meet the priest as well as discuss it with the elders in the extended family and think over it herself. Her priest and other elders in the family suggested that there is nothing unethical about switching off the life support system. Now it is up to the client to explore other values related to that decision.

However, sometimes clients try to go after contradictory goals or values. Here is another example:

Example 8.7:

A student realizes that he wants to be an actor but at the same time he wants to start earning a decent income as soon as possible. The first goal will not get him an income for a long time and he may have to borrow money from others during his initial struggle period. But he also wants to start helping his family very shortly. The counselor needs to help him clarify his values and decide on some advantages and disadvantages of these two goals.

i) Help clients establish realistic time frames for accomplishing goals:

Clients should have a realistic and specific time frame to achieve their goals. For example, if a person says, “one day I will have a holiday”, his goal is too vague because that one day will never come easily. On the other hand, if he says, “I will have a holiday in the first week of January 2022”, the chances are very high that he will achieve that goal. The counselors need to help clients put some time frames in their goals to add value to those goals. Greenberg (1986) talked about immediate, intermediate, and final outcomes. Immediate outcomes are changes in attitudes and behaviours visible in the helping sessions themselves. Intermediate outcomes are changes in attitudes and behaviours that lead to further change. Final outcomes refer to the completion of the overall program for constructive change through which problems are managed and opportunities are developed.

8.2.6 Helping Clients Commit Themselves to Their Goals:

Many times clients set goals, but do not work towards achieving them. Old habits are often difficult to change or give up. Unless and until the clients have strong willpower to be committed to their goals, their old lifestyle keeps interfering with their potential new lifestyle for resources. Counselors should not encourage clients to put in superhuman efforts. But, they also should not underestimate the clients’ will. Let us have a look at the following example:

Example 8.8:

A cancer patient was at the terminal stage of cancer and doctors had an opinion that she will not live long. She had two sons of marriageable age. She had an intense desire to attend the wedding of her elder son, who was getting married after six months. Though doctors were not hopeful, she lived for the next six months and attended the wedding of her elder son. She also wished to attend her younger son’s marriage, though no dates were fixed for that. This noticeably indicates the power of her willpower.

{**Source:** Egan, G. (2014). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (10th Edition) Cengage Learning, Egan, G. & Reese, R. J. (2019). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (11th Edition) Cengage Learning}.

Considering this example, counselors should respect clients' will to change. They can help clients set goals and pursue them by asking the following questions to themselves:

- Why should I pursue this goal?
- Is it worth it?
- Is this where I want to invest my limited resources of time, money, and energy?
- What interferes with my attention?
- What are the reasons for pursuing this agenda?
- How strong are competing agendas?

There is another continuum indicating the level of commitment – “no commitment” at one end to “total commitment” on the other end. Some clients rush to accomplish their goals after setting them, while some clients set the goals but do not even start to achieve them. Clients also differ in their commitment to different goals. They may be very enthusiastic about achieving one goal, but will not put any effort to achieve another goal. Some clients may start very enthusiastically and then give up mid-way. The counselors need to help clients face their commitments. They can help clients ask themselves some questions, suggested by Egan (2014), to evaluate their own commitment to goals:

- What is my state of readiness for change in this area at this time?
- How badly do I want what I say I want?
- How hard am I willing to work?
- To what degree am I choosing this goal freely?
- How highly do I rate the personal appeal of this goal?
- How do I know that I have the courage to work on this?
- What is pushing me to choose this goal?
- What reasons do I have for pursuing this change agenda?
- What rewards can I expect if I work on this agenda?
- If this goal is in any way being imposed by others, what am I doing to make it my own?
- What difficulties am I experiencing in committing myself to this goal?
- In what way is it possible that my commitment is not a true commitment?
- What can I do to get rid of the discouragement and overcome the obstacles?

- What can I do to increase my level of commitment?
- In what ways can the goal be reformulated to make it more appealing?
- To what degree is the timing for pursuing this goal poor?
- What do I have to do to stay committed?
- What resources can help me? What kind of support do I need?

Apart from such questions that counselors can help clients ask themselves about their commitment to their change agendas, there is a range of things that counselors can do to help clients in their initial commitment to goals and the kind of action that is a sign of that commitment. Counselors can help their clients by helping them make goals appealing, enhance their sense of ownership, and deal with competing agendas.

8.3 TASKS OF STAGE III

Stage III of the counselling process is about the activities or the work needed to produce the outcomes that are powerfully imagined in Stage II. In other words, it is about “implementation intentions” and the implementation itself. Three interrelated tasks in Stage III are all aimed at problem-managing action on the part of the client. They are as follows:

Possible Strategies:

Here, the counselors help clients develop possible strategies for accomplishing their goals by making them ask themselves “What kind of actions will help me get what I need and want?”

Best-fit Strategies:

Here, clients are helped choose strategies that are effective, efficient, and tailored to their preferences and resources. Here, clients ask themselves, “What actions are best for me?”

Plans:

Here, clients are made to ask themselves questions, such as “What should my campaign for constructive change look like?”, “What do I need to do first? Second?”, “When should I start?” Thus, clients are helped to turn strategies into realistic plans.

Thus overall, Stage III deals with the “game plan”. The above-mentioned three tasks of Stage III constitute planning for action and they should not be confused with the action itself. A program for constructive change is just like a wish list without action.

8.3.1 Helping Clients Develop Strategies For Accomplishing Their Goals:

Egan (2014) defined strategy as the art of identifying and choosing realistic courses of action for achieving goals and doing so under adverse

conditions, such as war. The problem situation is similar to war for the clients. In such a situation, helping clients develop strategies for achieving their goals is a very humane, thoughtful, and beneficial way of being with them. Counselors will do a great disservice to their clients if they help clients to set up goals, but do not show them the way to achieve those goals. Strategies are actions that help clients accomplish their goals. When clients develop a range of strategies to achieve their goals, they feel liberated from their problem situations. They begin to see clear pathways to their goals and their self-efficacy goes up. The next sections (Sections 8.3.2 through 8.3.6) explain some of the strategies that can be used to achieve goals are:

8.3.2 Brainstorming:

Brainstorming is a very useful technique. It is defined as an “artificial separation of creative thinking from critical thinking in the initial problem-solving phase”, “liberating from inhibition those whose task is to find new solutions, from criticism of their own ideas or those of others, from the fear of making mistakes and placing themselves in an unfavourable light before the group” (Rosca, 1972).

Brainstorming is used to generate a variety of ideas about a given topic. People tend to make better decisions if they have lots of options to choose from. These options are potential possibilities that clients have. However, while brainstorming, counselors must make sure that clients remain focused on the goal that they want to achieve. The brainstorming is based on the following rules:

1. Ideas will not be criticized;
2. The quantity and not the quality of ideas is important;
3. Other people’s ideas can be developed;
4. Unusual and exaggerated ideas are welcome.

Osborn was the originator of the concept of brainstorming. In his studies, he noticed that if the above-mentioned rules are followed properly, it leads to the generation of more new ideas. Quantity yields quality. Very often, due to natural inhibitions, people drop many ideas and consider them “mistakes” or “ridiculous”. By following these rules those ideas are not dropped. Osborn also noticed that “childish” or “stupid” ideas could lead to finding truly valuable ones, because they changed people’s thinking perspective and view of things.

Counselors ask clients to keep writing whatever ideas come to their mind so that a solution or action can be taken to solve the problem situation. The counselors can make some suggestions, but never turn the clients in any particular direction. The ultimate decision should lie with the clients themselves. Therapists are not supposed to make choices for clients either directly or indirectly. They help clients only make life-enhancing decisions. For doing this, they can use several techniques, such as the

“prompt and fade” technique. The counselors can say, “Here are a couple of possibilities. Let’s have a look at them and see whether any of them makes sense to you. Or maybe they can kick start some ideas of your own.” Or “Here are some of the things that people with this kind of problem situation have tried. How do they sound to you?” The therapists do not give any advice. The clients must think over these strategies, choose the right ones, and commit to them.

8.3.3 Frameworks:

Helpers can use simple frameworks to formulate questions or probes that help clients develop a range of strategies. The counselors can use probes and prompts to help clients discover possible strategies by helping them investigate resources in their lives, including people, models, communities, places, things, organizations, programs, and personal resources.

Individuals:

Depending on the needs and goals of the clients, some individuals from their social circle can help them.

Example 8.9:

Jackson, a cancer patient was suffering from severe cancer-related pain. He got the name of a local doctor who specialized in treating such a kind of pain as well as teaching people how to deal with such pain. He also decided to talk with two of his friends – one, whose father got excellent hospital care at home and died at home, and another, whose wife died of cancer. Since he trusts and respects his friends, by talking to them he could find the required courage.

{**Source:** Egan, G. (2014). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (10th Edition) Cengage Learning, Egan, G. & Reese, R. J. (2019). *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping* (11th Edition) Cengage Learning}.

Models and exemplars:

People who have gone through similar experiences as the clients are going through can become role models for them.

Example 8.10:

Jackson, the cancer patient mentioned above visited one of his fellow workers before his death at home due to cancer. These visits gave him an idea about dying at home or at least outside the hospital. He observed that during these visits, his fellow worker never allowed himself to get into a self-pitying type of talk. He considered dying too as part of living. Jackson was very impressed with this kind of attitude of his friend. After his friend’s death, when he reflects on that experience, it helps him develop a

similar positive attitude. Thus, his friend had become a role model for him.

{**Source:** Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Edition) Cengage Learning, Egan, G. & Reese, R. J. (2019).The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition) Cengage Learning}.

Communities:

Counselors need to encourage the clients to identify communities through which they can identify the strategies for implementing their goals.

Example 8.11:

Jackson found that his community has developed an advanced approach to providing various services for the sick. He also found various online self-help groups for people like him.

{**Source:** Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Edition) Cengage Learning, Egan, G. & Reese, R. J. (2019).The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition) Cengage Learning}.

Places:

Very often people in problem situations visit various places of worship of their faith and that gives them relief. Some people go on pilgrimage to experience life deeply and to get peace of mind.

Things:

Some clients explore the things that can help them achieve their goals.

Example 8.12:

Jackson finds out information about various drugs and electric stimulations that may help reduce his chronic pain and reduce the effects of chemotherapy. He talks to his doctor and other experts about the possibility of using these safely.

{**Source:** Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Edition) Cengage Learning, Egan, G. & Reese, R. J. (2019).The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition) Cengage Learning}.

Organizations:

Clients may come across some organizations that may provide social support to people like the clients. For example, a recovered alcoholic or

drug addict may join the deaddiction centre as a volunteer and find that he gets as much help, motivation and comfort as he gives.

Programs:

Many organizations such as NGOs, hospitals, the community centres run various programs that clients can join according to their needs. These programs may provide help to seriously ill people to people having minor illnesses either physical or psychological.

8.3.4 Finding social support:

Planning includes helping clients identify the internal and environmental resources that clients need to pursue their goals. Social support is one of the most important resources (Barker & Pistrang, 2002; Seeman, 1996; Taylor, 2007; Taylor and associates, 2004), which most practitioners see as a key element in problem-managing change. Thus, when we make a change in our life, it often brings changes in our relationships. We should make sure that we have at least a few people who are truly rooting for us and the steps to reach our goal. And we should also consider talking to therapists if we do not have anyone in our life who is truly cheering us on.

8.3.5 Skills:

People often get into trouble or fail to get out of it because they lack the needed life skills or coping skills to deal with problem situations. In such a case, helping clients find ways of learning the life skills that they need to cope more effectively is an important broad strategy. Indeed, the use of skills training as part of therapy – what Carkhuff (1971) called “training as a treatment” years ago – might be essential for some clients. Challenging clients to engage in activities for which they do not have the skills multiplies the problem, rather than solving it. Lack of necessary interpersonal communication and other life skills is often at the centre of relationship breakdowns.

8.3.6 Strategies:

Though some clients have many great ideas for getting things done, they never seem to do anything. It is because they lack the discipline to evaluate their ideas, choose the best, and turn them into action. Therefore, often this kind of work seems too tedious to clients, even though it is precisely what they need. The common strategies that are used to help people pursue broad goals (Williams, 1989) are as follows:

- Keeping a hostility log to discover the patterns of cynicism and irritation in one's life
- Finding someone to talk to about the problem, someone to trust
- “Thought stopping,” catching oneself in the act of indulging in hostile thoughts or in thoughts that lead to hostile feelings
- Talking sense to oneself when tempted to put others down

- Developing empathic thought patterns—that is, walking in the other person's Shoes
- Learning to laugh at one's own silliness
- Using a variety of relaxation techniques, especially to counter negative thoughts
- Finding ways of practising trust
- Developing active listening skills
- Engaging in assertive rather than aggressive behaviour
- Putting things in context, seeing each day as one's last or contrasting the seriousness of one's problems with those of people with real, life-limiting problems
- Practising forgiving others without being patronizing or condescending

This set of strategies helps clients as links to action.

8.3.7 Choosing Goal-Accomplishing Strategies:

Goals are effective only if they are specific, realistic, sustainable, flexible and cost-effective. Similarly, the strategies to achieve those goals also should possess the same characteristics. In the second part of Stage III (Task III-B), clients are in decision-making mode, where they need to choose a strategy or a “package” of strategies that are best fitting to plans for constructive change. These strategies also should be strong and practical enough to match the values of the clients. The criteria for choosing goal-accomplishing strategies are like the criteria for choosing goals outlined in Stage II. Some of the criteria that can be applied to choose the strategies are as follows:

a) Specific strategies:

Strategies should be specific enough to drive behaviour. If they are too broad, the clients will be confused and will not even start the work on achieving the goals.

Example 8.13:

Jackson, the cancer patient had very specific strategies to deal with his illness and its related pain – that is, to keep in touch with his friends who had similar experiences – to make sure that his wife and daughter learn to give him help in terms of administering injections gently, participating in self-help groups, getting help from his community, etc.

{Source: Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Edition) Cengage Learning, Egan, G. & Reese, R. J. (2019). The Skilled Helper: A

In such cases, strategies like milieu therapy will not help the clients which are focused only on routine activities and not on specific goals.

b) Effective strategies:

When implementation of strategies leads to goal achievement, strategies become effective. The effective strategy can be an elaborated one or a small one.

Example 8.14:

Stacy, a schizophrenic patient, was admitted to the hospital. After initial medical treatment that helped her to some extent, she was put through milieu therapy. That means she followed more or less the general routine of the hospital – a bit of exercise, a bit of work, and a little bit of socialization. This did not bring much improvement in Stacy's health. Thus, milieu therapy was not effective for her. Then, another psychiatrist involved Stacy in a new comprehensive social learning program, which included cognitive restructuring, social skills training, and behavioural change interventions based on motivation, shaping, modelling, and rewards. Within a few days, she started responding positively to this new rather intensive program. She was discharged within 6 months, and with the help of an outpatient extension of the program, she remained in the community. The reason was that this new program was more specific, effective, practical, realistic, sustainable, flexible, cost-effective, and in keeping with her values. It was cost-effective in two ways. First, it was the best use of Stacy's time, energy, and psychological resources. Second, it helped her and others like her get back into the community and stay there. It was in line with her values and as deep in her heart as she valued human companionship and freedom.

{**Source:** Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Edition) Cengage Learning, Egan, G. & Reese, R. J. (2019). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition) Cengage Learning- a modified version}.

c) Realistic strategies:

Strategies that are beyond clients' resources are called unrealistic strategies, which will not be effective at all. On the other hand, strategies that are within their resources and control, and free of any hindrances are called realistic strategies. However, counselors should encourage clients to review goals for life-enhancing outcomes. Also, counselors should not underestimate the clients' abilities to move beyond their problem situations. Strategies that make clients stretch for a valued goal can be very satisfying for them. But it should not be stretched too far without considering the reality of the clients' capabilities.

d) Strategies in keeping with the client's values:

The counselors must ensure that the selected strategy is consistent with the clients' values.

Example 8.15:

A priest was falsely accused of molestation. While preparing for the court case, the priest and his lawyer had several discussions. The lawyer wanted to do everything possible to destroy the accusers' credibility. He had dug into their pasts and searched for some obscenity. The priest objected to these tactics. "If I let you do this," he said, "I move down to their level. I can't do that." The priest discussed this with his counselor, his superiors, and another lawyer. He stuck to his views. They prepared as strong a case as possible, but one based on facts without any unpleasantness. After the trial, the priest was set free. The priest mentioned that in his experience, the most difficult part of the whole trial was the discussion about the lawyer's preferred tactics. He experienced an internal conflict. On one hand, he felt that since he was innocent, it is ok to use any tactic to prove his innocence. On the other hand, he felt that it was not the correct way. The counselor did not attempt to impose his own or lawyer's values on him but helped him clarify and challenge his own values.

{Source: Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (10th Edition) Cengage Learning, Egan, G. & Reese, R. J. (2019). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition) Cengage Learning – A modified version}.

e) Sample, then choose:

Some clients prefer to first sample some of the possibilities and then choose the appropriate strategy out of many strategies. This gives them time to think about the positive and negative attributes of every strategy before making a decision. Consider the following case described by Egan (2014, 2019):

Case 8.16:

Two business partners were in conflict over ownership of the firm's assets. Their goals were to see justice done, to preserve the business, and if possible, to preserve their relationship. A colleague helped them sample some possibilities. Under her guidance, they discussed with a lawyer the process and consequences of bringing their dispute to the courts, they had a meeting with a consultant counselor, who specialized in these kinds of disputes, and they agreed on a settlement.

{**Source:** Egan, G. & Reese, R. J. (2019). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping (11th Edition) Cengage Learning }

This technique offers the clients sufficient time to calm down their emotions. Thus, all decisions are made with due consideration. In the

above case too, the clients decided to go with the consultant counselor's route. Some clients use the 'sample, then choose' strategy after going through brainstorming. But some clients delay the real action to achieve their goals by using this approach. Here are some questions that counselors can help clients ask themselves to determine their strategies to overcome their problem situations:

- Which strategies will be best fit my situation?
- Which strategies will be most useful in helping me get what I need and want?
- Which strategies are best for this situation?
- Which strategies best fit my resources?
- Which strategies will be most economical in the use of resources?
- Which strategies are most powerful?
- Which strategies best fit my preferred way of acting?
- Which strategies best fit my values?
- Which strategies will have the fewest unwanted consequences?

8.3.8 Balance-Sheet Method for Choosing Strategies:

The term 'balance sheet' which is more commonly used in economics and commerce also can be used in counselling. In therapy, the balance-sheet method can help clients weigh the cost and benefits of problem management and opportunity development. This technique can be used for any important decision to be made during the helping process. For example, clients can decide whether to seek help in the first place, which problem or goal to work on first. While applying the balance-sheet approach for choosing strategies for achieving goals, the following questions can be answered by the clients:

- What are the benefits of choosing this strategy? For myself and significant others?
- To what degree are these benefits acceptable? To me and the significant others?
- In what ways are these benefits unacceptable? To me and the significant others?
- What are the costs of choosing this strategy? For myself and the significant others?
- To what degree are these costs acceptable? To me and the significant others?
- In what ways are these costs unacceptable? To me and the significant others?

The counselors should not use this approach with every client or for every action. The counselors should use it only when both – the clients and the counselors – agree that this technique will be beneficial for the clients. It can be used whenever clients need to make an important decision, for instance, setting a goal. The counselors should tailor the technique according to the needs of the clients. The counselors should take a practical and flexible approach while using the balance-sheet approach. One of the most effective ways of using this technique is that counselors should not use it directly. They should keep it in the back of their minds whenever their clients are making decisions and use it as a filter to listen to clients. Then should turn relevant parts of it into probes to help clients focus on issues that the clients might be overlooking.

8.3.9 Choosing Evidence-Based Treatments:

There are many handy therapies and well-being programs available that can complement basic therapeutic skills. These programs developed by researchers and practitioners are validated by rigorous research. They are called evidence-supported treatments. some of them are discussed here:

David Barlow is well known for evidence-based practices. David Barlow et.al. (2011) developed a step-by-step protocol for the treatment of various disorders, such as anxiety, depression, and phobia. These protocols are developed by combining three or four basic concepts – that are common to all treatments of these emotional disorders together – into one unified ‘transdiagnostic’ set of principles that clinicians can adopt for any client. There are seven modules in this protocol as follows:

1. Psychoeducation,
2. Motivational enhancement to help clients engage in the treatment,
3. Emotional awareness training, including present-focused emotional awareness training,
4. Cognitive appraisal and reappraisal,
5. Modifying emotion-driven behaviours and emotional avoidance,
6. Exposure to actual emotional experience,
7. Relapse prevention.

Barlow believed that this evidence-based protocol gives greater flexibility to clinicians to treat the patients than most manuals allow. However, this protocol faces a lot of criticism due to professional disagreements and professional politics considering the nature and scope of the evidence-based movement itself. Another problem is that evidence-supported treatment tends to deal with isolated symptoms rather than the kind of problems in life that clients are struggling with. For example, there is no handy step-by-step program to help a distressed married couple, one of whom is bipolar or comes from a different cultural background or a couple who is having disputes over finances and parenting styles to be adopted in

dealing with kids. However, it does not mean that evidence-supported treatments should not be used. The therapists should use both the common-factor approach as well as an evidence-based treatment approach depending on the needs of the clients. One should use whatever helps clients manage the problem situation in their lives.

8.4 SUMMARY

We saw that Stages II and III are about problem-managing outcomes in an approach and together are important parts of the helping model. Stage II is about goals and outcomes, while Stage III is about the activities or the work needed to produce those outcomes. They help clients ask and answer the following two commonsense but critical questions, “What outcomes do I want?” and “What do I have to do to get what I want?”

Stage II involves problem-managing possibilities, goals, outcomes and impact, and commitment. They help clients determine what kind of change they need or want and distinguish needs from wants. We also studied the continuum between first-order and second-order change. First-order change involves small improvements and adjustments that do not alter the fundamental core of the system, while second-order change alters the fundamental structure.

We then learned about the power of goal-setting and the four different ways in which goal-setting empowers clients. Goals i) help clients focus their attention, ii) help clients mobilize their energy and direct their effort, iii) provide incentives for clients to search for strategies to accomplish them, and iv) help clients increase their persistence. We looked at some important guidelines regarding helping clients to set goals. Counselors can help clients set goals by helping them describe the future they want in outcomes or accomplishment language, move from broad aims to clear and specific goals, establish goals that make a difference, formulate realistic goals following the criteria of resources and control, set the set practical and sustainable goals, choose flexible goals and the goals that are goals consistent with their values, and establish realistic time frames for accomplishing goals. Apart from this, we also learned how clients can be helped to commit themselves to their goals.

We then moved to the tasks of Stage III which involve possible strategies, best-fit strategies, and plans. We learned about helping clients develop strategies for accomplishing their goals, such as brainstorming, frameworks (individuals, models and exemplars, communities, places, things, organizations, and programs), finding social support, skills, and strategies. Then we moved to goal-accomplishing strategies in which we learned about specific strategies, effective strategies, realistic strategies, strategies in keeping with the client’s values, and ‘sample, then choose’ strategy. At the end, we also had a glance at the balance-sheet method for choosing strategies and choosing evidence-based treatments as a part of tasks of Stage III.

8.5 QUESTIONS

1. Discuss in detail the power of goal-setting and the guidelines for setting up the goals.
2. Explain the four ways in which goal-setting empowers clients.
3. How do counselors help clients develop strategies for accomplishing their goals? Explain with the help of any two strategies.
4. Discuss in detail the goal accomplishing strategies used by counselors.
5. Write a note on –
 - a. Continuum on First-order and second-order change
 - b. Brainstorming as a strategy for accomplishing the goals
 - c. Frameworks as strategy
 - d. Realistic strategy
 - e. Balance sheet method for choosing strategies
 - f. Choosing evidence-based treatments

8.6 REFERENCE

- Egan, G. (2014). The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping.(10th Edition) Cengage Learning.
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