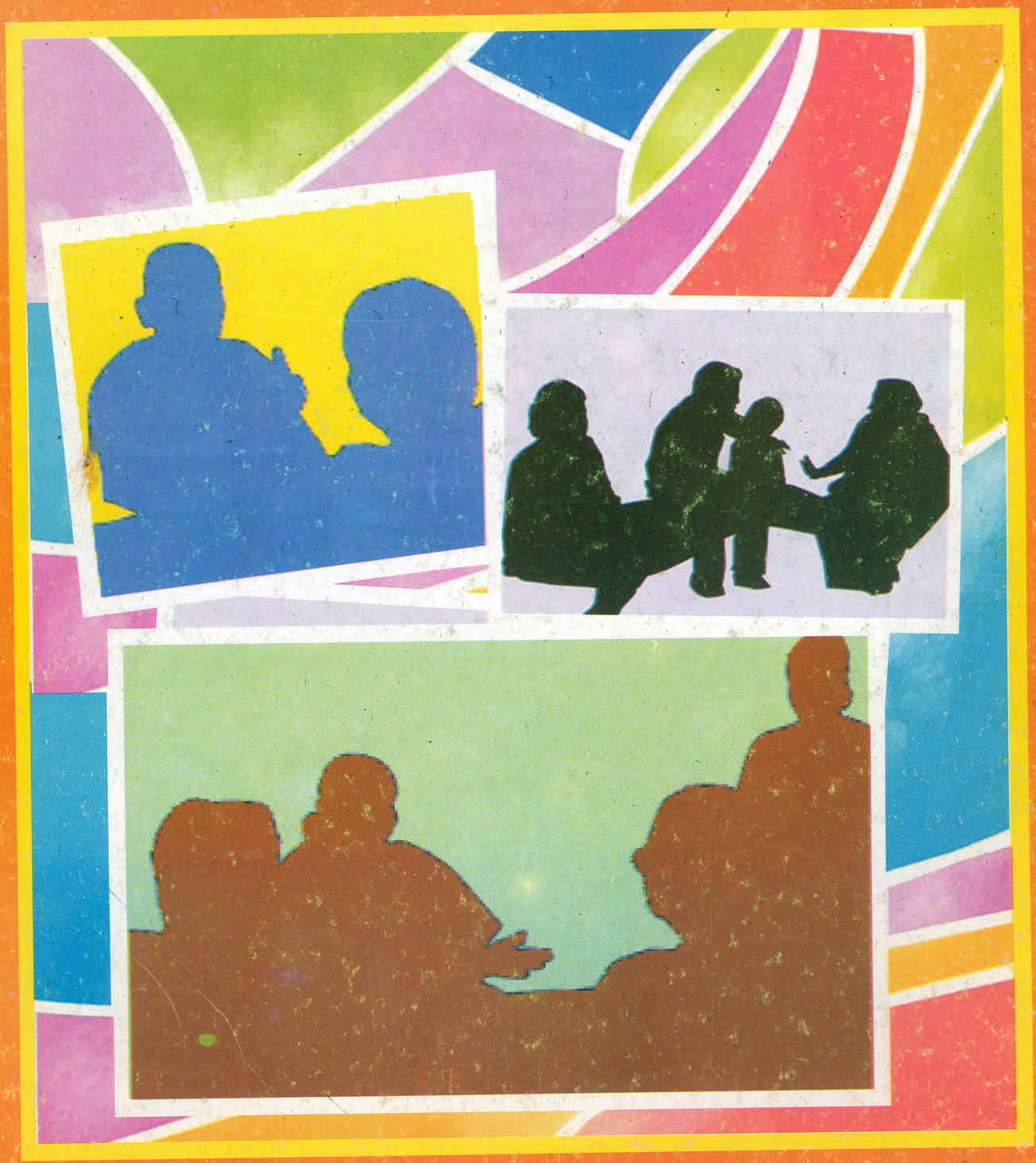
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MCFT-004
Counselling and Family Therapy: Applied Aspects



PRACTICAL ASPECTS OF COUNSELLING AND FAMILY THERAPY-I

2

"शिक्षा मानव को बन्धनों से मुक्त करती है और आज के युग में तो यह लोकतंत्रा की भावना का आधार भी है। जन्म तथा अन्य कारणों से उत्पन्न जाति एवं वर्गगत विषमताओं को दूर करते हुए मनुष्य को इन सबसे ऊपर उठाती है।"

- इन्दिरा गांधी

"Education is a liberating force, and in our age it is also a democratising force, cutting across the barriers of caste and class, smoothing out inequalities imposed by birth and other circumstances."

- Indira Gandhi

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MCFT-004
Counselling and Family Therapy: Applied Aspects

Block

2

PRACTICAL ASPECTS OF COUNSELLING AND FAMILY THERAPY-I

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BLOCK 2 PRACTICAL ASPECTS OF COUNSELLING AND FAMILY THERAPY-I

Block 2 of Course MCFT-004 is "Practical Aspects of Counselling and Family Therapy-I". The Block will acquaint you with the knowledge on creating a therapeutic climate. We will learn about developing communication skills in counselling and family therapy. Mediation in counselling and family therapy including mediation in family disputes is also explained in this Block. We will also discuss life skills education. The Block consists of the following five Units.

Unit 5 is entitled "Creating a Therapeutic Climate". The Unit acquaints you with the knowledge on various factors which have an impact on counselling and family therapy, such as age, gender, disability, sexual orientation, spirituality issues, multi-culture, unrealistic expectations, clients' needs and expectations, attitude, fees and working hours, and many others. Experiences of clients during therapy are also discussed in this Unit. Specific techniques which facilitate counselling and family therapy are well explained in this Unit. At the end of this Unit you will learn about record keeping also.

Unit 6 is named "Developing Communication Skills". As the name suggests, the Unit will acquaint you with the meaning and importance of communication skills. We will learn about active verbal communication skills and vocal messages under verbal communication skills. The Unit also deals with the non-verbal communication skills and listening skills. The effective handling of silences induced by counsellor and client are discussed in this Unit. Skills of ending the session like asking appropriate questions, giving information to clients, recapitulating and summarizing have also been emphasized in the Unit. At the end, the Unit explains helpful verbal and non-verbal communication as well as non-helpful verbal and non-verbal communication.

Unit 7 is "Mediation in Counselling and Family Therapy". The Unit begins with explaining the concept of mediation. We will study about conflict resolution in this Unit and types of conflicts and ways of dealing with conflicts. The Unit further acquaints you with the process of mediation, functions of a mediator and benefits of mediation. At the end of the Unit, you will learn about evaluating the success of mediation process.

Unit 8 is entitled "Mediation in Family Disputes". The Unit begins with the history of mediation. Further, the Unit acquaints you with knowledge of mediation in family disputes and matrimonial cases which includes certain peculiarities of matrimonial mediation and resources. You will also learn about the strategies used in mediation. Certain other matrimonial problems, diagnosis and solutions are also discussed in this Unit.

Unit 9 is on "Life Skills Education". The Unit begins with the introduction of life skills and addresses questions such as "Why is there a need for life skills?", "Who needs life skills?", "How are they imparted?" and "What is the expected outcome of the life skills programme?". The Unit also discusses the components of life skills. After studying this Unit, you will understand life skills education and various methods of enhancing life skills. At the end of this Unit, you will also learn about the Indian scenario of life skills education.

UNIT 5 CREATING A THERAPEUTIC CLIMATE

Structure

5.1 Introduction

5.2 What Impacts Counselling/Family Therapy

- 5.2.1 Age
- 5.2.2 Gender
- 5.2.3 Disability
- 5.2.4 Social Economic Status or Social Class
- 5.2.5 Sexual Orientation
- 5.2.6 Religion
- 5.2.7 Ethnicity and Racism
- 5.2.8 Spirituality Issues
- 5.2.9 Dealing with HIV Positive Clients
- 5.2.10 Multi-culture
- 5.2.11 Unrealistic Expectations
- 5.2.12 Clients' Needs and Expectations
- 5.2.13 Attitude of the Clients
- 5.2.14 Attitude of the Therapist
- 5.2.15 Fees and Working Hours
- 5.2.16 Understanding of Family
- 5.2.17 Personal Strengths
- 5.2.18 Perfectionism and Idealization
- 5.2.19 Values
- 5.2.20 Experience
- 5.2.21 Internal Contradictions
- 5.2.22 Client Motivation
- 5.2.23 Resourcing Yourself
- 5.2.24 Client Anxiety, Fear and Expectations
- 5.2.25 Use of Body Language
- 5.2.26 Cultural Differences
- 5.2.27 Language Skills of the Clients

5.3 Experiences of Clients of Therapy

5.4 Environment for Therapy

5.5 Specific Techniques which Facilitate Counselling and Family Therapy

- 5.5.1 Transition from Insight to Action
- 5.5.2 Modelling, Rehearsal and Reinforcement
- 5.5.3 Effective Homework Tasks
- 5.5.4 Telephone Counselling
- 5.5.5 Dealing with Client Resistance
- 5.5.6 The Miracle Question
- 5.5.7 Setting Goals with Clients
- 5.5.8 Desensitization and Relaxation Technique
- 5.5.9 Graded Exposure

5.5.10 Response Delay or Prevention
5.5.11 Diary Keeping
5.5.12 Relaxation Technique
5.5.13 Cathartic Work
5.5.14 Role Play
5.5.15 Psychodrama
5.5.16 Sociodrama
5.5.17 Play Therapy
5.5.18 Using Empty Chair Technique
5.5.19 Using Imaginations
5.5.20 Using Dreams
5.5.21 Using Reflections

5.6 Record Keeping

5.7 Let Us Sum Up

5.8 Glossary

5.9 Answers to Check Your Progress Exercises

5.10 Unit End Questions

5.11 Further Readings and References

5.1 INTRODUCTION

In the first Block you have studied about the professional issues in counselling and family therapy. In this Block, we will study about the practical issues in counselling and family therapy. While we talk about the practical aspects in counselling and family therapy, the first practical consideration that comes to mind is the setting for a therapeutic climate. In this Unit, we will study about how to create therapeutic climate for counselling and family therapy.

Objectives

After studying this Unit, you will be able to:

- Delineate factors which impact therapy;
- Discuss various practical considerations used to create a therapeutic climate;
- Understand important issues in therapy; and
- Appreciate specific techniques which facilitate counselling and family therapy.

5.2 WHAT IMPACTS COUNSELLING/ FAMILY THERAPY

Frank (1974) delineated four components which contribute to the success of therapy. These are:

1) A relationship in which clients have confidence in their therapist's competence and desire to help.

2) Setting for therapy is a place of healing and this heightens clients' expectation of being helped. Setting has clear time and place boundary and provides clients time and place to concentrate on therapeutic activities.

3) Therapy is based on explanation of illness and health. This therapeutic explanation or myth or rationale should relate to the client's world view of the illness or problem.

4) Therapy requires some work to be done by the client.

According to Frank, success of the therapy is due to the following reasons:

1) It provides client new opportunities; both cognitive and experiential, for learning.

2) It gives client hope of change.

3) It contributes towards the client's self-efficacy experience.

4) It helps the client to feel that other people understand and care.

5) Therapy provides experiences related to emotional arousal to the client which is important in facilitating therapeutic change.

Egan (1990) described some effective listening behaviours in counselling. These are listed below:

- Sitting squarely in relation to the client.
- Maintaining an open position with arms and legs uncrossed.
- Leaning slightly towards the client.
- Maintaining comfortable eye contact.
- Keeping a relaxed position.

In this section, we will study about the various factors which have an impact on the counselling/family therapy process. These are discussed in detail below.

5.2.1 Age

Age of the client(s) is an important factor in counselling/psychotherapy/family therapy. The mental health issues and general life problems are different through the various life cycle stages like — young children, children in middle school, adolescents, young adults, middle adulthood and people in old age. Age decides the needs, concerns and problems among the clients. For example, mother of a four year old daughter would be bothered by her not drinking milk, throwing temper tantrums etc.; while a couple in late adulthood may be suffering from empty nest syndrome with all their children having migrated to other cities or other countries.

5.2.2 Gender

Gender refers to the major two sexes — masculine and feminine categories. The impact of an event and its later manifestation as problem to an extent is related to one's gender which, in turn, is influenced by many other contributory factors. Gender need, role and expectations are also influenced by social inequality, power and role of hierarchy in the society; e.g., woman is considered a weaker sex.

5.2.3 Disability

The type and intensity of disability, if present, needs to be kept in mind. Also, remember that any person can become disabled due to accidents or disease at any point of time in life. The following important points should always be kept in mind while dealing with person with disability:

- The disabled patient may associate the tragedy with disability or you as a therapist may associate the problem of the disabled person with her or his disability. Here, over-generalisation should be avoided.
- Therapist or counsellor should not have any disgust at physical appearance or fear of contamination when dealing with persons with disability.
- Therapist should avoid making disabled client feel helplessness.
- Pity should be avoided.
- Therapist should help the client focus on achievements rather than concentrate on loss (e.g. any body part).
- Early life experiences or biases influence both therapist and/or client in dealing with disability problems and issues.
- Also, remember the disabled client may have a lot of pain — both physical and emotional due to disability.
- Listen to the disabled client's worries on how she or he would relate to their present life and changed life experiences.

5.2.4 Social Economic Status or Social Class

Here, we use socio-economic status or social class interchangeably. Socio economic status has an impact on overall development, stimulation, opportunities and stresses one experiences in life. We do not hypothesise that one level of social class has more mental health problems and the other social class has less mental health problems comparatively. But we do emphasize that therapist should be aware of the social class to which the client belongs to be able to ascertain the social conditions which could have had an impact on the client. There should be no biased approach in dealing with clients from different socio-economic status.

5.2.5 Sexual Orientation

We need to know the sexual orientation of our client especially in doing marital therapy or couple counselling, etc. Also, in some familial issues knowledge of sexual orientation of the clients is important. People may be heterosexuals, homosexuals or bisexuals. Counsellor/family therapist irrespective of her or his

own sexual orientation should not look down on the client's sexual orientation. No social bias should be associated with the same.

5.2.6 Religion

Therapist should be aware of the client's religion. She or he should try to understand the client's religious beliefs from the client's understanding of the same and also obtaining knowledge from that religion's perspective. No biased attitude on part of the counsellor or family therapist should be seen in practice. Therapist, like the client, is free to worship, profess and propagate, her or his religious beliefs outside the therapy or counselling situation.

5.2.7 Ethnicity and Racism

You should be aware of the client's ethnicity but at the same time any bias towards any ethnic group or racial community should be avoided.

5.2.8 Spirituality Issues

Therapist should ascertain the spiritual beliefs of the client. No biased feelings should be held by the therapist against the client on differences in their spiritual beliefs.

5.2.9 Dealing with HIV Positive Clients

Therapist should show no ill-feelings and biases in both their verbal and non-verbal communications towards the client having HIV positive, AIDS or other Sexually Transmitted Diseases. Therapist needs to be properly equipped both personally and professionally to effectively deal with these clients and their problems. Also, therapist should not blame client's ill health for all of his or her psychological problems.

5.2.10 Multi-culture

India is a multi-lingual, multi-cuisine, multi-religious, multi-cultural land. All social groups have their own value structure and beliefs. As a counsellor and family therapist remember to give importance and develop understanding of 'why' something is important in any 'culture'. Give your client's culture importance and make your 'therapeutic suggestions' based on this understanding.

5.2.11 Unrealistic Expectations

Unrealistic expectations, hope from therapy sessions, in the beginning of the sessions are things that lead the therapy to failure. Therapist should have realistic appreciation of the client's social-economic considerations and the financial burden of the therapy on the client. Therapist should respect an individual's dignity.

5.2.12 Clients' Needs and Expectations

Some patients think that they have no problem, or they have survived without counselling till date and therefore, they don't need it now also. Such are the persons who have to be made to realize the importance of therapy for them. Client must have some longing for life, freedom from illness and to be active member in the society to get well soon. Some clients have rational expectations,

positivity towards life, hope in therapy when they come for counselling. Such clients have high improvements. Here, one should remember that counselling is slow process to bring about change and it is not a miracle which would bring about change. Counselling and family therapy to be effective usually has to be done in many sessions spread over a long period of time. The advancement of the patient's treatment here is based on the rational thoughts hope, vision and imagination of the life after the therapy by the patient in relation to the therapy.

5.2.13 Attitude of the Clients

Some clients may like to provoke the counsellor/therapist or hide away under false emotions to challenge the counsellor or therapist. When the therapist has true empathy and understanding of the patient, she or he will be able to see through the make over emotions or false emotions of the patients and help patients to face reality and be able to deal with them.

The inner attitude of the client that she or he brings to the therapy/counselling has a large influence on the therapy.

5.2.14 Attitude of the Therapist

Counsellor/therapist attitude, rational or irrational need and mature or immature expectations also influence the therapy.

5.2.15 Fees and Working Hours

In the first meeting itself, the therapist/ counsellor should clearly inform the patient about fees and working hours that therapy would take place. She or he should to some extent be able to say that it would take 12-15 sessions or 10-13 sessions or 16-20 sessions. The number of sessions may vary according to case needs.

Counsellor/therapist should be able to inform the patient when they should telephone him, what time, is counselling possible on phone, etc.

5.2.16 Understanding of Family

Family has a specific meaning and definition which you have studied in Course 1. While dealing with clients you should understand and appreciate their definition of the word 'family' and in a genogram be able to depict the important influences of the family functioning on the individual.

5.2.17 Personal Strengths

Personal strengths or personality characteristic of each individual is different. As a family therapist you should be able to list down your own personal strengths and weaknesses.

5.2.18 Perfectionism and Idealization

Please avoid perfectionism both as a student in the counselling and family therapy course as well as while practising the same. We all know that no one is perfect but we all still strive to be perfect. As a student you may want to know everything, but realistically, you cannot know everything. If you pressurize yourself with self doubt, never to go wrong attitude or self criticism

or to be perfect counsellor or family therapist, then remember you are yourself not exhibiting positive healthy traits. We make mistakes and we learn from them is a key to do one's best as a counsellor and family therapist.

5.2.19 Values

As individuals we all have certain values and beliefs. These values should not impact our counselling. You have to maintain a sense of objectivity during counselling/therapy. At times your clients may have conflicting values than you; you should not judge them according to your value system rather judge them according to the socio-cultural milieu they belong to and values which are of importance in their family and society.

5.2.20 Experience

The more one has practice the more one gets experienced. Thus, one develops counselling and therapeutic skills and techniques as one gains practical experience and develops deep understanding about the principles of the theory we practise.

5.2.21 Internal Contradictions

Client has a need to be at peace like any other individual. Counsellor or family therapist must decide when the contradictory demands – of attaining peace but following a wrong order have to mediated with reality or how long to maintain a status quo.

5.2.22 Client Motivation

Client's motivation to change is a key factor in all therapeutic situations. At times, counsellor and family therapist has to motivate client to change. Enhancement of client's motivation to change has to be done by using affirmatives with clients. Here, you have to remember that the client has the autonomy and responsibility for deciding, committing and following through with the changes. The therapist maybe more structured, directive in approach but should avoid use of their authority, education, confrontation, or argumentation to bring about change in the client. Miller and Rollnick (2002) said that expressed empathy, developing discrepancies, avoiding argumentation, rolling with resistance, and supporting self-efficacy are the five principles which should be used during motivational interview. Expressed empathy includes communication of acceptance of the client's perspective and the use of reflective listening. Here, the therapist may reflect the emotions that have not been verbally expressed by the client. In developing discrepancies, the therapist should increase the client's awareness of discrepancies between the client's current behaviour and his or her values, goals or hopes for the near future. During avoiding argumentation, the client should not be pushed to change. Decision to change should lie with the client and not be forced upon by the counsellor. If client becomes argumentative or resistant, the therapeutic technique needs to be changed by the counsellor or family therapist.

In showing resistance, the clients express resistance to change or the therapeutic process verbally. Supporting self-efficacy of client is believing, supporting and giving importance to the client's belief in the ability to change and carry through with change in other situations also successfully.

5.2.23 Resourcing Yourself

As a therapist, you should cultivate the habit of resourcing yourself, rejuvenating with every therapeutic session and not to allow the concerns for others mar your personal life. Always, keep an updated information about the usage of a technique, read relevant journals, be internet savvy. Holidays, sports, adventure, recreation time for yourself and your family members is an important asset to resourcing yourself.

5.2.24 Client Anxiety, Fear and Expectations

Clients are the key proponents of effectiveness of any therapy. Each individual client has a unique and problem specific experience related to their own interpersonal circumstance and style. Client has anxiety in beginning sessions of whether they are being perceived right, is the given therapist right, how to behave, what to say, when to telephone, etc. They fear whether their decision to seek help is right or not, whether therapy would be of use, is this the right approach, would I talk about things I should not etc. There is also client expectation regarding therapist, their view points being same, similar values, can be trusted, is competent etc.

5.2.25 Use of Body Language

Body language through means of facial expressions like frowns, gestures like use of hand movement while speaking, restless body movement like swaying of legs, body posture like slumped posture, use of eye contact, physical contact like handshakes, spatial behaviour of the individuals like spatial distance among the family members, client's appearance like clothing, and non-verbal vocalizations like 'aha', 'hm', sighs used by the clients needs to be observed by the therapist.

5.2.26 Cultural Differences

At times there would be cultural differences among the clients and the therapist. Therapist needs to be aware of such differences and have a deeper understanding about the customs and traditions, accepted cultural norms of the client. Like in some cultures people talk aloudly while in other people talk very softly. Always remember that problems are not always related to socio-income status of the client. Gender bias should not creep into your counselling and therapy. During sex therapy of the couple, preferably two therapists should be present of opposite sex. In today's dynamic times, sexual orientation and preference of persons needs consideration. Clients could have homosexual, heterosexual, bisexual, or transgendered orientation. Therapist should not be biased towards clients with different sexual preferences but be competent to deal with all in truthful, empathic and professional ways. No bias against a particular sexual orientation should be present in the therapist in dealing with them, nor should the client's sexual orientation be blamed as a reason for all his or her problems the client is presently undergoing.

India is a multi-religious country. People are close to their religious beliefs and some may have strong feelings related to their beliefs. This may be true for you as beginner therapist. There could be differences among you and your client regarding religious beliefs but as a professional in this helping field, you should not and cannot harbour any strong religious biases which can affect

you as a counsellor or therapist. Ethnic differences among the client and therapist are often seen. Therapist should be aware of the client's ethnicity and behaviours associated with it so that they are able to draw maximum from their client and are able to understand her or his behaviours. Also, impact of acculturation on the client and their family has also to be noted in cases of migrations. In some cultures emotional expression among family members is more while in others it is less. And, such emotional expression depicted in front of the therapist also varies.

5.2.27 Language Skills of the Clients

Clients have their individualistic way of expressing themselves. Some may use simple straight forward sentences while others may use complex, double meaning words and still others may like to use a lot of proverbs. Therapist should understand the type of language used by the client.

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. List any four values emphasized in your culture.

.....

.....

.....

.....

.....

5.3 EXPERIENCES OF CLIENTS OF THERAPY

Following is the list of some of the clients' experiences of therapy.

- **Help seeking pattern**: Comparatively large number of people have psychological problems but only a few persons actually seek out help. Even though it is ideal to go to a therapist whom one can trust and to look around for various therapists who meet one's expectation, in reality, due to paucity of time and fear of stigma, many do not seek therapeutic help.
- **Anxiety**: Anxiety due to problem is common among the clients when they come for therapy. They are anxious about whether therapeutic intervention would help them, is it the right thing to do, etc.
- **Fears**: Clients have fear regarding the therapy and whether it would help them to eradicate their problems. They also fear that they might disclose too much to the therapist.
- **Positive Expectations**: Clients generally have positive expectation to be healed by the counsellor who is positively viewed by the society.

- **Technical Terms Usage**: Clients do not understand the technical terms used by the family therapist. Care should be taken to avoid jargon-oriented terminology with the clients.
- **Length of Therapy**: Some clients would want brief problem solution therapies rather than long therapy which may require in-depth analysis and change of the client. Clients also like to frequent the therapist as per their need.
- **Self Disclosure**: Self disclosure of the therapist to the client seems important, more natural and humane to the clients. It helps them to see the therapist more realistically.
- **Ineffectiveness of the Therapist**: Sexual exploitation, emotional exploitation and financial exploitation of the clients by the therapist is at times reported. Also, clients may find therapist ineffective to deal with their problems and concerns.

5.4 ENVIRONMENT FOR THERAPY

The physical environment or setting or utilization of space plays an important role in therapy. Architects especially design rooms and utilize space efficiently in terms of social, psychological and symbolic systems. Sensitive counsellor through use of physical set up and design can help the patient to feel relaxed and assured.

Spatial distance affects the person's social behaviour. Edward Hall (1966) and Sommer (1969) were pioneers in examining the influence of spatial dimensions on interpersonal behaviour. Every individual has a bubble (aura) around oneself, which decides, or limits the type of conversation which can occur at particular distances. These spaces among a group of people in the same culture are somewhat similar while they may be different among different cultures. The acceptable space or distance among two persons has to be maintained even during counselling or family therapy sessions. And, this acceptable space between two individuals has to be kept in mind while planning space and furniture in the therapy room. Another important point is that the social space of a group of known individuals is affected by the entry of an outsider. Group members would feel social invasion even if personal space has not been touched.

Jeff Bishop (1979) explained positioning in small group therapy of therapist and clients. According to him, if client sits next to the therapist, it could either reassure or threaten the client as it is 'too near' the therapist. Eye contact with the therapist is close. There is closer contact. If the therapist and client sit across the table it gives some relief to the client because of table between them. This positioning prevents the therapist to see the feet movement of the clients. Also, placing of window which the client can see at times of group pressure provides relief to the client. Chair too close to the door would mean that client can leave at any time. He further emphasized that size of the room is important from psychological point of view as well as from physical space perspective.

In family therapy sessions, the whole family is expected to come for therapy. The room for family therapy should be large so that there is enough space for at least 5-7 chairs in the room for the seating of the 'client' family. These chairs could be arranged in a semi-circle or in 2-3 rows Arrangement of semi-circle is better as there is direct eye contact with all the family members as well as body movement of the family members could be observed.

In later part of the Unit, special arrangements done in the room setting during therapy like empty chair approach would be discussed. It is important to understand that the therapy room should be positively aired with positive energy, properly lighted, should have good ventilation, should be cheerful and should not be gloomy. The room should provide the client a place that she or he could trust. The room should not be heavily decorated with expensive paintings or decoration pieces and look ornamental; instead, it should provide a serene and peaceful environment to the client to be able to trust and disclose to the therapist.

The waiting area for the client should have enough seating space. Some books of varied interest range should be placed for the clients to read. It should also be a well lit room, with enough space and cheerful look. Paint colours used in both waiting room and therapy room should be soft, soothing and may or may not be same. Flowering plants and ornamental plants could be used to bring cheer and freshness in the therapeutic setting.

5.5 SPECIFIC TECHNIQUES WHICH FACILITATE COUNSELLING AND FAMILY THERAPY

There are various intervention techniques which facilitate counselling and family therapy. The use of some of these techniques could be combined or all these may be used specifically as and when deemed necessary by the therapist to help the client. These techniques described below have been discussed by Gordon Jinks and Brew & Kotter.

5.5.1 Transition from Insight to Action

When therapist provides client insight into their problems and associated reasons for it, the therapist challanges client for the next action. At times, with some help from the therapist the client gets insight to their problems. Therapist has to decide the right time to challenge the client for further action. To incorporate what has been learnt into real life is going to be a little difficult for the client initially but with trust and confidence the client can take small steps towards the change. Therapist has to provide constant encouragement and support to help their clients to make this transition.

5.5.2 Modelling, Rehearsal and Reinforcement

Modelling, rehearsal and reinforcement is a technique used by therapist to change client's behaviour to develop assertiveness, social skills, confronting their fears and situations. This technique could help to deal with problems in workplace like showing assertivenss; in family situations like communication

and interaction among family members. The therapist with the use of modelling, role play, rehearsal can help the client to learn the new desired behaviour and then with reinforcement the client imbibes the changed behaviour or learning in themselves. The client needs a lot of reinforcement to incorporate the changed behaviour in real life situations.

5.5.3 Effective Homework Tasks

Designing effective homework tasks or assignments is an effective way to proceed in therapy. Its usage helps to reduce relapse. Those clients who are able to effectively do homework would follow therapy practices even after termination of therapy. Homework generally involves working with significant others. Home assignments should be simple and not complex. It should be given when client seems ready for change. For giving homework, essentially a rapport between the client and the therapist should be established. Then they (both counsellor and counsellee) should together set goals for assignment and agree to the task at home. Home work assignment should be meaningful, doable, small in the beginning, have a clear rationale or objective to be achieved and also therapist should be prepared with a back up plan to implement if assignment has not been done. In the follow up session, report about the the home tasks needs to be asked and how much was completed needs to ascertained in the beginning of the session itself. If the home task is not done, therapist should not develop any bias against client and instead, find a reason for not doing and use a back up plan to progress further in the therapy.

5.5.4 Telephone Counselling

With you advance in technology, counselling through phone is increasing in demand. Telephone counselling should be done only after you have been successfully able to do the initial intake and assessment face to face. It is important to meet the client before telephone counselling can be done. Only some points should be discussed on phone and counselling session on phone should be kept brief and short. These points to be discussed on phone should be discussed, informed and decided upon before such counselling can be done.

5.5.5 Dealing with Client Resistance

During therapy the clients at times show resistance. According to Perls (1969) in the Gestalt paradigm all clients are resistant and to overcome the resistance is the task of therapy. The resistance helps in therapy and therapist should be able to overcome this resistance to help the client to come out of her or his distress. Many therapists are of the view that clients help the therapist to solve problems and are not resistant but therapists are difficult and do not understand the client. It means that therapist's expectations from the client may not match and thereby, there is resistance in therapy. The various forms of client resistance as given by Brew & Kottler (2008) are: a) withholding communication which could be by being silent, making infrequent responses, making minimal responses, and engaging in rambling; b) restricting content which could be through making small talk, intellectualizing, asking rhetorical questions, and digressing; c) being manipulative which could be by discounting, being seductive, externalizing and forgetting; d) violating rules which could be by missing appointments, delaying payment, making improper requests, and displaying inappropriate conduct.

The clients may display resistance to feel power in the relationship or client may not be ready for transition yet.

Therapist can face such a situation by changing their work style, set limits, be consistent in approach, accept responsibility use resistance as a topic for discussion rather than to find a way about it. Use resistance to help you move about in therapy rather than being bogged down with it.

5.5.6 The Miracle Question

Therapists may use the miracle question to bring about transition. The miracle question could be 'what would you want to change in life if anything can be changed?' or 'If a miracle takes place, your problems are gone, what kind of future life would you have?' Such kind of a question evokes the client to think and imagine a change.

A word of caution here is that this question by itself does not entail change but a lot of work is required to bring about change. Also, you have to remember that the goal of therapy for both client and therapist should be the same. Miracle question gives insight to the therapist about what is in the mind of the client and then later to help the client in transitions.

5.5.7 Setting Goals with Clients

After therapist has understood the client's problem, goals should be set. These goals should be decided alongwith the client to help change. Both therapist and client should mutually agree to the set goals and to work on them in collaboration to help in the healing process.

The therapist has to explain the goal setting to the client. These goals could be major goals and minor goals. Small goals are first prepared for the client to do and later the family is encouraged to move to the next goal. After the session the therapist should ask the client the usefulness of the session, what was learnt, and what goals they decide for themselves. These goals initially should be small and specific in nature which could be followed in a week's time and later the goals can be modified or time period increased. The goals should be mutually determined by the therapist and client so that they can work together in the helping situation. The goals should be such that they are attainable and, therefore, give confidence to the client when a goal is accomplished.

5.5.8 Desensitization and Relaxation Technique

Desensitization is a technique to help individuals to deal with the anxiety provoking stimuli in a gradual step-wise way using relaxation technique as a counter measure against anxiety. Here relaxation technique has to be used initially in the mild form to deal with anxiety provoking stimuli and later the technique is used more extensively to strengthen the client to deal with more complex or real anxiety provoking reasons.

5.5.9 Graded Exposure

In graded exposure, the client is required to face the situation which evokes anxiety in the client, slowly. Therapist should gradually help the client to deal with an anxiety provoking situation by dealing with it in small steps instead

of flooding the client to the anxiety provoking situation in a single go. Slowly the anxiety would decline to a level which could be managed.

5.5.10 Response Delay or Prevention

Response delay or prevention should be used to delay or increase the time for presentation of unwanted behaviour. This technique is most commonly used for persons having obsessive-compulsive disorder in which in the presence of the specific stimulus a response in the client is triggered. During response delay or prevention, the response to stimulus is delayed for increasing periods to help the client gain control of unwanted behaviour. The relaxation technique is used here to help the client to tide over this increased period in delay of response. This helps the client to control behaviour rather than being controlled by behaviour as during patienthood.

5.5.11 Diary Keeping

Diary keeping is a useful technique which can show the stimulus and response relationships. The influence of reinforcement on stimulus behaviour is also seen. Later, the evaluation of transition or change in behaviour and resultant improvement in the client in those specific behaviours is seen. Diary writing also helps in reflection, on what change has come, what is the outcome, what is the next stage etc.

5.5.12 Relaxation Technique

Relaxation techniques are especially in the form of breathing or meditative in nature. Concentration on the inhale-exhale process by the client is taught. Breathing from the abdomen is recommended to the client. Deep breath is encouraged for relaxation. At times during such breathing sleep is followed in the client which also leads to relaxation.

5.5.13 Cathartic Work

Cathartic work is quite difficult. In this the therapist has to involve the client in making contact with and expressing their feelings which are painful. It is like opening a box which contains difficult, harsh, painful skeletons of past or the problems which are hard to face. These tasks can be distressing for the client. Here, the emotional distress suffered by the client at that time is asked to be re-lived and felt with the same intensity as original emotions felt in the past. This helps the client to deal with distressing facts of the past.

5.5.14 Role Play

J.L. Moreno (1987) advocated addressing problems through the use of psychodrama and socio-drama. These techniques are used to resolve individual and family problems. The client is asked to act out the situation which she or he is finding difficult to resolve like facing job interview or difficulties seen in family situation like father and adolescent son finding it difficult to interact or communicate with each other for son's not attaining good marks, playing on computer and/or late coming to home, etc.

Initially the first role play does not usually go well but with some practice and reinforcement the skill is learnt. The client learns the skills of interacting with the family members, learning communication skills, resolving aggression, anger and deep emotions, etc.

5.5.15 Psychodrama

Psychodrama is a psychotherapeutic technique developed by J.L. Moreno in which the individual acts out certain roles on incidents in the presence of a therapist and often, other person(s) who are part of the therapy group. Procedures are based on the assumptions that the note taking is done and improvement would take place with more practice. The clients express troubles which are emotional and face deep conflicts. Individual psychodrama can have common variation of group psychodrama in which all actors are in therapy group, and family groups in which difficult domestic scenes are exhibited.

During psychodrama, the director outlines the drama to be enacted. The typical situations are the internal triangle, the relationship between husband and wife, parents children conflicts, employers and employees problems and conflicts with neighbours. During psychodrama, sometimes the entire plan of spontaneous play is outlined. In the other instances, clients are assigned the specific situations and briefly described the role, while the invention of the dialogue and the evolution of the situation is left to the participants, the audience or spectators. Both dialogue and events unfold from the free association of each of the actors as stimulated by the real life problems.

The psychodrama technique provides for direct expression of the client's emotional disturbance, as she or he is encouraged to act out various life situations which are related to her or his difficulties. The theatre like atmosphere during psychodrama enables the individual to face her or his problems with less emotional tension than would in real life. It helps to prepare for those stressors in real life situations.

At the beginning of session the therapist helps the client outline the general situation to be enacted. Roles in the drama may be assigned to specially trained assistants. Once the scene is set, the client plays his role spontaneously with the aid of the assistants, who help him "live" the relevant situations realistically. Psychodrama uses many means to activate communication and catharsis. Communication can be induced by unrestricted association, through various forms of art and drama.

In the opinion of experienced psychotherapists, psychodrama is not very effective in work with psycho-neurotics; however, psychodrama should prove of value in the treatment of psychotics whose perceptions of self and of reality are distorted. The psychodrama can be usefully employed as "catharsis inducer", a rehearsal technique and a means of communication, but never as total therapy.

5.5.16 Sociodrama

Sociodrama is a role-playing scene or play in which persons assume roles in order to clarify and understand the social, environmental and cultural forces that affect individual and group behaviour. Sociodrama is one of the sociometric techniques. Sociometric tests and devices are methods of revealing interpersonal choices and group association patterns or structure. They are termed sociometric techniques because they are not tests. Sociodrama is a means of assessing the attractions and repulsions within a group. Each person privately rates other persons in the group. Sociometric techniques have been used in many studies of children's groups and they have gained a place as a useful tool for classroom

teachers. Since the test is an informal evaluative instrument which must be fitted in a particular group, it is important that the user have understanding and skill to use it. Its flexibility and suitability to varying situations are advantages but because it is unstructured, the part of counsellor is important. It helps to assess leaders, mutual liking respect, isolate, dislike etc. in the group functioning. The studies of small group functioning, of group leadership, of the effects of group climate on the learning and behaviour of individual are among the many kinds of research that have used some type of sociometric instruments.

In sociodrama, we deal with the group as a whole and not with an individual as is the case with psychodrama.

Sociodrama is an unstructured method whose successful use depends upon the understanding of the theory and skill in its use. School counsellors use it at all levels in the school to help students understand themselves and group problems. Psychodrama, on the other hand, is individual-centered and treats individual problems.

In sociodrama, pupils act out or live through experiences of importance to the group. Sociodrama is always done in a whole group, and uses the group participatants in discussion and analysis. Group members who are observers and their ideas of what the students playing the roles might do or what their actions mean help with their contribution towards the perceptions of the problem and suggestion of possible solutions.

Sociodrama is problem-centred and focusses on current problems in school life or in the community. The student who plays the role of a person whose views are opposed to her or his own often makes modifications in her or his attitude.

Sociodrama is not a technique to be used frequently, but when well directed, it can be very effective. The counsellor who uses it must be alert to using problems that are real to the group and that are representative of their problems. Counsellor discusses and explains the topics and then children with their own creativity may perform. Topics which can be covered through this are aggression, parent - adolescent/child conflicts, sex, drugs, AIDs etc. It may be particularly revealing of group norms and goals as well as group structure. Sociodram, as described by Moreno (1946) is an analogy to psychodrama through which naturally existing groups could be led to improved internal functions as well as to improved relationship with other groups. Group therapy has frequently been successful in alleviating racial, caste and ethnic tensions. Within business and other organizations, similar technique may facilitate smooth and effective functioning within the social system.

Sociodrama is one form of what has loosely become known as role playing. It is for the purpose of testing ideas in advance of putting them into effect in a 'real' situation. It is, then a means for rehearsing action and through subsequent diagnosis of the action, identifying various factors that enter into the situation.

Common facts during role-play are:

- The situation to be enacted is a dramatic one, with a beginning, middle and end.

- There is no script written line by line. The skit is developed from a consideration of the nature of each of the characters in the scene, their attitudes toward each other, toward the problem, and toward various factors entering into the problem. In effect, then, the plot is what you get when people of different sorts are thrown into a situation together. It is dramatic to the extent these people, in their different roles, come into conflict with each other or develop some other quality of personal relationship.

Sociodrama technique cannot be used by itself and it needs to be substantiated by other therapeutic techniques.

5.5.17 Play Therapy

Counselling and family therapy may be considered to be concerned with helping the client to cope with reality problems which may also include internal personality conflicts.

Counselling is a process which takes place in a one to one relationship between an individual troubled by problems with which she or he cannot cope alone and a professional worker whose training and experience have qualified her or him to help others reach solutions to various types of personal difficulties. The primary aim of counselling and family therapy is to help each individual who seeks help to resolve or ameliorate her or his difficulty with a maximal degree of self-sufficiency and self control.

The need for family therapy may be required in an individual through out his life from birth to death. The role of counselling and family therapy begins as early as early childhood age in the life of a child. The counsellor uses the technique of play therapy with the children.

The purposes for the use of play and action for therapy are:

- To facilitate relationship building or establish the facilitative base between the child and the therapist.

- To increase the potential for communication between the child and counsellor and among the children themselves by using the natural medium – child play.

- To assist the child in recognizing and/or understanding the differences between appropriate and inappropriate coping behaviour. This provides an opportunity for reality testing.

- To protect the child's degree of self disclosure through encouraging a certain degree of vicarious expressiveness and experiencing. As child may not be good at communicating with words — play can be used as a medium of communication.

Play therapy should be used when appropriate along with counselling and family therapy. Materials included in the playroom for release or catharsis must be carefully chosen to fit the child's basic problem and need.

The recommended material in the setting are sand, water, paint and clay as essential medium to be present in child's play area. Through play as a medium,

counsellors can help children to cope up with their problems. Amster (1943) has defined six uses of play, which are:

- Play can be used for diagnostic understanding of the child.
- Play can be used to establish a working relationship.
- Play can be used to break through a child's way of playing in her or his daily life and her or his defenses against anxiety.
- Play can be used to help a child verbalize certain conscious material and associated feelings.
- Play can be used to help a child act out unconscious material and to relieve the accompanying tension.
- Play can be used to develop a child's play interest which she or he can carry over into her or his daily life and which will strengthen her or him for her or his future life.

The needs of children change with the change of their age group. The kind of play children play also changes with their age. Activity is a human need. It is the basis of development. Children need to be doers and through their play children can be active physically, mentally and socially. There are general age trends in children's play activities and certain differences between boys and girls play activities. Play activities also vary according to the locality and socio-economic background. Individual traits, characteristics, abilities and interests, however are the main criteria. Frank wrote that "play is the way a child learns what no one can teach him". Play provides an outlet for excess energy and an opportunity for children to practise their skills. Play promotes a good appetite and healthy sleep.

Young children cannot enter into a two person relationship at a verbal level to an extent that makes counselling possible. Play, however, is a characteristic form of child behaviour, and may be used with considerable effectiveness for diagnostic and therapeutic purposes. The child is given the opportunity to engage in play in the presence of the therapist, who helps the child use her or his play activity and the period set aside for it for constructive personal development. The child and therapist relationship in the playroom is basically the same as the client-counsellor relationship, for it is accepting, permissive and non judgemental. The play therapist also reflects feelings and, on occasion, may interpret the child's behaviour.

Children are referred to play therapy because of behaviour problems which are, rather obviously, among those with whom play therapy may be effective. Teachers will refer children who seem to be exceedingly withdrawn, aggressive, unstable, flighty or 'nervous'. Parents may discuss their child-management problems with the teacher, who in turn, may suggest referral to the psychologist or counsellor. Parents may be concerned about their children's eating habits, temper tantrums, sleep walking, nightmares, thumb sucking, hair pulling, enuresis, excessive fearfulness, shirking of responsibility, lying and stealing. There will also be children who manifest physical symptoms, such as chronic constipation, vomiting, or fainting spells, for which no organic basis can be found.

Sometimes parents will report improvement in a child's behaviour even though little of significance has been noted in the playroom by the therapist. In such

instances it is possible that the relief the parents feel in knowing that steps have been taken to help the child is so great, that their tenseness in dealing with the child disappears, and the disturbing behaviour may have been caused in the first place by some chance or transitory circumstance and been perpetuated and accentuated only by the parents' reaction.

The younger the child, the greater we expect her or his dependence on her or his parents to be, and the less we can expect to accomplish in therapy independently without the parent's cooperation. When a parent does come for counselling, ideally one counsellor should see the parent while another takes the child to the playroom. In this way, the child is spared the fear that the parent's contact with the counsellor is for no purpose other than in interchange of reports about her or him. The younger the child in terms of mental age, the less verbal will be her or his expression of feeling. She or he will express her or his conflicts in play and the action is very likely to be quite undisguised.

Although play may be influenced by environmental circumstances not associated with any basic problem, the general character of free play usually reflects the nature of the child's difficulty. When the child first begins play therapy, she or he usually spends some time in testing the limits of the playroom situation to determine whether or not what she or he has been told about it is correct. She or he also wishes to learn its full meaning. The duration of this behaviour will vary considerably.

Characteristic play reactions may be associated with personality traits; for example, the overly-inhibited child is reluctant to enter into any kind of activity and just stands, looking from one play thing to another. Even though encouraged to handle and manipulate the toys, these children may continue this pattern of behaviour for several sessions before the inner barriers are sufficiently eroded to permit activity. Other children may engage in play, but in a very restricted fashion. If they paint, they are careful in their handling of the materials.

Some children engage in play that is markedly lacking in constructiveness. Nothing they do seems to be 'going anywhere'. This is often clearly exhibited in their paintings. Therapeutic progress in these youngsters is shown by an increase in the purposefulness of what they do, and by an increased order and creativity in their paintings.

Most children find the permissive, accepting atmosphere of the playroom a welcome refuge from the internal and external stresses under which they live. Early arrival for the play session, reluctance to leave when the time is up, desire to take a toy with them when they leave, and other devices are frequently used to protect and enhance the playroom as retreat. Children frequently inquire about 'the other children who come here', wanting to know what they do. This may indicate an unwillingness to share the therapist with anyone else.

The therapist's role in play therapy varies with the school of thought to which she or he adheres, so that there are variations in materials used, the degree to which the situation is structured, and the kinds of response made to the child's behaviour and comments.

In the procedure most extensively worked out by Levy and Conn, the therapist provides a situation, using perhaps dolls or puppets, resembling one in which the child's problem may be exhibited. The procedure from then on is described as a play interview, in which the child is expected to assume the role of

collaborator, though she or he may not realize that she or he is doing so.

In contrast to the rather directed and structured play-interview type, the free play therapy allows the child a wide range of materials from which she or he may choose as she or he pleases and leaves to her or him any decision as to how she or he will use the time of the play session. There are, however, limits which though are broad and much freer than the most. For free play, a rather large room is required. A sink with running water should be close by, if not in the room itself. Small wooden or plastic boats should be available, as well as an easel for painting, a sandbox, a low table with matching chair, a child's rocker, a doll, doll house or some sort of house consisting of partitions and bounding rooms but no roof, a punching sag, toy, guns and knives, dolls and doll furniture, puppets, paints, modelling clay, nursing bottles, and sand table toys should also be included. Care should be taken that the toys and other equipment should not hurt the child. Toys that break easily can cause frustration and develop destructive qualities in the children who play with them. Certainly, the number of toys is an important factor in the guidance of children's play. If too many toys are available, children sometimes become confused as to what toy is of most interest and may move from one to another and enjoy neither one of them.

The principal task of the therapist is to provide acceptance, understanding, and warmth. Children often engage in open shows of hostility and resentment, only to stop suddenly and look guilty about it. On such an occasion, a statement that the therapist understands and that all of us have such feelings and impulses from time to time will help create the permissive and accepting atmosphere in which the child may learn new and better ways of handling her or his fears and conflicts. Whenever the opportunity arises, the therapists must show that she or he understands, yet accepts.

The feeling component of activity is the most significant aspect of the play. As the child becomes more secure in the play situation, feelings revealed or hinted at may be reflected to her or him; for example, her or his overt behaviour may justify a statement such as, "sometimes you feel like flushing your baby brother down the toilet". Once the child hears his feelings reflected to her or him in this verbal fashion, he will be in a better position to accept such feelings himself. Further more, when he learns that, even though the therapist understands her or his feelings, she or he is still accepted, she or he will begin to improve and be better able to handle the situations in which such feelings occur.

The time for termination of therapeutic sessions will be decided upon by the child and the therapists. The therapists may initiate the discussion by inquiring how the child feels about her or his need for continuing. Once real progress has been made, children can find many new aspects of their world in which they feel secure. New interests and enthusiasms take the place of the play sessions. Play therapy is useful along with parental counselling and family therapy.

5.5.18 Using Empty Chair Technique

Empty chair technique is based on Gestalt paradigm. Fritz Perls (1969) created an empty chair technique which uses a lot of projection and drama. In this technique, an empty chair is kept in the therapeutic setting which may be the chair next to the client or opposite to the client. If due to stress in the

client, she or he wants to remove the chair then it has to be hidden or taken out from the therapeutic setting. The position of the empty chair in the room may be kept changing. Empty chair would denote the person who is absent from the therapy situation like spouse, parent, child, boss or a dead person etc. Empty chair when placed opposite to the client, gives opportunity to express anger, distress, unhappiness etc. towards the person who is presumed to be sitting on that chair.

Empty chair can be placed next to the client also. Here, the client can exchange words, project response of the person assumed on the empty chair. Remember, that the success of this technique depends upon when the person is ready to use it The permission to use this technique like all other methods should be obtained from the client. This technique evokes a lot of emotions and stress in the client. It may provoke the client and at the same time provide the client an opportunity to respond in the way the person assumed on the empty chair would respond. Therapist would provide the role of a facilitator of this drama. The client would first speak to the person assumed on the empty chair and then sit on the empty chair in the role of the assumed person who would then talk to the client whose chair would now be empty. This process has to be gradually used spread over a few sessions. Remember that this technique evokes a lot of emotion and it should be used only if the therapist is skilled to deal with emotions. Initially it would be good to practice it under supervision. It brings emotions, feelings and relationships to the therapy room. The room is fully emotionally charged. This would give new insight to the client to deal with the situation, understand the other person's perspective, give hope, and cope with the deeper feelings and emotions.

5.5.19 Using Imaginations

Imaginations or imagery are to be used to help the client imagine emotions, images and situations so as to help them understand their conflicting emotions. The client is asked by the therapist to imagine anxiety provoking images in the therapuetic situation. Then the client is asked to do the relaxation exercise to reduce anxiety. With practice and after some sessions the change is observed in the client with those stress provoking images, thoughts etc.

5.5.20 Using Dreams

Clients wish to discuss their dreams during the therapy as they consider them important and worth consideration. Dreams are considered to be unconcious material like desires and unfulfilled wishes and they are also considered as an act of creativity. In either case the therapist should listen to the client's dreams and pay attention to the client. Dreams make clients aware of any thoughts related to themselves which they were unaware of before. To recall best their dreams, clients can be asked to make a dream diary which is written immediately on waking. The dreams can be integrated in the client's life and problems dealt and solutions visualised. At times they can be asked to re-dream and take hold of their dreams by enacting in dream what they wish to achieve or desire to attain.

5.5.21 Using Reflections

Reflections both by the client and therapist are an important tool in family therapy. We emphasize here more on self-reflections. The therapist should be

able to use reflections during the therapeutic session itself. For this, reflection after each session is must. We will discuss more on reflections in course MCFTL-008 in Reflective Journal. The reflective technique has to be learnt by the therapist to be attuned to the client's verbal and non-verbal communication during therapy.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Explain briefly the use of relaxation technique.

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5.6 RECORD KEEPING

Record keeping is a key factor in therapy. A complete detailed list of appointments given to the client, appointments attended by the client and appointments missed by the client (or also which family member did not come) should be kept in record file with complete name, phone number, mobile number, residential address, work place details, email and other relevant contact details of all the family members. Details of the length of the session needs to be recorded and also whether the client was on time or late for the appointment.

Case notes in detail should be kept. Case notes means what interaction took place in the therapy session between you and your client. As you would have already noticed, we at times refer to a client (family) as a case. Case records could be personal case notes or factual client data. In personal case notes we keep record of the first impression we got while meeting the case, observation, inferences, some significant terms used, etc.

Case record also includes therapist's goals and intentions in the case. It contains therapist's reflections and also the comments of supervisor. Factual client data would contain more information about what was said by the client, problems, goals setting, meeting of goals, transference used, etc. This data has to be kept safely and securely. It may need to be used in court. At times in rare incidents for some cases like divorce case, alimony case, child custody case, etc. report writing of the case has to be done. In such cases be sure of what you report. Hence record keeping contains your appointment diary, case record, financial record, report, and other correspondence done with the client or on behalf of the client.

5.7 LET US SUM UP

In this Unit, we have discussed the various factors which have an impact on counselling and family therapy. We also laid emphasis on the therapeutic environment or setting of the therapy room. A significant portion of the Unit dealt with specific techniques used during counselling and family therapy. Record keeping was also emphasized.

5.8 GLOSSARY

Empty chair technique : An empty chair is kept in the therapy room and the client assumes that the person causing stress is sitting on it.

Reflection : To reflect

Relaxation technique : Use of breathing exercises to relax and reduce anxiety.

5.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progresss Exercise 1

1. Patriotism, respect for elders, respect to family members by not retorting to them, education, etc.

Check Your Progresss Exercise 2

1. The breathing exercise which is used to reduce anxiety in the client. It is used in multiple approaches to make positive intervention.

5.10 UNIT END QUESTIONS

1. Explain any three techniques in detail which can be used during family therapy session.
2. Describe how will you arrange therapy room for both individual session and family therapy session.
3. Write briefly importance of record keeping in therapy.

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UNIT 6 DEVELOPING COMMUNICATION SKILLS

Structure

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6.1 INTRODUCTION

"Once a human being has arrived on this earth, communication is the largest single factor determining what kinds of relationships they make with others and what happens to them".

Virginia Satir (1916 - 1988), Family therapist.

Communication is 'the' central issue in psychotherapy (Perez, 1968). Effective communication is an indispensible requirement for effective therapy. In other words, it can be said that if there is no communication, there would be no therapy. Counsellors are essentially facilitators. Their role is to listen and to try to facilitate discussion, which could be between the counsellor and client or that between the couple or family, and hopefully, help them to decide on some sort of conflict resolution together. Communication in the context of therapy is the interaction which takes places between the client and the therapist to facilitate the goals of the therapy.

Objectives

After studing this Unit, you will be able to:

- Understand the importance of communication skills for the counsellor;
- Explain the kinds of communication skills required;
- Analyse the to use the communication skills; and
- Discuss the kinds of listening skills that are required for the counsellor.

6.2 MEANING AND IMPORTANCE OF COMMUNICATION SKILLS

Communication skills are the set of skills that enables a person to convey information so that it is received and understood. Communication skills refer to the repertoire of behaviours that serve to convey information for the individual. Communication skills are the ability to use language (receptive) and express (expressive) information. In counselling there are two main categories of skills, these are:

- Communication and action skills that entail external behaviour, and
- Mind skills which entail internal behaviour.

Communication occurs on more than just verbal level. It is extraordinarily complex as people communicate verbally, with vocal inflections, with dominating movements, and with reference to unique, past familiar incidents, for example, a client clenching her or his fists to show her or his anger, or raising her or his voice to show her or his displeasure with the situation. Words affect the facial expressions, body motion, muscles, and skin and so on. Emotions are not only expressed through words, but they are also embodied in the non-verbal or bodily expressions made by the client. For example, "I am not angry that you forgot" she said to her husband in a cold and distant manner, and a minute later she knocks over the glass of tea on his trousers. The client thereby, demonstrates her anger through her actions.

Importance of Communication Skills

Communication skills are important for various reasons, such as:

- Communication skills help the counsellor to add noticeably to the expressions of the client in a way that expresses feelings a level deeper than the client was able to express. The counsellor's responses add significantly to the feelings and meaning of the expressions of the client in a way that accurately expresses feeling level more than what the client is able to express.

  For example :

  Client: "I have been running around from activity to activity until I am so tired I feel like I could drop".

  Therapist: "Your life has been a merry go round of activity, and you would like to slow it down before you collapse. You would like to be more in charge of your own life".

- Communication skills promote empathy towards the client which helps the counsellor in understanding what the client is feeling and the experience and behaviour underlying these feelings. It helps the counsellor to establish relationship, gather data and clarify problems.

  For example, the client may say, "I am really feeling like I can't do anything for myself ". The counsellor replies, "You are feeling helpless".

- Identification is also an important feature of family therapy. In a therapeutic situation, unless your client can identify with what you are saying and with the way you are saying it, they are not likely to receive and understand your message

- In a therapy session, the messages between people are seldom emitted or received at one level. Communication between people can be said to occur on two levels, conscious and unconscious. It therefore, becomes essential for the counsellor to develop her or his communications skills to the level that she or he can communicate the client at her or his level.

- In case of family therapy, cases are marked by inappropriate communication or lack of communication between the family members. It therefore, becomes an essential function of the therapist in the sessions, to promote communication between the family members so that they can more effectively meet each other's psychological needs.

Check Your Progress Exercise 1

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1) What is the need for communication skills in counselling and family therapy?

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6.3 TYPES OF COMMUNICATION SKILLS

Attentiveness, which includes the amount of verbal and non-verbal behaviour shown to the client, promotes empathy (Cormier & Cormier, 1998). There are five main ways in which communication skills can be used in a session:

- *Verbal communication*, which consists of messages sent using words, for example, "I understand what you are saying".
- *Vocal communication*, which consists of messages sent through one's voice, for example, through volume, articulation, pitch, emphasis and speech rate.
- *Bodily communication*, which consists of messages sent through body, for example , through gaze, eye contact, facial expressions, posture, gestures, physical proximity and clothes and grooming.
- *Touch communication* is a special category of bodily communication. Messages sent by touch include – what part of the body one uses, what part of another's body gets touched.
- *Taking action communication* consists of messages sent when not face to face with others, for example, sending a follow up note to a client who has missed an appointment.

Communications skills used in counselling can broadly be divided into two, categories, these are given below:

1 Verbal communication skills, and

2 Non-verbal communication skills.

6.4 VERBAL COMMUNICATION SKILLS

Verbal communication includes communication that shows a desire to comprehend or discuss what is important to the client. We can further categories verbal communications skills in two groups, these are active verbal communication skills, and vocal messages.

6.4.1 Active Verbal Communication Skills

Active communication skills include several ways of directly responding to the client's messages such as greeting the client, confrontation or using humourous responses. Some of these are discussed below:

1. Greeting Clients

Many clients find it difficult unless they are asked the opening question. It is important to establish contact with clients as soon as possible and one way of doing it is by asking brief questions. For example:

- "Please sit down. How would you like to start?"
- "Is there anything in particular that you would like to begin with?"
- "My name is .....Can you tell me about the issues which concern you at this moment?" or
- "How do you see your situation at present?"

Once the contact has been established and the client starts to talk, counsellor can then use a range of continuation skills to encourage further exploration, for example: "Yes, I see....."; "You said that you were afraid....."; "Tell me more about.....".

2. Leading

Changing client perceptions requires high degree of persuasive skills and some direction from the counsellor. Such an input is known as *leading*. This was coined by Francis Robinson (1950) to describe certain deliberate behaviours counsellors engage in for the benefit of their client. A counsellor anticipates where their client is and where they are likely to go. Counsellors then respond accordingly. If there is misjudgement and the lead is either too far ahead (that is, too persuasive and direct) or not far enough (too uninvolved and non direct), the counselling relationship suffers.

Patterson and Welfel (1994) list a number of leads that a counsellor can use with their clients, which are presented below. The type of lead the counsellor uses is determined in part by the theoretical approach they embrace and the current phase of counselling. *Minimal leads* such as "Hmm", "I understand you" are best used in building phase of relationships and are low risk (Young, 1998). *Maximum leads*, such as confrontations, are more challenging and should be employed only after solid relationship has been established.

The various types of leads used in communicating with the client include the following:

Silence : When the counsellor makes no verbal response at all, the client will ordinarily feel some pressure to continue and will choose how to continue with minimum input from the counsellor.

Acceptance : The counsellor simply acknowledges the client's previous statements with a response such as "yes" or "hmm". The client is verbally encouraged to continue, but without content stimulus from the counsellor.

Restatement (Paraphrase) : The counsellor restates the client's verbalizations, including both content and affect, using nearly the same wordings. The client is prompted to re-examine what has been said.

Clarification : The counsellor states the meaning of the client's statements in her or his own words, seeking to clarify the client's meaning. Sometimes elements of several of the client's statements are brought into a single response. The counsellor's ability to perceive accurately and communicate correctly is important, and the client must test the "fit" of the counsellor's lead.

Approval (Affirmation) : The counsellor affirms the correctness of information or encourages the client's efforts at self-determination. For example, using phrases such as, "That's good new information" or "You seem to be gaining more control". The client may follow it up with further exploration as she or he sees it.

General leads : The counsellor directs the client to talk more about a specific subject with statements such as, "Tell me what you exactly mean by this?", "Please tell me something more about that". The client is expected to follow the counsellor's suggestions.

Interpretation : The counsellor uses psychodiagnostic principles to suggest sources of the client's stress or explanations for the client's motivation and behaviour. The counsellor's statements are presented as hypothesis and the client is confronted with potentially new ways of seeing self.

Rejection (Persuasion) : The counsellor tries to reverse the client's behaviour or perceptions by actively advising different behaviour or suggesting different interpretations of life events than those presented by the client.

Reassurance : The counsellor states that, in her or his judgement, the client's concerns are not unusual and that people with similar problems have succeeded in overcoming them. The client may feel that the reassurance is supportive but may also feel that her or his problem is discounted by the counsellor as unimportant.

Introducing : The counsellor moves away from the client's last statements and prompts the client to consider new material, new information or a new idea.

3. Multi Focused Responding

Counsellors can enhance their effectiveness by remembering that individuals receive input from their worlds differently and that preferred styles influence perceptions and behaviours. Some clients experience the world *visually*, that is, they see what is happening. Others use primarily *auditory* means, they hear the world around them. Still others are *kinaesthetically* oriented, that is, they feel situations as if physically in touch with them. Regardless, Ivey (1994) and Lazarus (1995) think that tuning into client's major modes of perceiving and learning is crucial to bringing about change. Counsellors should vary their responses and incorporate words that reflect client's multimodal ways of knowing. For example, the counsellor might say, "I see your point and hear your concerns. I feel that you are really upset".

Also important for the counsellor is to distinguish between predominant affective, behavioural and cognitive nature of speech while interacting with the client.

- *Affective responses* focus on client's feelings. For example, "So you felt angry/excited/disturbed/miserable when it happened".
- *Behavioural responses* focus on actions. For example, "You might have to make a schedule for yourself and follow it diligently for at least a week".
- *Cognitive responses* focus on thoughts. For example, "I understand that you are thinking of the worst possible outcomes right now, but...".

4. Immediacy

Immediacy involves a counsellor's understanding and communication of what is going on between the counsellor and client within the helping relationship, particularly the client's feeling, impressions, and expectations, as well as the wants of the counsellor (Turock, 1980).

Immediacy requires more courage or assertiveness than almost any other communication skill, because:

- In immediacy, counsellor makes a tentative guess or interpretation about what the client may be thinking or feeling, which may prove to be incorrect,
- Immediacy produces an unexpected outcome, and
- Immediacy may influence the client's decision to terminate the counselling sessions, because they can no longer control or manipulate relationships.

For example:

Client: "I have been to several helpers now, and I don't feel any more hopeful than before".

Counsellor: "Perhaps that's something we should talk about now...is it that you don't have confidence that I can help you either?".

Egan (1998) states that immediacy is best used in the following situations:

- In directionless relationship,
- Where there is tension,
- Where there is question of trust,
- Where there is considerable social distance between counsellor and client such as in diversity,
- Where there is client dependency,
- Where there is counter dependency, and
- Where there is an attraction between counsellor and client.

5. Humour

Humour involves giving funny, unexpected responses to a question or situation. It requires sensitivity and timing on part of the counsellor. Humour can circumvent client's resistance, dispel tension, and help clients distance themselves from psychological pain. Humour can contribute to creative thinking, help keep things in perspective, and make it easier to explore difficult, awkward, or nonsensical aspects of life (Bergman, 1995; Piercy & Lobsenz, 1994). For example, in a session the wife raises the issue how she is being taken for granted by everyone in the house.

Client: "I feel as if my life is a tap, you can just open it anytime and water would come out".

Counsellor (smiling): "So now the connection of the tap needs to be monitored, as you know a precious commodity like water cannot be wasted whenever and howsoever you want it. We can even put a tax on the usage, what do you say?"

6. Confrontation

Confrontation involves client to examine, modify, or control an aspect of behaviour that is currently non-existent, or improperly used. Sometimes confrontation involves giving meta-communication feedback, that is at variance with what the client wants and expects. This type of response may be inconsistent with a client's perception of self or circumstances (Wilcox-Matthew et al., 1997). Some appropriate confronting comments in some situations may include:

- "You are all very quiet, huh?",
- "Are you always like this, quiet I mean?", or
- "Who is usually the most talkative?" (Looking at the client who made the first contact).

Confrontation emanates from the therapist's sincere emotions and finely tuned cognitive awareness of what is happening in the session. Confrontation happens when the therapist feels that the talk or behaviour to which she or he and the client are exposed is blocking the therapeutic process.

Confrontation can help people see more clearly what is happening, what its consequences are, and how they can assume responsibility for taking action to change in ways that can lead to a more effective life and better and fairer relationships with others (Tamminen & Smaby, 1981). A good, responsible, caring and appropriate confrontation produces growth and encourages an honest examination of issues. However, counsellor needs to be sure that the relationship with the client is strong enough to sustain confrontation, and confronting the client's strengths than weakness is more productive in the long run. For example, in the first part of the confrontation the counsellor might say, "You said that you wanted to get out and meet more people". In the second part, the counsellor highlights the discrepancy or contradiction in the client's words and actions, for example, "But you are now watching television four to six hours a day". It's important to keep in mind that confrontation of an offending family member is often best accomplished by asking member (usually, but not always, the offending one) a question like, "what do you think of that?" or "what is your response to that". This promotes intra-familial interaction, and it also obviates the possibility of therapist being viewed in a hostile manner.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1) List some of the active verbal communication skills.

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2) List a few leads used in verbal communication.

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3) What are the advantages of using humour in a counselling session?

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6.4.2 Vocal Messages

A person's vocal messages can speak volumes about how emotionally responsive they are to others' feelings. The following are five dimensions of vocal messages which can be remembered in the form of acronym "VAPER", as:

- **Volume**: It refers to loudness or softness. A therapist needs to maintain a level of audibility that is comfortable and easy for clients to hear. A firm and confident voice is a good starting point from which to make variations as appropriate, for instance by speaking more gently or more loudly.
- **Articulation**: It refers to the clarity of speech, which helps the clients to understand the therapists' spoken words.
- **Pitch**: It refers to the height or depth of one's voice. An optimum pitch range includes all the levels at which a pleasing voice can be produced without strain.
- **Emphasis**: A therapist may use emphasis when responding to client's feelings and when sharing feelings. A therapist using too much emphasis may seem melodramatic and one using too little emphasis may come across as wooden. Also, emphasis should not come at the wrong places.
- **Rate:** Speech rate is measured by words per minute. It depends not only on how quickly words are spoken, but also on the frequency and duration of pauses between them. If speaking too quickly, therapist appears anxious and clients may have difficulty in understanding them. On the other hand, a very slow rate of speech can appear boring. Therefore, pausing and being silent at the right times is another important aspect of speech rate.

6.5 AFFECT FOCUSSED VERBAL COMMUNICATION

6.5.1 Reframing

Reframing involves changing perceptions which offers the client another probable and positive view point or perspective on the situation. It gives client a different way of responding. Effective counsellors constantly reframe life experiences for both themselves and their clients. For example, a person's rude behaviour may be explained as a pressure from trying to complete tasks quickly rather than dislike for the rudely treated person. In family counselling, reframing helps families to change their focus from viewing one member of the family as the source of all their problems (that is, scapegoat) to seeing the whole family as responsible.

6.5.2 Clarification

It concerns with the content of the spoken word. When the therapist clarifies, she or he directs her or his attention to the cognitive meaning of the verbalization. The therapist explains what the client's discussions mean to her or him, as the intent here is to help members understand feelings through the spoken words.

6.5.3 Reflection

In reflection the therapist focuses upon the emotions being ventilated by the client through the spoken words. Reporting back to the client what she or he has said, is one way of communicating that we are listening carefully to her or him. In this

sense, reflection is like holding a mirror in front of the client so that she or he can see for herself or himself more clearly. Accurate, effective, perceptive reflection is a function of keenly sharpened listening skills and being emotionally attuned to the personal dynamic. Reflection depends upon the therapist's sensitivity as the focus of reflection is not upon expressed, but upon the unexpressed and the affective meaning implied. The therapist expands the expressed communication to extract the underlying intent. Reflection can be facilitated if the therapist responds with words, inflections, voice tones which compliment and are consonant with the lines spoken by the family members.

For example:

Client: "My mother told me that I was adopted when I was 5 years old. After she told me this, I went on for a while and then I fell into bad company...I didn't know where did I belong, and it felt as if my world fell apart".

Counsellor: "So you felt lost and confused".

Client: "Yes...and it took me ages to come to terms with it...in fact I feel I still haven't come to terms with it....I still feel disconnected and lost in some ways".

Counsellor: "There is still this sense of things not being right for you....of missed connections".

6.5.4 Paraphrase

Paraphrasing is rephrasing of all or selected portions of the client's previous communication. It neither adds to nor detracts from the basic communication. It confirms to the client that the counsellor has heard the communication. Reflection and paraphrasing are very similar; the difference between them being that reflection is used to describe reword or the emotional content, while paraphrasing is concerned with the factual. When paraphrasing it is most useful to use the most important words and ideas expressed in the content portion of the client's message.

For example:

Client: "I didn't get the work done because my mother fell ill last week. Then she was taken into the hospital for some tests and I had to look after my younger siblings. I don't feel so well myself either, especially after all the stress and the extra work".

Counsellor: "Things have been stressful and hectic for you at home and I understand that there was no way you could have finished your assignment. And feeling ill, of course, made it worse for you".

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1) What is the difference between paraphrase and reflection?

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6.6 NON-VERBAL COMMUNICATION SKILLS

Non-verbal communication skills on the part of the counsellor are equally important. According to Mehrabian (1970), physically attending behaviours that are effective non-verbal ways of conveying to clients that counsellor is interested in and open to them include behaviours like smiling, leaning forward, making eye contact, gesturing and nodding one's head.

Egan (1998) emphasizes five important non verbal skills "**SOLER**" where,

S: face the client *Squarely* (that is, show interest and involvement in the client),

O: adopt *Open posture*, free from crossed arms and legs and showing non defensiveness,

L: reminds to *Lean* towards the client. Leaning too far and forward and being too close may be frightening, but leaning too far away indicates disinterest. Counsellor needs to find a middle distance that is comfortable for both parties,

E: represents *Eye contact*. Good eye contact with most clients is a sign that the counsellor is attuned to the client, and

R: it is a reminder for the counsellor to *Relax*. A counsellor needs to be comfortable.

Some of non-verbal communication skills are given below:

1. Physical setting and seating arrangement,
2. Proximity preference,
3. Gestures and touch,
4. Facial expressions,
5. Eye contact,
6. Gaze,
7. Gestures,
8. Posture,
9. Appearance, and
10. Body motion.

1. Physical Setting and Seating Arrangement

Some physical settings promote the process of counselling and family therapy more than others. Though there are no specific guidelines as to how the counsellor's office is, but certain features may improve its general appearance and facilitate counselling by not distracting the client. These features include — soft lighting, quiet colours; absence of clutter; and harmonious comfortable furniture.

The distance between the counsellor and the client affects the comfort level in relationship, and is influenced by several factors such as: cultural background, gender, and nature of the relationship. Counsellors may prefer to sit behind a desk, so that it can act as a physical and symbolic barrier against the development of a close relationship. The important thing is to remember that the attention should remain with the client, and whatever seating arrangement facilitates this is the right one to use. It has been observed that where the families sit in relation to the therapist can be important for how the therapy will proceed. How close the therapist sits to the client can affect client comfort. Similarly it was also found that clients talked longer about personal topics at an intermediate distance than they did when seated close to or far away from the therapist (Stone & Morden, 1976).

2. Proximity Preference

The way family members arrange themselves in relation to each other reflects considerably on how they feel about each other. The way the members stand, sit and lounge when they are together, can tell the therapist something about the quality and the nature of their communication. For example, the adolescent who chooses to sit on the distant edge of the group is letting the therapist know something about her or his emotional detachment from the rest of the family. Similarly, the wife who chooses to sit in the chair opposite her husband even though invited by him to sit on the chair next to him is also letting the therapist know something about her feelings of separateness from her spouse.

3. Gestures and Touch

Gestures are physical movements that can frame or illustrate words coming before, during or after what is being said. For example, clenching one's fist to show aggression. Gestures can take place of words, for example, nodding one's head up and down to show 'yes' or 'no'. But, excessive use of gestures can create uneasiness between client and counsellor, so counsellors need to minimize these as much as possible. Clients themselves may be anxious and restless initially, but when counsellors "model" attitudes of calm and stillness, clients often become more relaxed as a result. The issue of touch is problematic in relation to therapeutic counselling, and in most instances touch is considered inappropriate for variety of reasons. Sometimes, clients who may have experienced physical or sexual abuse in the past may be fearful of this kind of contact. Cultural differences also are important in this case.

4. Facial Expressions

The therapist's facial expressions serve as a mirror for client's feelings as well as acceptance of them. They are the main vehicle for sending body messages. A person's mouth and eyebrows can convey much information; for example, raised eyebrows, which can convey surprise and the smile, which is regarded as a powerful cue that transmits happiness, friendliness, warmth, liking, affection, etc. With a gentle smile on the face one is sending out a friendly signal, which is almost always reciprocated in a positive manner.

5. Eye Contact and Gaze

A good eye contact reinforces clients and makes their communication easier. Eye contact conveys understanding and caring. Direct eye contact by the therapist conveys interest and attention. Also, by maintain a good eye contact a therapist

is likely to pick up non-verbal cues in the patient's behaviour which may influence the flow of therapy session. The most appropriate eye contact would lie somewhere between a fixed gaze and frequent breaks in eye contact. Gaze is a way of looking at the other person which may show interest and is also a way of collecting facial information. Gaze is useful for coordinating speech, for example, therapist may look at the client just before and end of utterances to collect feedback about the client's reactions.

6. Appearance

Counsellors, like their clients, revel much more about themselves than they think. A counsellor who appears unkempt may fail to retain the confidence of the client. Also, excessive glamorous appearance might inhibit some clients, especially those who experience problems in relation to body image or personal looks. However, in the absence of any strict guidelines, counsellors should probably dress in whatever way is most comfortable for them and which inspires some confidence in their ability and confidence. For example, those working with underprivileged groups of people, or with those who have problems in relation to substance abuse, often feel most at ease with clients when dressed informally.

7. Body Motion

Body motion also communicates a lot. A client who is constantly fidgeting, swinging one's legs, stroking hair and not being able to maintain eye contact may be nervous and shy in the therapy situation or may show signs of excessive anxiety and tension. How people move their bodies reflects the quality and intensity of their current emotional state. For example, a client who bangs the door hard while leaving the session may be conveying strong feelings of aggression or impatience. Body movement is thus an invaluable source of data to the observant therapist and offers rich topics for exploration.

Check Your Progress Exercise 4

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1) What are the important non verbal skills as highlighted by Egan?

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6.7 LISTENING SKILLS

Communication involves the ability to pay attention to what others are thinking and feeling. In other words, an important part of communication is not just talking, but listening to what others have to say. According to Patterson (1959), listening is "the basic, most universal, most important technique in therapy" because it is the foundation on which rapport is built. Without good listening skills a therapist

cannot make a real emotional connection with the clients.

Egan (1994) lists several things which are necessary for complete listening and they include the observation of clients' non-verbal behaviour, as well as understanding of verbal content and meaning. In a therapeutic session listening and attending go hand in hand. This is because it is not possible to give client's complete attention without listening to them and attending to clients incorporates many non-verbal skills. It is important to be sensitive to the voice tones of the client as it reflects the degree and quality of affect in one's voice. This may include sighs, emotional cries and gasps.

Listening may involve active as well as passive listening. There is a difference between active and passive listening, that is, actively engaging in conversation and in working professionally. An empathetic and caring interest in which we show the other person that they have our attention is potentially healing and a step towards counselling process.

6.7.1 Active Listening

In active listening the counsellor must acknowledge and respect the other person's perspective. For example, when listening to a spouse or child, she or he should nod her or his head or say, "I understand", which conveys to the other person that she or he cares about what the other has to say. Another aspect of active listening is seeking clarification if the counsellor did not understand what the client said. This can be done by simply asking, "What did you mean when you said..?" or "Did I understand you correctly....?". Active listening involves acknowledging and respecting the other person's point of view.

Active listening involves exploring the meaning behind some statements. For example a client may come in and say, "That traffic outside really drives me crazy". In a friendly conversation one may offer an explanation for the same. But, a counsellor needs to explore the real content of this outburst. Could it be anger closer to home? Such as anger with the counsellor or with the spouse. The patient may have decided not to talk about their real troubles and had instead vented their bottled up rage by projecting it elsewhere. So, whatever the agenda, hidden or otherwise, you need to realize an unexpected expletive may quite possibly mean something other than obvious. Therefore, the counsellor instead of replying casually needs mentally to enquire completely about the cause of anger. This might mean reflecting back, "You seem very upset today. Perhaps it's not only the traffic situation which upsets you". This response would reflect active listening.

6.7.2 Passive Listening

Passive listening can be helpful for the voluble patient who wants to offload before treatment can begin. Passive listening may involve good eye contact, an occasional nod of understanding and a minimal response wherever appropriate like "aha, hmmm".

6.7.3 Importance of Listening Skills

- It helps the client tell their story. By listening you encourage the clients to share their narrative about who they are, where they come from, and how they ended up where they are right now.

- It helps to draw out appropriate background and contextual information. By exploring relevant details about the client's presenting problem, family history, cultural backgrounds etc. you can formulate a diagnostic treatment plan and facilitate better understanding.
- It communicates understanding. Listening is not a passive enterprise. Clients also want to know that you are not judging them critically and disrespectfully, but you feel caring and compassion towards them, even if they have confessed their deepest secret and hidden desires.
- It facilitates deeper level exploration.
- It helps to make connection. Through listening the therapist is able to make sense of what she or he is hearing and understanding. This involves making connections between what clients are experiencing at present *versus* what they have lived in the past; problems they are encountering *versus* those that already exist in their families; what they are doing and saying in sessions *versus* what they do and say in their outside worlds; what clients say they want the most *versus* what they have been actually doing.
- It demonstrates empathy.
- Listening helps the therapist to facilitate the process of "joining the family" and develop emotional empathy with the family.
- Effective listening by the therapist promotes a sense of belongingness and self-esteem among the family members.

Egan (2002) has proposed some useful questions that may help to listen and attend to clients;

- What are the main points of the client's message?
- What experiences and actions are most important as reflected in the client's messages?
- What themes are apparent in the client's messages and story?
- What is the client's point of view?
- What is most important to the client?
- What does the client want me to understand?

6.7.4 Factors Impeding Active Listening

Some of the factors impeding active listening are:

- External factors such as noise, interruption and physical discomfort,
- Response rehearsal, that is, becoming preoccupied with what we want to say,
- Fact finding; this refers to practice of searching for details and facts, instead of listening to overall message,
- Being judgemental,

- Problem solving; that is, while listening to the client the therapist may often be tempted to solve the client's problem in his own head, which precludes real listening,
- Imposing a personal view; that is, failing to hear the central feeling a client is seeking to express, for example:

  Client: "I know I seem to go over this again and again, but I simply can't come to terms with the fact that he never once appreciated me despite the sacrifices I made for him".

  Counsellor: "Well you know how guys are... they are never vocal about their feelings".
- Over identification with the client or her or his problem, and
- Cultural, religious or social differences.

6.7.5 Techniques Conducive to Effective Listening

Some techniques are discussed below for effective listening:

- **Correct Posture**: The therapist should sit in a manner which helps her or him relate comparably to all the family. If possible she or he should be able to have eye contact with each family member. Her or his posture should neither be too relaxed ("I don't care") nor too tensed. The posture should convey that the therapist is indeed interested in listening.
- **Privacy**: The therapy hour should be free from outside distractions and interruptions such as phone calls, outside messages. The therapist who permits outside interruptions is meeting his needs, not those of the family.
- **Appropriate Behavioural response**: The therapist needs to be fully cognizant about implicit and explicit messages associated with body motions. She or he fully appreciates the fact that body movements are a function of her or his emotions. For example, a therapist who crosses her or his arms and bends back in the chair may convey a message of disinterest in the client's conversation. Also behaviours such as checking the watch constantly or handling other papers during the session may convey the client a message that "I am very busy, and you are not as important to me".
- **Handling Internal intrusions**: The therapist may get distracted by her or his own ideational intrusions. The therapist learns to resist and suppress thinking about her or his own personal concerns during the therapy hour. Also, preconceived biases such as those about gender, religion, socio-economic status may act as a barrier in therapy process by making the therapist judgemental.

6.8 THE EFFECTIVE HANDLING OF SILENCES

Silence can be a therapeutic moment as well as self-conscious moment. In a therapy silence may be a product of emotions such as shyness, fear, hostility, or a generalized anxiety. Silence can be counsellor induced or client induced.

6.8.1 Counsellor Induced Silence

When the silence is induced from the counsellor's side, it could be because of several reasons. It could be because of loss of words where the counsellor is taking time to absorb and comprehend all that is going on at the moment. It may also be because the counsellor has been very active and has decided to reduce the activity, thus transferring more responsibility to the client. Skilled counsellor uses silence as the best therapeutic technique depending on the situation. The messages that the counsellor might want to communicate through silence may include, "I want us to move a bit more slowly"; "I want you to think more about what you said"; "I care very much about your feelings this moment".

6.8.2 Client Induced Silence

Client induced silences may be a reflection of their patterns of interaction in daily life. For example, a client who has developed a life pattern of avoiding, denying or ignoring personal issues, her or his natural response when these issues arise may be to deny them by deflecting attention away from her or him. In such a setting the client's silence would reflect an attempt to transfer momentary responsibility over the counsellor and away from herself or himself. Also, silence may help the client to catch up on the progress of the moment. It allows them to fit the new growth or insight that may have just occurred in the counselling session.

Silence is helpful because:

- It helps to pace the initial therapeutic interview, when the conditions of trust and safety are being built. The helping interview may be one of the few opportunities clients have to express their thoughts and feelings without being rushed or pressed to perform. This allows complete expression than is typical in most interactions (Hutchins et al, 1997).
- Silence is useful to focus attention on the moment. By not responding to the statement you allow the client's messages to remain present, and give them time to absorb the relevance of their statements.
- At times when the clients react in a defensive manner, it is more meaningful to allow clients to give themselves the insight of their feelings by using silence as a response.
- Silence is helpful when no words are an adequate response to the feelings that are present, for example a moment of quiet weeping for the client, or a moment of heavy melancholy.

6.8.3 Guidelines for Using Silence

Some of the important guidelines for using silence are given below:

- When clients pause after making statements or after hearing your paraphrase, let a few silent moments pass rather than immediately starting further verbal interactions,
- By giving client the chance to resume speaking you are assuming the role of an "expert" interviewer and sometimes it may also be advisable to break the silence yourself,

- Silence can evoke excessive anxiety which can exacerbate conditions such as confusion, psychotic breakdown, and emotional crisis, and
- If clients are uncomfortable with silence, one can give them instructions to free associate ("just say whatever comes to your mind").

6.9 ACCEPTANCE TECHNIQUES

Acceptance is the unconditional positive regard of others, as they are, with all their problems and idiosyncrasies, whereby it is not necessary to agree with their behaviour. Acceptance is an attitude which underlies the following:

- The belief that there is a constructive force in each individual (the self actualizing tendency), which is directed towards developing the potentialities of the person, and
- The readiness to be interested in other persons, to appreciate and encourage them and to respect and foster their self-determination.

6.9.1 Elements of Acceptance

Following are the various elements of acceptance:

- To deal with persons in a friendly, caring, helpful and considerate manner.
- To be reversible in one's behaviour, that means to act in a way in which the other might also act towards oneself (For example, If you want a student to speak louder, you should use an expression which the student might also use to ask you to speak louder).
- Not to judge or interpret what people do, say or feel, but to try to understand their point of view (to be empathic).
- Acceptance also means to trust — to accept statements as true from the perspective of the speaker like, "I will believe that you are telling me the way it is in you. I do not want to waste my time being suspicious or wondering what you really mean".
- To accept persons or groups in their present states of mood or development, not to push them to self disclosure or a deeper level of communication, because (even if one succeeds) this usually doesn't lead to lasting results. Sometimes people even feel that their private self has been violated when they have been persuaded to give up too much self defense.

Check Your Progress Exercise 5

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1) What is acceptance? List the elements of acceptance.

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2) What are the techniques conducive to effective listening?

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3) What is the importance of listening skills in therapy?

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6.10 SKILLS AT ENDING OF SESSION

Just like verbal and non-verbal skills help to initiate and carry forward the progress of the therapy, similarly there are skills which are required to end a therapeutic relationship. This is essential for both the client's and counsellor's satisfaction and to give a proper closure to the therapeutic session.

6.10.1 Asking Appropriate Questions

Questions can be problematic in therapy because they are prompted by a desire of the therapist to get facts straight for themselves rather than a desire to understand the client's subjective experience of things. When asking questions, they should be as open as possible and its best to avoid questions which begin with "why". Why questions tend to be interrogative and clients frequently respond to them in a defensive manner. Open questions encourage the expression of feelings and help client's to explore issues which concern them in a more specific way. For example, asking the client "How did you feel about all of this?"; "What all helped you during this time?".

Probing questions

They are meant to encourage client to expand or enlarge upon their initial response. For example: "Can you say more about that?"; "And what happened then?" .

Focussing questions

They encourage the client to look more closely at specific aspects of problems, and define their issues more clearly. For example:

Client: "Everybody bullies me....I am always bullied".

Counsellor: "Could we look at some of the ways you feel bullied?".

Timings of Questions

Timing of questions is important in counselling, and therapist should refrain from interrupting the client. It is worth remembering that many clients have waited long time to be heard, and they may have great deal of information they want to

convey. Clients do pause to pick up responses from counsellor and counsellor should be attuned to the unspoken invitations to speak. Also clients should not be questioned when they are emotionally overwhelmed, or when they are too clearly upset to answer. Also, use of excessively probing, too many, or badly timed questions can cause a great deal of anxiety and hamper the therapeutic relationship.

6.10.2 Giving Information to Clients

Information giving can also prove challenging for clients, especially when their expectations are clearly unrealistic in some ways. For example:

Client: "I want to start working now, and I think I have had enough doing only household chores and taking care of kids.... but I still don't know if I would be able to handle a 9 to 5 job".

Counsellor: "You told me that you have good creativity...so have you ever considered putting it to use? Like doing something from your home...candle making, baking or gift wrapping?"

6.10.3 Recapitulating and Summarizing

Frequently in counselling sessions, clients or family members may go into long, ruminating and unfocussed discourses. The reasons for this may be varied such as need for greater attention, anxiety, insecurity and inability to organize thoughts and communication with internal feelings. Here, it becomes important for the therapist to step in and recapitulate. In recapitulating the therapist ties and connects together the disjointed phrases and poorly arranged verbalizations to try and preserve the meaningful dialogues in the therapy. The therapist in doing so, especially in family sessions, also interprets the talk of one member to the other.

Summarizing is also a very important aspect. Accurate summarising should:

- Show understanding of what the client has said,
- Reflect the client's internal frame of reference,
- Show accurate selection of important issues and themes,
- Avoid critical or judgemental statements,
- Be accurately timed, that is clients should not be interrupted,
- Be tentative means clients need to feel free to add to or correct what has been said,
- Reflect the order of events, so that the clients can look again at the story as it unfolds, and
- Help the client to focus, sharpen, and delineate her or his thinking.

6.10.4 Ending the Session

It is important for counsellors to develop skills of ending individual sessions. Ending sessions is often more difficult than it sounds, especially when clients talk at great length and it seems impossible to stop them without appearing intrusive or insensitive to their needs. A useful idea is to state the time ten minutes before the session is due to end. For example:

"We have just ten minutes left. Maybe we could look at what you have said so far, and highlight any points which you would like to talk about further in your next session. Then we can make arrangements for another appointment next week".

6.10.5 Counsellor Self-Disclosure

There are specialized areas in counselling in which self-disclosure is sometimes used. These include counselling for substance abuse or addiction, and in these contexts self-disclosure is very beneficial for clients since it serves to encourage them to persist in overcoming problems. Self-disclosure is very effective as a form of challenge, as long as it is correctly timed and carried out with the client's best interest firmly in focus. It is also important to show interest in clients without in fact being interested. For example:

Client: "Sometimes I feel that I might as well just stay in the house and at least feel safe there....".

Counsellor: "Yes I know that feeling .....but when I pushed myself to get out of the house, things started improving from there.....".

Client: "That sounds interesting and I have never considered these options before".

6.11 HELPFUL VERBAL AND NON-VERBAL BEHAVIOUR

Okun (1997) has proposed a list of helpful verbal and non-verbal behaviours that can aid a counsellor. They are presented as follows:

Table 6.1: Helpful verbal and non-verbal behaviours in counselling

Verbal Behaviours	Non-Verbal Behaviours
• Using understandable words.	• Tone of voice similar to client's.
• Reflecting back and clarifying client's statements.	• Maintaining good eye contact.
• Appropriately interpreting.	• Occasional head nodding.
• Summarizing for client.	• Facial animation.
• Responding to primary message.	• Occasional smiling.
• Using verbal reinforces (such as "Mmm", "I see", "Yes").	• Occasional hand gesturing.
• Calling client by name or "you" to client.	• Appropriate physical proximity.
• Appropriately giving information.	• Moderate rate of speech.
• Using humour occasionally to reduce tension.	• Body leans towards client.
• Being non judgemental and respectful.	• Relaxed open posture.
• Adding greater understanding to client's statements.	• Confident vocal tone.
• Phrasing interpretations tentatively so as to elicit genuine feedback from client.	

6.12 NON-HELPFUL VERBAL AND NON-VERBAL BEHAVIOUR

When building a relationship, counsellors must also realize what they should not do. Welfel (1994) lists four major actions that usually block counsellor-client communication. These are as follows:

1. Advice Giving

When a client is given advice, it may in effect deny the client a chance to work through personal thoughts and feelings about a subject and ultimately curtail her or his ability to make difficult decisions. A response meant to be helpful may end up being hurtful by disempowering the client. For example, if a client is advised to break off a relationship she or he is ambivalent about, the client is denied the opportunity to become aware and work through the thoughts and feelings that initially led to the ambivalence.

However, in emergency situation (crisis counselling) when, for the client's immediate welfare and safety, some direct action must be taken, advice may be given. Also, counsellor needs to listen carefully to make sure that the client is really asking for advice or simply being reflective through self questioning. For example, there is a big difference between "What should I do?' and "I wonder what I should do?".

2. Lecturing

Lecturing sets up a power struggle between the counsellor and client that neither can win. For example, if a sexually active girl is told, "Don't get involved with boys anymore", she may do just the opposite to assert her independence. In such a case both the client and counsellor fail in their desire to change behaviour.

3. Excessive Questioning

Verbal interaction with clients needs to include statements, observations, and encouragers as well as questions. When excessive questioning is being used, the client feels as though she or he is being interrogated rather than counselled. Counselling relationships are more productive when counsellors avoid asking more than two questions in a row and keep their questions open rather than closed.

4. Storytelling by the Counsellor

Most counsellors should stay away from storytelling because the story usually focuses attention on the counsellor instead of client and distracts from problem solving.

Okun (1997) lists non-helpful verbal and non-verbal behaviours as follows:

Table 6.2: Non-helpful verbal and non-verbal behaviours in counselling

Non-Helpful Verbal Behaviours	Non-Helpful Non-Verbal Behaviours
• Interrupting • Advice giving • Preaching	• Looking away from client • Sitting far away or turned away • Sneering

• Blaming	• Frowning
• Cajoling	• Scowling
• Exhorting	• Tight mouth
• Extensive probing and questioning, especially 'why' questions	• Shaking pointed finger
• Directing, demanding	• Distracting gestures
• Patronizing attitude	• Yawning
• Over interpretation	• Closing eyes
• Straying away from topic	• Unpleasant tone of voice
• Intellectualizing	• Rate of speech too slow or too fast
• Talking about self too much	• Acting rushed; for examples, looking at the watch frequently
• Minimizing or disbelieving	

What Not To Do in Counselling Sessions

Some of the don'ts in a counselling session are listed below:

- Avoid pejorative or judgemental terms,
- Don't rush (allow sufficient time or schedule subsequent consultations),
- Your own views and possible prejudices might negatively impact on the optimal management of the patient. Even if you say the right thing, your body language can contradict and undermine your message. If you do not have the time to counsel the patient, consider referring the patient to another doctor or the nearest health clinic,
- When clarifying information or advice, try to avoid undermining positive statements with the use of 'but'. The word 'and' has much the same function but none of the negative impact,
- Don't give false reassurances and hopes to the client,
- Never impose your decisions or judgements about sensitive issues like marriage or break up,
- In family therapy, it's important to maintain the confidentiality of information, conveyed by one family member from the other. Always seek the client's permission before discussing their issues with other family members,
- Don't let cell phone disturb the progress of your session,
- Too much of body movement (frequently shifting in the chair, reading or looking at something else while listening, finger tapping etc.) by the therapist may distract the client, and may have negative impact on rapport building, and

- Don't force the client to reveal or talk about all the problems in the first session. It may require a couple of sessions for the client to open up and develop trust.

Check Your Progress Exercise 6

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What are the reasons for counsellor induced silence?

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2. What are the non-helpful verbal behaviour?

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6.13 LET US SUM UP

In this Unit, we have learnt about the communication skills that are essential for a counsellor in a therapeutic setting. We learnt about:

- The importance of communication skills in any therapeutic setting,
- The two main kinds of communication skills which are verbal and non-verbal communication,
- Verbal communication skills involve vocal messages, active verbal communication skills, affect focussed verbal communication skills and skills required at the ending of a session,
- Non-verbal communication involves keeping in mind the physical setting, proximity preference, gestures, facial expressions, eye contact, appearance and body motion. These considerations help the counsellor to understand the client's non verbal behaviour as well as to modify his own to bring about effectiveness in therapeutic setting,
- We also discussed about the acceptance techniques which are helpful to deal with the client in a friendly, caring, helpful and considerate manner,
- Silence could be from the side of counsellor as well as from the client's side. Silence is not always detrimental to the counselling relationship but it may also serve several important functions in a therapeutic relationship such as helping to focus attention and creating conditions of trust, and
- We also looked at a few helpful as well as non-helpful verbal and non-verbal communication behaviours in a counselling set up.

6.14 GLOSSARY

Approval (affirmation) : The counsellor affirms the correctness of information or encourages the client's efforts at self-determination.

Acceptance : Unconditional positive regard of others, as they are, with all their problems and idiosyncrasies, whereby it is not necessary to agree with their behaviour.

Communication skills : The set of skills that enables a person to convey information so that it is received and understood.

Clarification : The counsellor states the meaning of the client's statements in her or his own words, seeking to clarify the client's meaning.

General leads : The counsellor directs the client to talk more about a specific subject.

Interpretation : The counsellor uses psychodiagnostic principles to suggest sources of the client's stress or explanations for the client's motivation and behaviour.

Leading : Deliberate behaviours that the counsellors engage in for the benefit of their client and it requires high degree of persuasive skills.

Paraphrasing : Rephrasing of all or selected portions of the client's previous communication.

Restatement paraphrase : When the counsellor restates the client's verbalizations, including both content and affect, using nearly the same wordings.

Rejection (persuasion) : The counsellor tries to reverse the client's behaviour or perceptions by actively advising different behaviour.

Verbal communication : Communication that shows a desire to comprehend or discuss what is important to the client.

6.15 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1 The need for communication skills in counselling and family therapy is due to following reasons:

- To identify with the client,
- To communicate at the level of the client (conscious or unconscious),
- To promote communication between family members,
- To promote empathy towards the client, and
- To add noticeably to the expressions of the client in a way that expresses feelings a level deeper than the client was able to express.

Check Your Progress Exercise 2

1. Active verbal communication skills are given below:

- Greeting clients,
- Leading,
- Multi focused responding,
- Immediacy,
- Humour, and
- Confrontation.

2. Leads used in verbal communication include the following:

- Silence,
- Acceptance,
- Restatement (paraphrase),
- Clarification,
- Approval,
- Interpretation,
- Rejection (persuasion), and
- Reassurance.

3. The advantages of using humour in a counselling session are given below:

- It circumvents client's resistance,
- It dispels tension,
- It helps clients distance themselves from psychological pain,
- Humour can contribute to creative thinking,

- It helps keep things in perspective, and
- It make it easier to explore difficult, awkward, or nonsensical aspects of life.

Check Your Progress Exercise 3

1. The difference between paraphrase and reflection is that paraphrasing is rephrasing of all or selected portions of the client's previous communication. In reflection the therapist focuses upon the emotions being ventilated by the client through the spoken words. The difference between them being that reflection is used to describe or reword the emotional content, while paraphrasing is concerned with the factual.

Check Your Progress Exercise 4

1. The important non-verbal skills as highlighted by Egan are given below:

   Five important non-verbal skills are-

   S: face the client *squarely* (that is, show interest and involvement in the client),

   O: adopt *open posture*, free from crossed arms and legs and showing non defensiveness,

   L: *lean* towards the client. Leaning too far and forward and being too close may be frightening, but leaning too far away indicates disinterest. Counsellor needs to find a middle distance that is comfortable for both parties,

   E: maintain *eye contact*. Good eye contact with most clients is a sign that the counsellor is attuned to the client, and

   R: *relax*. A counsellor needs to be comfortable.

Check Your Progress Exercise 5

1. Acceptance is the unconditional positive regard of others, as they are, with all their problems and idiosyncrasies, whereby it is not necessary to agree with their behaviour.

   Elements of acceptance are given below:

   - To deal with persons in a friendly, caring, helpful and considerate manner,
   - To be reversible in one's behaviour,
   - Not to judge what people do, say or feel,
   - To trust, and
   - To accept persons or groups in their present states of mood or development.

2. The techniques conducive to effective listening are as follows:

   - Correct posture,
   - Privacy,
   - Appropriate behavioural response, and
   - Handling internal intrusions.

3. Listening skills are important in therapy because listening:
   - Helps the clients tell their story,
   - Helps to draw out appropriate background and contextual information,
   - Communicates understanding,
   - Facilitates deeper level exploration,
   - Helps to make connection,
   - Demonstrates empathy,
   - Helps the therapist to facilitate the process of "joining the family", and
   - Promotes a sense of belongingness and self-esteem among the family members.

Check Your Progress Exercise 6

1. Following are the reasons for counsellor induced slience:
   i) Loss of words where counsellor is taking time to absorb and comprehend all that is going on,
   ii) Counsellor has been very active and has decided to reduce the activity, and
   iii) Using silence as a therapeutic technique.
2. The non-helpful verbal behaviours are given below:
   i) Advice giving,
   ii) Lecturing,
   iii) Excessive questioning, and
   iv) Story telling by the counsellor.

6.16 UNIT END QUESTIONS

1. What do you understand by active verbal communication skills? Explain with example.
2. What are non-verbal communication skills? Explain with the help of examples.
3. Discuss helpful verbal and non-verbal communication skills.

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UNIT 7 MEDIATION IN COUNSELLING AND FAMILY THERAPY

Structure

7.1 Introduction

7.2 Concept of Mediation

7.3 Conflict Resolution

7.3.1 Types of Conflicts

7.3.2 Ways of Dealing with Conflicts

7.4 Process of Mediation

7.5 Functions of a Mediator

7.6 Benefits of Mediation

7.7 Evaluating the Success

7.8 Let Us Sum Up

7.9 Glossary

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7.11 Unit End Questions

7.12 Further Readings and References

7.1 INTRODUCTION

'Mens Sana in carpore Sana' the famous Latin saying immortalised by the poet Juvenal in 1st Century AD, translated means 'a healthy mind in a healthy body', which is an established truth. However, the reverse is also as true and has been well documented by many a great researches in the last few decades. Positive and negative states of mind have a powerful effect on the physical body as well. Sometimes, the emotional and social interaction with others, especially with immediate relations that play themselves out in our dealings with them, not only causes emotional turmoil but can have a damaging effect on the physical and mental health of the individual as well. The spousal disharmonies usually affect the parent-child relationship and may precipitate emotional and even physical turmoil in the child.

In Unit 2 of MCFT-003, you have been familiarised with the scope and applications of family therapy. In the present Unit, you will learn about mediation and its role in resolving interpersonal problems. You will also learn about the process of mediation and the skills and techniques used in the process. This will help you to make the individual experience relationships in a family not as a cause of stress, but that of joy, support and happiness.

Objectives

After studying this Unit, you will be able to:

- Explain the main features of mediation;
- Describe the context for mediation;
- Explain the steps involved in the mediation process;
- Enumerate the skills required to conduct mediations; and
- Prepare a plan to conduct mediations.

7.2 CONCEPT OF MEDIATION

Mediation is defined in the dictionary as 'a process of intervening between two parties who are involved in a conflict or dispute to produce agreements of reconciliation. In counselling and family therapy, it is an empowering and non-judgemental method of resolving conflicts between two discordant individuals or groups. The disputers seek the mediator's expertise to find an amicable solution.

Mediation is a process of using assisted interaction in a direct talk between the disputants with the aim to finding solution to their problems. The mediator is an outsider with experience in resolving disputes and has only a role as an third party with no personal interest or issues associated with either the problem or the disputants. The negotiation and decisions are essentially those of the conflicting parties and not of the mediator. The premise of mediation is essentially based on the fact that each person on both sides of the conflict understands the issue, are able to consider the various options, establish a healthy relationship through mutual respect and work toward a compromised solution. Mediator makes space for each person to speak her or his concerns and realities (Pine, Gat & Tal, 2002).

Mediator is a person not directly related to either of the disputed party and is not a stakeholder in the dispute. The mediator is neither an adviser nor an adjudicator and certainly not an administrator. She or he is simply a provider of communication channels between the disputing parties. She or he may suggest certain ideas or proposal, even with examples, but the final decisions are left to the individuals. Thus, she or he is neither the part of the problem nor the part of solution. Mediator is the pathway leading from one to the other. Mediator does this by delineating the agenda, understanding the dispute and explaining the issue and references thereof, providing communication platform, identifying commonalities, and assisting in fair negotiation with the ultimate aim to reach an agreeable solution.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

I. Fill in the blanks:

1. Mediation is .....

.....

2. Mediator is a person .....

.....

7.2.1 Context for Mediation

According to Kelly (2003), the mediation process in family dynamics is not always aimed at resolution of problems. For example, in an event when it is identified that the spouses will continue to suffer the conjugality due to either the 'problem' or the 'personality incompatibility', mediation can and should be aimed at amicable separation settlement including divorce, so as to ensure communication, collaboration and cooperation during the phase of disentanglement and also after the divorce. In fact divorce mediation is an established sub-speciality of family therapy and counselling which ensures appropriate and effective addressing of issues related to parenting responsibilities and privileges which includes scheduling of care giving, decision making and financial obligations, child or spousal maintenance and alimony and amicable division of material possessions. In other words, mediation is helpful in resolving secondary disputes arising from the primary predicament.

The context of mediation may also involve two or more parties who are disputing on issues related to inheritance, finances, properties, etc. This could be between siblings, cousins, estranged relatives and even companies and institutions. Mediations between parties where the numbers of individuals are limited should ideally be done face to face, that is, in person. However, when the number of stakeholders of either of the parties is large, the mediator may seek a spokesperson for the large group, who is authorised by the group and found to be competent to deal on behalf of the group. For this, the mediator may need to have sessions with individual groups to comprehend the problem from their perspectives and understand the points of views of the various members. The mediator through these sessions also ensures the competence of the individual representatives nominated by the respective groups.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. List any five contexts for family mediation:

a) .....

.....

b) .....

.....

c) .....

.....

d) .....

.....

e) .....

.....

7.3 CONFLICT RESOLUTION

Conflicts are common. Each and every day we are confronted with many. In milder forms these are such as, which dress will be appropriate for a given occassion. However, it may involve serious issues such as marital disharmony, child custody, alimony settlement, property dispute or inheritance, etc. These conflicts can cause enormous psychological as well as physical discomforts.

Conflicts may arise from:

- Viewing a situation from different perspectives;
- Carrying a qualitative (even quantitative) difference in faith, values or beliefs;
- Difference in liking and interest; or
- Working at different objectives.

Let us see these in a little more detail.

Viewing a situation from different perspectives: Often we confront situations of the so called 'generation gap', where the next generation cannot conform to the views of their parents or elders. A person in the exuberation of youth may find certain profession or career, for example, 'Rock music', appealing but is confronted with absolute horrific resistance from the parents!

Carrying a qualitative (even quantitative) difference in faith, values or beliefs: Difference which may have been ignored or brushed aside initially e.g. during intercommunity romance and marriage may surface when the couple is confronted with the choice of faith in the offspring.

Difference in liking and interest: Outdoor and extroverted personalities may initially be attracted with a personality type which is diametrically opposite and *vice versa*, but with the passage of time, may find their partner to be incongruent in their liking and interest, thereby causing conflict in their relationship.

Working at different objectives: The fields of success may be viewed differently by the partners in a conjugal relationship. For one the house and home may be a priority while for the other the workplace. These contradictory objectives usually lead to potentially confronting stances and may precipitate into a marital discord.

For effective mediation to occur, the mediator must first comprehend the situation, study the various perspectives, appreciate the existence of different beliefs, values or interests on both sides of the divide. The mediator must have a non-judgemental view towards the interests and likings of the parties, understand their priorities, point of views and reasons of concerns. The mediator needs to comprehend the 'needs and wants' of the disputants on both the sides and also the reasons for these 'needs and wants'.

7.3.1 Types of Conflicts

Literature survey has shown that there are many types of conflicts. These may be categorised as follows:

- Relationship conflicts,
- Data or Details conflicts,
- Interest conflicts,

- Structural conflicts, and
- Value conflicts.

Relationship conflicts: As the name suggest, a relationship conflict is between two persons or two groups, whose natural bonding is under stress and strain due to various reasons, ranging from negative emotions, misconceptions, misunderstanding, stereotyping, non/poor/miscommunications, etc. Relationship problem often leads to dispute and may spiral into full blown crisis. Early recognition and intervention has definite advantages. Spousal disharmony is an example of a relationship conflict.

Data or Details conflicts: These arise from lack of information available for making choices or taking decisions. This may be due to misinformation, disagreements on the details, questioning relevance, faulty interpretations, etc. These differences in quantity or quality of the data may be the seed for conflict. For example, inheritance conflicts may result due to disagreements on the details and data of the will and last testimony of the deceased.

Interest conflicts: Interest, needs, requirements may be physical or psychological, which may be different in the two sides of the divide leading to conflicts. At times it is 'rivalry' conflict or at times it may be 'non achievement of goals' conflict. There are enough stories in famous dynasties in the pages of history and even in the household industrial magnets that exemplify the existence of interest conflicts.

Structural conflicts: These conflicts are caused by forces or stimuli outside the relationship. It could be an environmental stimulus, geographical distances, temporal differences, workplace related, etc. The relatively modern phenomenon of conflicts in the long distance marriages may be viewed as a structural conflict.

Values conflicts: Value conflict is caused by divergent and non-compatible belief systems. The beliefs or values are psychological growths, influenced by upbringing and environment. Usually people from different backgrounds, social, economic, racial, religion, cast and creed, may have different values, which may be non-convergent and lead to clash point and conflicts.

Check Your Progress Exercise 3

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1) Match the columns.

Column A	Column B
a) Relationship conflicts,	i. These arise from lack of information available for making choices or taking decisions.
b) Data or Details conflicts	ii. Caused by divergent and non-compatible belief systems.
c) Interest conflicts	iii. Caused by forces or stimuli outside the relationship.
d) Structural conflicts	iv. Caused amongst persons or groups whose natural bonding is under stress and strain.
e) Value conflicts	v. Caused when needs or requirements which may be physical or psychological are at stake.

7.3.2 Ways of Dealing with Conflicts

Conflicts are inevitable part of our living. They have the potential to dent a relationship and also when dealt effectively may strengthen the relationship. There are five common ways of dealing with conflict. Learning about the different ways of handling conflict will give you a wider choice of actions to employ in any given situation and make you better able to tailor your responses to the situation. Each of these ways of dealing with conflict may be used at some time or the other. The approach to resolving a conflict will depend on what is it that you believe will be most helpful. Your style of dealing with conflict will also change with the circumstances. The method can be broadly classified into:

- **Denial or withdrawal:** In this, the person does not acknowledge the presence of the conflict and totally denies its existence. In the long run this may lead to a situation which is unmanageable. This is perhaps the most inferior way of dealing with conflicts although it may prove beneficial in cases of minor irritants to achieve better productivity and higher quality of life.
- **Suppression:** 'Pushing under the carpet' usually leads to accumulation of dirt which is bound to get exposed and perhaps even explode. Existence of conflicts and their successful resolution usually has better results. However, if the point of conflict is less important than other issues, suppression may be useful.
- **Power or dominance:** Here one of the party by virtue of her or his inherent position of superiority may dominate the other. Quite often this is seen in a employer-employee relationship and at times in parental-offspring and also in conjugal equations. The power may also be due to the dominance of the prevailing majority or even the persistence of one stakeholder in spite of being a minority. Power or dominance resolution may be successful at times.
- **Compromise or negotiation:** The most common restitution of meeting half ways usually is successful, though it has been known to show adverse effect at times. Both the parties gain a little but also lose a little and this loss may have a greater impact in future dealings, leading to lesser commitment and trust.
- **Integration or collaboration:** This method is based on initial recognition of the other party's point of view as well as acknowledging their interest and ability. Thus, both negative and positive of the divert position is comprehended by the parties on either side of the divide. This helps in modifying or adjustment to ensure coexistence as well as cooperation. Frequent and effective commitments are a must and ensure long term effectiveness of the resolution.

7.4 PROCESS OF MEDIATION

You have learnt about conflicts, its types and the ways of dealing with conflicts. But how does the process of mediation help to resolve the conflicts and how can it be used? A survey of related literature reveals that any formal mediation usually involves the following six steps:

- Introductory remarks,
- Statement of the problem by the parties,
- Information gathering time,

- Identification of the problems,
- Bargaining and generating options, and
- Reaching an agreement.

Introductory Remarks

This is the first step in the process of mediation and helps in establishing a rapport with the parties involved. The mediator makes the introduction only when both the parties involved are present. The atmosphere should be conducive and non threatening. It is important that both the parties should be at ease, physically as well as psychologically. An opening statement is made by the mediator. The introductory statement usually involves comments made by the mediator about what they see as the issue. The mediator also explains the role of the participants and explicitly demonstrates her or his neutrality. This step also involves defining the protocol and setting the time frame. The opening statement during the introductory remarks also sets out the ground rules for the mediation. These ground rules are what help the mediation move along smoothly. The skills commonly used in this step are structuring and rapport building.

Statement of the Problem by the Parties

The next step involves giving opportunity to both the parties to put forward their point of views. Mediator should take care that when either of the parties are presenting they should not be interrupted in between. Which party will speak first usually depends on the prerogative of the mediator, who may also seek the opinion of the parties concerned. During the process of statement of the problem by the parties, the mediator involves a series of skills including those of observation, recording information, forming hypotheses and hunches. It helps the mediator to collect, understand and interpret the data. It also helps the mediator to understand the perspectives of both the parties.

Information Gathering

During the process of mediation the emphasis of the mediator is to seek and gather as much information as possible from the parties concerned to develop an insight about the problem and also to find out the strength and resources of both the parties involved so that these may be utilized while resolving the conflict. The process of information gathering may involve assessment of the various aspects of the problem, information about the persons facing the problem, as well as understanding the context of the problem. The mediator may ask the parties open-ended questions to get to the emotional undercurrents or direct questions to clarify further. The mediator may also employ the skills of paraphrasing. Through a paraphrase, the parties' primary words or thoughts are communicated back to them to affirm listening or understanding of whatever is being communicated.

Problem Identification

Identification of the problem is important to pinpoint what is to be resolved through the process of mediation. It provides the necessary platform to work on. A consensus on the problem identified creates a sense of hope and motivates the parties concerned. This in turn allows the mediator and the parties to work towards a realistic resolution of the problem. The mediator may make use of skills such as confronting, clarifying questions, linking and confirmatory statements to isolate the main issue and prioritize the objectives.

Bargaining and Generating Options

Once the participants are committed to achieving a negotiated settlement, the mediator may make use of different methods for developing options. This includes group processes such as discussions, developing hypothetical plausible scenarios, developing a proposal where the mediator puts a proposal on the table and the parties take turns modifying it. The mediator may also propose a brainstorming session to explore potential solutions. The mediator may decide to hold private sessions with the concerned parties. The goal of these sessions is to find some common ground by exploring options available, and to bring about possible solutions for the parties to think about.

Reaching an Agreement

Mediation is an agreement-reaching process in which the mediator assists parties to reach an agreement in a collaborative, consensual and informed manner. Mediator does not have the power to decide disputed issues for the parties. Also, mediation is not a substitute for independent legal advice. The concerned parties may secure such advice throughout the mediation process to obtain independent legal review of any formal mediated agreement before signing that agreement. The mediator may also suggest one or both parties to have their agreement reviewed by legal counsel to ensure that the party is reaching a reasonably informed agreement. The mediator's objective is to only facilitate the parties themselves reaching their best agreement. The expected outcome of family mediation is a written document, that is the memorandum of agreement, outlining the details of the agreement reached by the parties, with the mediator finalizing it. Each party is advised to fully review the memorandum of agreement prior to signature. While both parties intend to continue with mediation until an agreement is reached, it is understood that either or both parties may withdraw from mediation at any time. If one or both parties decide to withdraw from mediation, best efforts should be made to discuss this decision in the presence of both parties and the mediator. Also, if the mediator determines that it is not possible to resolve the issues through mediation, the process can be terminated once this has been conveyed to the parties.

7.5 FUNCTIONS OF A MEDIATOR

The reason for the mediation is ultimately to arrive at a point of consensus for the disputants. Resolution of conflict and agreements on a future course of action is the ultimate aim, for which the mediator must assume certain roles. These may be enumerated as follows:

Convener: For arranging the platform for the parties to meet. As a convener the mediator must reach out to both sides to call them to a common place for the negotiation and communications to commence.

Educator: The confronting parties are required to be made wise about the process of mediation. Also, the availability of other methods of conflict resolution, such as litigations and arbitrations should be clarified. Issues related to legalities, moralities, social expectations in the conflict are also made clear to both the disputants. Before embarking on the actual process of mediation, the mediator also must clarify to the disputants regarding their respective rights and duties and also explain the pathway of the process of dispute resolution.

Facilitator: The mediator acts as an anchor for smooth flow of communication, thereby guarantying that both sides are aware of the concerns and misgivings of the opposite side. The mediator ensures a non-threatening atmosphere for both the parties to meet at an equal footing.

Translator: Even while speaking the same language, at times there exist barriers in communication, which needs assistance to negotiate. This helps in clarifying doubts and misgivings in the opposite parties. Complex concepts may need simplification as well as elaborations, especially those related to legal and judicial aspects.

Questioner and clarifier: The mediator needs to probe into the minds of the parties to enquire about their concerns on the issues related to the dispute. This also gives an understanding of the depth of perception of the other person's point of view. There may remain certain gaps and lacunae, which are required to be identified and then probed to ensure clear understanding and comprehension of the task at hand.

Process adviser: The act of mediation has to travel on a given roadmap if it has to succeed. The mediator has to ensure that this process of progress is followed. As explained earlier, in the role of educator the road map which has been drawn has to be travelled in a systematic manner, to ensure that all the stations enroute have been visited.

Reality checker: Every solution suggested by either side has to be evaluated to see how it will stand in face of reality checking. The mediator needs to talk this out with one or both the participants and ensure practicality of the suggested solutions. This needs careful contemplations of the scenarios that are likely to emerge if and when a particular solution is implemented. Anticipations of possible pitfalls are to be visualized and discussed, so as to ensure that any one of the disputants are not served with a raw deal.

Catalyst: The need for the settlement has to be periodically reminded to the discussants and the mediator acts to speed up this reaction of minds by acting as a catalyst so as to achieve the goal.

Record keeper: All the detail and the nitty-gritty of the decisions, information, agreements, etc. are required to be in black and white and this is also needed to be followed if the mediation and the settlements are to succeed. The mediator has to ensure this aspect of the negotiation.

Check Your Progress Exercise 4

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Enumerate the functions of a mediator.

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7.6 BENEFITS OF MEDIATION

We will discuss the benefits of mediation, in this Section. These are as follows:

Financial: It is often a lesser burden on the pocket (Peanson & Tloennes 1987, Mc Isaac 1981, Kelly 1991). Usually, a law suit is extremely burdensome on the litigants and economic considerations become a very major reason in favour of mediation.

Speedy: The court litigation may drag for ages. Mediation is usually faster. This allows the persons to get along with their respective businesses earlier than being bogged down by the process of litigation and animosity. After all 'justice delayed is justice denied' and mediation ensures that both the disputants are not denied their respective justice.

Mutually satisfactory: Being a party to the decision making process to fashion the ultimate outcome, both the parties feel more satisfied than when the result is handed over by any judge or jury.

Tailor made solution: The agreement is usually made to fit the circumstances or conditions agreeable to both the parties.

Better compliance: If the arrangements are derived actively rather than being thrust upon, usually the compliance is better.

Better control: Due to the development of mutual trust and cooperation, usually the parties tend to be accommodative to any minor deviation in post settlement, thereby exhibiting better control on the solution.

Sense of empowerment: Being part of the negotiation process, the participants on both sides have the sense of being in power to arrive at the conclusion and not as a passive vessel onto which the settlements has been poured.

Check Your Progress Exercise 5

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. List the benefits of the process of mediation.

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7.7 EVALUATING THE SUCCESS

The success of mediation may be assessed in four areas. These are as follows:

- **Changes in thinking:** It includes attitudinal change and better communication.
- **Changes in relations:** It means improved empathy, improvements in the "relational climate".
- **Foundation for transfer:** If refers to the achievements that allow the "new discoveries" to be conveyed to participants' communities and outside groups.
- **Foundation for outcome or implementation:** It includes political reforms, changed institutional processes etc.

Researches have shown that the practitioners share a series of assumptions about success in mediation, including the fact that success is a multi-dimensional concept and should be considered from the point of view of the parties involved; that conflict is normal and can be "an important force for positive change"; and that "agreement for agreement sake is insufficient (and perhaps wrong)".

These approaches to defining success would appear to have enormous merit. They separate out the different elements in evaluating the success of an intervention in two major components, these are the process and the outcome. It also allows the possibility that success elements in one area – process for example – might be considerable, while in another area – outcome might be much lower.

It has been suggested by practitioners that to be successful, a process of mediation should:

- Resolve or limit the dispute,
- Be considered by the parties to be just (or fair),
- Be accessible,
- Use resources efficiently and promote lasting outcomes, and
- Achieve outcomes that are effective and acceptable.

The expectations of success of facilitators or mediators, their clients and the participants could perhaps become more realistic through consideration of some of the detail under each of the process and outcome objectives.

7.8 LET US SUM UP

In this Unit, we have learnt that mediation is an empowering and non-judgemental way of resolving conflict. Clients meet with the mediator, whose role is to help them work together to find their own solution to the problem or issue that brought them to mediation. It is a process in which people use direct, assisted talks to resolve the issues between them. The function of the mediator is to facilitate communication between the parties, assist them in focusing on the real issues of the dispute, and generate options that meet the interests or needs of all relevant parties in an effort to resolve the conflict. There are many applications for this process, both within and outside the realm of family mediations. Divorce mediation has gained significant attention because the divorce rate is increasing and clients have become increasingly knowledgeable about, and daunted by the personal and economic costs to the adversarial process.

7.9 GLOSSARY

Mediation : A process of assisting interaction in a direct talk between the disputants with the aim to find solution to their problems.

Mediator : An outsider with experience in resolving disputes, who helps as a third party.

7.10 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1. (Mediation is) a process of using assisted interaction in a direct talk between the disputants with the aim to finding solution to their problems.
2. (Mediator is a person) not directly related to either of the disputed party and is not a stakeholder in the dispute. The mediator is neither an adviser nor an adjudicator and certainly not an administrator. She or he is simply a provider of communication channels between the disputing parties.

Check Your Progress Exercise 2

1. Five contexts for family mediation may be as follows:
   - Divorce mediation,
   - Parenting responsibilities,
   - Child maintenance,
   - Spousal maintenance and alimony, and
   - Amicable division of material possessions.

Check Your Progress Exercise 3

1. (a) - (iv);

   (b) - (i);

   (c) - (v);

   (d) - (iii);

   (e) - (ii).

Check Your Progress Exercise 4

1. Functions of a mediator are given below:
   - Convener
   - Educator
   - Facilitator
   - Translator
   - Questioner and clarifier

- Process adviser
- Reality checker
- Catalyst
- Record keeper

Check Your Progress Exercise 5

1. Benefits of the process of mediation are as follows:
   - Financial
   - Speedy
   - Mutually satisfactory
   - Tailor made solution
   - Better compliance
   - Better control
   - Sense of empowerment

7.11 UNIT END QUESTIONS

1. Describe one situation from daily life to exemplify each of the following ways of dealing with conflict:
   a) Denial .....
   b) Suppression .....
   c) Power .....
   d) Compromise .....
   e) Integration .....

2. Make a mind movie: This creative visualization exercise is useful for you to imagine and feel yourself achieving your goals i.e. having a successful mediation session. A mind movie is a positive visualization process and involves the following steps:

   Relax, sit comfortably and close your eyes.
   - Allow the pictures to come in your mind. Visualise a mediation session in progress where you are the mediator
   - Direct the movie – Concentrate on positive outcomes and edit any negative images.
   - Act in the movie yourself – See yourself dealing with the session confidently.
   - Reward yourself for being successful.
   - Write down the process visualized in your own words.

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UNIT 8 MEDIATION IN FAMILY DISPUTES

Structure

8.1 Introduction

8.2 History of Mediation

8.3 Mediation in Family Disputes/Matrimonial Cases

8.3.1 Certain Peculiarities of Matrimonial Mediation

8.3.2 Resources

8.4 Management and Strategies

8.5 Certain other Matrimonial Problems, Diagnosis and Solutions

8.6 Let Us Sum Up

8.7 Glossary

8.8 Answers to Check Your Progress Exercises

8.9 Unit End Questions

8.10 Further Readings and References

8.1 INTRODUCTION

The father of nation Mahatma Gandhi has stated his experience in his autobiography on an amicable dispute resolution as an exercise in uniting given parties. This is really the essence of mediation. It is the primary responsibility of judges and judicial officers to deliver justice by interpreting the laws and adjudicating disputes.

Mediation, a form of alternative dispute resolution (ADR) or "appropriate dispute resolution", aims to assist two (or more) disputants in reaching an agreement. Whether an agreement results or not, and whatever the content of that agreement, if any, the parties themselves determine rather than accepting something imposed by a third party. The disputes may involve (as parties) states, organizations, communities, individuals or other representatives with a vested interest in the outcome. Mediators use appropriate techniques and/or skills to open and/or improve dialogue between disputants, aiming to help the parities reach an agreement (with concrete effects) on the disputed matter. Normally, all parities must view the mediator as impartial.

Objectives

After studying this Unit, you will be able to:

- Explain the concept of mediation;
- Discuss mediation in family disputes and matrimonial cases;
- Learn the management and oratories used in mediations; and
- Diagnose certain matrimonial problems and issues involved in solving them.

8.2 HISTORY OF MEDIATION

The concept or activity of mediation in itself appeared in very ancient times. Historians presume early cases in Phoenician commerce. The practice, developed in ancient Greece and then in Roman civilization, recognized mediation. The Romans called mediators by a variety of names, including internuncios, medium intercessor, philantropus, interpolarator, conciliator, interlocutor, interprets, and finally mediator.

The Middle Ages regarded mediation differently, sometimes forbidding the practice or restricting its use to centralized authorities. Some cultures regarded the mediator as a sacred figure, worthy of particular respect; and the role partly overlapped with that of traditional wise men or chieftain.

India have grown into a country of 125 crore people and with liberalization and globalization, there is tremendous economic growth. All this has led to explosion of litigation in our country. Though our judicial system is one of the best in the world and is highly respected, but there is lot of criticism on account of long delays in the resolution of disputes in a court of law. Now an honest litigant is hesitating in approaching the court for a decision of her or his dispute. Hence, we have turned to alternative dispute resolution mechanisms.

The legislature by the Code of Civil Procedure (Amendment) Act, 1999, amended Section 89 of the CPC with effect from 01.07.2002 whereby mediation was envisaged as one of the modes of settlement of disputes.

A wide nature of disputes, including matrimonial, labour, motor accident claims, eviction matters between landlord and tenants, complaints under Section 138 of Negotiable Instrument Act, Petitioner under Section 125 Cr.P.C., wrongful termination, discrimination, harassment, grievances, labour management or any compoundable offence can be referred for mediation.

Family/Matrimonial dispute includes:

- Prenuptial/premarital agreements
- Financial or budget disagreements,
- Separation,
- Divorce
- Financial distribution and spousal support (alimony),
- Parenting plans (child custody and visitation),
- Eldercare issue,
- Family businesses,
- Adult sibling conflicts,
- Disputes between parents and adult children,
- Estate dispute, and
- Medical ethics and end-of-life issues.

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Fill in the blanks:

   i) The ..... called mediators by a variety of names like internucios, medium intercessor, philantropus, interpreters, conciliator, inter locators, interprets and mediators.

   ii) India is now turned to ..... mechanisms.

2. List various disputes that can be included in family or matrimonial disputes.

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8.3 MEDIATION IN FAMILY DISPUTES / MATRIMONIAL CASES

Matrimonial cases are much more likely to settle if the parties are educated, the marriage is a shorter one with no children involved, and the litigants are from an urban area.

Family and matrimonial mediation is a process in which a mediator facilitates the resolution of family disputes by bringing the participants to voluntary agreement. Mediation is the very basis of every society to maintain harmony in the social fabric. In the context of matrimonial disputes the mediator (s) are often performing the role of counsellors and conciliators. Even before mediation was talked about for solution of disputes in courts for reducing the pendency of cases in courts, mediation for matrimonial disputes was in existence. Initially, such counsellors were benevolent elders and were available to the parties right in the families. Elders or others who commanded respect from disputing parties became the mediators. Section 89 and Order XXXII-A of the Code of Civil Procedure, 1908 makes it obligatory for the court to give a fair chance to conciliated or negotiated settlement before adjudication is embarked upon. Section 23 of the Hindu Marriage Act, 1955, focuses on judge's role in attempting a reconciliation.

8.3.1 Certain Peculiarities of Matrimonial Mediation

The matrimonial disputes and family disputes are distinct from other types of disputes on account of presence of certain factors which are not obtained in other disputes. These factors are motivation, sentiments, social compulsions, personal liabilities and responsibilities of the parties, the view of the two parties regarding life in general and to the institution of marriage in particular, the security for the future life, and so on. Talking in terms of mediation for matrimonial disputes one

must remember that the factors that weigh the decisions of the parties are not controlled simply by rational factors. Very often irrational and emotional factors also have dominant roles in creation of the dispute as well in its settlement. In the context of matrimonial disputes, the mediator cannot merely concentrate on the monetary or mundane aspects and overlook the emotional aspect. In fact she or he is concerned with happiness of the parties which is more a matter of sentiment than of reason. Further, his or her objective is to discover a solution with no damage or minimum damage to the parties. The mediator has to prepare the two parties to look for a solution. Very often the parties, more than looking for a solution, look for their ways and means to wreck vengeance on the other party. The mediator here has to mould herself or himself into a counsellor and to lead the parties for an amicably acceptable solution that brings about lasting peace. The mediator may have to give advice to the two parties and may also have to coax them in order to make them see acceptability of a proposed solution. The proposal for the solution may come from either party or the mediator herself or himself. The job of the mediator would be to continuously bridge the gaps in the proposals to arrive at consensus.

Mediation can be done simultaneously with exploring possibilities of a legal action on the civil or the criminal jurisdiction. It is a voluntary process and most people are attracted to the option of mediation because; (i) It promotes the interest of the entire family including those of the children; and (ii) It reduces economic and emotional cost associated with the resolution of the family disputes. Since, it is a voluntary process, sometimes the mediator may face a situation where one of the two parties or may be even both parties show disinclination to approach a mediator. Such inhibition has to be won over by the mediator by assuring the parties that the process apart from being voluntary provides for a participatory settlement of disputes and the parties stand more to gain than to lose by allowing mediation in their dispute. The mediator's duty is to motivate the parties to open up and bring their latent grievances to the fore. One of the skills of the mediator is to increase the ability of the participants to communicate. When parties are invited by the family court and efforts are made for reconciliation as provided by Section 23 of the Hindu Marriage Act 1995, the court tells the parties that this was a requirement of the law and the court could not bypass the same. But a mediator not attached to court does not enjoy the power of commanding a party to her or his presence. Here, mediator must secure the cooperation of the parties by assuring the party that the parties have the freedom to join the mediation but also to terminate it at any time if they feel that the same is not likely to produce any result. Both parties should have the confidence that the mediator has not imposed a decision of her or his own. Both parties must understand that the mediator was neutral and did not have any kind of interest in any of the two sides. As the proceedings develop from stage to stage, the parties must gain the faith that the aim of the mediator or counsellor is not to pass a judgement on the behaviour of one side or the other but to correct a situation which is crying for a solution. The approach of the mediator, in the Indian context, should be weighed heavily towards reconciliation, but both parties should know that the option of divorce was always open.

8.3.2 Resources

Matrimonial dispute involves several factors which are not available in an ordinary commercial dispute. The mediator has to be fully equipped to meet the situations. The inputs that a matrimonial counsellor is required to have includes the knowledge of religious sentiments, an insight into the psychology of the estranged people, the

rights and liabilities of the parties in the socio-economic context, so on and on forth. The counsellor has to have knowledge as well as sensitivity. It may well have to debated as to whether a true marriage counsellor is born or made. Undoubtedly one who has traits of maturity, wit, humour, creative intelligence and diffusibility can be more successful than others in matrimonial mediation. An appropriate infrastructure staff and other perks have to be provided to the counsellors. It is necessary to enhance the credibility of the institution in the eyes of beneficiaries. Besides the marriage counsellor may very often need the facility of a social investigator or may himself or herself be required to visit the parties to the disputes. A visit to the house of a party and meeting the members of the family and their house may give a clear picture of the socio-economic conditions of the parties. The counsellor by visiting the family in its own surroundings may also get to know the equations between different members of the family. Very often, the dispute and the solution lies not so much in the relationship between the husband and the wife as in the relationship between the couple and the other members of the family. So the facilities of this nature have to be necessarily provided. She or he may also require the facility or power to seek expert opinion of a physician or a psychologist or even a psychiatrist. Therefore, by legislation, practice or otherwise these facilities will have to be made available to the counsellor. To make the mediation meaningful, the state or the parties must be ready to bear the cost of the facilities required by the mediator. As against these costs what is saved by the parties is the cost of a prolonged trial, including the lawyer's fee, expenses for production of witnesses and other similar factors. This will help the state in terms of reduction of pendency at all levels.

Check Your Progress Exercise 2

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. State 'True' of 'False':

i) Family and matrimonial mediation is a process in which a mediator facilitates the resolution of family disputes by bringing the participants to voluntary agreement. _____

ii) Section 23 of the Hindu Marriage Act, 1955 focuses on judge's role in attempting a reconciliation. _____

iii) Irrational and emotional factors also have dominant roles in creation of dispute. _____

2) What are the factors which characterise family and matrimonial disputes?

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8.4 MANAGEMENT AND STRATEGIES

The matrimonial counselling yields better results when attempted before litigation. Pre-litigation counselling is a stage where polarization has not yet taken place. Very often at this stage the allegations against each other are vague. At this stage, the parties are more likely to forgive and forget. At this stage, they are perhaps more hopeful of a solution and, therefore, ready for more sacrifices and adjustments. When the litigation starts, the need to be sharp and focused makes the parties to be acute in their allegation and very often these allegations are exaggerated. The first signs of matrimonial dispute are litigations for maintenance and complaints to the police. The police has to handle the subject with sensitivity, wisdom, and pertinence. The matrimonial disputes in the form of offence under Section 498A of the Indian Penal Code, 1860 have to be handled differently. The accused in these cases cannot be dealt with like accused in the other offences like theft or decoity or cheating. The accused are not criminals in the traditional sense of the term. The counselling centres attached to the Crime Against Women Cell are doing their bit. Although much improvement is possible, their contribution should not be entirely undermined.

Court attached conciliation should become a mandate for all litigations whether under Section 125 of the Code of Criminal Procedure, 1973 for maintenance or for divorce. In view of the shortage of time in the hands of the judicial officer, a need is always felt that the work of counselling/ mediation at different levels be taken over by a professional counsellor or mediator. The basic difference among the police, the judge and the mediator is that the police is trained to frame or prove a charge, a judge is to focus her or his attention on right or wrong doing but a mediator or counsellor is to focus on restoration of equilibrium and remain non-judgemental all through. The mediator remains on guard against her or his temptation to belittle or give lift to one or other party. Mediation commonly includes the following aspects or strategies:

1. Probing of facts;
2. Identifying the real cause of dispute;
3. Exploration of possibilities of reconciliation or divorce;
4. Bring the parties to an agreed solution; and
5. Shaping the solution in the legal formats.

The first stage is probing of facts and identification of issue in a matrimonial dispute, and it calls for enormous patience. Very often, the pleadings or the first narration of the parties will conceal more than they reveal. Very often the counsellor finds that the parties themselves have not been able to decipher what really is the cause of disharmony. It is only after some active listening by counsellor for long sessions that the real problems actually surface. There are disputes arising about too little money or too little accommodation, so on and so forth. Once the counsellor has identified the real issue, that is, what ails the relationship. The counsellor has to proceed to examine the possible solutions for arriving at the reconciliation. The counsellor has to see if the cause of dispute can be removed. Suppose the discord is because of violent nature of the husband or the wife, the

counsellor has to examine whether and how the behaviour of the violent person can be modified. The possibility of reconciliation has to be fully explored. Sometimes the suggestions for improvement need to be put to trial by actual practice. In case the reconciliation is not possible, the counsellor has to explore the possibility of a peaceful separation. Even for separating the couple, counselling has a very major role to play and a discerning counsellor has to notice which disputes are likely to end in reconciliation and which have to end in a divorce. In case of the latter, the parties have to be prepared for accepting the fate of divorce which is not always easy for till date the parties look at divorce only as the last resort. Very often the disputing parties are looking more on punishing the other side than seeking the relief for themselves. Here comes the role of the counsellor who must then see the real issues and make them understand that it is only in peaceful parting that the solution to the problem lies. The mediator at the same time should inform the parties of all the legal options open. Similarly, the mediator must tell the rights and obligations of each party towards the other. If the husband looks for a divorce, he should be educated about his responsibility to maintain the wife and the child. The wife can also be similarly informed as to how much she can expect by way of maintenance and that even if she retains the custody of the child the husband may have the rights of visitation. The parties can also be educated about the benefits of entering into a negotiated settlement rather than an adjudication by the Court.

It is important to keep in mind the fact that while mediation is being encouraged for early disposal of civil litigation, in the matrimonial context mediation has to be preferred not because it offers a faster solution but because it may produce a qualitatively superior solution — a wholesome one, and at times one when a solution in law is not available.

8.5 CERTAIN OTHER MATRIMONIAL PROBLEMS, DIAGNOSIS AND SOLUTIONS

From the narrations of the parties, an assessment of the nature of the dispute between the parties can be gauged. A mediator has to go deeper into the problem to diagnose the real factor which ails the relationship. She or he is likely to have to examine deeper the following aspects and issues:

1. **Perception of ego**: When the ego or the sense of respect is hurt, the reaction of different people may be different. The reaction may be in the form of physical violence. At certain other times it may take the form of criticism or looking for faults where none exist. Criticising the marriage gifts may sometimes be a reaction to some behaviour offending the ego of the husband or mother. The marriage counsellor, therefore, after some sittings has to decipher whether the real question is actually a greed for more dowry, a critical behaviour of a man or woman, or a reaction to the ego or pride of a person being hurt. The commonest problems arises out of conflicts of such ego where for every small thing each of the two partners to a marriage finds faults with the other partner. There are no real issues yet there is a constant threat to peace. It may not be proper to categorise the parties as victimizer and victimized. The mediator must develop a clear picture of emotional profiles of the parties which will help her or him involve the parties into a dialogue which will lead to discovery of a common ground.

2. **Behavioural disorder:** Behavioral disorder; like violence or addiction or abusive language or total lack of care displayed by one party is also a cause of matrimonial discord. These are character traits and are deeply embedded in a person. Since these traits have become the nature of a person, these will have their impact on the relationship between the husband and wife. Once, these traits cross a particular level of severity, a problem in the peace in the matrimonial home may arise. In such cases, the addictive persons may be treated for behaviour modification either by the mediator or by some professional.

3. **Psychological issues:** Very closely related to family and marital disputes are certain psychological problems. Common examples are suspicious nature, a desire to protect or guide in smallest of situations or in minutest of details. Some people have the pendency of correcting the other partner all the time giving rise to constant frictions. Suspiciousness may be genuine or may be pathological. Pathological suspicions do not have rational basis but the suspicious person presents the stories in so cogent a manner that it becomes difficult to disbelieve. If the suspicions are of pathological nature, the cases can be referred to specialists. Generally, suspicious nature is the symptom of paranoia/paranoid schizophrenia.

4. **Situational causes:** Some times certain situations, rather than behaviour or nature or the ego of the person, arise which give rise to conflict. For example, financial situation in which the needs far exceed income. Often with the limited means the husband or the wife is trying to maintain a person outside the marriage which causes resentment to the other partner. Similarly, matrimonial problems can arise on account of severe shortage of accommodation, which in the present day cities is a very scarce commodity. Lack of accommodation creates lack of privacy as well as lack of freedom. This lack of privacy and lack of freedom also can get translated into reaction which may look like a cruel behaviour or other behavioural abnormality. Financial difficulties may lead to very serious problems. Wife may frequently boast about her parentage targeting the incapability of the husband. Husband and / or wife may be forced to adopt illegal means to earn more. Husband may forced wife to bring cash or kind from her parental home. On the other hand, wife's parents, may also have financial difficulty and wife may send money to them stealthily or by ignoring the objections of the husband. Here how to help the disputants depends greatly on the creative intelligence of the mediator.

5. **High expectations:** There are situations in which sacrifice and adjustment demanded of the other partner is higher than in normal circumstances. The family and work have to co-exist and both must have their due share of attention. If the balance tilts in favour of work or one partner views it as too much attention to work, a matrimonial conflict may arise. The classical example is of Napoleon. Even being the most faithful husband, both his marriages failed.

6. **Medicals grounds:** A conflict between the husband and wife may be caused by medical reasons like problems caused by mental disorder or mental disease in one of the two parties. Sexual dysfunction is also a common cause of the disorder. The feeling of inferiority manifests in some other ways particularly in dominant aggressive behaviour. Here the skill of the mediator would be a great asset in putting the ailing partner on right track.

7. **Certain typical issues:** There are some typical cases and the marriage is considered as a mistake from the very beginning. These are cases of total mismatch caused by large intellectual gap between the partners. For example an educated girl married to an illiterate driver. There are cases of incompatibly between husband and wife in the present day situation. Cases of incompatibility have risen to such a great extent that more than 50 percent separations are arising due to this reason.

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. List some of the causes of family matrimonial disputes.

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8.6 LET US SUM UP

The foremost task of the mediator or marriage counsellor is to diagnose the problem and then to decide. She or he should endeavour to bring about reconciliation or to attempt a separation. Some problems pose an immediate solution of separation. But, for the party, separation may not look to be very easy. Though the society is increasingly accepting the fact of failure in marriage, consequences attached to a divorce call for a lot of attention and cannot be left to themselves. The first thing the counsellor has to do in such situations is to help the parties to arrive at a decision to break the marriage. Sometimes, it may be easy and sometimes it may not be so easy. Having done so, the mediator then has to look to the terms and conditions of the divorce which may include the question of maintenance, custody of children, arrangement regarding property, etc.

Some of the problems may call for intervention of medical experts, namely, a psychologist, or a physician, a sexologist or a physician. These experts may not only help in diagnosing the problem but also in their correction. Similarly, the problems that arise out of situations call for correction of situations. For such correcting, the resources have to be provided by the parties themselves. The mediator then has to assist the parties in looking at the real problem and to work out the solutions. Behavioural disorders call for behaviour modifications and are not unknown to have been achieved by an able counsellor. Same is the case with the problems of constant conflicts on account of ego of one party or the other being hurt or one or the other being too sensitive or touchy. The main task of the mediator is to diagnose the real problem. Once the problem is diagnosed it may not be difficult to arrive at a solution. Once the diagnosis is made the treatment will automatically follow. May be for the same type of problem two different

cases call for two different approaches altogether. The strategy that the marriage counsellor will adopt will be entirely her or his own depending upon her or his perception of the problem and her or his choice of the treatment.

8.7 GLOSSARY

Family and matrimonial mediation : A process in which mediation facilitates the resolution of family disputes by bringing the participants to voluntary agreement.

Mediation : A form of alternative depute resolution (ADC) or appropriate dispute resolution.

Pre-litigation counselling : A stage where polarization has not yet taken place.

8.8 ANSWERS TO CHECK YOUR PROGRESS EXERCSIES

Check Your Progress Exercise 1

1. i) Romans
   ii) alternative dispute resolution
   iii) August, 2005
2. Family / Matrimonial disputes include:
   - Prenuptial / Premarital agreements,
   - Financial or budget disagreements,
   - Separation,
   - Divorce,
   - Financial distribution and spousal support (alimony),
   - Parenting plans (child custody and visitation),
   - Eldercare issue,
   - Family businesses,
   - Adult sibling conflicts,
   - Disputes between parents and adult children,
   - Estate dispute, and
   - Medical ethics and end-of-life issues.

Check Your Progress Exercise 2

1. i) True
   ii) True
   iii) True

2. These factors are motivation, sentiments, social compulsions, personal liabilities and responsibilities of the parties.

Check Your Progress Exercise 3

1. Following are some of the causes of family and matrimonial disputes:
   i) Perception of ego,
   ii) Behavioural disorder,
   iii) Psychological causes,
   iv) Situational causes,
   v) High expectations,
   vi) Medical grounds, and
   vii) Certain typical issues.

8.9 UNIT END QUESTIONS

1. Define mediation and its historical background.
2. What is family and matrimonial mediation?
3. Explain the management and strategies of family and matrimonial mediation.

8.10 FURTHER READINGS AND REFERENCES

www.en.wikipedia.org/wiki/mediation

www.mediate.com/articles/sampath.cfm

www.psychwiki.com/wiki/mediation

www.delhimediationcentre.gov.in

UNIT 9 LIFE SKILLS EDUCATION

Structure

9.1 Introduction

9.2 Life Skills

9.2.1 Why is There a Need for Life Skills?

9.2.2 Who Needs Life Skills?

9.2.3 How are Life Skills Imparted?

9.2.4 What is the Expected Outcome of the Life Skills Programme?

9.3 Components of Life Skills

9.4 Life Skills Education

9.5 Methods of Enhancing Life Skills

9.6 Life Skills Education — The Indian Scene

9.7 Let Us Sum Up

9.8 Glossary

9.9 Answers to Check Your Progress Exercises

9.10 Unit End Questions

9.11 Further Readings and References

9.1 INTRODUCTION

According to WHO (1997), *Life skills* are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. UNICEF defines *life skills-based education* as basically being a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills. Life skills help the individual deal with the demands and challenges of everyday life and deal with abilities relevant to everyday life; to many diverse aspects of living. They are important because they apply across the lifespan and they promote and protect life, health and well-being in risk situations.

Life skills include psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner. Essentially, there are two kinds of skills — those related to thinking termed as "thinking skills"; and skills related to dealing with others termed as "social skills". While thinking skills relate to reflection at a personal level, social skills include interpersonal skills and do not necessarily depend on logical thinking. It is the combination of these two types of skills that are needed for achieving assertive behaviour and negotiating effectively. "Negotiation" can be perceived as a skill not only in making rational decisions but also in being able to make others

agree to one's point of view. To do that, coming to terms first with oneself is important. Thus, self-management is an important skill including managing/ coping with feelings, emotions, stress and resisting peer and family pressure. Young people as advocates need both thinking and social skills for consensus building and advocacy on issues of concern.

Life skills can be utilized in many content areas, issues, topics or subjects such as in prevention of drug abuse, sexual violence, teenage pregnancy, HIV/AIDS/ STD prevention, suicide prevention, etc. UNICEF extends its use further into consumer education, environmental education, peace education or education for development, livelihood and income generation, among others. In short, it empowers young people to take positive actions to protect themselves and to promote health and positive social relationships.

Objectives

After studying this Unit, you will be able to:

- Understand the concept and need for life skills;
- Understand the basics of ten core life skills; and
- Analyze the importance of life skills enhancement.

9.2 LIFE SKILLS

Let us understand the need for life skills, the persons who actually require this education and how it can be imparted? We will also discuss the expected outcome of the life skills programme.

9.2.1 Why is There a Need for Life Skills?

A hosts of factors like boredom, rebellion, disorientation, peer pressure and curiosity promote high risk behaviours such as alcoholism, drug abuse, aggression, and irresponsible sexual behaviours. The psychological push factors such as the inability to tackle emotional pain, conflicts, frustrations and anxieties about the future are often the driving force for high risk behaviour. Life skills training is an efficacious tool for empowering the youth to act responsibly, take initiative and take control. It is based on the assumption that when young people are able to rise above emotional impasses arising from daily conflicts, entangled relationships and peer pressure, they are less likely to resort to anti-social or high risk behaviours and grow up to be aware, responsible and empowered individuals and harmonized citizens of a developing nation.

9.2.2 Who Needs Life Skills?

The age group targeted by life skills programme is mainly 13 to 17, that is adolescent years, since young people of this age group seem to be most vulnerable to behaviour related health problems. The programme is for the promotion of health and well being and targeted group is all children and adolescents, rather than as an intervention aimed only at those already at risk or those who already have a problem.

9.2.3 How are Life Skills Imparted?

The method used in teaching of life skills builds upon the social learning theory and on what we know of how young people learn from their environment; from

observing how others behave and what consequences arise from that behaviour.

It involves the process of experiential learning using four components:

1. Practical activity,
2. Feedback and reflections,
3. Consolidation and reinforcement, and
4. Practical application.

9.2.4 What is the Expected Outcome of the Life Skills Programme?

The following are the expected outcomes of the life skills progamme:

- Enhanced self-esteem,
- Assertiveness,
- Social sensitivity,
- Listening and communication skills,
- Ability to plan and set goals,
- Learning to learn, and
- Acquisition of knowledge related to specific contents.

9.3 COMPONENTS OF LIFE SKILLS

WHO categorizes a core set of life skills into the following three components:

a) **Thinking skills**: Thinking skills include self-awareness, social awareness, goal setting, problem solving and decision-making. To be able to think critically, information should be provided in order to make informed decisions and choices. The skills to think critically can also be developed if the teenagers are given the opportunity to look at different perspectives of an issue, the pros and the cons of making one decision over the other and making them realize the negative consequences of making hasty, unplanned decisions.

b) **Social skills**: Social skills include appreciating or validating others, working with others and understanding their roles, building positive relationships with friends and family, listening and communicating effectively, taking responsibility and coping with stress. Social skills enable the adolescents to be accepted in society and to accept social norms, which provide foundation for adult social behaviour.

c) **Negotiation skills**: Negotiation skills refer not to only negotiating with others but with oneself as well. For effectively negotiating with others, one needs to know what one wants in life, is firm on one's values and beliefs and can therefore say "no" to harmful behaviour and risky temptations.

Described in this way, skills that can be said to be life skills are innumerable, and the nature and definition of life skills are likely to differ across cultures and settings. However, analysis of the life skills field suggests that there is a core set of skills that are at the heart of skills-based initiatives for the promotion of the health and well-being of children and adolescents. These are listed below:

- Decision making,
- Problem solving,
- Creative thinking,
- Critical thinking,
- Effective communication,
- Interpersonal relationship skills,
- Self-awareness,
- Empathy,
- Coping with emotions, and
- Coping with stress.

Decision making: It helps us to deal constructively with decisions about our lives. This can have consequences for health if young people actively make decisions about their actions in relation to healthy assessment of the different options, and what effects different decisions may have.

Problem solving: Problem solving, like decision making, enables us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

Creative thinking: It contributes to both decision making and problem solving by enabling us to explore the available alternatives and various consequences of our actions or non-action. It helps us to look beyond our direct experience, and even if no problem is identified, or no decision is to be made, creative thinking can help us to respond adaptively and with flexibility to the situations of our daily lives.

Critical thinking: It is an ability to analyze information and experiences in an objective manner. Critical thinking can contribute to health by helping us to recognize and assess the factors that influence attitudes and behaviour, such as values, peer pressure, and the media.

Effective communication: It means that we are able to express ourselves, both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express opinions and desires, but also needs and fears. And it may mean being able to ask for advice and help in a time of need.

Interpersonal relationship skills: These skills help us to relate in positive ways with the people we interact with. This may mean being able to make and keep friendly relationships, which can be of great importance to our mental and social well being. It may mean keeping good relations with family members, which are an important source of social support. It may also mean being able to end relationships constructively.

Self awareness: It includes our recognition of ourselves, of our character, of our strengths and weaknesses, desires and dislikes. Developing self-awareness can help us to recognize when we are stressed or feel under pressure. It is also often a prerequisite to effective communication and interpersonal relations, as well as for developing empathy for others.

Empathy: It is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to understand and accept others, who may be very different from ourselves, which can improve social interactions; for example, in situations of ethnic or cultural diversity. Empathy can also help to encourage nurturing behaviour towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers, or people with mental disorders, who may be stigmatized and ostracized by the very people they depend upon for support.

Coping with stress: It is about recognizing the sources of stress in our lives, recognizing how this affects us, and acting in ways that help to control our levels of stress. This may mean that we take action to reduce the sources of stress, for example, by making changes to our physical environment or lifestyle. Or it may mean learning how to relax, so that tensions created by unavoidable stress do not give rise to health problems.

Inevitably, cultural and social factors will determine the exact nature of life skills. For example, eye contact may be encouraged in boys for effective communication, but not for girls in some societies, so gender issues will arise in identifying the nature of life skills for psychosocial competence. The exact content of life skill education must therefore be determined at the country level, or in a more local context. However, described in general terms, life skills are being taught in such a wide variety of countries that they appear to have relevance across cultures.

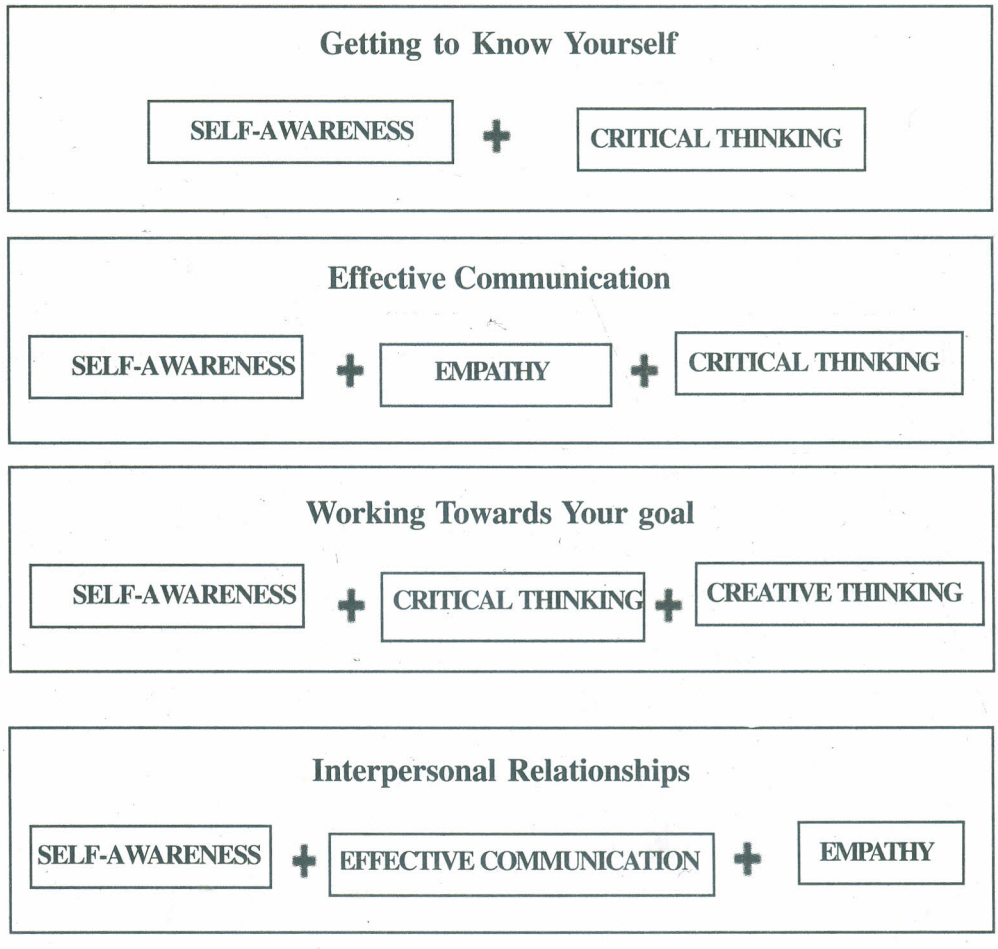


Fig. 9.1 : Interdependence between Life Skills

Check Your Progress Exercise 1

Note: a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What do you understand by thinking skills? Write about the relevance of enhancing these skills among youth.

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2. Why is there a need for life skills enrichment?

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9.4 LIFE SKILLS EDUCATION

For health promotion, life skill education is based on the teaching of generic life skills and includes the practise of skill in relation to major health and social problems. Life skills lessons should be combined with other approaches, such as programmes designed to effect changes in environmental and social factors, which influence the health and development of young people.

The methods used in the teaching of life skills builds upon what is known of how young people learn from their own experiences and from the people around them, from observing how others behave and what consequences arise from behaviour. This is described in the social learning theory developed by Bandura. In social learning theory, learning is considered to be an active acquisition, processing and structuring of experiences.

In life skills education, children are actively involved in a dynamic teaching and learning process. The methods used to facilitate this active involvement include working in small groups and pairs, brainstorming, role play, games and debates. A life skills lesson may start with a teacher exploring with the students what their ideas or knowledge is about a particular situation in which a life skill can be used. The children may be asked to discuss the issues raised in more detail

in small groups, or with others, which is a vital component of life skills education. Finally, the life skills educator will assign homework to encourage the children to further discuss and practise the skills with their families and friends.

For example:

Let's suppose the goal is preventing health problems from the use of tobacco.

Objectives for this goal might include reducing young people's use of tobacco products and changing conditions that affect tobacco use, such as the number of smoke-free environments and the cost and accessibility of cigarettes.

Content might therefore address (1) knowledge of the health risks of smoking; (2) awareness of the insidious tactics employed by the tobacco industry to persuade young people to use tobacco and make them addicted; (3) attitudes that afford protection against harming one's health and the health of others; (4) critical thinking and decision-making skills to assist in choosing not to use tobacco; communication and refusal skills to withstand peer pressure; and skills to advocate for a smoke-free environment.

Teaching methods for this content might include (1) a presentation that clearly and convincingly explains the harmful effects of tobacco and how companies use marketing to make tobacco use seem attractive; (2) a discussion and small group work using audio-visual materials to convey the dangers of smoking; (3) an exercise to research strategies that the tobacco industry uses to gain youth as replacement smokers; (4) role plays to practice refusal skills; and (5) a school-wide activity to gain support for a smoke-free school environment.

Therefore, a planning pyramid can be used to delineate the processes of life skill based education (see Fig. 9.2).

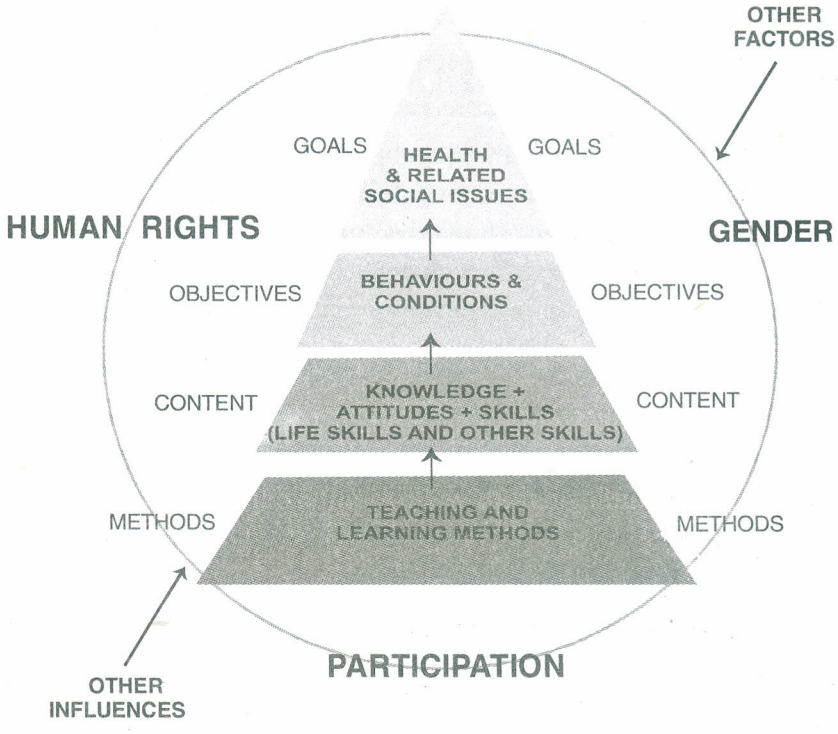


Fig. 9.2 : Planning pyramid

9.5 METHODS FOR ENHANCING LIFE SKILLS

Method	Description	Benefits	Process
Group discussion (In small or large groups)	The group examines a problem or topic of interest with the goal of better understanding an issue or skill, reaching the best solution or developing new ideas and directions for the group.	• Thinking skills enhanced by group members contributing relevant and appropriate inputs to the topic. • Social skills enhanced through members listening to others' views, communicating own views, working in teams and learning to empathize. • Negotiation skills enhanced in the process of being assertive towards consensus building on the issues being discussed.	• Ask the group designate a moderate or reporter; • Arrange the seating for facilitating interaction among group members; • Give specific Terms of Reference for group work to focus discussion on key issues; • Encourage one of the group members to summarize the discussion and present it to others; and • Allow time for clarification when group findings are presented.
Brainstorming	Brainstorming is a method used for problem solving or generating possible solutions to a problem. The purpose of brain-storming is to come up with as many ideas as possible without regard to quality, with as many team members as possible contribut-ing their thoughts.	• Helps to consolidate previous learning and allows learners to generate ideas quickly and spontaneously. • Thinking skills (creative and critical thinking) are enhanced through giving appropriate.	• Arrange the seating so that the participants can see the ideas generated which are written in bold letters in short sentences or one word; • State the issue/ problem and ask the members to give immediate responses. Ask one member to

Method	Description	Benefits	Process
	Quantity of ideas is far more important and even wildest ideas are accepted and recorded.	spontaneous and quick response to the problem. • Communication skills are enhanced through expressing views crisply in front of others. • Group members are encouraged to be tolerated and accept ideas from all as no judgements are made.	record the ideas. Accept all without comment or criticisms; and • After the ideas are presented, review the ideas and add/delete categories.
Role Play	Role play is an enactment or dramatization in which people act out a suggested situation. Participants can be encouraged to take on different roles. It is not necessary for the female characters to be played by women or the male characters by men.	• Role play helps learners to understand the roles played by different people in life and enhances empathy. Team work is promoted. • Promotes self-awareness. Helps learners to understand their own attitudes, feelings and behaviour. • Encourages learners to change their negative attitude.	• It is the gap between the player and the role, which gives a role play its creative potential. There are several rules, which help in maintaining this distinction; • The role player chooses a name for her or his character and may wear a nametag to remind everyone (including herself or himself) who she or he is. Alternatively, the name and description of character or situation may be given by the facilitator;

Method	Description	Benefits	Process
			• Begin the role play with a clean start so that everyone knows when people are involved in the role play and are no longer themselves; • End the role play with a discussion. People need to know when to address others as themselves rather than their roles. If you are using name-tags, the act of removing the tag signifies clearly that the person is no longer in a role. It can also be useful to give people an opportunity to say what they think about the character they played once they are no longer in that role; and • Always maintain the rule that there is no aggressive physical contact in a role play. Any display of physical violence should be stopped immediately.

Method	Description	Benefits	Process
Question Box	Question box is an activity through which questions asked by learners are answered by teachers, facilitators or experts. The box is placed in a convenient location where adolescents can write their questions without revealing their identity.	• Learners can ask questions freely without inhibition, as the identity of the person is not disclosed. It is a good entry point for initiating ARSH (Adolescent Reproductive and Sexual Health Programme) activities and assessing the needs of the learners. • Question box activity creates an enabling environment for organizing learning experiences on ARSH. • Questions are useful as evidence for parents, teachers and opinion leaders to be convinced of the need for reproductive and sexual health education.	• Arrange for a box and make a slit opening. Write "Question Box" on it and place it where learners have easy access to it. It can be for a small group or for a larger group. • Questions can be sorted out and classified into broad categories for the purpose of answering them. The teacher or facilitator can answer some questions, while for some questions, an expert (doctor, counsellor) may be invited. • A convenient date and time may be fixed for the questions-answer session. Parents and opinion leaders may be invited to some of these sessions. • Efforts may be made to enhance the quality of learner participation by making sessions interactive.
Situation analysis and case studies	Situation analysis activities allow learners to think, analyze and discuss situations they might encounter.	• Situation analysis allows learners to explore problems and dilemmas and safely test solutions.	• Select an appropriate case study or situation relevant to the group and highlight issues or concerns

Method	Description	Benefits	Process
	Case studies may be based on real cases or hypothetical situation but based on real issues. The purpose of the case study is to present learners with a situation giving considerable background information from which they are expected to analyze and compute the outcome of events or provide solutions to specific problems.	• Thinking skills are enhanced through analyzing problems and exploring alternatives for possible solution. Decision making skills are enhanced. • Communication and listening skills are enhanced through sharing views with others. • Case studies through group work promote team spirit to arrive at consensus building. • Case studies related to specific activities can help adolescents practise health responses before they find themselves confronted with a health risk.	related to the topic. The case study should be simple and short; • Case study may be conducted in small groups to provide opportunity to learners to interact with each other; • Facilitator must be adept at highlighting some 'bigger' overarching questions; • Situation analysis and case studies need adequate time for processing and creative thinking; • Guiding questions are useful to spur thinking and discussion; • Facilitator should ensure that all aspects of the study are covered and value judgement is not passed; and • Key points should be highlighted when the case study is presented.
Games, simulations and songs	Games are used for breaking monotony, raising energy levels and letting people enjoy themselves. Simulations are activities	• Games call for agility and alertness. They help in raising the sensitive issues or topics in a light hearted way.	• Remind the participants that the activity is meant to be enjoyable and that it does not matter who wins;

Method	Description	Benefits	Process
	structured to feel like the real experience. Popular games can be modified to give information or risks to health. Sometimes poems and devotional songs strike the right note and convey the very heart of the concept of life skill (UNESCO).	• Thinking skills are enhanced in the process of problem solving; opportunities provided through games and simulation exercises. • Understanding personal strengths and weaknesses is promoted. • Social skills are enhanced through building team spirit and sportsmanship.	• Planning is important for meaningful learning; • Brief discussion immediately afterwards adds value to learning; and • Learners should be asked to imagine themselves in a situation or should play a structured game or activity to experience a feeling that might occur in another setting.
Debate	Debate is an interesting activity for promoting analysis of controversial issues. The pros and cons of an issue are presented and an individual is enabled to take a rational position on the issue. The issue to be debated should have positive and negative aspects that can be argued for and against by the participants.	• Thinking skills are enhanced by addressing a particular issue in-depth and thinking critically of various aspects of the problem. • Communication skills are enhanced by expressing views emphatically and effectively to convince opposition. • Audience listening to the debate can gain valuable information through the arguments presented by both sides of the motion.	• The debate can be organized in two phases—in the first phase, it can be within a class/school/ organization. The best team can be selected. Each team may comprise of two speakers — one for the motion and the other against the motion; • The second phase may be organized at a higher level with teams competing from different classes/schools or organizations; • Select a suitable topic and give time to participants to prepare. Allow

Method	Description	Benefits	Process
			learners to take position of their choice – equal number for and against the topic. • Allow participants to express their views within the limited timeframe. • Parents, opinion leaders and media persons may be involved and one of them requested to chair the debate. • Two-three suitable persons may be identified as judges/ members of the jury. • Judges finalize the criteria for evaluation. • When all teams present their points of view, audience may be requested to ask questions or seek clarifications. • The chairperson may summarize the discussion.

Check Your Progress Exercise 2

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. Write down the specific advantages of using group activities for transacting life skills.

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9.6 LIFE SKILLS EDUCATION – THE INDIAN SCENE

Adolescents make up one-fifth of the global population and majority of them live in developing countries. Future socio-economic development of a country depends on the health and economic productivity of its adolescents. What should a society do to promote healthy productivity of its adolescents? The Convention of Rights (NCERT, 2000) states the framework for this. Article 29 of the Convention on the Rights of the Child declares: "The education of the child shall be directed to the development of the child's personality, talents, mental and physical abilities to their fullest potential, the preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of the sexes, and the friendship among all people."

It is evident that the "Rights of the Child" is child oriented and promotes empowerment of the child. Two trends have been instrumental for this initiative all over the world; these are as discussed below:

1. The need to provide food, shelter, safety, education and also a framework for good personality development in children and adolescents has always been there. For children family is the primary institution which caters to these requirements. In adolescence where the influence of the peers and the others is significant, other institutions like schools/colleges which are the single largest institutional set-up for children/adolescents have always stressed on extracurricular activities, moral education and civics classes. Despite these measures, there is a significant increase in violence, drug abuse and early sexual experimentation among adolescents. This has made the social scientists to review, rethink, and devise methods of containing this. One of the methods they adopted is to review and focus on the programmes designed to help adolescents at risk — from deprived areas and families at risk for delinquency. Focusing on the adolescent's potentials, reaching out to help her or him deal with difficulties, helping her or him to get a pro-social focus are the cornerstones of these programmes.

2. Outbreak of HIV and AIDS in the nineties around various parts of the world have made the virtual link between behaviour and health (including mental health) a real issue, compelling community experts to look beyond specific programmes like mass immunizations and focus on lifestyles of individuals.

   Both of the above conclusively indicate that the positive health of an individual is the result of a life style where the individual needs to be proactive and have certain abilities to behave in a constructive manner even in the face of difficulties like violence, discrimination, academic competition, poverty, deprivation, illiteracy, abuse etc. Life Skills Education (LSE) is a programme that promotes psychosocial competence for an appropriate life style. Among the developmental phases, adolescence is the most critical transition period necessitating many behavioural choices, using abilities or potentials. Hence, they are the targets of many developmental programmes including Life Skills Education Programme.

The Need in India

Empowerment of the adolescent is very essential in today's context in India. India is a large subcontinent with a large population; including a large adolescent population. In absolute numbers it is large. India has an Eastern culture with large families and child rearing practices that are different from the West. The culture stresses interdependence rather than independence. The Indian family with its control seems to offer a relative protection to the adolescents from deviance. Despite this, there is a need for life skills promotion among the Indian youth for the following reasons:

1. Rapid industrialization, urbanization, globalization, breaking up of joint families, competition in the academic and career fronts on one side with high illiteracy and unemployment on the other side are some of the factors which made the Indian adolescents a vulnerable group currently. It was evident in a study from New Delhi where about 4000 adolescents were interviewed with a structured questionnaire, wherein it was found that adolescent boys and girls often reported poor communication with parents and teachers and wanted a more participatory role in decisions pertaining to them and their future.

2. Suppression and oppression of women, lack of equal opportunities to the girl child and adolescent in health, education and career sectors are highly prevalent in India. Child marriage, teenage pregnancy, abuse of the girl child and violence towards the young women are extensions of this. Sexual exploitation of young women is one facet of this situation.

3. Though sexually less permissive than the West, the absolute numbers of the HIV and AIDS affected people in India due to the large population places Indian youth and adolescent at risk.

4. The street population of India especially in cities is very high due to lack of proper living facilities. The adolescents in these families and the runaway adolescents are targets of violence and substance abuse; especially alcohol and tobacco.

5. The work force in India includes a large proportion of children and adolescents. Abuse due to neglect and violence is a part of their lives.

The education currently prevalent in our country places stress on acquiring information, knowledge and technical skills rather than personality development, psychosocial competence and realizing one's potentials. It is achievement oriented than being child oriented. It does not address the needs of all the Indian children who inspite of various levels of scholastic competence or achievement are capable of learning and need to develop those skills, which are needed to live effectively in this world. LSE Programme stresses on the reorganization of education of the adolescents (in India), both in terms of content and location. Methods to improve the psychosocial competence and resilience of the adolescent are important. Health promotional activities need to be included in the school syllabus and provided as much relevance as the three "R's. The World Health Organization has been promoting the LSE Programme as a way of addressing this health need in a growth oriented manner.

In keeping with the understanding that the Indian adolescents are at the cross roads of an old culture, globalization and academic stress, many initiatives have been made as Life Skills Education to improve their psychosocial competency. Every adolescent has the right to live life with competence and self-esteem and hence the right to Life Skill Education. This LSE for the Indian adolescent is the need of the hour and many professionals recognize this. However, for the programme to be relevant, it has to be culturally sensitive and interwoven into the agenda of welfare, health and educational systems

Check Your Progress Exercise 3

Note: a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. How is life skills education different from value education given in most of Indian schools?

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9.7 LET US SUM UP

In this Unit, we learnt that:

- Life skills education promotes mental well-being in young people and equips them to face the realities of life.
- As life skills education is a dynamic process, it cannot be learned or enhanced on the basis of information or discussion alone.
- The ten core life skill strategies and techniques are: problem solving, critical thinking, effective communication skills, decision making, creative thinking, interpersonal relationship skills, self awareness building skills, empathy, and coping with stress and emotions.
- To effectively influence behaviour, skills must be utilized in a particular content area.

9.8 GLOSSARY

Life Skills : Various skills children and young people can learn regarding social development and living and coping independently. These include self-awareness, problem solving, learning to negotiate, decision making, creative thinking, critical thinking, effective communication, interpersonal relationship skills, conflict resolution, empathy, coping with emotions and stress management.

Mental health : A set of positive attributes in a person or in a community. It is a state of wellbeing in which an individual realizes her or his abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Psychosocial Wellbeing : Ability to make sense and have a degree of control over one's world with a sense of hope for the future.

Resilience : The human capacity to face, overcome and be strengthened by or even transformed by the adversities of life and the ability to bounce back after stressful and potentially traumatizing events.

Vulnerability : Increased likelihood of suffering significant injury to one's physical or mental health or one's social development. The likelihood of vulnerability is increased by certain risk factors, for example poverty, age, gender, orphanhood, etc.

9.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1

1) In today's information age, thinking skills are considered crucial to cope with a rapidly changing world. Many educators believe that specific knowledge will not be as important to tomorrow's workers and citizens as the ability to learn and make sense of new information.

The definition of thinking has been accepted as a search for meaning, involving the mental processes that make sense out of experience. In fact, learning is thinking. That is, learning depends on prior knowledge and the specific mental strategies that evoke understanding in the learner. Thinking skills are the set of basic and advanced skills and sub-skills that govern a person's mental processes. Critical thinking skills figure prominently among the goals for education, whether one asks developers of curricula, educational researchers, parents, or employers. Although there are some quite diverse definitions of critical thinking, nearly all emphasize the ability and tendency to gather, evaluate and use information effectively. What is critical thinking? Critical thinking is the process of determining the authenticity, accuracy, or value of something; characterized by the ability to seek reasons and alternatives, perceive the total situation, and change one's views based on evidence. It is also called "logical" thinking and "analytical" thinking. Critical thinking ability is not widespread. Data indicate that critical thinking skills are not learned unless schools and non-formal education programmes emphasize critical thinking and the use of critical thinking skills on a continued basis. Adolescents are generally not able to effectively use thinking skills without appropriate knowledge. While there is evidence for domain-specificity, there is also evidence that mastery in

some topic areas may lead to a subsequent ability to think critically in related areas.

2) The host of factors that promote high risk behaviours such as alcoholism, drug abuse, aggression, and irresponsible sexual behaviours are boredom, rebellion, disorientation, peer pressure and curiosity. The psychological push factors such as the inability to tackle emotional pain, conflicts, frustrations and anxieties about the future are often the driving force for high risk behaviour. Life skills training is an efficacious tool for empowering the youth to act responsibly, take initiative and take control.

Check Your Progress Exercise 2

1) Group activities for transacting life skills are advantagious, as they:

- Augment participants' perceptions of themselves and others,
- Promote cooperation rather than competition,
- Provide opportunities for group members and their trainers/teachers to recognize and value individual skills and enhance self-esteem,
- Enable participants to get to know each other better and extend relationships,
- Promote listening and communication skills,
- Facilitate dealing with sensitive issues,
- Appear to promote tolerance and understanding of individuals and their needs, and
- Encourage innovation and creativity.

Check Your Progress Exercise 3

1) Life skill education (LSE) is different from the value education taught in schools currently where moral values are taught or prescribed. Values change according to time, age, and gender etc., and prescriptions for a particular time frame may not be relevant at another. LSE on the other hand, empowers the adolescent with the skills to derive the same values himself/herself. Our country places a premium on values. Life skills programme empowers the youth to choose the appropriate values and behaviour which are ingredients of positive health. Life skills are the processes that will make the target of values possible.

9.10 UNIT END QUESTIONS

1. How would you plan out a life skills session for a group of adolescents to enhance their communication skills?
2. What according to you is the role of the school for enhancing life skills education?

9.10 FURTHER READINGS AND REFERENCES

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NOTES

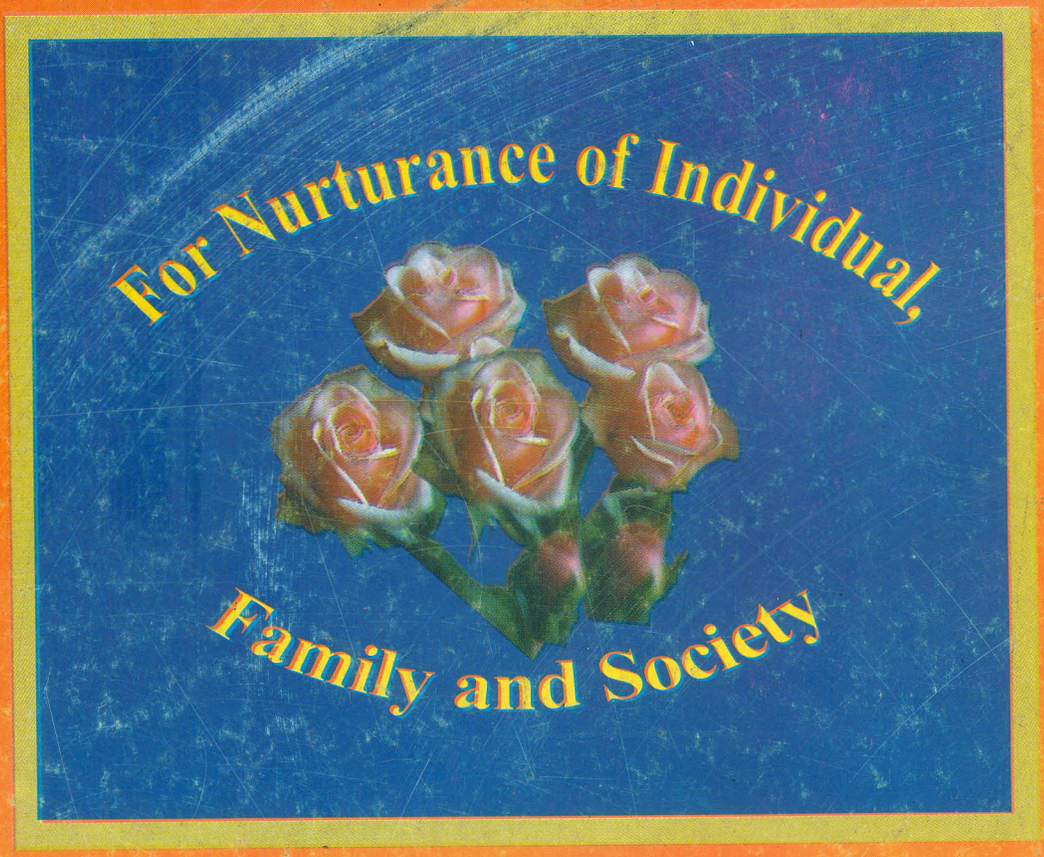
MCFT-004

COUNSELLING AND FAMILY THERAPY: APPLIED ASPECTS

BLOCK 1	:	**PROFESSIONAL ISSUES IN COUNSELLING AND FAMILY THERAPY**
Unit 1	:	Essentials for a Counsellor and Family Therapist
Unit 2	:	Self of the Counsellor/Therapist
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BLOCK 4	:	**PROCESSES OF COUNSELLING AND FAMILY THERAPY**
Unit 15	:	Referral and Intake
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Unit 18	:	Termination Phase: End Processes

MANUAL FOR SUPERVISED PRACTICUM (MCFTL-004)

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