

स्वाध्याय

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स्वावलम्बन

UTTAR PRADESH RAJARSHI TANDON OPEN UNIVERSITY
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Indira Gandhi National Open University



UP Rajarshi Tandon Open University

CHEE-06
COMMUNICATION AND
COUNSELLING IN HIV

- First Block : BASICS OF COMMUNICATION**
Second Block : BASICS OF COUNSELLING
Third Block : COUNSELLING ON HIV AND
FAMILY MATTERS

Shantipuram (Sector-F), Phaphamau, Allahabad - 211013



Block

1

BASICS OF COMMUNICATION

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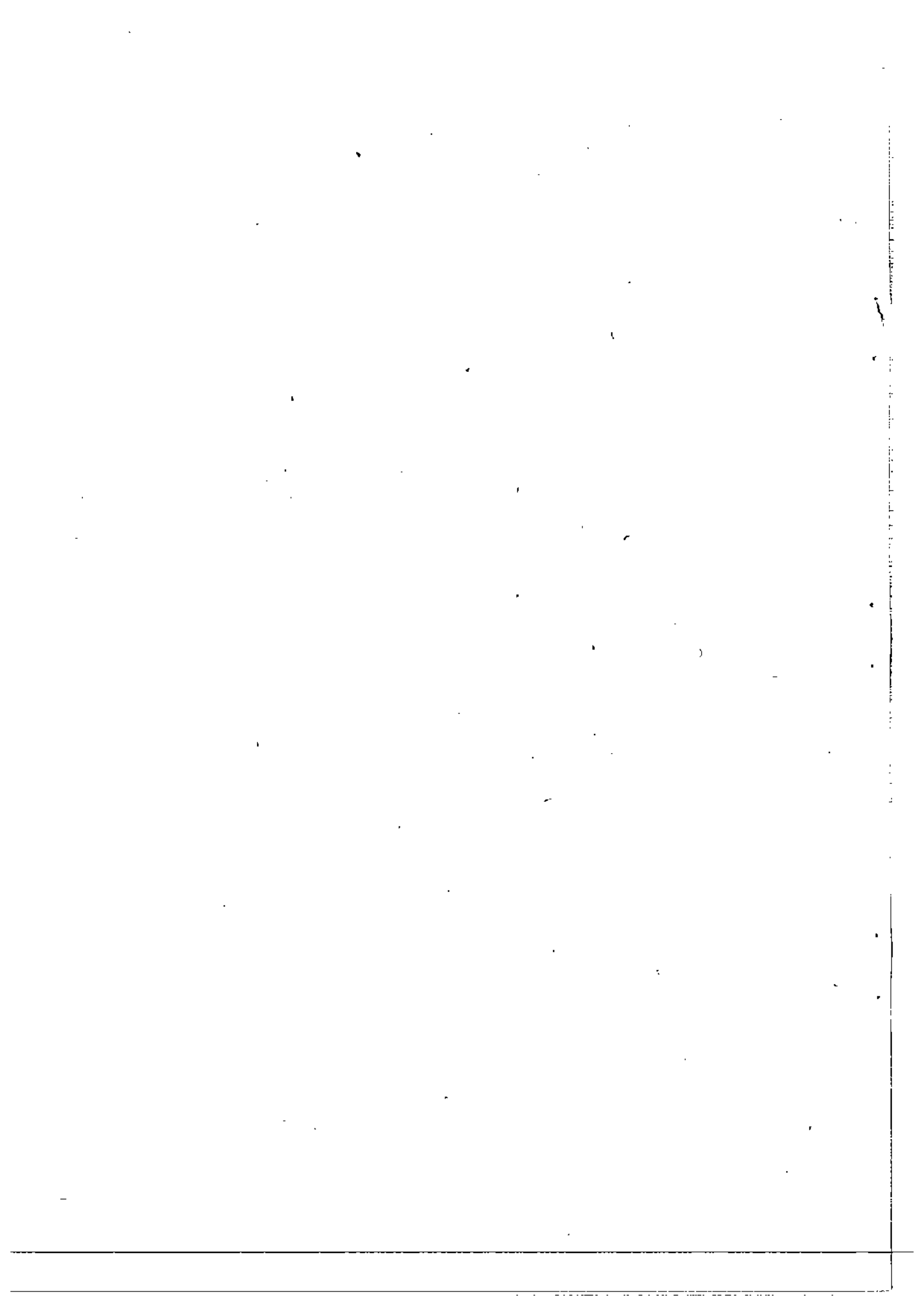
UNIT 5

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INTRODUCTION TO BLOCK 1

Block 1 of the course on 'Communication and Counselling in HIV/AIDS' is on the 'Basics of Communication'. In this block we have five units. Unit 1 is on 'Importance and relevance of Information, Education and Communication' (IEC) for HIV. Unit 2 describes the concepts, types and process involved in counselling. Unit 3 explains the traditional and modern media of Communication. Unit 4 deals with the various aspects of interpersonal, group and mass communication. Unit 5 discusses the use of media for promotion of HIV and Family Education.

The five units presented in this block provide you a comprehensive view of the essentials of communication in relation to HIV and family education. In fact, this block provides all the important concepts and the process of communication which are necessary for a counsellor or communicator, be that a social worker, media specialist, community organiser, case worker, group worker or a social activist. Learning and comprehending the five units of this block will enable you to better understand the second and third block of this course on communication and counselling in HIV/AIDS.



UNIT 1 IMPORTANCE AND RELEVANCE OF INFORMATION, EDUCATION AND COMMUNICATION (IEC) FOR HIV

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1.0 AIMS AND OBJECTIVES

This unit aims at providing a basic understanding of the process of communication. The term, definition and the process of communication are dealt with. The unit studies some of the basic principles of communication, various functions of communication and barriers to effective communication. In the next section we examine the various components of information. Information is viewed from the aspect of communication and community. The third section studies the relationship between communication, information and education. We have examined the importance of media education. The unit concludes with the UNESCO Declaration on Media Education. Study of this unit is expected to enable the student to understand:

- basic concept, elements and the process of communication
- relationship between communication and symbols, language, memory, meaning
- functions of communication
- barriers to communication
- information and the way information affects society
- information control, imbalance, public opinion
- importance of communication, information and education
- media education and its importance

1.1 INTRODUCTION

Today it is impossible to think of life without communication. Human history has passed through different stages of evolution but the present era is being described as the age of communication. Though communication is as old as human history itself, what is remarkable about the present age is the revolutionary changes in the mode of communication. We can presume with reasonable certainty that human communication consisting of exchange of

information existed from the dawn of human civilisation. Since then the method of gathering information and the mode of transmitting the same from place to place and person to person have undergone remarkable changes. Scientific and technological advancement have also made it possible to improve methods of preserving vast quantities of information for use as and when we need them.

1.2 COMMUNICATION

Communication is integral to every mode of existence. All living beings have different ways of communication which enable them to relate with their environment. Communication profoundly influences their life, growth, and mutual interaction.

1.2.1 Communication – an Essential Human Need

Human beings live in society. One of the essential pre-requisites of social existence is to communicate. A person's ability to communicate with other persons forms an integral part of social discourse. It may be expressed in speech, using language, signs and symbols, electronic impulses. Human language is the most important means of communication. Human thought can be expressed with a certain degree of accuracy with the help of languages. One of the major differences between animals and human beings is the latter's ability to use symbols and language.

Human communication is not limited to words alone, but includes the whole body: eyes, hands, the senses and other organs. All of these assist the communication process. Human action, which we call body language, and behaviour like smiling, waving, embracing are forms of communication. In fact, some authors say that all behaviour is communication because there is no time or moment in our life when we cease to communicate.

We may divide human communication into two parts:

- i) Direct or Natural Communication
- ii) Indirect or Technological Communication

Communication is direct or natural if it is achieved without the help of any instrument other than the human body. Language, faculties of speech, body language, symbols using the bodily organs facilitate direct or natural communication. This kind of communication is limited by time and space. A voice has to be heard, a sign has to be seen. These call for certain proximity or nearness between the two participants in the communication process, the sender and the receiver(s).

Indirect or technological communication, on the other hand, uses technology developed by science. Indirect communication may be between people who are far away in time and space. It may be with known persons or with strangers.

1.2.2 Elements of Communication

Human communication is a complex process. Rajesh, a student, meets his teacher in the morning. He greets the teacher with folded hands and says: "Good morning Sir". The teacher responds with the words, "Hello Rajesh" and nod: his head.

Though the above communication relates to a simple exchange of greeting, there are several elements in this action. The two have a common understanding in their mind of the meaning of the words "Good Morning" as a verbal expression of greeting, and the gesture of folded hands as a sign of respect. Similarly Rajesh, and the teacher have a shared belief that the reply given by the teacher is also a sign of acknowledgement and appreciation for the greeting. In other words, both the one who greets and the one who is greeted have a common notion of the meaning of the words and gestures, their appropriateness and significance.

The sign of folded hands, greeting one's teacher etc. have cultural significance as well. Folded hands are a sign of respect in India. The greeting also establishes the social relationship between the two categories of persons - student and teacher.

1.2.3 Symbols, Language, Memory, Meaning

The earliest forms of communication in all probability were confined to signs. Just as an infant needs to communicate and be communicated to for his/her its existence and sustenance, primitive people needed to communicate. Hence they adopted various means to communicate from one to another, from one to many others, from one group to another group and so on. Sound signals through mouth, sound signals by beating of drums; gestures, fire and smoke signals were some of the primitive efforts toward communication.

Then came the development of language. Language is the communication of thoughts and emotions by means of a structured system of symbols. Symbols are words both written and spoken and the ability to use the symbols defines language skills.

Three major functions of language include:

- i) Primarily as a vehicle for communication,
- ii) It reflects both the personality of the individual and the culture of his/her society. In turn it helps shape both personality and culture.
- iii) Language makes possible the growth and transmission of culture, the continuity of societies, and the effective functioning and control of social groups.

In other words, language is a system of symbols — oral and written — used by members of a social community in a fairly standardised way to call forth meaning. Man lives in a world of symbols. In one form or another, symbols are always overt; they must be seen, heard, felt, or smelt. They condense abstractions into delimited objects. Paralanguage is evolved as yet another means of communication through spoken words. It is a language alongside of language and includes vocal characteristics such as pitch, range, resonance, tempo and quality and various vocal sounds.

We cannot imitate, receive, or interpret an act of communication using symbols, language or paralanguage unless we have an adequately functioning memory from which we draw meanings. Meaning is not transmitted by the Sender, it is deducted by the Receiver on the basis of the words, symbols, context, tone, etc. Association, attribution and interpretation are some of the steps in the process of communication. Memory is essential to this process.

1.2.4 Some Basic Principles of Communication

- 1) The purpose of communication is to enable a Receiver to understand a message presented by a Sender in a way that substantially corresponds with the interest of the Sender.
- 2) What is understood is at least as dependent on how the Receiver perceives the message as on how the sender presents it.
- 3) The sender presents messages via cultural forms (Symbols which create within the Receiver meanings which he or she shapes into message). That is to say, in communication, only messages are transmitted. Meanings are perceived, created by those who receive them.
- 4) To communicate effectively, the Receiver and Sender must be on the same wavelength. The Sender must be Receiver-oriented.
- 5) If the Sender's message is to influence the Receiver, it must be presented with the appropriate degree of impact.
- 6) The most effective communication results from person-to person communication (interaction) or inter-personal communication
- 7) Communication is most effective when the Sender, Message and Recipient participate in the same context, setting, and frame of reference.
- 8) Communication is most effective when the Sender has earned credibility as a respectful human being within the chosen frame of reference.
- 9) Communication is most effective when the message is understood by the Receiver which relates specifically to life as he or she lives it.
- 10) Communication is most effective when the Receiver discerns an ability to identify at least partially, with the Communicator and the relevance of the message to his/her own life.

Check Your Progress I

- Note: a) Use the space provided for your answers.
b) Check your answers with those provided at the end of the unit.

- 1) Define direct and indirect communication.

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- 2) List any two major functions of language.

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FUNCTIONS OF COMMUNICATION

Considering the role of communication, we can distinguish two functions in the way we communicate, namely, psychological aspects and socio-cultural aspects.

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for HIV

1.3.1 Psychological Aspects of Communication

The first step in any human communication is a person's ability to choose signs and symbols and use them. Here communication is seen as a tool which enables a person to establish contact with the outside world. A child begins his/her first lessons on how to communicate from his/her environment - the people who surround it, his/her mother and father, brothers and sisters, other family members and neighbours. He/she learns to progress in his/her interaction with the environment through shouting, crying and laughing, making known his/her needs and demands, showing his/her approval and disapproval, joy and pain, fear and loneliness.

But the external communication that a person manifests must originate within the individual. It is this inner psychological capacity that enables a person to organise, develop and nurture his or her life that leads to communication with the outside world. Hence we may distinguish two aspects in the psychology of human communication - the one stemming from within the person, the other which enables him or her to interact with the outside world as a receiver or participant of the process of communication. Both are essential to the process of communication.

Communication, in this sense, involves the individual and flows from the core of a person's being. Any communication reveals something about the self of the communicator, about his or her relation to the receiver, and the intention or purpose of the communication.

1.3.2 Socio-cultural Aspect of Communication

The function of communication cannot be viewed without considering the social and cultural elements that constitute communication. The function of communication in society and culture can be explained with the example of a housewife going to the market. Her first activity is to see what is available in what quality and for what price. She will then compare the prices and the quality of the goods and interpret to herself this situation. Finally she makes a decision to buy. She might also pass on this knowledge to other members of her family or neighbourhood. The whole process of social interaction involving the visit to the market, the discussion, buying and passing on the information to others serve as a kind of recreation or entertainment for the housewife.

3.3 Summary of Functions

We may sum up the various functions of communication thus:

- to instruct
- to interpret events, rituals
- to entertain
- to confer status

- to propose or to persuade
- to act as propagandists
- to advertise goods and services
- to fulfill certain psychological needs
- to fill time

1.3.4 Lasswell's Classification

Harold Lasswell has identified four functions of communication in human society and culture.

Though they refer more to Mass communication, they are applicable to all kinds of human communication. They are:

- a) Surveillance of the environment: gathering intelligence. Media keeps watch on events and people. They inform us of what we need to know. Wilbur Schramm observed that media functions as a watchman. We ask media to serve as our "informers", to be our ears and eyes, sometimes our voices. We count on them to survey our environment and report to us. We use the information to form our attitudes, shape our opinions and take decisions. In the above example, the housewife looks for the various shops selling the same goods, compares the quality and price. She seeks information prior to making up her mind on decisions related to buying.
- b) Correlating or interpreting the information which one gathers. We not only interpret what has happened, but analyse why it happened. We explore its benefits and dangers. We explain and comment on an event. This constitutes the basis for public opinion and education of the audience. In the above example, the housewife correlates the different parts of society in response to the environment. Based on the information gathered the housewife interprets the findings and makes a decision.
- c) Transmission of social heritage within and from one generation to the next, which means 'socialisation'. Media provide a common frame of reference. De Vito explains this function of media as teacher and educator. It teaches us ways of behaviour and helps shape social attitudes, political decisions. The role of media in socialisation and transmission of social heritage has become essential today. The housewife passes on her insights, information and experiences to others.
- d) Entertainment: The mass media of today are predominantly entertainment media. Entertainment has become a major element of modern mass media, especially television. Often even programmes with educational components have entertainment built into it. The popular perception of mass media is that they are meant to be for entertainment. Mass media provide momentary escape from reality (films in India are called canned dreams). One communicates to enjoy the dealings and movements in and beyond society, e.g. play, sports and games, music, variety shows, drama etc.
- e) Persuasion: One of the important functions of communication is to influence others. Media exert a powerful impact on society. They persuade the public, influence their attitudes, and help change their

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- e) **Persuasion:** One of the important functions of communication is to influence others. Media exert a powerful impact on society. They persuade the public, influence their attitudes, and help change their

behaviour. Communication can persuade people to change from traditional to modern methods, replace old habits, customs and ways of doing things. It is not always easy to draw the line between informing and influencing as the process is somewhat unconscious.

Schramm and Porter have given different interpretations to the social functions of communication from which we can draw an overview of societal functions of communication viewed from the political, economic and social systems. Other authors have summed up the functions of communication as: information, interpretation and entertainment. They maintain that interpretation is an inherent part of transferring information from one to the other.

1.4 BARRIERS TO COMMUNICATION

There are several factors that prevent or slow down the process of communication. We call them barriers to communication. These include: physical, cultural, psychological, technical or mechanical.

1.4.1 Physical Barriers

Physical barrier includes all kinds of 'Noise' which affect the communication process. In communication science, noise means anything that adversely affects the communication process. Noise may be channel noise or semantic noises. Channel noise is due to the barrier, the instrument. This kind of noise originates outside the head of the one who receives the message. The message may be lost or distorted as a result of these kinds of noises. The best way to avoid or minimise channel noise is to correct, control the noise through mechanical or other ways, to seek feedback from those who have received the message or to repeat the message.

Semantic noise on the other hand refers to the noise within the receiver and relates to the relationship between the word, symbols and their meaning. Differences between the sender and the receiver with regard to age, educational background, attitudes and experiences, knowledge of the language and meaning of words used in communication etc. for example, even among those who speak the same language, there can be this kind of barrier if a particular word has more than one meaning. For instance, the word "spring" can refer to one of the four seasons of the year, or it may mean a source of water or to jump in the air. Hence, the one who receives the communication has to deduce from the context what is meant by the word "spring" in the specific instance.

1.4.2 Cultural Barriers

Cultural barrier refers to differences in cultural background that can distort or misrepresent communication. Gestures and words can have different connotations in different cultures. Young people may develop words or gestures which may not be understood by the elders. Slang words come under this category. The English use the word 'lift' while the Americans use 'elevator'. The former use 'petrol' while the latter call it 'gas'.

1.4.3 Psychological Barriers

The psychological disposition of either of the participants - the sender or receiver- of the communication process can become a barrier. Prejudice, hostility, lack of willingness to listen, apathy, resistance or lack of openness, can all become psychological barriers that affect proper communication.

1.4.4 Technical Barriers

These include mechanical defects with instruments used for communication, the unfamiliarity of those who use them, defect in speech, mispronunciation of words, poor or inaccurate choice of words, poor printing of texts, etc. which can hamper communication.

1.4.5 Other Barriers

Though we have listed several barriers above, there can be other factors that may adversely affect the process of communication. Those who communicate must be on the same wavelength with those with whom they communicate. The two cannot take for granted each others level of intelligence, ability to grasp, interest, motivation, memory, perception and several other factors. Barriers can be overcome when both mechanical as well as psychological factors that obstruct communication are identified and minimised.

Check Your Progress II

Note: a) Use the space provided for your answers.

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

- 1) Name the various functions of communication as given by Harold Lasswell.

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- 2) What are the barriers to communication ? Explain cultural barrier.

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1.5 INFORMATION

1.5.1 Information: a Core Component in Communication

Information is central to the process of communication. Information constitutes the core of communication.

The three essential components of information are:

- i) gathering or collecting information,
- ii) transmitting or disseminating them
- iii) preserving or documenting them for ready access or for future use.

Information gathering is a complex activity which ranges from verbal, person to person exchange of information and testimony of others to use of electronic equipments. Telecommunication technology has revolutionised the process of data gathering. Scientific development has also revolutionised the speed of disseminating data. Information can move from place to place and person to person today in a way that would have been unimaginable a century ago. Today transmission of information has become quicker and sometimes instantaneous.

It is important to preserve data for future use or for onward transmission, for documentation to facilitate research. Though news and information today appear to be transitory and highly perishable, it is important that they are preserved. Developments in communication technology has made it possible today to store vast quantities of data using the computer chip and compact disc. The Internet itself began as a tool to safeguard and preserve defence related data. The process has made gigantic strides and it is possible to preserve data with remarkable accuracy and durability for further use.

It may be noted that all the three components of information we have mentioned above are inter-related, and they enhance each other in making information available, accessible and durable.

1.5.2 The Way Information is Spread

Information is the essential core of communication. We cannot communicate unless we have common, objective data at our disposal. Information is spread through a multistage flow - by the media, by people who have heard the message from the media, and by people who have heard it only from other people. The time by which the information reaches the population depends on many factors, including the importance of the information, the number of repetitions of the message and the degree to which the original receivers of the message pass it on to others.

The flow of information after the assassination of American President John F. Kennedy provided a dramatic example of the role person-to-person communication can play in the diffusion of information, especially if that information is of immense importance. Almost half the American population heard about the assassination from other people, and not from the media. Then, after hearing about it by word of mouth, they rushed to the media for confirmation and further information.

1.5.3 Information is a Commodity and a State of Mind

Information is becoming more and more a commodity that is marketed, something that has a price attached to it. The three above-mentioned, processes involve expenses and human resources. Newsgathering is a highly organised and developed art, which calls for long distant travel or expensive communication technology and a person who actually monitors and guides the process. With thousands of newspapers, radio and television channels vying with one another to gather information quickly and accurately about events in the world, there is intense competition. Time is an important criterion, and information that is not timely is considered irrelevant. "To be first and to be fast" is the aim of most reporters in the field whose duty it is to monitor events in their area and report them. The more global, better-organised and financially

sound media organisations spend huge sums of money, employ the most talented persons in newsgathering. The information thus gathered is sold to others: news agencies sell news to papers and periodicals, columnists have syndicated columns, television and radio programmes are bought and sold.

Information that can result in generating greater profit and not necessarily the most relevant information, is considered desirable by media that have become major financial concerns. That is why the Clinton-Monica scandal was rated the most important media event in America in 1998. It had all the ingredients of a mega event and it fetched huge profits. Media continues to create information around celebrities and mega events: Princess Diana, Mike Tyson, Sachin Tendulkar, Olympics, World Cups etc.

Information is also a state of mind as it involves the choice, selection, omission, interpretation and other processes of distilling, colouring, all of which are the work of some person with creativity. The media neither collects nor disseminates all the information that the audience require to know. The decision to choose, reject or distil information is the result of several factors along the process.

1.5.4 Imbalance in Information Sharing, Technology, Instruments of Sharing Information

There is a serious imbalance in the availability and distribution of information between the developed countries of the Northern hemisphere and the poorer countries of the South. The imbalance exists also in the ownership and control of technology and instruments of sharing: electricity, telephones, radio, television, newspapers etc. The continent of Africa which has about 10 per cent of the world's population has only 1 per cent of the world's daily newspapers, 1 per cent of the world's books, 2 per cent of the world's radios. North America by comparison has only 7.5 per cent of the world's population, but has 16 per cent of the newspapers, 44 per cent of radios and 15 per cent of books. Not only is there lack of information available to the poor countries, but also lack technology which will enable them to access information which is vital for their survival and development.

The glaring imbalance is evident when we analyse the Indian scenario too. Most of the rural poor cannot afford television, radio or newspapers. They do not have access to the various modern means of communication. They continue to be information poor while the rich and powerful in the urban areas elsewhere become information rich. The glaring global imbalance in communication and information was highlighted in the UNESCO commissioned study called the McBride Report. The study has helped to press for a "New World Information and Communication" order.

1.5.5 Information and Government: Control, Power

The above factors related to information are subject to political systems that allows free flow of information or thwart the process through censorship and control. Countries with dictatorial governments and political powers that follow totalitarian regimes interfere with free speech and expression. In all countries, however, democratic or enlightened they may claim to be, there are different forms of control. In some countries the media information are state-owned or controlled. Information is power and those who want to perpetuate power are

unwilling to allow media to function independently and objectively. Today global media networks controlled by multinationals have also become centres of power and control that hamper the free flow of information.

The legitimate guardians of freedom of expression, should be the people. Any form of control that interferes with the rights of people to express themselves freely and exchange information, should be opposed. An enlightened democracy cannot function without an independent and free media that ensures that information percolates to the masses undiluted.

1.5.6 Information and Formation of Public Opinion

In a democracy media helps to shape public opinion. Information enables the citizens to make an informed decision which will affect the quality of political governance. A free press can bring to light abuse of power and national wealth. Information helps people to participate in the functioning of society and social institutions. Information can help the effective functioning of legislature, executive and judiciary.

1.5.7 Information and Social Change

Many sociological analyses have been done to measure the impact of information on society and social change. Media have been used to disseminate information pertaining to agriculture, health, scientific temper and progressive mentality in the people. Information enables people to advance from superstitious practices. In India the first use of television was to impart information to the rural communities through Satellite Instructional Television Experiment (SITE). Information through media have helped to bring about change in social attitudes in India, especially in the area of removing untouchability, eradication of illiteracy, child marriage, population control, participation in the election process, vaccination etc.

1.5.8 'Information Rich' and 'Information Poor'

The expressions 'information rich' and 'information poor' describes the existence of serious imbalance among various countries, and within a given country. There is glaring disparity in the way information is distributed. The information rich have immediate access to various forms of media while the information poor, who are also often the economically poor, lack proper access to any source of information.

The McBride report and subsequent studies have underscored the need to end the monopoly of information and create a more congenial atmosphere for everyone to be able to benefit by the information which affect the people concerned.

1.5.9 Information and Truth

We cannot forget to ignore the paramount importance of truth in the way information is gathered, distributed or preserved. In the face of growing commercialisation of media, media ethics have assumed greater relevance. When information is presented not in its entirety, out of context, or selectively to suit

vested interests, the first casualty is truth. The demands of timeliness and urgency have resulted in speed overtaking the truth. With the presence of a vast quantity of information that is available today, it is becoming more and more difficult to monitor the quality and veracity of information. A healthy media critique, vigilance and participation of a larger segment of the community can help instil greater sense of truth and value to information media.

1.6 EDUCATION AND COMMUNICATION

1.6.1 Education for a New World Information and Communication Order

Communication is to be understood as an inseparable part of socio-historical reality. Communication is basically concerned with establishing commonness, solidarity. People should not remain merely beneficiaries but active partners in the process of communication. This calls for a systematic effort to integrate education in and for communication. Education includes working with the popular sectors in strengthening people's self-awareness, awakening communicative potential and providing adequate technical know how. It includes a shared process of creating meaning and identity. Training and education should be guided by experts who will carry out research on the problems related to education in communication and propose viable alternatives. Education should create an ambience in which there is two-way, balanced and participatory communication which will help usher in the New World Information and Communication Order (NWICO).

Education should enable the individual to move from being a mere object of communication to being an active element within it. Everyone should have free access to and equal opportunity to use information and communication media. The people should participate in the production and distribution of messages and in the decision-making process of communication policy and communication planning.

Democratising communication should be an integral part of the national educational plans. People should not only have access to media and information, but know how to use them effectively. Education should enhance one's cultural identity and encourage the process of self and social awareness and the need for change. Alternative communication is an integral part of the process of encouraging participation and change.

NWICO calls for the de-colonisation of information at the international level and the democratization of communication at the national level. This has important implications in the way of training and curriculum development in the field of communication studies. Education in media should create an environment in which those being trained are in direct contact with cultures, traditions, values and development needs of the people.

More particularly, mass media exerts a great influence on education. This requires that media be studied and media education be effectively introduced into the academic curriculum.

1.6.2 Media Education

Media education is a process of critical reflection on the mass media for a more responsible participation in society.

It involves three factors:

- a) awareness of the anatomy, language and technique
- b) analysis and 'evaluation' of the effect on individuals and society of content, medium, promotional strategy used, political and economic control.
- c) Participation of the media- educated person in the construction of socially relevant messages by using the media.

Media Education has the following objectives:

- to understand the media culture
- to be familiar with the media language
- to appreciate creativity and art
- to know and understand the media marketing strategy
- to know how people work or network in media
- to demythologise media
- to understand the relation between fact and construction of meaning
- to know the difference between media life and real life

Neil Anderson an expert on media says: "Media Literacy is no longer separable from education. If we train students in basic skills such as reading and arithmetic... we must teach them about the media as well."

1.6.3 UNESCO Declaration on Media Education

(The UNESCO Declaration was issued unanimously by the representatives of 19 nations at UNESCO's 1982 International Symposium on Media Education at Grunwald, Federal Republic of Germany.)

We live in a world where media is omnipresent.. an increasing number of people spend a great deal of time watching television, reading newspapers and magazines, playing records and listening to the radio. In some countries, for example, children already spend more time watching television than they do attending school.

Rather than condemn or endorse the undoubted power of the media, there is need to accept their significant impact and penetration throughout the world as an established fact, and also appreciate their importance as an element of culture in today's world. The role of communication and media in the process of development should not be underestimated, nor the function of media as instruments for the citizen's active participation in society. Political and educational systems need to recognise their obligations to promote in their citizens, a critical understanding of the phenomena of communication.

Regrettably most informal and non-formal educational systems do little to promote Media Education or education for communication. Too often the gap

between the educational experience they offer and the real world in which people live is disturbingly wide. But if the arguments for Media Education as a preparation for responsible citizenship are formidable now, in the very near future with the development of communication technology such as satellite broadcasting, two-way cable systems, television data systems, video cassette and disc materials, they ought to be irresistible, given the choice in media consumption resulting from these developments.

Responsible educators will not ignore these developments, but will work alongside their students in understanding them and making sense of such consequences as the rapid development of two-way communication and the ensuing individualisation and access to information. This is not to underestimate the impact on cultural identity or the flow of information and ideas between cultures by the mass media.

Media Education will be most effective when parents, teachers, media personnel and decision-makers all acknowledge that they have a role to play in developing greater critical awareness among listeners, viewers and readers. The greater integration of educational and communication systems would undoubtedly be an important step towards more effective education.

We therefore call upon the competent authorities to :

- 1) initiate and support comprehensive Media Education programs- from pre-school to university level, and in adult education-the purpose of which is to develop the knowledge, skills and attitudes which will encourage the growth of critical awareness and, consequently, greater competence among the users of electronic and print media. Ideally, such programmes should include the analysis of media products, the use of media as a means of creative expression; and effective use of and participation in available media channels;
- 2) develop training courses for teachers and intermediaries both to increase their knowledge and understand media and train them in appropriate teaching methods;
- 3) stimulate research and development activities for the benefit of Media Education, from such domains as psychology, sociology, and communication science; and
- 4) support and strengthen the actions undertaken or envisaged by UNESCO which aims at encouraging international cooperation.

Check Your Progress III

Note : a) Use the space provided for your answers.

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

- 1) Name the three essential components of information,

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2) Explain what is meant by 'information rich' and 'information poor'.

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3) What is Media Education? Give some of the objectives of Media Education.

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1.7 LET US SUM UP

The word 'communication' has come to denote many things today. People use the term communication indiscriminately to refer to roads and railways as well as the telephone booth outside their home. The term is also used to describe human and animal communication. In the above unit we have studied communication as a basic human requirement for social living and interaction. Human beings are endowed with a remarkable ability to communicate with the universe and one another. We examined the functions of communication and how they fill the various requirements of human beings that live in a state of constant social contact and interaction, hence a permanent state of communication. We have also focused on the processes and elements that make communication possible and effective. We have analysed the barriers that prevent effective communication. Finally we have tried to understand the close relationship between communication and information and education. We have quoted the UNESCO Declaration on Media Education that underscores the importance of media education today.

1.8 KEY WORDS

- Control** : The term control in media refers to monopoly ownership and restrictive use of information media by governments or other organisations. The greater the control of the media by these, the less media are likely to become participatory.
- Entertainment** : One of the functions of information is to provide entertainment. Most modern communication media, such as television, give great importance to this component.
- Flow of information**: It refers to the way information is distributed, made available. Restrictions and control of information can adversely affect the flow of information.
- Media literacy** : The expression 'media literacy' is used to describe basic knowledge of the way media works, their role and function in society.

- Persuasion** : It is one of the functions of information. All media persuade people to act or refrain from acting in certain way. Advertisements use persuasion to a great extent to sell products.
- Transmission** : It is the process of passing on information from a particular place or person to another. In oral cultures, information is passed on by word of mouth. Modern communication use satellites to transmit information.
- Timeliness** : Information must serve the particular needs of the audience at a given time. The element of time adds value to news, information etc. Eg. Weather forecasts, news about accidents etc. should be timely.

1.9 MODEL ANSWERS

Check Your Progress I

- 1) Define direct and indirect communication.

Communication is direct if it is achieved without the help of any instrument other than the human body. Language, faculties of speech, body language, symbols using the bodily organs facilitate direct or natural communication. Indirect communication, on the other hand, uses technology developed by science. Indirect communication may be between people who are far away in time and space.

- 2) List any two major functions of language.

Language serves

- i) as a vehicle of communication
- ii) to promote the growth and transmission of culture, the continuity of societies, and the effective functioning and control of social groups.

Check Your Progress II

- 1) Name the various functions of communication as given by Harold Lasswell.

Harold Lasswell has identified the functions of communication in human society and culture as:

- a) Surveillance of the environment
- b) Correlating or interpreting
- c) Transmission of social heritage.
- d) Entertainment.
- e) Persuasion.

- 2) What are the barriers to communication? Explain cultural barriers.

There are several factors that prevent or slow down the process of communication. We call them barriers to communication. These include: physical, cultural, psychological, technical or mechanical.

Cultural barriers to communication refer to differences in cultural background that can distort or misrepresent communication. Gestures and words can have different connotations in different cultures.

Check Your Progress III

- 1) Name the three essential components of information.

The three essential components of information are:

- i) gathering or collecting information,
- ii) transmitting or disseminating them,
- iii) preserving or documenting them for ready access or for future use.

- 2) Explain what is meant by 'information rich' and 'information poor'?

The expressions 'information rich' and 'information poor' denote a glaring disparity in the way information is distributed. The 'information rich' have immediate access to various forms of media while the 'information poor', who are also often the economically poor, lack proper access to any source of information.

- 3) What is media education? Give some of the objectives of media education.

Media education is a process of critical reflection on the mass media for a more responsible participation in society.

Media Education has the following objectives:

- to understand the media culture
- to be familiar with the media language
- to appreciate creativity and art
- to know and understand the media marketing strategy
- to know how people work or network in media
- to demythologise media
- to understand the relation between fact and construction of meaning
- to know the difference between media life and real life

1.10 FURTHER READINGS

Melvin L. DeFleur-Everette E. Dennis; 1991, Understanding Mass Communication, Goyal SaaB, New Delhi

Subir Ghosh, 1996, Mass Communication Today in the Indian Context, Profile Publishers: Calcutta

Keval J. Kumar, 1981, Mass Communication in India, Jaico Publishing House, Bombay

Pradip Kumar Dey, 1993, Perspectives in Mass Communication, Kalyani Publishers, New Delhi

• Franz-Josef Eilers, 1996, Communicating in Community, Satprakashan Samachar Kendra, Indore

UNIT 2 COMMUNICATION—CONCEPTS, TYPES AND PROCESS

Contents

- 2.0 Aims and Objectives
- 2.1 Introduction
- 2.2 Term and Definitions
- 2.3 The Communication Process
- 2.4 Communication Models
- 2.5 Technological Revolution and Global Communication
- 2.6 Socio-cultural Constituents in Communication
- 2.7 Types of Communication
- 2.8 Let Us Sum Up
- 2.9 Key Words
- 2.10 Model Answers
- 2.11 Further Readings

2.0 AIMS AND OBJECTIVES

This unit aims at helping you to understand the term communication and some of the most important definitions. We shall study the communication process consisting of sender, receiver, channel, message and feedback. We examine the leading models of communication. Study of communication today calls for an understanding of the impact of technological revolution and the global nature of communication. Socio-cultural constituents like language, sign, symbol, feedback and noise are also presented in this section. The unit concludes with some basic notions about the types of communication. We shall elaborate these types in the subsequent units. As a result of studying this unit, you are expected to become familiar with the following:

- The term and definitions of communication
- The communication process and models of communication
- Technological revolution and global communication
- Socio-cultural constituents like language, symbol, feedback and noise
- Types of communication

2.1 INTRODUCTION

Communication is basic to much of human life and activity. The inter-disciplinary nature of communication calls for a study of the fundamental principles and issues in communication. Communication as we shall see shortly, is both an individual and a collective necessity. Human beings cannot be fully human without communication. Communication is not only a necessity, but a basic right. A fundamental human right as communication, must be upheld, because it is necessary for the proper functioning and development of human beings and the social environment in which they live. As we shall see, the ultimate objective of all communication is to establish commonness and communion.

We need to understand the basic principles of communication in order to grasp the way communication influences the life of individuals and society. It is also necessary to understand the way the various instruments of communication (traditional and modern) function.

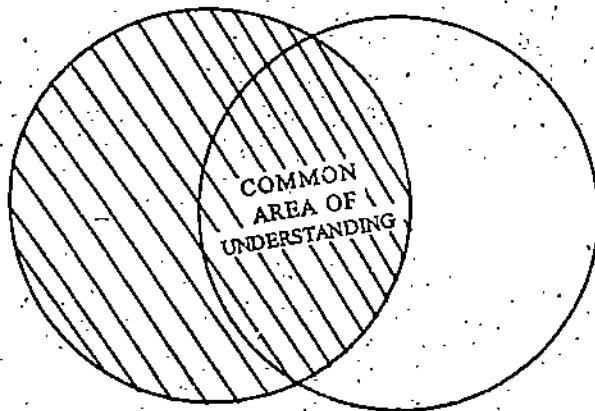
2.2 TERM AND DEFINITIONS

Etymologically the word "communication" comes from the Latin word *communis*, meaning common. When we communicate we are trying to establish 'commonness' with someone. That is, we are trying to share information, an idea or an attitude.

The standard definition of communication reflects the everyday usage of the term. 'To communicate' is defined as 'to impart, bestow, or convey, to make known, give by way of information. The New Webster's dictionary defines communication as "the act or fact of communicating transmission; the imparting or interchange of thoughts, opinions, or information by speech, writing or signs that which is communicated or imparted; a document or message imparting views or information".

Any attempt to define communication, has to take into consideration the idea of mutuality and commonness, an exchange, a shared environment, a social relationship among the participants and the existence of a common need, urge, aim or goal.

Communication is said to take place when an area of common experience exists. The following diagram illustrates the point. The overlap in the diagram indicates the common area of experience where the shared meaning is likely.



There are numerous definitions of communications but the common strand running through them all is that "communication is a social process of interaction through messages. According to Denis McQuail, communication is a "process which increases commonality. He describes human communication as "the sending from one person to another, of meaningful messages."

Charles Morris gives two definitions of communication - one broader than the other. Broadly, communication is "the establishment of a commonage." In the limited sense it means, "use of signs to establish a commonage of signification."

George Lundberg uses communication to designate interaction by signs and symbols.

Baker Brownell uses the terms "direct" and "indirect" communication. Direct communication is a function of "identification of people with one another." Indirect communication is a "process wherein something converted into symbols is carried over from one person to another."

Theodore Newcomb defines communication as that process by which people influence each other or leave an impression on others.

Shannon's is perhaps one of the most comprehensive definitions. According to his Mathematical Theory of Communication, Communication includes "all of the procedures by which one mind may affect another... or one mechanism affects another mechanism."

From the above definitions, we can derive certain important insights for our analysis. In the first place, the definitions either broaden or delineate the meaning of communication. In the broadest definition certain animal responses and even mechanical interactions fall into the category of communication. In the more restricted sense communication includes interaction between persons. Secondly, the definitions point to the importance and value of considering communication from the perspective of the receiver. Communication research as well as everyday experience reveals that by far the emphasis is on the former. Together these factors gives us what is called a "communication situation" in which the process of communication takes place.

But communication, as Ashley Montagu and Floyd Matson put it, is more than a clash of symbols, more than media and message, information and persuasion. It is not a matter of 'isolated entities sending discrete messages' back and forth. It is the essential human connection. Whether clear or garbled, tumultuous or silent, deliberate or fatally inadvertent, communication is the ground of meeting and the foundation of community. It comprises all modes of behaviour and expression which establish, project and promote ideas, principles, hypotheses, beliefs and faiths which bind human societies in their various enterprises and activities.

Check Your Progress I

- Note :** a) Use the space provided for your answers.
b) Check your answers with those provided at the end of this unit.

1) What is communication ? What is the aim of communication?

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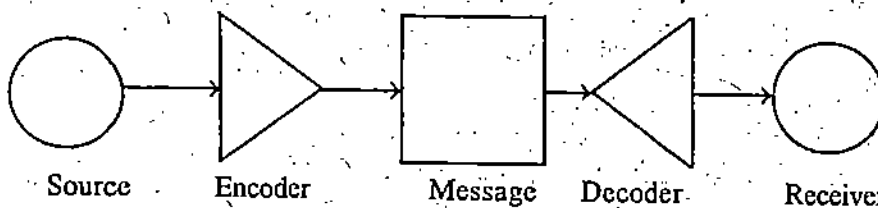
2) Give two definitions of Communication.

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2.3 THE COMMUNICATION PROCESS

Aristotle, one of the earliest to speak of a model of communication, identified these three elements. He calls them i) speaker; ii) the speech; and iii) the audience.

A more widely accepted model of communication is that of Harold Lasswell and David Berlo. According to their model communication requires at least four elements - the Source, the Message, Channel, Receiver (SMCR).



2.3.1 The Sender

The sender or source may be an individual (speaking, writing, drawing, gesturing), or a communication organisation (a newspaper, publishing house, television station, or a motion picture studio). The sender may use oral, written, graphic or sign or symbols to convey the message. The communication skills, attitudes and convictions, the knowledge of the content, objectives, the socio-cultural milieu etc. of the sender have an impact on the effectiveness of communication.

2.3.2 Message

Messages are made of signs or symbols and codes that are signals, which represent something. Messages may be in the form of ink on paper, sound waves in the air, impulses in an electric current, a wave of the hand, a flag in the air, or any other signal capable of being interpreted meaningfully. Messages are encoded and those who receive them must decode them to interpret or understand the meaning of the message.

The message constitutes the core of the communication process. It needs to be formulated to suit the specific needs of the receiver and must be expressed in an intelligible way to have the desired result. According to Wilbur Schramm, the message must fulfil certain conditions if it is to arouse the desired response in the receiver.

- i) The message must be so designed and delivered as to gain the attention of the intended audience.
- ii) The message must employ signs that refer to the experiences common to source and the receiver, so as to get the 'meaning across.'
- iii) The message must arouse the needs in the receiver and suggest some ways to meet these needs.
- iv) The message must suggest a way to meet these needs which is appropriate to the context in which the receiver finds himself/ herself at the time when he/she is moved to make the desired response.

2.3.3 Channel

Channel refers to the means employed to transmit or receive messages. It refers to the five senses: sight, touch, hearing, smell and taste. A message is received through any of the above modes of sensory perception.

A message may be seen through print or visual media.

It can be heard through a sound media or voice (audio), speech, musical instruments.

It can be seen and heard as in the case of films, television and other audio-visual media.

Can be touched, smelt or tasted through models, exhibits, specimens and experiments.

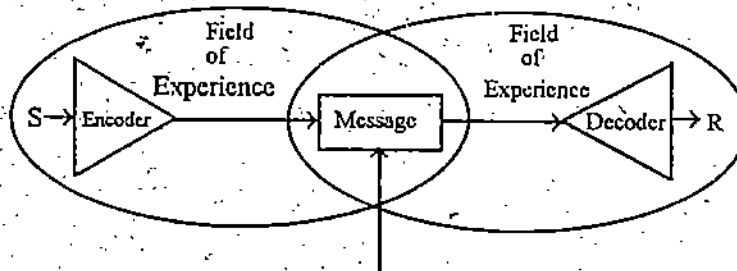
Most often several sensory faculties are involved in the communication process. Communication is more effective and lasting and the meaning becomes clearer when several sensory faculties are involved in receiving meaning.

Channel also includes mechanical devices. No message can be transmitted unless they are encoded. When we communicate through language or speech, we encode the message into written or spoken words. In order to communicate messages to a distance we use sound waves. In order to make them last we use writing. In order to complete the act of communication the message must be decoded.

2.3.4 Receiver

The receiver, also called a destination, may be an individual or a group, a crowd, or a mob, reading, listening or watching. The receiver is the object in the communication process. The sender must constantly keep the needs, aspirations, knowledge, socio-cultural milieu and background of the receiver if the message is to have the desired objective.

The following chart illustrates the human communication process.



Wilbur Schramm speaks of the field of experience as an important factor for effective communication. The source can encode, and the destination can decode only in terms of the experience each has had. If there has been no common field of experience, communication is impossible. Schramm illustrated this with the experience of an African tribesman who sees an aeroplane for the first time. The plane may seem to him to be a bird, and the aviator a God borne on wings. The film "God's Must be Crazy" illustrates this idea. Here the experience of the source and the destination are strikingly different. This difficulty persists when we try to communicate with cultures that are much different from ours.

The 'sender-message- channel- receiver' model has been criticised for presenting communication as linear and definite. Communication is an endless process, and hence it is misleading to think of the communication process as starting somewhere and ending somewhere. The science of cybernetics has provided important insights into the process of communication by making available analytical tools like signs, symbols, feedback, redundancy, noise etc.

Perhaps the greatest contribution of cybernetics to the communication process has been that of feedback. Feedback not only makes communication circular but also enables modification possible at different stages in the process of communication.

Another important factor in the communication process is the significance of symbol. Symbols are the basic units of communication systems. They can be verbal, as in the spoken word, graphic as in the written word, or representational as in a flag, or banner. Language is a system of symbols used universally as the primary vehicle of communication.

Check Your Progress II

- Note : a) Use the space provided for your answers
b) Check your answers with those provided at the end of this unit.

1) Name the four elements in the communication process.

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2) Name two conditions to make a message meaningful in the process of communication.

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3) Why is the SMCR model criticised ?

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2.4 COMMUNICATION MODELS

In the vast field of communication studies, there are numerous communication models. No one model is suitable for all purposes and all levels of analysis. We shall consider three models of communication presented by Harold Lasswell, George Gerbner and David Berlo. From numerous theories and models these have been chosen as they are considered to be the most representational and comprehensive. All the three models describe the four components of the communication process we have mentioned, namely, the

source (communicator), the message, the channel, the receiver (audience) and only Berlo omits the effect or consequence component.

The Lasswell model, perhaps the most widely quoted of all models of the communication process, "Who says What in Which Channel to Whom, with What Effect," captures the essence of the communication process in an economy of words. It is a communicator-based linear model. Communication, according to Lasswell, is one-way or two-way. His concern is the effect rather than the meaning.

Gerbner's model is a development on previous theories based on the linear process model. It relates the message to the 'reality' that it is 'about' and thus enables us to approach questions of perception and meaning, and it sees communication process as consisting of two alternating dimensions—the perceptual or the receptive, and the communicating or means and control dimension. The merit of Gerbner's model is in localising the meaning in the culture. Human perception is determined by the culture. Consequently, it helps to explain different kinds of reception or interpretation of the same message by different audiences.

Berlo's 'source-message-channel-receiver model (SMCR) popularised in his landmark volume *The Process of Communication*, continues to remain a useful interpretation of the process of communication. He introduces six constituents of the communication model, namely, the communication source, the encoder, the message, the channel, the decoder, and the communication receiver. These, he says, should not be viewed as separate things or entities or people. They are the names of behaviours that have to be performed for communication to occur.

We have seen how the various perspectives evolve from rather elementary definitions of the communication process to more sophisticated theories and models. We have also seen their possible impact on the communication process. The definitions, theories and models yield important conclusions for our study of communication.

The models assist us in our understanding of whether the process of communication in the society in which we live is: sender-centred (who), receiver-centred (to whom), or message-centred (what), channel/ media-centred (how), goal-centred (with what effect). They also tell us that if the aim of communication is transmission of messages to establish commonness, then the process must be two-way rather than one-way, circular rather than linear. Communication must also take into account factors like context, culture, symbolic systems, and field of experience.

Check Your Progress III

- Note: a) Use the space provided for your answers
- b) Check your answers with those provided at the end of this unit.

1) What is meant by the linear model of communication ?

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2) What are some of the characteristics of true communication ?

2.5 TECHNOLOGICAL REVOLUTION AND GLOBAL COMMUNICATION

The modern age of communication is generally considered to date from the invention of printing. This was preceded by the invention of paper. Another significant stage in the history of the growth of communication was the production and application of electricity, which facilitated the development of the telegraph, telephone, radio and cinema. These new technologies entered directly into the industrialised era of mass communication. From the second half of the last century onwards there has been an accelerated development of new resources, techniques and technological devices in communication, particularly for transmitting and receiving signals and messages.

After World War II, this technological revolution gathered momentum. After the advent of television, satellites, magnetoscopes, video discs and teletext, we have already entered the era of home computers and Internet. We are on the threshold of telematics, a phenomenon already known in advanced industrial societies. These communication facilities have virtually abolished the barriers of time and space. Distances have ceased to be an obstacle. Information can not only be carried across the globe almost instantaneously but also be retrieved and stored in a relatively easy way.

The technological revolution in communication has important consequences. Any significant change in the field of communication in the past has been followed by important transformation of social structures. Thus the art of printing helped to hasten the collapse of the feudal systems. The development of newspapers, telegraph and telephone greatly contributed to democratising society. Through the new media developed since the turn of the last century, film (1895), radio (1897/1921) and television (1935), the frontiers between peoples and cultures were crossed in a permanent way. The information provided through these media became more and more international and intercultural.

Nevertheless, communication revolution is not to be equated with technological development. The former reflects only one aspect of the latter. Peoples, social organisations and nations have already begun to study critically the way communication and mass media operate in the world today. The French Government commissioned Norma-Minc Commission Report (1978) emphasised the qualitative leap forward taking place in the field of social application of communication technology. All technological revolutions in the past, the report pointed out, have caused a profound reorganisation of the economy and society. They can simultaneously be the occasion of a crisis and the way out of it. That was the case with the invention of the steam engine, railways and electricity. The informatics revolution is bound to have a greater impact than these.

Since the mid-1960s, there has been a broad movement toward more decentralised, local media. This paved the way for the countries of the

developing nations of the world to call for a New World Information and Communication Order (NWICO), first within the Movement of Non-Aligned Countries and later at the General Assembly of the United Nations. NWICO demanded the establishment of a free and balanced flow of information and rejected any attempt at cultural colonialism.

Several experts in the field of communication and mass media have studied the effects of the new technology in communication. One of the important consequences of the communication revolution accentuated by the technological revolution is the invasion of mass media as a substitute for dialogue- the basis of human society and democracy. During the first decades of this century (until 1920s, approximately) 80 percent of human communication was accounted for by the spoken word, and only 20 percent by other means such as the press, the telephone and the radio broadcasts. By the end of the century through the telematics revolution, the opposite will hold : a mere ten to fifteen percent of human communication will be carried out through the spoken words, the rest through machines. This, is one of the fatal consequences of development without adequate technological controls. Written communication will increasingly replace dialogue. This technological phenomenon coincides with the growing development of a transnational power structure : economic power, technological power, ideological power and political power.

Technology in itself, is neither good nor bad. It is neutral. It provides no answer to the whys or the what fors of life; it only answers the hows. Or as we have learnt through the language of its most powerful masters, the centres of developed industrialised power, technology only provides the 'know how'. Though the future of mass communication is filled with creative potential, it may be observed that the technological developments in communication, inexorable as they may be, are neither necessarily positive, nor negative. What we choose to do in response to the new technology and how we choose to interpret its use are the vital questions.

The so-called increase in communication has been mostly in terms of technology and the quantity of information. From the Gutenberg era to the electronic era, the radius of communication has widened, making it possible to reach everyone on earth. Media is not however designed to be the instrument for the improvement of the quality of communication media, transmitting messages according to a linear sender-receiver model.

2.6 SOCIO-CULTURAL CONSTITUENTS IN COMMUNICATION

Socio-cultural constituents play a significant role in communication, be it inter-personal or mass mediated. The sender and the receiver occupy the centre stage in the communication process. To use Lasswell's terminology, they are the Who and the Whom in the communication drama. Traditionally, this area of study has been called control analysis (the who) and audience analysis (the whom). These two constituents have also been variously referred to as: stimulus-response; sender-receiver; encoder-decoder; source-destination; actor-audience; communication-communicatee.

2.6.1 Language

Successful communication needs other pre-requisites too. Language is a system of symbols. The symbols are arbitrary and reflect the personality of the individuals as well as the culture they represent. Language plays a vital role in the growth and transmission of culture, continuity of society and its values. It is a message system used for encoding and decoding. Linguistic communication, though not the exclusive form of communication, is fundamental to all human social interactions. Communication through linguistic interaction is a powerful key to analyse the worldview and psychological processes of societies and individuals.

Language is a system of symbols - oral and written - used by members of a social community in a fairly standardised way to call forth meaning. Language is the strikingly distinct attribute of humans. We can consider three important functions which language performs:

- i) Language is the primary vehicle for communication
- ii) Language reflects both the personality of the individual and the culture of his/her society. In turn it helps shape both personality and culture.
- iii) Language makes possible the growth and transmission of culture, the continuity of societies and the effective functioning and control of social groups.

2.6.2 Sign/Symbol

Messages are made up of signs. A sign is a signal that stands for something that has been experienced. There is an important difference between the sign and the object. The sign represents the object at a reduced level.

We are constantly communicating using signs. We decode signs from our environment, interpreting these signs and encoding something as a result.

All communication, including linguistic ones, makes use of symbols. A symbol is something used deliberately to take the place of something else. accepted as such as a medium of communication. Words we use are symbols to which we attach signification. Communication is possible only when the communicator and the receptor are in a position to attach similar meanings to the symbols employed. The human person is not only capable of engaging in symbolic interaction with other human beings or with God, but is also capable of creating symbols. Symbols, therefore, are a fundamental unit of the communication process.

Symbols may be verbal, as in spoken words; graphic as in the written word; or representational as in a flag.

What the symbol stands for is determined by the social group. The society agrees that a given symbol stands for a particular object. (eg. the word cat). If the individual uses some other word as a symbol, for instance to stand for such an animal, it will in all probability, result in blocked communication.

Experts in communication sciences speak of communication channel as an effective link between source and sender. The possibility exists of evaluating the effectiveness of communication through checking the channel credibility (the expertise and trustworthiness of the channel). Channel feedback enables the receiver to respond immediately and maximally to affect the source of the message in a communication transaction. Channel involvement (participation), channel availability and permanency are other dimensions that contribute to communication effectiveness.

2.6.3 Feedback

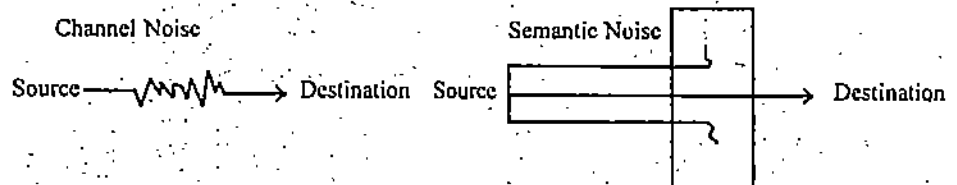
Feedback is the receiver's reaction to the message. It may be favourable or unfavourable. But feedback is necessary to know if the communication has been effective or not. Feedback includes questionnaires, letters to the editor, opinion, forums, comments or even protests or solidarity. The support received in response to appeals in media for assistance for the families of soldiers killed in Kargil or the victims of the supercyclone in Orissa can be seen as an example of how feedback affects communication. Even the applause of an audience watching a musical programme or a mob turning violent during a match, may be described as a response to particular events, hence a feedback.

2.6.4 Noise

Communication to be successful must be free from noise. Noise in communication theory refers to any limitation in the process of message transmission. There are two major types of communication noise: channel noise and semantic noise.

Channel noise includes any disturbance which interferes with the fidelity of the physical transmission of the message. In mass communication channel noise include such diverse disturbances as static electricity on the radio, smeared ink on paper; a rolling screen on television, or very small types in print. In short all distractions between source and audience may be termed channel noise.

(cross talk on telephone is a channel noise).



Semantic noise is the type of noise that occurs when a message is misunderstood even though it is received exactly as it was transmitted. This happens when the senders and receivers have no common frame of reference, or have divergent fields of experience. In short, they are not in tune.

Communication researchers point out the following as sources of semantic noise: words or subjects too difficult to grasp; differences in denotative or connotative meaning of words between sender and receiver; cultural differences between the message-sender and the message-receiver. Audience research, redundancy and feedback are some of the devices to minimise the adverse impact of semantic noise on the communication process. Feedback is more effective in face to face communication than in communication through mass media.

Human beings live in societies and cultures that are not identical. With the growth of global communication networks through the advancement of technology, communication between persons belonging to different cultures has become widespread. This kind of interaction is called inter-cultural communication.

The scientific study of inter-cultural communication is relatively new though it has been of concern for as long as different cultures have met each other or have lived and interacted with one another. Inter-cultural communication may be described as the communicative interaction between members of different cultures. It occurs whenever a message-producer of one culture transmits a message to a message-receiver of another culture.

It is again in face to face communication that these differences can best be eliminated or reduced. Mass communication tends to overlook cultural differences. Commercialisation and control of communication by multinationals with profit motives, and governments with dictatorial tendencies often fail to take into consideration cultural differences. Culture is sometimes used by these to camouflage their selfish objectives. The most obvious example is that of commercial advertisements that create new and even artificial cultural symbols and needs. This can result in the gradual elimination of the receptors' capacity to react to the message. Communication becomes heavily source-centred and one-way. The process becomes something like a theatre show. Mass media can be used in order to effect a constant cultural penetration aimed at conditioning the masses into an uncritical acceptance of socio-cultural, political and economic values. That is why McLuhan says: "Medium is the message."

Participation and freedom, not control and coercion, are the hallmarks of genuine communication. The process of communication should be initiated through a simultaneous process of making people responsible for their lives, their decisions. Socio-cultural identity, values and worldviews shape the communication context which the mass media can, if uncritically and arbitrarily used, destroy. It may, however, be observed that there is no conflict per se between socio-cultural values and symbols vis-a-vis the advancement in communication technology.

2.7 TYPES OF COMMUNICATION

Communication takes place at different levels and accordingly we can speak of different types of communication.

2.7.1 Intrapersonal Communication

When communication takes place within oneself, it is called intrapersonal communication. It includes individual reflection, meditation, and contemplation. Intrapersonal communication includes prayers addressed to the divine though some authors describe communication with the divine as Transpersonal Communication.

2.7.2 Interpersonal Communication

Interpersonal communication takes place between two persons. This includes dialogue, conversation or exchange of views between two persons without

using any technological devices like telephone. It is direct, intimate and consists of verbal interaction or gestures. The efficacy of interpersonal communication depends very much on the mutual relationship between the two partners in communication, their status, roles and skills.

2.7.3 Group Communication

Group communication takes place among a group of persons. It shares most of the qualities of the above types of communication, though in a much reduced way. The number of receivers increase, but participation, intimacy etc. can become lesser and lesser as the group becomes larger and larger.

2.7.4 Mass Communication

When the audience is large, heterogeneous and widely dispersed, the communication is called Mass Communication. Scientific and technological advances have made it possible to make communication reach vast audiences within a short time.

Check Your Progress IV

- Note : a) Use the space provided for your answers
b) Check your answers with those provided at the end of this unit.

1) Mention any two effects of the development of communication technology on society.

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2) What is NWICO ? What did it demand ?

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3) List three functions of language.

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4) What is semantic noise ?

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5) Name any three different kinds of communication.

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2.8 LET US SUM UP

This unit has been designed to provide a basic understanding of communication: the term, definitions, models and the types of communication. We have analysed the various factors that shape and influence the process of communication in society. We have presented a number of definitions and models of the leading scholars on the subject. We have placed them side by side with their differences as well as complementarity, so that we get a more comprehensive idea of the subject. Each of the perspectives has something useful to offer in our effort to understand communication.

2.9 KEY WORDS

- Communication** : The term 'communication' is derived from the Latin word 'communis' meaning having something in common or establishing commonness.
- Channel** : Channel refers to the means employed in order to transmit or receive message. It refers to the five senses: sight, touch, hearing, smell and taste.
- Feedback** : Feedback is the receiver's reaction to the message. It is necessary to know if the communication has been effective or not. Feedback includes questionnaires, letters to the editor, opinion, forums, comments or even protests or solidarity.
- Language** : Language is a system of symbols - oral and written - used by members of a social community in a fairly standardised way to call forth meaning. Language is the strikingly distinct attribute of humans.
- Noise** : Noise in communication theory refers to any limitation in the process of message transmission. There are two major types of communication noise: channel noise and semantic noise.
- Sign** : A sign is a signal that stands for something that has been experienced. The sign represents the object at a reduced level.
- Symbol** : Symbols may be verbal, as in spoken words; graphic as in the written word; or representational as in a flag. What the symbol stands for is determined by the social group.

2.10 MODEL ANSWERS

Check Your Progress I

- 1) What is communication? What is the aim of communication?
Communication is the process of establishing commonness. It means 'to impart, bestow, or convey, to make known, give by way of information.' The New Webster's dictionary defines communication as "the act or fact of communicating transmission, the imparting or interchange of thoughts, opinions, or information by speech, writing or signs that which is communicated or imparted; a document or message imparting views or information." According to the Oxford dictionary "communication is the imparting, conveying or exchanging of ideas, knowledge etc., by means of speech, writing or signs.
- 2) Give two definitions of communication.
Denis McQuail defines communications as "the sending from one person to another of meaningful messages." Wilbur Schramm makes the classical statement about communication process: "A communicates to B through channel C to D with effect E."

Check Your Progress II

- 1) Name the four elements in the communication process.
The four elements in communication are: Sender, Message, Channel, Receiver (SMCR)
- 2) Name two conditions to make a message meaningful in the process of communication.
 - i. The message must be so designed and delivered as to gain the attention of the intended audience.
 - ii. The message must employ signs that refer to the experiences common to source and receiver, so as to get the 'meaning across.'
- 3) Why is the SMCR model criticised?
The 'sender-message-channel-receiver' model has been criticised for presenting communication as linear and definite. Communication is an endless process, and hence it is misleading to think of the communication process as starting somewhere and ending somewhere.

Check Your Progress III

- 1) What is meant by the linear model of communication?
The linear model of communication presents communication as in the SMCR model. It assumes communication as in a 'line', beginning somewhere and ending somewhere. It does not stress the role of feedback.
- 2) What are some of the characteristics of true communication?
True communication must be two-way rather than one-way, circular rather

than linear. It must also take into account factors like context, culture, symbolic systems, and field of experience

Check Your Progress IV

- 1) Mention any two effects of the development of communication technology on society.
Development of communication technology led to the collapse of feudalism and democratization of society.
- 2) What is NWICO? What did it demand?
The New World Information and Communication Order (NWICO) is the result of a broad movement toward more decentralised, local media by the developing nations of the world. It began within the Movement of Non-Aligned Countries and later at the General Assembly of the United Nations. NWICO demanded the establishment of a free and balanced flow of information and rejected any attempt at cultural colonialism.
- 3) List any three functions of language.
The three important functions of language are:
 - i) Language serves as the primary vehicle for communication
 - ii) Language reflects both the personality of the individual and the culture of his/her society. In turn it helps shape both personality and culture.
 - iii) Language makes possible the growth and transmission of culture, the continuity of societies and the effective functioning and control of social groups.
- 4) What is semantic noise?
Semantic noise is the type of noise that occurs when a message is misunderstood even though it is received exactly as it was transmitted. This happens when the senders and receivers have no common frame of reference, or have divergent fields of experience. These include: words or subjects too difficult to grasp; differences in denotative or connotative meaning of words between sender and receiver; cultural differences between the message-sender and the message-receiver.
- 5) Name any three different kinds of communication.
The different kinds of communication are: Intrapersonal Communication, Interpersonal Communication, Group Communication and Mass Communication.

2.11 FURTHER READINGS

Melvin L. DeFleur- Everette E. Dennis, 1991: Understanding Mass Communication, Goyal SaaB, Delhi

Keval J.Kumar, 1981, Mass Communication in India, Jaico Publishing House, Bombay

Subir Ghosh, 1996, Mass Communication Today in the Indian context, Profile Publishers, Calcutta

Pradip Kumar Dey, 1993, Perspectives in Mass Communication, Kalyani Publishers, Calcutta

UNIT 3 TRADITIONAL AND MODERN MEDIA OF COMMUNICATION

Contents

- 3.0 Aims and Objectives
- 3.1 Introduction
- 3.2 Traditional Means of Communication
- 3.3 Folk Media
- 3.4 History of Communication
- 3.5 Choice of Medium
- 3.6 Let Us Sum Up
- 3.7 Key Words
- 3.8 Model Answers
- 3.9 Further Readings

3.0 AIMS AND OBJECTIVES

This unit introduces you to a basic understanding of the various methods and processes of traditional and modern means of communication. The traditional media and folk media are studied from the context of the rich and varied tradition of India. In the second section of the unit we examine the development of the communication from writing to the modern means of communication. After studying this unit the students are expected to learn the following:

- Traditional media of communication
- Factors that shape and influence the traditional media
- Folk media and its impact on the masses
- Some of the leading traditional communication media of India
- Modern communication media and their development
- Comparative merits and demerits of various modern communication media

3.1 INTRODUCTION

In this unit we shall study the traditional and modern means of communication. Communication is a dynamic process that has shaped the growth and development of human history over centuries. It continues to evolve and develop into newer forms with the growth of scientific and technological changes that take place. Traditional media finds newer expressions when confronted by newer forms of media. The last few decades have witnessed an unprecedented growth in the history of communication. As a result we have many new forms of media. Traditional media themselves keep changing and adapting themselves according to the changing needs of society and the requirements of those use a particular medium to communicate values and worldviews.

3.2 TRADITIONAL MEANS OF COMMUNICATION

The term traditional means of communication refer to methods used in a specific culture for communication of ideas and dissemination of information.

Sometimes traditional media are closely linked with folk media, alternative media or folklore. We shall examine some of the important characteristics of traditional means of communication. Prior to that we need to understand the relationship between communication and culture.

3.2.1 Communication and Culture

There is an intimate link between communication and culture. According to some social anthropologists, classifications of cultural facts include: speech, art, mythology, knowledge, religious practices, family, social systems and government. As we can see most of these groupings have a direct communication dimension. This relationship underlines the importance of communication in any given culture. Communication is necessary for the preservation, maintenance and development of culture. One of the primary functions served by every cultural form is to convey meaning to the participants of the given culture. Anthropologists agree that without communication there can be no culture. A number of people cannot function as a group if they do not have certain common means of communication. A culture is therefore, essentially a human communication system.

3.3 FOLK MEDIA

Folk media means media of the people. The word folklore and folk media come from the German root word 'volks' (pronounced folks) which means 'people'. Though folklore has a close link with folk media, the two are quite distinct from each other. The term folklore was coined by William Thomas in 1845. Folklore includes such formats as myths, legends, folk-tales, jokes, proverbs, riddles, chants, costumes, dances, dance dramas, songs, folk medicine and writing on the walls.

Folk media refer to 'various means of communications available to the rural and tribal people'. It is often termed as 'traditional media', 'indigenous communication system', 'alternative media', 'group media', 'low cost media' etc.

We may mention the following as the chief characteristics of folk media:

- i) Participation by the people of a cultural group or area
- ii) Inexpensive requiring only material available locally
- iii) Based on the average skill of the group. Skill is acquired without elaborate formal training.
- iv) No qualitative or quantitative criterion for participation.
- v) Depend on people for dissemination, and so largely controlled by the people themselves.
- vi) Non-commercial. As money is not involved no copyright system is followed.
- vii) Largely anonymous
- viii) Adapted and recreated to suit the particular occasion, audience.

Folk media have tremendous influence on society. They are powerful vehicles for social change. Even in places where the modern media of communications have made remarkable inroads, the traditional folk media continue to remain valid as a powerful medium capable of influencing attitudes, in leading people to action and in effecting change. Traditional media can be more powerful to dispel superstitions and help instil scientific temper. Traditional media is popular with the masses and enjoy great credibility. Hence they have remarkable power of persuasion.

There is a gross misunderstanding about the relation between mass media and folk media. Folk media constitutes an interpersonal structure, which is quite different from that of the mass media. Folk media belong to the masses while mass media belongs to the few individuals who own and control them. In folk media the form and content, the theme and communicator and the audience form a cohesive unit.

Check your Progress I

- Note : a) Use the space provided for your answers.
- b) Check your answers with those provided at the end of this unit.

1) What is the relationship between Communication and Culture?

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2) What are Folk media? Mention some of their characteristics.

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3.3.1 Folk Media in India

There are, according to scholars, about 6000 folk media and traditional art forms in India. They help to preserve and transmit the tradition and culture of our country. Besides providing entertainment, they impart moral instruction. The traditional media enjoy a good rapport with the audience. The audiences are homogenous in terms of culture, language or dialect. Traditional media are low cost and use language or dialect that is easily understood by the people. Folk media have a high degree of flexibility. They can be adapted to suit varying needs and occasions. All these characteristics make folk media effective as media of communication.

Unlike the classical arts, folk forms were not dependent on royal patronage. Folk media did not originate in the Brahmanic or Vedic stream of Indian culture. Instead, they belonged to the primitive Indian culture and remained always as an alternative media, expressing the life of the common folks.

Throughout the tumultuous political history of India, the folk art forms underwent remarkable changes. But their power as media of the people to preserve time-tested values, to stir up emotions and sentiments of a religious, social and political nature continued unabated. In fact, some of the leaders of the freedom

struggle like Tilak, Gandhi, used the traditional media with great effect to mobilise popular support for the cause of freedom.

The folk or traditional media in India vary in form and content from place to place. However, these media have several common elements. One chief characteristic is that they are highly flexible. They combine song and dance, acting, body movements and gestures, puppetry, costume etc. The means of communication and the behaviour pattern will vary from culture to culture.

We may divide traditional means of communication into three categories:

- i) Means used
- ii) Persons involved
- iii) Social structures

Under 'means used' we may list the following methods:

- storytelling
- songs
- gestures
- drama
- mime
- puppetry
- drums for signalling, giving message, for talking
- dance
- ritual, cults, myth

The persons involved in communication have distinct roles in the communication process.

They include:

- opinion of leaders in different disciplines
- speaker
- storyteller/ narrator
- crier/ announcer
- headman/ leader
- poet
- minstrel/ bards

The social structure for traditional communication includes the place, context or environment that provide the appropriate setting for the community or group to communicate. These include:

- the market place
- streets and street corners
- wells or bathing places
- forums or assemblies
- religious institutions
- voluntary groups or co-operatives
- ritual gatherings: marriage, funeral, planting, harvesting
- celebration, festivities, fairs

The oral cultures have many ritual and symbolic forms of communication. Oral communication is a very powerful form used to transmit ideas and values among the tribal communities. An African researcher in traditional media calls them "Oramedia".

Under the banner of traditional media of communication we can list several folk media. They usually have the following characteristics:

- simple in form with no technical equipment
- free/available without material cost
- relates to public issues
- traditional and origin is not known
- the difference between producers (performers) and users is little.
- communicates directly to one or more of the senses
- participatory, dialogic and interactive
- the participants and listeners are a group or unit

Traditional media used by various cultures serve the following functions:

- impart social/ community values
- provide teaching and initiation
- transmit traditional values
- preserve religious bond
- provide legal code, norms of conduct
- transmit stories, parables, proverbs
- mobilise people for common action: defence, agricultural activities
- preserve social bond and cohesiveness

Folk art grew from the grassroots. It is a spontaneous expression of the people, shaped by themselves, in which they themselves participate, to suit their own needs. Some anthropologists distinguish folk art of the common people from the 'high culture' of the aristocracy.

Silbert Seldes outlines the characteristics of folk culture as:

- Folk art and popular art are easy to understand.
- They are romantic, patriotic, conventionally moral.
- They are held in deep affection by those who are suspicious of the great arts.
- Popular artists can be serious or trivial, they can be men of genius or men of talent.
- They can be universal or parochial.
- They have the power to communicate with everyone.

Traditional folk media are transmitted by personal and simple contacts within the framework of communities. The people involved in the process are small, since the personal, face-to-face element is essential to it. Among the traditional media of communication, we may include language, music and art.

In India some of the popular forms of traditional media or folk cultural communication media are:

Storytelling, Tamasha, Katha, Bhavai, Jatra, Kirtana, Pahad, Tarja, Kavigaan, Nautanki, Kathakata, Burakatha, Gazal, Kawaki, Mushaira.

Storytelling is probably the most universal among the various kinds of folk media. Many rural societies in India have a rich tradition of storytelling. The storyteller uses histrionic gestures and rhythmic language to tell the story. The audience responds with laughter and body movements. The narration of the story sometimes goes on late into the night. The storytellers use costumes, musical instruments. They often caricature the character they are describing. The stories are woven around familiar stories from the religious traditions or local fables. The people normally gather in the village squares or courtyards.

Tamasha is a lively form of folk theatre in Maharashtra. It is some 400 years old and dates back to the time of the Peshwas. A jester named Songadya acts as a master of ceremonies. He makes witty remarks. Tamasha uses both male and female artists. Tamasha has been traditionally used as a medium of entertainment and communicating religious stories. Its contemporary use include creating social and political change by generating public opinion. The government uses this form today to popularise issues like family planning.

Nautanki is a North Indian folk drama form performed in an open theatre. This folk form gets its name from Rani Nautanki whose young lover disguised himself to get entry into her chamber. This form too has a narrator called Sutradhar. Musical instruments like the kettledrum (makkara) and dholak are used. The dialogues are sung to popular folk melodies.

Jatra literally meaning 'journey', is a popular folk theatre of Bengal and Orissa. The name of this form is derived probably from the habit of the performers who wander from place to place to perform. Most stories are related to Krishna and Radha. Jatra helped to popularise the Bhakti cult among the masses. Later it was used to popularise the Shakti cult. During the freedom struggle Jatra was used for popularising the movement. The form consists of choral singing (juri), acting and rhetorical flourishes.

Bhavai is the leading folk theatre form in Gujarat. A jester or clown called Ranglo enters into dialogue with the Naik or Sutradahar. The bantering, satire and gestures of Ranglo provide laughter to the audience. He connects the past with the present and pokes fun at the political and social evils of the day. Bhavai uses a mixture of dialogue, mime, fantasy, acrobatics, magic tricks, dance and song. Various classical and popular music forms make this folk art a lively medium.

Keertana : This folk art form is also called Harikatha or Harikeertan. It is a kind of concentrated drama, a monodrama in which a gifted actor portrays a series of characters and moods. It is believed to have spread from Maharashtra to Karnataka and Tamil Nadu about 150 years ago. Associated with the Bhakti movement, it was used by Kabir and Tukaram to preach religious faith and to bring about social and political reform. A different form of Keertana is used in Gujarat.

Ballad Forms: There are several distinct ballad forms in vogue in India to narrate stories. To name a few: Alha (Uttar Pradesh), Burra katha (Andhra Pradesh), Jugani and Vaar (Punjab), Powada (Maharashtra), Villupattu (Tamil Nadu).

Folk Music is another powerful traditional media of the people. According to scholars there are some 300 folk musical styles in India. The more popular among them are: Baul and Bhatiali (West Bengal), Doha and Garba (Gujarat), Chaiti and Kajari (Uttar Pradesh), Kolkali Pattu (Kerala), Bihu (Assam), Mand and Panihari (Rajasthan), Rouf and Chakri (Kashmir), Sua and Dadaria (Madhya Pradesh), Mando and Dhalo (Goa), Boli (Eastern Punjab) and Layani (Maharashtra)

Folk sayings and riddles: The rural folk of India appreciate these forms of communication regardless of their economic condition or educational status. These forms are rooted in the culture and tradition of the community that uses it. These media entertain as well as educate, and preserve social cohesion and harmony. They transmit religious and social values and cement a strong bond among the members of the community.

Puppetry: Puppetry is essentially a folk art used since several centuries to relate myth and legend. The medium has undergone change and is being used in many present day situations to impart education, entertainment and even therapy. Puppetry is the art of animating figures representing human or animal motifs. Puppetry did not originate as a source of entertainment, but as a cult observance. It has continued as an enduring art though it has undergone changes in preparation and presentation. There are four different kinds of puppetry common in India. They are:

- i) **Sutradharika:** Puppets manipulated with long strings. The costumes vary according to the local culture. This kind of puppetry is common in the states of Rajasthan, Orissa, Karnataka, Andhra Pradesh and Tamil Nadu.
- ii) **Rod Puppets:** These are dressed in the Jatra style. They are larger in size and are fixed on bamboo sticks that are tied to the puppeteer's waist. This form is common in West Bengal.
- iii) **Shadow Puppets:** They are flat figures made from tanned hide and painted with vegetable dyes. They are illuminated from behind so that their shadow may fall on a transparent cotton screen. This form is common in Andhra Pradesh, Karnataka, Kerala and Orissa.
- iv) **Hand Puppets:** Also called Glove puppets use the hand of the puppeteer for movement and vitality. This form is popular in Orissa, Kerala and Tamil Nadu.

Check your Progress II

- Note :
- a) Use the space provided for your answers.
 - b) Check your answers with those provided at the end of this unit.

- 1) Mention some of the functions of folkmedia.

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2) Name five popular forms of traditional media in India.

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3) What is Puppetry? What are the different kinds of Puppetry common in India?

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3.4 HISTORY OF COMMUNICATION

Communication skills were in existence probably from the very dawn of human civilisation as it would be impossible to think of life without some form of exchange of ideas and experiences. The earliest form of communication may have been the voice, used to communicate, to shout, to pass on information and experience across considerable distance. Much of the information at that time was transmitted through use of oral skills. Stories and songs were passed on to successive generations orally. Writing may have begun to evolve when oral communication became insufficient for political governance and control of large numbers of people spread over vast geographical areas.

3.4.1 Early Developments

The earliest record of written communication that we have dates back to the cave paintings in Lascaux and Altamira in southern Europe. It is believed that some 35,000 years ago unknown artists painted dramatic murals of bison, reindeer, wild horses and even extinct animals and of the men who hunted them. The paintings depict activities related to hunting. Such symbolic depictions probably helped to recall more effectively the stories they wanted to remember and to hand down to the successive generations. Such symbolic representations aided memory and helped easy recall. In the course of time these symbolic representations came to be standardised.

Many such representations on surfaces — pottery, baskets, sticks, cloth, walls, animal skins, bark, stone and even leaves, have come down to us. These contain a rich variety of signs and symbols with drawings and decorative motifs. The primitive people used a variety of means such as tattoos, scars, jewellery, crowns, clothing, to signify rank, status, power, martial status, achievement, occupation and family membership.

3.4.2 Writing

The transition from oral to literature culture must have taken a long period of time. According to some anthropologists, our ancestors began to use rudiments of language to communicate some 300,000 years ago. But it was only in about 4000 BC that some sort of uniformity in representation of ideas came into vogue. Ideas came to be expressed through graphic symbols. Since pictures

were used to express thoughts, such pictures are called pictographic writing. Since objects drawn refer to ideas, such characters are also called ideograms, and the writing, ideographic.

The earliest ideographic systems known to us belong to Egyptians, Chinese and the Mayas. One of the difficulties with ideographic writings was the need to know hundreds or thousands of ideograms representing various words. A simpler system was thus developed, to link the graphic symbol not to ideas but to sounds. Thus came into vogue phonograms. Phonograms are graphic symbols linked to specific sounds by convention or rule among those who speak a particular language. The alphabets are examples of phonograms.

Our phonetic system of writing is believed to have originated in the ancient Sumerian cuneiform writings. The Sumerians hit upon the idea of letting a particular character stand for a sound. The idea was further improved and simplified in the course of time. Further activity in the development of writing can be traced to Egyptian and Greek civilisations. The common media used for writing were stones, papyrus, a reed that grew on the banks of Nile. Papyrus was an advanced medium for writing as it could be flattened, stitched together and rolled into scrolls. Another popular material for writing was the parchment (tanned sheepskin) and vellum, prepared from the skin of a young calf. The latter two survived longer than papyrus.

The Romans refined the art of writing by improving the alphabets and introduced more durable materials for writing. The majuscule letters, used extensively in Roman monuments, are the capital letters. Their smaller minuscule letterforms, refined under the influence of Charlemagne in the eight century as Carolingian scripts, became the lower case of the present day.

When Rome came under a series of invasions, the monks in the monasteries preserved the language and texts by strenuously copying them by hand, thus the word 'manu scripti'. The monasteries became privileged places where libraries developed and books were preserved.

3.4.3 Printing

The invention of printing was preceded by the manufacturing of paper. Paper is believed to have been first invented by a Chinese minister Tsai Lum in 105 B.C. The Arabs had paper in 751 A.D., but it was brought to Europe via Spain through the Moors around 1100. The use of paper became so widespread that within a century, paper was being produced in many parts of Europe.

Printing was first invented in China in 846 B.C. The Chinese used wooden plates for printing. A method of printing for decoration and ornaments existed in India already in 200 BC. But it was Johannes Gutenberg, a German goldsmith in Mainz who first invented modern printing using movable types around 1450. The first book printed by him was a portion of the Bible. This book came to be called the Gutenberg Bible.

By the end of 1400s, printing spread to various parts of the world. William Caxton, who learnt printing in Germany, set up the first printing press in England

in 1476. The first printing press in the Americas was set up in Mexico City in 1539 by Juan Pablo. The first printing press in India was set up at Goa in 1556 by Portuguese Jesuits. The earliest printing presses were set up by Christian missionaries. Printing spread throughout India during the 250 years that followed the introduction of the first press in Goa. Besides the Portuguese, the British, Spanish and Danish helped disseminate the technology of printing.

The advent of printing in India helped the growth of several Indian languages. Languages came to be written with their respective scripts, grammars and vocabularies developed. Many of the earliest printed books were translations.

Gutenberg's invention brought about a veritable change in the world. As printing spread throughout the world, languages grew and developed, schools and educational activities received a major thrust. Development in science, philosophy and religion became available to the masses. In short, printing helped preservation and dissemination of knowledge. The development and acceleration of the printing techniques, availability of paper and a growing readership helped the growth of the press.

3.4.4 Books and Newspapers

Today it is impossible to think of life without books. Printing of books and their spread gave an impetus to the growth and preservation of knowledge. Printing of books facilitated the spread of ideas, helped to break down social barriers. It paved the way to create new social relationships, and helped to unleash revolutions, promoted scientific developments and discoveries. Though many of the functions of books are being carried out through other media, book production continues to flourish as an industry. The book is unlikely to disappear from the world as long as human civilisation exists.

The newspaper was the oldest mass medium. It was the first and the fastest form of communication to reach a mass audience. The first newspaper was printed in Germany in 1609. Within a decade newspapers began to appear from Belgium, the Netherlands and Great Britain. The newspapers continued to remain the fastest mass medium until radio and television appeared on the scene. In terms of speed, radio and television have overtaken the newspapers, but the newspapers continue to serve readers with more in-depth analysis of news and features.

The first newspaper in India was started by James Augustus Hickey in 1780. It was called the Bengal Gazette. Hickey was arrested and imprisoned and later deported back to England for fearlessly championing the freedom of the press and exposing the corrupt practices of the colonisers. Within six years after Hickey's paper was shut down, several other papers made their appearance from Madras (Madras Courier) and Bombay (The Bombay Herald). The pioneers of Indian language journalism were the missionaries in Serampore. Samachar Darpan was the first Indian language periodical. Since then both the English language and vernacular press have grown steadily. The press in India played an important role in the freedom struggle. Some of the leaders of the freedom movement like Tilak, Gandhi etc, were also editors and writers. The press in India has enjoyed considerable freedom (except for a brief period during the internal emergency) and has been a powerful instrument in shaping the democratic polity of the country.

3.4.5 Cinema

The history of cinema, or motion picture, as we know today is little over a century old. Motion picture is a series of still pictures projected on screen rapidly to create an impression of movement in the viewer. In fact, the word 'cinema' comes from the Greek word 'kinema' which means movement. There are three phases in the development of cinema:

- i) recording of images
- ii) arrival of sound
- iii) addition of colour

Several developments preceded the invention of cinema as we know today. First attempts including the invention of photography date back into the middle of the 19th century. George Eastman in 1884 as well as Edison and Dickson were some of the pioneers whose work helped the invention of cinema by the Lumière brothers in Lyon, France, who produced the first film in 1895. The Lumière Brothers used 35-mm film material. The films were silent and were accompanied by musical instruments or oral communications by individual houses. Movies became 'talkies' with the invention of movies with the synchronised sound. Films had sound tracks by the 1920s.

Many of the early films lasted only a minute or two. Later films of longer duration and with themes and stories that interest people were produced, and films moved out from coffee-houses and saloons to full-fledged theatres. Film industry began to thrive and become a big business.

Cinema came to India in 1896 with an exhibition of the Lumiere Brothers in Bombay. H.S. Bhatvadekar who watched the exhibition, produced the first Indian newsreel, Return of Wrangler Paranjpe. Dadasaheb Phalke, a Bombay printer, produced his first film Rajah Harischandra in 1913. Phalke went on to produce some 100 other films.

Cinema as a medium of mass communication enjoys great appeal in India. India is among one of the biggest film producing countries in the world. Films have been primarily an entertainment medium in India, but has taken on the role of providing to the masses, education and social change. The documentaries also provide information on various national issues. Films by virtue of their ability to combine the various elements like sight, sound, motion, drama create impact and become a powerful instrument of change. The film medium in India cuts across cultural barriers as visuals have universal appeal.

3.4.6 Broadcasting and Radio

Broadcasting refers to the transmission of sound and image over larger distances. The telegraph and telephone were important inventions that facilitated later developments in communication technology. Samuel Morse, who invented the telegraph, transmitted coded messages using electricity in 1835. A German scientist Heinrich Hertz demonstrated the existence of radio waves. In 1897 Guglielmo Marconi at the age of 22, sent the first wireless message over great distances. Radio was born. It became a powerful medium to send messages across large distances.

Within two decades, radio passed out of the experimental stage to emerge as a great medium of mass communication. Radio became a powerful medium of entertainment and information. It helped to disseminate ideas, played an important role during the wars, and enabled colonial powers to keep in contact with the ships in the sea. Political leaders used radio for broadcast to the nations.

3.4.7 Television

Soon after World War II, radio was surpassed by another, more powerful medium, the television. Experiments in television broadcasting began in the early 1920s. A series of inventions including the picture tube, the electric camera and the TV home receivers followed during the next decade. NBC and BBC set up their own television stations in New York and London respectively. The World War II suspended the growth of television. By the 60s colour television came into vogue.

Since 1962, with the launching of the first communication satellite, Early Bird, the era of satellite communication began. Satellites have made it possible to uplink signals from the ground station to the satellite in space and to downlink signals to earth again. Uplinking is a process by which signals from ground stations are beamed to geo-stationary communications satellites. By downlinking, these signals can be captured by the home television through cables or dish antennae.

The limitations of broadcast television gave rise to the invention of cable television. Cable TV was a process of distributing the programmes received from the station by wire rather than through air. It is a system through which a master or dish antenna receives electronic signals and distributes to several homes via cable. Satellite communication has today transformed the world into a global village.

Television in India began in 1959. However, production of TV sets began in India only in the 70s. In 1976, Radio and Television, which operated under one unit, was bifurcated and Doordarshan was formed. In 1967 television was used in India as a mass medium for education through the Satellite Instructional Television Experiment (SITE) programme.

Television in India has served as a catalyst for change, for promotion of national integration, to stimulate scientific temper among the people, promotion of population control and family welfare, to stimulate agriculture, rural development, environment, promotion of sports and games, promote welfare of the cause of women and children, to inculcate a spirit of nationalism and appreciation for the artistic and cultural heritage of the country.

Uncontrolled use of television poses many dangers as well. Most television programmes in developing countries are imported from the West, especially the United States of America. In the 1970s an estimated 150,000 hours of television programmes was exported annually from the U.S. According to a 1983 study of 69 countries found that they imported one third or more of their programmes from other countries. In Africa about 40 to 60 per cent of the TV programmes are imported. This tendency is wrought with serious

consequence on culture, worldview and value system. TV has been the major agent for globalisation of culture to the detriment of promoting indigenous cultures.

Television is also an addictive medium that can become the opiate of the people. Educators maintain that television viewing has interfered with the education process. TV has affected many other social activities, such as leisure and recreation, games, music, entertainment, religion etc. The correlation between television programmes portraying violence and real violence in society is being studied by social scientists and communication experts.

3.4.8 Internet

With the aid of telephone and modem two computers situated at a distance can be linked and data can be transferred quickly. Such data transfer system is called Electronic mail (E-mail) and is the basis for Internet. Internet is a global system by which one computer can be connected to another computer for data transfer. The system has been perfected to achieve world connectivity through linking computers via modems. This has facilitated quick transfer of information from one computer terminal to another at a distance. Further advances in the field led to the creation of Web sites. The web site is a collection of data - text, pictures, sound etc. that can be accessed through the Internet. Today large quantities of information and data are available on various web sites and with a few strokes on the computer keyboard, one can easily access them. Internet access in India was first introduced in 1995 by Videsh Sanchar Nigam Limited (VSNL).

3.4.9 Further Advances in the Field of Communications

Among the several media of communication the one which had far reaching impact on the present day communication revolution is the telephone. Telephone which has only been a medium for the transmission of sound from across distance has now emerged as a major instrument of communication that connects computers or fax machines.

Another major revolution, which is taking place in the field of communication, is with the help of cellular phones. Many advanced research and experiments are currently on to develop sophisticated cellular phones which will improve the communication process.

The advent of digital technology, scanning and digital transmission of pictures have helped even the operations of print industry.

The audio and videocassettes are now being replaced by compact discs (CDs) with sound, text as well as pictures. Video Compact Discs (VCDs) and Video Compact Disc players are replacing the videocassettes and videocassette recorders (VCRs) and video cassette players (VCPs).

As the information technology is resulting in new ways to speed up the process of communication, we are also becoming more conscious of the inter-relation of various forms of media. For instance, now it is difficult to speak of the distinction between print and electronic media as two separate entities as

printing itself is very much influenced by many of the electronic inventions. Telephone, television, satellites and computers and other technological inventions have been perfected in a new relationship to provide us the 'information superhighway' which has revolutionised communication.

Check your Progress III

- Note : a) Use the space provided for your answers.
b) Check your answers with those provided at the end of this unit.

1) Who invented modern printing? Mention how printing helped in the development of communication.

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2) List some of the merits of Television in the Indian context. Mention any two dangers television poses.

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3) What is Internet? How does it help communication?

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3.5 CHOICE OF MEDIUM

The various communication media, traditional as well as modern, have distinct features, advantages and disadvantages. Their effectiveness depends on several factors. Their comparative merits and demerits show that they are complimentary.

The choice of a particular medium for communicating a particular message for a specific audience should be done carefully and after taking into consideration factors like the message, availability of the medium, and the characteristics of the audience or the receivers. Participation and feedback are essential to make communication effective.

In communicating certain messages, ideas, social themes, one should not arbitrarily choose any medium at random. The choice of the medium must be done carefully and in consonance with the purpose, goals and objectives, the characteristics of the audience, their background, literacy level, economic or social status, age, education, familiarity with the medium etc. The following list presents some of the possible advantages and disadvantages of various media. As we have already dealt with the traditional media at length, we have not included them in this section.

MEDIUM

ADVANTAGES

Print Media:

Inexpensive material, paper, ink
 Simple and rapid production process
 One person can complete quickly
 Many ways to approach the subject
 A wide range of illustrative possibilities
 Controlled distribution
 Long life — always available for reference

Magazines:

Selective, targeted, frequently affluent audience
 imaginative use of colour and visuals
 Prestigious, slick, more likely to be preserved
 Passed along from one to another, so more people read

Newspapers:

Geographically focused
 Relatively low cost and reach all income groups
 Short deadline, more current (dailies, weeklies)
 Contents are discussed and shared
 Enjoy credibility and mass appeal

Pamphlets and Brochures:

Can be directed to selected audience
 Messages can be communicated in detail
 Available for future reference
 Many possible formats and colours
 Attractive presentation and careful distribution

Direct Mail:

Highly selective of audience
 Messages can be personalised
 Easy to provide means for reader action
 No direct competition with other advertisers

MEDIUM

DISADVANTAGES

Print:

Static, linear. Can be familiar medium with negative associations
 Impersonal format, hard to enliven. Difficult and expensive to distribute. May be discarded after use

Magazines

Deadlines may be far in advance and so not timely
 Market may not be local
 Distribution costs and difficulties

Newspapers:

Short message life
 High cost for timely coverage
 Message often sensationalised

Pamphlets and Brochures

Production deadlines are long and printing late
 Printing and production are expensive
 Difficult to measure effectiveness

Direct Mail

Unpopular as junk mails abound
 Tedious to update and maintain mailing list
 Expensive and time consuming
 Postage is expensive. Difficult to measure results.

MEDIUM

ADVANTAGES

Broadcast
TV

- High quality production
- Always large audience
- Enjoys credibility and is impressive
- Has rich visual potential
- Has intimate access to people, their homes
- Creative, artistic and has communication potential

Videotape

- Easy to learn and use
- Novel, exciting medium
- Inexpensive compared to broadcast
- Production involves people in groups or teams
- Equipment is portable
- Tape is reusable, inexpensive
- Allows instant playback

Radio

- Inexpensive. Possible to have creative use of music and effects. Low cost, accessible, portable
- More popularly used as a rural medium than TV
- Can be used by groups and individuals
- Selectivity of audience possible
- Easy to adapt, edit, alter copy, update
- Has great creative access to imagination

Film

- Large audience potential
- Powerful creative art form
- Playback equipment relatively inexpensive and available
- Involves many people in production process
- Has both audio and visual advantages.

Slide/ Audio Tape

- Inexpensive to produce
- Can be used with large or small group
- Can be easily revised, edited, adapted
- Equipment available easily
- Familiar medium: anyone can use anywhere
- Involves many people
- Communicates to a specific audience
- Effective to entertain and convey ideas, messages
- Can be used with commentary, narration and adaptable
- Effective for use in classroom, lectures, rural settings.

MEDIUM

DISADVANTAGES

Broadcast

TV

- Indiscriminate audience
- Excessively time consuming and expensive
- Purchasing air time is expensive, difficult to get access
- Public service facilities declining, more commercialised
- Future referral to the message is difficult
- Messages limited by short segments
- Commercial interruptions and context affect programme

Videotape

- Still somewhat expensive
- Playback limited to smaller groups
- Broadcast quality calls for further investment
- Lack of compatible hardware, format, equipment
- Electronic technology unavailable to many in rural areas

Radio

- Needs quiet surroundings
- Lacks visual message
- Hard to reach all due to irregular listening habits.
- Partial attention required to listen to it in the background
- Message limited by short segments
- Difficult to refer back to the message
- Audience is too vague, broad and unspecified

Film

- Expensive to produce and duplicate
- Long time for the production process
- Formal, final quality with less involvement of feedback
- Hard to edit or change
- Short life, fragile format
- Audience unspecified and broad.

Check your Progress IV

- Note :
- a) Use the space provided for your answers.
 - b). Check your answers with those provided at the end of this unit.

1) Mention at least one advantage each of the following media: print, film, and direct mail.

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2) Mention at least one disadvantage each of the following media: Radio, Pamphlets/Brochures, and Magazines

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3.6 LET US SUM UP

In this unit we have studied the various traditional media of communication and their impact on society, especially on the rural masses in the context of India. As we have seen there are innumerable folk media which are used in the various states of the country to convey meanings, to tell stories, to disseminate information related to social conduct, religious values and cultural traditions. We have also studied the way communication has evolved over the centuries to the present day. We are said to be living in a media world or 'global village' where information is available at our fingertips, thanks to the advancement in

technology. When we see the tremendous progress that science and technology have facilitated in the field of communication in the course of a century, it is difficult to predict the future. In terms of what is in store for us in this field in the years to come. What has remained unchanged, however, is the innate human need for communication. This need has helped in evolving newer media of communication. The process is bound to go on as the history of humankind progresses.

We have examined the comparative advantages and disadvantages of various modern means of communication. There is no one perfect medium for effective communication which combines all the positive elements of communication. What we need to bear in mind is the complementarity of the various media: traditional as well as modern.

3.7 KEY WORDS

- Folklore** : A term used by William Thomas in 1845. Folklore includes such formats as myths, legends, folk-tales, jokes, proverbs, riddles, chants, costumes, and dances, dance dramas, songs, folk medicine and writing on the walls.
- Folkmedia** : Comes from the German term 'volks' meaning 'people'. It refers to the media used by the common people.
- Papyrus** : A reed that grows on the banks of River Nile, used in ancient Egypt for making scrolls for writing.
- Manuscript** : From the Latin words, 'manus', meaning 'hand' and 'scripti' meaning 'writing'. Means texts written by hand.
- Uplink** : Sending television signals from the ground station to the satellite.
- Downlink** : Capturing the signals from a satellite by means of an antenna for television.
- Global Village**: An expression used to describe the idea that contemporary communication technology has made the whole world close-knit like a village.
- Information Superhighway** : An expression used to describe the speed of information transfer with the help of modern communication technology.
- Internet** : A global system by which computers are linked up in order to transfer data.

3.8 MODEL ANSWERS

Check Your Progress I

- 1) What is the relationship between communication and culture?

Culture refers to a way of life. Cultural facts include speech, art, mythology, knowledge, religious practices, family, social systems and government. Communication is the mode of transferring cultural facts. Hence it has a direct communication dimension. Communication is necessary for the preservation, maintenance and development of culture.

- 2) What are folk media? Mention some of their characteristics.

Folk media refer to 'various means of communications available to the rural and tribal people'. It is variously termed 'traditional media', 'indigenous communication system', 'alternative media', 'group media', 'low cost media' etc. Its characteristics include:

- 1) Participation by all the people of a cultural group or area
- 2) Inexpensive and need only material available locally
- 3) They are based on the average skill of the group. Skill is acquired without elaborate formal training.
- 4) As they are participatory, there is no qualitative or quantitative criterion for participation.
- 5) They depend on people for dissemination, and so are largely controlled by the people themselves.
- 6) They are non-commercial. As money is not involved no copyright system is followed.
- 7) They are largely anonymous
- 8) They are adapted and recreated to suit the particular occasion, audience.

Check Your Progress II

- 1) Mention some of the functions of folkmedia.

Traditional media used by various cultures serve several functions such as:

- imparting social/community values
- providing teaching and initiation

- transmitting traditional values
- preserving religious bond
- providing legal code, norms of conduct
- transmitting stories, parables, proverbs
- mobilising people for common action: defence, agricultural activities
- preserving social bond and cohesiveness.

2) Name any five popular forms of traditional media in India.

Tamasha, Katha, Jatra, Nautanki, Kawaki.

3) What is puppetry? What are the different kinds of Puppetry common in India?

Puppetry is a folk art used to relate myth and legend. Puppetry originated as a cult observance. There are four different kinds of puppetry common in India. They are Sutradharika, Rod Puppets, Shadow Puppets, and Hand Puppets.

Check Your Progress III

1) Who invented modern printing? Mention how printing helped in the development of communication.

Johannes Gutenberg was the first to invent printing using movable types. His invention changed the world. As a result of printing, languages grew and developed, schools and educational activities received a major thrust. Development in science, philosophy and religion became available to the masses. In short, printing helped preservation and dissemination of knowledge.

2) Mention some of the merits of Television in the Indian context. Mention any two dangers television poses.

Television in India has helped to promote national integration, to stimulate scientific temper among the people, promotion of population control and family welfare, to stimulate agriculture, rural development, environment, promotion of sports and games, promote welfare of the cause of women and children, to inculcate a spirit of nationalism and appreciation for the artistic and cultural heritage of the country.

Television can be an addictive and affect education and other activities. It can adversely affect the culture, worldview and value system of people.

3) What is Internet? How does it help communication?

Internet is a global system by which one computer can be connected to another computer for data transfer using telephone and modem. Internet has facilitated quick transfer of information from one computer terminal to another at a distance.

Check Your Progress IV

- 1) Mention at least one advantage each of the following media: Print, film, and direct mail.

Print media: print material has long life.

Direct Mail: message can be personalised.

Film: powerful, creative art form.

- 2) Mention at least one advantage each of the following media: Radio, Pamphlets/Brochures and magazines

Radio: Lacks visual message.

Pamphlets/Brochures: Difficult to measure effectiveness

Magazines: Deadlines may be far in advance and so not timely.

3.9 FURTHER READINGS

Subir Ghosh 1996, Mass Communication Today in the Indian Context, Profile Publishers: Calcutta

Pradip Kumar Dey 1993, Perspectives in Mass Communication: Kalyani Publishers: New Delhi

Keval J. Kumar 1981, Mass Communication in India: Jaico Publishing House: Bombay

Desmond A.D'Abreo 1994, The Mass Media and You: Better Yourself Books: Bombay

Melvin L. DeFluer/ Everette Dennis 1991, Understanding Mass Communication: Goylsaab Publishers: Delhi

UNIT 4 INTERPERSONAL, GROUP AND MASS COMMUNICATION

Contents

- 4.0 Aims and Objectives
- 4.1 Introduction
- 4.2 Interpersonal Communication
- 4.3 Group Communication
- 4.4 Mass Communication
- 4.5 Let Us Sum Up
- 4.6 Key Words
- 4.7 Model Answers
- 4.8 Further Readings

4.0 AIMS AND OBJECTIVES

In this unit we shall aim at understanding communication from the three perspectives of interpersonal, group and mass communication levels.

The unit presents various skills required to communicate at interpersonal levels such as speech, listening, use of language etc. In group communication, we aim at enabling the students to be familiar with the group process, conducting group meetings and leadership qualities for effective group communication. In the final section on mass communication, we study the elements of mass communication, the constituent factors: SMCR, and the functions of mass communication in the life of individuals and society. The aim of the entire unit is to help students develop practical skills in using group media effectively as well as to critically analyse the way mass communication media affect society.

4.1 INTRODUCTION

Communication is broadly divided into three categories: Interpersonal, Group and Mass Communication. In this section we shall briefly try to understand what each of these types of communication mean and how we can use them effectively.

4.2 INTERPERSONAL COMMUNICATION

4.2.1 What is Interpersonal Communication ?

Interpersonal communication is communication between two persons or between one person and a group. When communication takes place between two persons it is called Dyadic communication. Interpersonal communication is direct and not mediated by media technology. Interpersonal communication is needed for the maintenance and development of personal relationships as well as social systems. It is difficult to think of any social group functioning as a unit or group without interpersonal communication. A community or group is not merely an assortment of individuals, but a cohesive unit. It gets a sense of unity and identity as a result of communication. Relationships are created and maintained by interpersonal communication.

4.2.2 Basic Elements in Interpersonal Communication

Interpersonal communication may be verbal or non-verbal. In this process, both the sender and receiver are aware of the process of interaction by which messages are sent and received. We may identify two kinds of interpersonal communication - transaction and interaction. By transaction we mean private talk between friends, family members, lovers. This kind of communication is more informal and does not need to conform to public or social rules.

In interaction, on the other hand, people relate to each other within the framework of certain established norms and rules of behaviour. These include social etiquette, religious or social norms that govern conduct, speech etc. Most relationships begin with interaction and move on to the level of transaction.

In interpersonal communication the process of sending and receiving takes place almost simultaneously, so much so that it is not always easy to say when a person is sending or when one is receiving a message. For instance, the one who is talking to another individual or a group besides sending messages, searches for the reaction of his audience. He adjusts the message according to the feedback he is getting from his listeners. If the listener is seen to be bored or disinterested, the speaker may skip some portions of what he wants to say, or change topics or stop speaking altogether.

The one who communicates must constantly adjust his or her message according to the reactions of the listeners - attention, ability to grasp, approval. He or she must constantly monitor the facial expressions, gestures, sounds etc. of his audience. In interpersonal communication, there is constant interaction and both the parties speak or communicate. The interpersonal communication process is flexible. For instance, a grandmother tells tales or sings lullabies to put a child to sleep. The grandmother stops the story or the song even before it is completed, if she sees the child has already fallen asleep.

We receive most of the information about ourselves and other people through interpersonal communication. The amount of information we receive and its value will depend on the degree of our willingness to enter into communication with others and our willingness to share information with them. Interpersonal communication involves choices. It calls for making decisions. We can communicate or choose to ignore persons or groups we encounter.

For instance, while travelling in a railway compartment, we may be in the midst of strangers. We may travel a long distance without any communication, or we may strike up a conversation, and then begin to build relationships by means of interpersonal communication. Many of our acquaintances and friends are the result of efforts we have made or willingness we have shown in order to enter into interpersonal communication.

Interpersonal communication calls for skills in order to interact effectively with others. Knowledge of social norms and behaviour and etiquette, ability and willingness to listen, concern and respect for one another, willingness to share about oneself etc. are all important components which make for successful interpersonal communication.

4.2.3 Barriers to Interpersonal Communication

There can be several barriers that block interpersonal communication. These include social or cultural prejudices, superiority-inferiority complexes that affect people because of religious affiliation, cultural notions about oneself, economic status, ethnic identity. In India the caste system and caste hierarchy can prevent effective interpersonal communication between people belonging to different caste categories. Even though such barriers block effective communication, interpersonal communication can be used as an effective means to overcome social differences.

Cultural biases constitute another barrier in interpersonal communication.

The idea of racial superiority promoted by Hitler led to the killing of millions of Jews in Germany.

Social barriers include prejudices against women, discrimination against the socially marginalized, the economically disadvantaged.

Barriers in communication include also communication gap due to differences of age, mentality, and attitudes; lack of communication between married partners, members of a family etc. These can lead to boredom, frustration, loneliness, dejection and other personality complexes. Failure to interact effectively at the interpersonal level leads a person to be withdrawn, cut off from society. More aggressive forms of such maladjustment can even lead to violent behaviour, suicide etc

Success in interpersonal communication would mean overcoming these and other barriers. It involves both partners in the process.

Inability to communicate effectively on the interpersonal level is the root cause of many social and family disorders.

Effective interpersonal relationships can build a family and community, build up social cohesion. Effective social communication equips individuals and groups with what David Riseman refers to as "internal radar": which enables one to adapt and adjust oneself to fit into society.

4.2.4 Merits of Interpersonal Communication

One of the benefits of interpersonal communication is that it establishes and sustains our social moorings. When people communicate with each other effectively, they find others with whom they can associate. They develop identities, such as friends, lovers, colleagues, bosses, neighbours, family members.

- Interpersonal communication helps people fit into society and receive acceptance, thus getting rid off loneliness and boredom.
- It assists in accomplishing one's goals with others. Interpersonal communication may serve as the ground for cooperation and collaboration in achieving what we want, our goals.
- It helps people to identify and follow rules of social interaction. Our society is governed by rules. Violation of rules or our inability to follow social norms may lead to rejection and isolation.

Interpersonal communication calls for skills. Skills can be acquired or learned. The ability to acquire skills and to become proficient in their use depends on several factors.

Drives and needs, rewards and reinforcement,
Perceptive and cognitive faculties, aptitudes, attitudes and environment
Personality of the individual: Psychological, Biological factors
Sociological factors
Learning abilities of the individual, motivation and willingness to learn

4.2.5 Interpersonal Communication Skills

Speech, Language

Though the origin of human speech remains obscure, we can with reasonable certainty assume that man was born with an instinct for speech. Vocal communication has been a significant step in the history of human civilization. The development of language, though in its primitive form and over several centuries, contributed substantially to enhance the process of interpersonal communication.

In order to use communication effectively, one has to have effective speaking skills. Oratory or rhetoric, mastery of language and effective use of vocabulary, which forms important elements in communication, can be acquired by learning and perfected by practice.

Body Language: In some cultures people use their hands and face to convey messages. The body language or gestures are important in order to keep the attention of the receiver. A magician or puppeteer or a clown in a circus shows how body language becomes an important component in effective interpersonal communication.

Identification with people, Empathy and Understanding: Interpersonal communication can become a very creative form of reaching out to others by bringing comfort to people, alleviating their sorrow or suffering, helping them overcome loneliness and boredom. The counsellors, religious leaders, relief workers and sometimes media persons who visit people in adverse circumstances as in an accident or natural disaster do this.

Listening

Interpersonal communication involves two or more individuals and it provides a congenial atmosphere for communication. It should be two way, interactive, and mutual. Listening is an essential element of such communication. Though listening is an important element in communication, this skill is often neglected in training programmes in communication skills.

Listening skills can be developed by means of training.

Listening is more than just hearing the words of the speaker, but trying to grasp the meaning. Meanings are constructed by the listener, and this calls for paying attention to factors like gestures, facial expression, silences or pauses, voice modulation, etc.

Listening can improve the performance of families, industry, business etc. In a company where the supervisors and managers are poor listeners, there can be many problems. Effective listening can reduce tension, conflict, and improve the morale and motivation of the staff.

4.2.6 Interpersonal Communication is Participatory

Interpersonal communication is participatory. The chances of communication breakdown are much less as the communication partners are face to face and the words and symbols are picked up and interpreted in the presence of each other. The feedback is instantaneous as expressed in the form of body language or verbal assent or dissent.

Subir Ghosh narrates how in the days before microphones came into use, Gandhiji addressed vast multitudes in open spaces where the people in the front conveyed his words to those sitting or standing behind them. Gandhiji chose his words and timed them so as to help this process. It was extremely effective because it involved receivers of the message in the act of communication.

In spite of the rapid progress of communication technology and the information revolution, the most powerful and persuasive, and the most effective means of communication continues to be the one in which an individual speaks to another. Recent developments in teleconferencing and electronic chat are only limited expressions of the warm, intimate, personal communication.

Interpersonal communication can also be used to build co-operation and resolve conflicts. Many of the social conflicts today can be traced back to poor knowledge of others - be they members of a family, religious group, political party or other social organisation. Conflict resolution and promotion of peace can be effected through interpersonal communication. In international relations and global efforts to resolve conflicts between nations, the process of interpersonal communication is being used effectively today. Persons representing the governments or the countries or other organisations, need good communication skills in bringing about desired results.

Check Your Progress I

- Note :
- Use the space provided for your answers.
 - Check your answers with those provided at the end of this unit.

1) What is interpersonal Communication ?

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2) Mention some of the merits of interpersonal communication.

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3) What are the barriers to interpersonal communication ?

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4) How is listening important in interpersonal communication ?

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4.3 GROUP COMMUNICATION

4.3.1 What is a Group

A group is a form of social organization composed of a number of individuals identifiable by their physical proximity within recognizable 'boundaries'. An individual may belong to more than one group simultaneously. Since the large majority of us do not live alone, we consequently live in groups - all kinds of groups. (Robert Bierstedt). We have friends, acquaintances, we live in a particular place, and we have a distinct address. We have biological differences like being male or female, young or old. Our educational background, profession, economic status, religious affiliation etc. distinguish us and make us belong to one or more groups at the same time.

According to Baker, a group is a number of people who have a common goal, interact with one another to attain the goal, recognize one another's existence, and see themselves as part of the group.

4.3.2 Kinds of Groups

Groups are divided into Primary and Secondary Groups. According to Charles Horton Cooley, primary groups are those which are composed of individuals with intimate, personal relations and who interact face to face, figuratively and not literally. It is the degree of intimacy or social distance rather than physical distance that determines the primary group. The family is considered a primary group. Other examples of primary group are play groups, kinship groups, labour groups, clan, etc.

Secondary groups are all those in which individuals have formal, impersonal and status relations. All other groups, which are not primary, are considered secondary. In secondary groups, emotional affinity and personal involvement are less. They have goal oriented relationship rather than person-related relationships. Political parties, associations, labour unions, religious groups etc. are considered secondary group. Every individual is a member of a primary as well as a secondary group at one and the same time.

Groups may be:

Statistical: according to demographic arrangements.

Societal: composed of people who have a common consciousness of kind who are aware of the similarity or identity of the traits or characteristics that they all possess.

Social: those in which people are actually associated with one another and have social relations with one another.

Associational Groups: members of various associations organised into groups having a formal structure. People who are conscious of common interests, who join together in order to pursue those interests.

Group communication is interpersonal communication by genre, but differs from it in form. In group communication the partners interact face to face. The persons in the group may belong to a homogenous or heterogeneous group depending on their social context. Group communication can take place at formal and informal levels.

4.3.3 Characteristics of Group in Relation to Individual

There are several factors that characterize an individual's relation to the group. These include:

- 1) **Membership:** One of the ways of belonging to a group is through membership. Membership may have different implications: duties, privileges, benefits etc.
- 2) **Dependence:** membership in a group may make a person dependent on the group for many of his needs. Members of a labour union depend on the group to improve their economic condition. Members of a political party may have thoughts of attaining power.
- 3) **Acceptance, Attraction:** Individuals join groups to get a sense of acceptance. They are attracted to a particular group because they feel attracted to it due to the manner in which the members behave and interact with one another: sense of belonging, acceptance, job satisfaction, sense of fulfillment etc.
- 4) **Volition:** A member may belong to a group on a voluntary basis (as in the case of sports' clubs etc.) or may be innate (by birth) as in the case of citizenship, caste, religion etc. Even if they are imposed, one can exercise a certain amount of freedom to break out of the group.
- 5) **Pressure of groups on individuals:** The groups apply pressure on individuals to belong to and to conform to certain standards of the group. Though they may impose certain restrictions on the individual's way of behaviour, he or she can also expect certain benefits. Thus the group and the individual mutually benefit from such conformity.
- 6) **Change and Flexibility:** No group is rigid and static. All human groups undergo change. There is flexibility in the manner in which the group functions. Change and flexibility, however, are not arbitrarily imposed, but are evolved as a result of communication.
- 7) **Leadership:** The way the group exists and functions will depend very much on the kind of leadership it has.

4.3.4 The Role and Function of a Leader in Group Communication

Leadership is explained as a process by which activities of the group are coordinated, members are motivated and certain tasks are accomplished. The leader may exercise power or position to enforce these or persuade the compliance from the members. The role of a leader is pivotal in the functioning of a group, setting up goals, attaining them, improving the quality of communication and interaction among the members, building cohesiveness of the group.

The leader leads the group in task-oriented roles which include:

- Initiation of discussion
- Giving and receiving information
- Elaboration and clarification
- Orientation and summarization
- Tests of consensus

A leader also exercises maintenance roles such as:

- harmonizing
- compromising
- supporting and encouraging
- gate keeping
- standard setting and testing

4.3.5 Characteristics of a Leader

A leader is described as "one who knows the way, shows the way and goes the way."

Leaders should also have:

- a good grasp of the problem; they should be well-informed and able to analyze issues; have capacity for problem-solving.
- Familiarity: they are familiar with the group, its members, background.
- Openness: Leaders should be able to encourage and support; they must be free from prejudice, and be open to ideas and opinions of others.
- Communication skills: They should possess good command of the language, ability to articulate ideas in writing and in speech, have public speaking skills, capacity to listen etc.
- Team spirit: an effective leader is basically a team-person with the capacity to get the whole group or at least a majority to move in a certain direction in order to attain the goals set before it.
- Other attributes which authors describe for leaders, include, intelligence, energy, endurance, social status, wealth, innovativeness, creativity.

4.3.6 Styles of Leadership

Democratic: Democratic leaders follow the norms of participatory guidance and work towards consensus and shared goals. They avoid use of force or power, prominence, promote communication among members, promote creativity and initiative.

Authoritarian: Authoritarian leaders have strong goals and they guide the group members to get to the goal disregarding the individual views. They may have efficiency but conflicts are likely to arise in such leadership.

Laissez-faire: Do not direct the group effectively, but often function as observers and recorders. Laissez faire leaders make themselves available for advice and consultation, serve as a reference point, and will not interfere in the working of the group. This kind of leadership is useful when all the members are committed, creative and mature to work towards the goal.

4.3.7 Communication and Groups

Group communication situations are quite common in day to day life. The home, the school, the temple or church, the workplace, the playground, the community centre, the club and the street gang are all situations where group communications take place.

The degree of formality governing the 'jurisdiction' of the participants in group communication activity also differs according to the context. The degree of formality increases in proportion to the formality of the organisation. Thus, the context of communication in a family will be different from that of a professional group like that of lawyers, chartered accountants, captains of industry etc.

Besides the context, group communication is influenced by several heterogeneous factors like age, sex, education, economic, social, linguistic, religious, national, regional and racial differences.

Participation in this communication includes more than two persons. There may be special functions and roles assigned to individuals in the group which creates unequal potential for receiving and transmitting information. In a group one person may be the source of information, others receivers or distributors of the information.

The extent of participation of individuals decreases in proportion to the increase in the number of individuals in the group. In other words, the larger the group, the less personal and direct is the exchange. The level of mutual understanding becomes lesser as the size of the group becomes larger.

According to Baker, the best size in terms total interaction and greatest efficiency is somewhere between five and seven members. Each person influences and is influenced in turn by the communication. Small groups tend to be more informal, less structured and more participatory. If the group is too large, there can be monopoly by one or two individuals. Participation may be replaced by domination and control. The degree of directness, spontaneity and intimacy may be lost. These affect the free and frank sharing of ideas and exchange of views.

Some of our best and most enjoyable time is spent in communicating with groups: family groups, social group, learning groups, and work groups. In order to get the best results from a group, the goals must be clear, and all must be willing to achieve the goals. The aim of a social group may be to have some good time together while that of a working group may be to accomplish some result-oriented tasks.

Participation and sharing of information is central to the functioning of a group. Communication in its root meaning refers to 'commonness' and the group which succeeds best is the group that has the greatest degree of commonness.

4.3.8 Communication in an Informal Group

Communication in an informal group may be marked by the following :

- 1) It attempts to achieve cohesion among members
- 2) Emergence of group norms. According to Denis McQuail, the more people are in communication with each other in group situations, the more likely are shared norms to develop.
- 3) Pressure from the group to conform to the norms and standards the group sets for itself
- 4) Physical constraint on diversity and frequencies of communication which varies in relation to the size of the group (the larger the group, the greater the physical constraint there will be).
- 5) Internal differences according to status and mutual regard which give rise to cliques, combines and coteries and also throws up leadership.

4.3.9 Group Discussion and Communication

Group meetings and discussions have become part and parcel of seminars and conferences. They are used to increase participation and also involve everyone in the process of evolving ideas and plans, planning activities or problem solving. When a group discussion is conducted effectively, a variety of points of view emerge. In general people prefer the democratic and participatory process of decision-making and governance. People tend to accept more easily a decision taken by a committee or a group rather than one individual.

The process may be time consuming and expensive. The process of arriving at a decision may necessitate several sessions, much time as well as cost. A discussion may be conducted in various ways depending on the purpose and the participants.

A committee may be a small group appointed for a purpose and is expected to study a problem, collect facts, make decisions, report to the general assembly, propose recommendations, effect changes etc. as the mandate given to it may indicate. A committee may be appointed for a short period of time to investigate or study a particular problem (the government sets up committees to study corruption charges, accidents etc.). Committees appointed or elected to govern or oversee the functioning of organisations may be given stipulated period of time, one year or more (managing committee of a school, the parliamentary committee for revision of salaries, the constitutional review committee etc.). A committee is normally headed by a chairperson or a president.

A conference is a much larger group meeting than a committee. Hence it is also more formal. A conference may affect a wide variety of people and cover issues of importance to the participants. A conference may last for a longer period of time, may have experts to present papers, guide discussions and

propose suggestions. If the number of participants are too large to have proper interaction, sessions or discussions may be held in smaller groups.

4.3.10 Group Meetings

One can master the elementary skills and techniques for organising a meeting and conducting a group discussion. Those who are inexperienced should begin with small groups.

The Composition of the Group

The composition of the group and the ability of individuals in the group are the most important factors that determine the quality of communication in the group. The members should have some kind of common objectives, homogeneity in terms of the issues discussed. However, the group should have a good representation of the various sections of society or audience which are concerned with the issue. The group should also be briefed ahead of time about the agenda of the meeting, the objectives and the goals to be achieved.

Chairperson of the Meeting

The chairperson of the meeting or the group leader has certain responsibilities towards the group. He or she should have a good and calm temperament and skills and knowledge to conduct a meeting well. We list below some of the qualities that he or she should have:

- Encourage discussion and ensure everyone is invited to share his/her views and opinions
- When a member wishes to disagree, it should be done without offense.
- Create an atmosphere where each one can express himself/ herself freely, audibly, concisely.
- The chairperson must make sure that everyone pays attention and that order and decorum is maintained while someone is speaking.
- Ensure brevity and conciseness
- Time management is a skill the group leader ought to master. The sessions should not be unduly long. If the issues being discussed require more time, a break could be taken. If required, another meeting could be fixed. It is better to get a consensus of the group members for taking such decisions.

The leader of the group or chairpersons should, in other words,

- Promote informality in the group
- Display calm and patience even when things may go out of control
- Invite members to listen to the views of others
- Restrain from commenting on what each one has said or add one's views too frequently.
- Avoid taking sides or indicating in any way that you are partial.

- Praise and comment everyone, especially the timid, the less forthcoming persons.
- It is the duty of the leader to see that the group does not deviate from the main topic. However, some warming up exercises or informal interaction may be allowed, especially at the beginning, in order to help build better intimacy and a climate of sharing.
- The leader or someone else should write down the minutes of the proceedings especially the important ideas discussed.
- Before the meeting is wound up, it is good to summarize the main points discussed, and the chairperson could briefly address the group.

If the meetings are a routine event, it is customary to start the meeting with the reading of the minutes of the previous meeting and approving it. If there is information to be communicated, it could be done at the beginning of the session or at the end.

Physical Arrangements

The physical setting for the meeting is important to ensure effective participation. The setting may vary according to the number of participants and the nature of the meeting. In a large conference or meeting the members may be seated as in an auditorium. Even if each member is given a mike to speak, such meetings tend to become formal and the statements each one makes becomes isolated. Though the setting may be useful for a formal session, it is less suited to an informal discussion. There is little face to face communication or eye contact.

Hence, in order to have effective participation, the seating should be circular rather than linear. When the members sit in a circle, it enables them to have better eye contact and follow the body language and the listen to the views more effectively. Round tables, movable chairs arranged in a circular way with the possibility of movement is the best. The room should have good ventilation, lighting etc.

Visual Aids

A group meeting can be made more lively with the help of visual aids like writing boards, overhead projects or slide projectors, charts, maps, diagrams, figures etc. if they can contribute to better discussion.

Concluding a Meeting

The leader of the meeting should be able to summarize the major points of at discussion, conclusions arrived at, if any. He or she should thank the group members for their presence and active participation.

Check Your Progress II

- 1) What is a group according to Baker?

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2) What are the kinds of leadership? Which one would you prefer?

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3) Suggest three requirements to conduct a group meeting successfully.

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4.4 MASS COMMUNICATION

4.4.1 Definition

Mass communication may be defined as the spreading of a message to an extended mass audience through rapid means of reproduction and distribution at a relatively inexpensive way to the consumers.

In mass communication the message is transported from its original source to a large and widespread audience or receivers by means of such intermediary channels such as newspapers and books, radio, television, cinema, Internet etc.

Mass communication according to Emery means "delivering information, ideas and attitudes to a sizeable and diversified audience through the use of media developed for that purpose."

4.4.2 Elements of Mass Communication

Mass communication has the following elements:

- relatively large audience (masses)
- fairly undifferentiated audience composition
- same form of message reproduction
- rapid distribution and delivery
- low unit cost to the recipients/ customers.
- use of technology : print, electricity, electronics, satellites.
- transmission or distribution across geographically distant areas and dispersed audiences.

Mass communication lacks many of the advantages of interpersonal and group communications like individual attention, face to face interaction, eye contact, instant feedback etc. Mass communication, by its nature, are impersonal.

4.4.3 SMCR

We have discussed in the previous units about the four important constituents of communication, namely: Source, Message, Channel, and Receiver. (SMCR).

In mass communication these elements assume important roles and functions.

The Source may be an individual like the nationwide address of the President, or an institution or a media organization like a newspaper firm or a television station.

The message is determined by the kind of media used for transmission or distribution. A newspaper report of an event is quite different from the same event presented on television or radio. Though in essence the message remains the same, each medium of mass communication has its own specifications.

The Channel assumes great importance in mass communication. Though channels are instruments of mass communication, often they are mistakenly considered to be the phenomenon of communication itself. The modern media like newspapers, radio, television, etc. which constitute the channel multiply the message and make it reach a vast audience at an enormous speed. The ability of mass media to overcome the limitations of time and space made Marshall McLuhan describe the world today as the "Global Village."

Channel is broadly divided into: Print media and Electronic media. However, with the application of electronics to printing, and the rapid distribution of news, and use of satellites and internet have narrowed down the distinction between print and electronic media.

Receiver is the mass audience with certain common characteristics such as common interest and needs, but unknown or impersonal with little interaction among themselves. The great advantage of mass media is their ability to reach a vast number of receivers with the message within a short time. Their great disadvantage is the inability to know the effects of the same communication and to check the response or to collect feedback.

4.4.4 Functions of Mass Communication

Mass communication media are so interlaced with the very fabric of our lives that it is not easy to identify the functions they have for each person. In order to understand how media functions in society, we must observe carefully how and why people read newspapers, watch television, listen to radio or go to the movies. Though we may be able to collate various common functions among the audience, we will also discover how people use media for a variety of functions. This is called the "Functions Approach."

In analyzing the functions of mass communication, our study should not be limited to what people do with media, but what media do to the people how they affect opinions and attitudes, culture, habits etc. This is called the "Effect Approach". Social scientists are concerned with both the processes

One of the first scholars to call attention to the social functions of communication was Harold Lasswell. He first considered these functions in terms of categories found in any society. He identified three type functions common to any society.

1) Surveillance of the Environment

Media serves as a watchman. Some use the word 'informer'. Mass media serves as the ears, eyes and voice of the audience. We accept their reports and use them as a basis for shaping our thoughts, attitudes and actions. For instance, the advertisements make known to us the new products. They help the customer to make purchasing decisions.

At an individual level, the surveillance of the environment function of media increase personal esteem, provide a base for social interaction, provide knowledge and information, confers social status and prestige.

2) Correlation

The second function mass communication serves for the society according to Lasswell, is correlating the response of the whole society to the environment - that is developing public opinion. Communication helps to create consensus in a society on key issues. An informed or enlightened opinion is essential for a healthy democracy.

3) Transmission of Social Inheritance

Today media has assumed the functions of transmitting social inheritance, which was done by parents, teachers and other elders. Media today provides mainframes of reference to society. Urbanization, relative anonymity, social uprootings, and the shift from traditional social organizations like joint family, clan have increased the role of media as transmitters of knowledge and values. Mass media has today become essential to carry out functions of socialization and transmission of social heritage.

4) Dysfunctions associated with mass communication

Lasswell recognized that mass communication can be dysfunctional or harmful as well as functional for a society. A ruling class or governments that fears public opinion or is autocratic can withhold information and even mislead the people through misinformation, false propaganda. Dysfunction may also be due to inability to sue the mass communication media skillfully or to process information effectively.

People use media for a variety of purposes. We list some of the functions served by mass communication media:

- to persuade people to act in certain ways
- to satisfy the need for information
- to get entertainment
- to escape (cinema as canned dreams) reality
- release of tension and boredom (Catharsis of Aristotle)
- security and reassurance
- companionship
- social interaction, status
- social change and transformation
- to understand how the political system and the govt. work
- to maintain stability
- to maintain status quo
- to enforce social norms
- to service political system
- to service economic system
- to facilitate social cohesion
- to interpret society to itself

Mass media serve many functions for our society. In a sense they are like the contemporary manifestations of the family or the tribe. Mass communication has forged new relationships and new identities for individuals as well as society. Media, in good part, determine today, who and what is important. No social system today can ignore mass communication media, which have powerful sway over society, especially the urban society. The functions of media extend to every segment of society: politics and government, economic activity, business and industry. Advertisements stimulate desires, create new needs as well as standardize goods and services. The entertainment media reinterpret the values and norms of society.

Mass media have entered human life in such a way that today it is nearly impossible to think of life without them. However, it may be noted that the functions of media exist not primarily because of what the media are or do, but rather because of the way we and the our society use them.

4.5 LET US SUM UP

In this unit we have studied the three different kinds of communication: namely, Interpersonal, Group and Mass Communication. Though we live a highly sophisticated mass mediated world where the speed of communication has increased in a mind-boggling way, the basic principles of human interaction continue to be more or less unchanged. Though the mass media give the impression of being the most dominant communicator, experience tells us that most of our day to day communication takes place when we interact with one another at a personal level. Hence, we can trace the roots of mass communication and group communication to the interpersonal communication. As we are exposed to the inescapable reality of the information age, we need to view the three types of communication we have described as complimentary and not as something opposed to each other. We also need to be constantly alert and sensitive in order to ensure that the functions we want media to carry out for us and the way they influence us are for our well being. It is for us to decide whether we should be the masters or slaves of the mass communication media.

Check Your Progress III

- 1) List three elements of Mass Communication.

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- 2) List five functions which mass media of communication provide.

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- 3) What is the difference between "Media Functions" and "Media Effects" ?

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4) Who coined the expression "Global Village"? What does it mean?

4.6 KEY WORDS

- Dyadic** : communication between two persons.
- Interpersonal** : between two or more persons in communication
- Body Language** : Use of bodily gestures other than words to enhance communication, such as gestures. In dance and folk art, there are assigned meanings for certain body movements and signs.
- Primary Group** : Refers to a group in which the members are intimately linked to each other. Example: Family.
- Secondary Group** : Refers to a group in which the relationships are formal, impersonal. Eg. Political parties, trade unions etc.
- Volition** : On one's own will. Membership in certain groups are by birth, as in caste, country etc. but there are other groups in which one may or may not continue to be a member — for instance political party, clubs.
- Mass** : The audience which is numerically large: users of television or radio or newspapers.
- Elite Media** : The term refers to the availability or use of media by the socially or economically upward class or group. To draw the distinction between those who have access to media and those who do not have we also use the expression 'information poor' and 'information rich'.

4.7 MODEL ANSWERS

Check Your Progress I

1) What is inter-personal communication?

Interpersonal communication is communication between two persons or between one person and a group. When communication is between two persons it is called Dyadic communication. Interpersonal communication is direct and not-mediated by media technology.

2) Mention some of the merits of interpersonal communication.

Interpersonal communication helps develop identities, such as friends, lovers, colleagues, bosses, neighbours, family members. It helps people fit into society and receive acceptance, thus to get rid off loneliness and boredom. It assists in accomplishing one's goals with others.

Interpersonal communication may serve as the ground for cooperation and collaboration in achieving what we want, our goals. It helps people to identify and follow rules of social interaction.

3) What are some of the barriers to interpersonal communication?

Barriers that block interpersonal communication include social or cultural prejudices, superiority-inferiority complexes that affect people because of religious affiliation, cultural notions about oneself, economic status, ethnic identity. In India the caste system and caste hierarchy can prevent effective interpersonal communication between people belonging to different caste categories. Barriers also include a gap due to differences of age, mentality, and attitudes; lack of communication between married partners, members of a family etc.

4) How is listening important in interpersonal communication?

Listening is an important element in communication. Listening is more than just hearing the words of the speaker, but trying to grasp the meaning. Meanings are constructed by the listener, and this calls for paying attention to factors like: gestures, facial expression, silences or pauses, voice modulation etc. Effective listening can reduce tension, conflict, and improve the morale and motivation of the staff.

Check Your Progress II

1) What is a group according to Baker?

According to Baker, a group is a number of people who have a common goal, interact with one another to attain the goal, recognize one another's existence, and see themselves as part of the group.

2) What are the kinds of leadership? Which one would you prefer?

The chief styles of leadership are Democratic, Authoritarian and Laissez-faire. Since democratic style of leadership follow the norms of participatory guidance and work towards consensus and shared goals, it is the most preferred one.

3) Suggest the requirements to conduct a group meeting successfully.

The three important requirements for a successful group meeting are

- 1) a competent leader to chair the meeting
- 2) good physical setting, preferably in a circular style of sitting
- 3) use of audio visual aids.

Check Your Progress III

1) List three elements of mass communication.

Mass communication has the following elements: Large audience (mass), uses technology — print, electricity, electronics, satellites, rapid distribution and delivery.

2) List five functions which mass media of communication provide.

People use media for a variety of purposes. Five functions served by mass communication media are:

- to persuade people to act in certain ways
- to satisfy the need for information
- to get entertainment
- social interaction, status
- to understand how the political system and the govt. work.

3) What is the difference between 'media functions' and 'media effects'?

By 'media functions' we mean the various needs that media fulfills in relation to the audience, such as need for entertainment, escape, social interaction etc. By 'media effects' we mean the process by which media affect us. It refers to what the media are doing to us. For a proper understanding of the influence of media on society, we need to take into consideration both the functions and the effects.

4) Who coined the expression "global village"? What does it mean?

The expression 'Global Village' is coined by one of the leading scholars in social communication, Marshall McLuhan. The expression describes the fact that by means of the modern technology of communication, it is possible to consider the world like a village. We are able to communicate with people in any part of the world almost instantaneously. The world has become like a village.

4.8 FURTHER READINGS

Subir Ghosh 1996, Mass Communication Today in the Indian Context, Profile Publishers: Calcutta

Pradip Kumar Dey 1993, Perspectives in Mass Communication: Kaiyani Publishers: New Delhi

Keval J. Kumar 1981, Mass Communication in India: Jaico Publishing House: Bombay

Desmond A.D' Abreo 1994, The Mass Media and You: Better Yourself Books: Bombay

Melvin L. DeFluer/ Everette Dennis 1991, Understanding Mass Communication: Goylsaab Publishers: Delhi

UNIT 5 USE OF MEDIA FOR PROMOTION OF 'HIV AND FAMILY EDUCATION PROGRAMMES'

Contents

- 5.0 Aims and Objectives
- 5.1 Introduction
- 5.2 Folk Media and Group Media
- 5.3 Kinds of Group Media
- 5.4 Performing Arts and Music
- 5.5 Mass Media
- 5.6 Let Us Sum Up
- 5.7 Key Words
- 5.8 Model Answers
- 5.9 Further Readings

5.0 AIMS AND OBJECTIVES

This unit aims at making you aware of the various types of media, particularly, the low cost, folk media and alternative media which they can use effectively in order to create awareness about HIV/AIDS. The objective is to familiarise you about the vast potential of media which can be used for social purpose without needing advanced technical skills and equipment and financial investment. The advantages of these media are that they are low cost, participatory and interactive. We do not expect students to have mastery of every medium, but to understand their potential and develop familiarity with a few of them at least, so that they can creatively use them for health awareness and education in very specific contexts. The teachers make the students take up practical projects from the many forms we have dealt with.

Here we are dealing more with the form than the content. The other units in the course will enable students to become familiar with the content. This unit is hence to be complimentary to other sections of the course. The students should also become familiar with their neighborhood communities and their cultures and study in depth the particular media they use.

5.1 INTRODUCTION

Since the publication of the first reports about AIDS (Acquired Immune Deficiency Syndrome) there has been a lot of panic and concern worldwide about it. Today it is agreed that the only available weapon to control AIDS is through education and awareness, thereby effecting a change in the attitude and behaviour of people. Governments in many countries as well as numerous Non-Governmental Organizations (NGOs) have launched campaigns to create awareness and educate the people.

Mass media, particularly, newspapers, magazines, journals, leaflets, television and radio have helped to provide information and create awareness among the people about HIV and other health-related issues. In a country with a large illiterate population, many people tend to think that sicknesses like HIV-AIDS, other sicknesses and physical or mental disabilities are a result of the

punishment of God, fate or one's Karma. As a result many choose superstitious practices like witchcraft, magic, sacrifices etc. instead of adopting scientific and medical methods.

If we want to provide information and education on important health-related issues, we need to mount and sustain a major public education campaign. Media can play a key role in creating awareness about AIDS, spreading knowledge about its symptoms, the mode of transmission, methods of preventing infection etc. Media also help to keep us abreast with the latest information and data gathered from various studies and research going on in the field. In this section we shall study briefly how various kinds of media can be used for educating people on health-related issues and for launching campaigns. Our aim is to make students aware of the various possibilities and potentials of a wide variety of media and not to deal exhaustively with them and their use. Before opting for one or the other medium, we ought to know whether our audience is urban or rural, and other background data: age, sex, education, religious or social beliefs, economic status etc.

In the previous units we have dealt with various types of media. We have also analysed the comparative merits and demerits of different kind of mass media. Here we do not intend to propose any one medium as the ideal. The inter-relation of various kinds of media, and the complex nature of human communication make it necessary that we adopt a multi-pronged approach in our effort to use media at the service of health education.

5.2 FOLK MEDIA AND GROUP MEDIA

In the previous sections we have studied about the various kinds of media. Most people think of media as press, cinema, radio and television. These are called the Mass media, or 'big media'. They are big because of the large audience they address, vastness of their production, involvement of huge capital, costly equipment and qualified personnel.

The Group media or mini media, or small media, instead, are not only small in size, but are economical, easy to use, easily portable. They seldom require technical expertise of the kind needed for mass media. The term group media derives from actual experiences of using small media with the groups. These experiences involve a media-presentation aimed at promoting a group reaction, followed by a group discussion.

Though there are some differences between Group Media and Folk Media, there are many common features between the two. Both are interpersonal, speaking the language and idiom of the people, and deal directly with the problems that concern them.

5.2.1 Characteristics of Folk media and Group media

a). Folk Media

Folk media are based on indigenous culture, produced and consumed by members of a group.

- They reinforce the values of the group.
- They are visible cultural features often quite strictly conventional by which social relationship and a worldview are maintained and defined.
- They take on many forms and are rich in symbolism.
- Folk media cannot be separated from folk cultures.
- They are available to all at no cost
- They are anonymous in origin
- There is little difference between producers and their consumers
- There is dialogue and verbal exchange
- Their aim is to provide teaching, initiation; they impart traditional aesthetic, historical, technical, social, ethical, religious values
- They provide a legal code, which rests on stories and proverbs, generated through the spoken word
- They mobilise people's awareness of their own past
- They tend to unite a people and give them cohesion

b) Group Media

Group media are directed to groups to encourage exchange of ideas and experiences on relevant, interesting themes, presented in an artistically acceptable form, using a medium that is technically and financially within the reach of the group and are usually brief.

- 1) Group Media are directed to groups.
Group media are used with small groups to enable each member to participate in discussion.
- 2) They encourage exchange of ideas and experiences: Group media productions provide the material for consideration, analysis and discussion among the participants. The fact that they are usually open-ended and without a formulated conclusion should act as a stimulus to begin group work.
- 3) They deal with relevant, interesting themes... Group media production are neither simply for entertainment, nor are they programmes of a purely informative, artistic, humorous, or folkloric nature. They may contain some, or all of these elements, but their primary function is to propose a discussion on a problem, which is in some way vital to the group itself.
- 4) They are presented in an artistically acceptable form...
The production's artistic quality should enable the group to go beyond the images or words to the essential theme.
- 5) They use a medium that is technically and financially within the reach of the group. e.g. audio cassettes, slide montages, dramatic sketches, marionettes etc. Since possibilities and needs of groups will differ from place to place, there should be a great deal of flexibility here.
- 6) They are usually brief... the maximum time is spent on discussion.

Creating Awareness through Group Media

Paul Freire's work of 'concientization' and the people of Latin America (See: "Pedagogy of the Oppressed" by Paul Freire) highlighted the potential of group

work in social process. He coined the word "CODE" to describe a community which is familiar but is as yet not willing to face up to its life situation. The life situation is encoded and presented in the form of a picture, song, mime or other media. The group decodes and tries to understand the situation. The discussion may centre on the following questions:

- 1) What do you see happening? (description)
- 2) Why is it happening? (Analysis)
- 3) Does this happen in your own situation? (Reality)
- 4) What problems arise from this?
- 5) What are the root causes of these problems? (Analysis)
- 6) What can be done about this? (Action)

Check Your Progress I

- 1) What is the role of media in HIV/AIDS education?

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- 2) Mention any three advantages of group media over mass media.

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5.3 KINDS OF GROUP MEDIA

There are a wide variety of group media. In this section we shall study briefly some of the important kinds of group media that are popularly used in India.

Posters

Poster is a fairly large piece of paper containing some kind of brief visual information and usually fixed on a wall, fence, or bulletin board. A poster contains pictures, drawings, cut-outs, illustrations and captions. A good poster presents a single idea concisely and powerfully.

The main purpose of a poster is to communicate pertinent information in a way that:

- It attracts attention
- Emphasise the most important points
- Reads easily
- Looks pleasing
- Creates a favourable reaction
- Leads to action

A poster must urge people to action, to do something: Not to use alcohol, drugs; to attend a meeting or discussion, to contribute money or skills; to vote for a party; to use a product...

A good poster must have

- 1) **Pictorial element:** a good balance between pictures, text and white space.
- 2) **Choice of colours:** colours should be matching and attractive. Colours signify meaning. Colours provide emotional effects, visual appeal and emphasis.
- 3) **Words/ Text:** should be brief, catchy and draw the attention of readers. The text should include a brief statement of the problem, call to action, and the identity of those who are issuing. Call to action should be in the imperative: "Avoid Smoking", Contribute Generously; Drugs Kill...
- 4) **Layout:** the material should be neatly arranged according to a visual plan. A poster layout may follow either an L or Z or S or T pattern.

It is better to make a rough sketch or 'dummy' poster before the final one is done. You can look at the hundreds of posters, hoarding and banners that surround you, and identify other elements, which make them attractive or appealing.

Collages

A Collage is a composition of pictures, words or objects, which have been collected according to a given theme. The process of selection and arrangement must be done carefully to convey the theme and facilitate discussion. A group or individual may make collages, but the discussion should be in groups. The symbols must suit the theme. Pictures may overlap but there should be harmony in the collage. Collages may be made of picture cut-outs with a symbolic representation: an outline maps of India with different faces (to convey the idea of unity in diversity), a burning candle with motifs or various religious symbols to show harmony among all religions etc. Collages may be made of words or photographs instead of pictures.

Banners

Banners are flying messages, written or stitched on large stretches of cloth. The message is composed as in a poster and painted, stuck or sewn onto the cloth. Banners should be made with arrangements at the top or sides to enable hanging or displaying them.

Murals

The word mural means wall. Murals are visual displays on the walls. Instead of chart paper or picture cut outs, the graphics and text are portrayed on the wall. Murals may be supplemented with letter cut-outs to present a theme verbally.

Flip Charts

Flip charts are a collection of posters, clipped together at the top. As sheet after sheet is flipped over, people concentrate on one sheet at a time without being distracted by the others.

A story or a theme can be illustrated like this through a number of posters - using pictures, photos, words, texts or stick figures. The speaker can use the flip chart as she or he is talking. Old wall calendars are useful for making flip charts.

Flash Cards

'Flash cards' are so named as a message is flashed by the use of cards. The cards should be big enough to be seen by the group. A postcard size flip card is easy to handle. Flash cards serve as teaching aids and should be accompanied by a talk or discussion. A story can be developed using flash cards. The cards should be placed in a sequence. The story may be written briefly at the back of the cards to help the narrator.

Mobile Displays

Mobile Display is a visual aid, like a collage. The aspect of mobility is its advantage. Its chief characteristics are that it is visible from all sides, and portable. Umbrellas (as used by vendors or in a circus), a tree (as in the Christmas tree), a basket etc. can be used for display of pictures with appropriate themes. Mobiles provide scope for a lot of originality and creativity. They are portable and so can reach much wider audiences. They produce greater impact on the audience. Have greater visibility than charts and posters.

Freize (Folder)

Freize or Folder is a small poster of half or quarter size charts depicting different aspects of a theme, joined together to form one whole line. They follow a sequence of story or theme. The posters are folded and opened up one at a time to explain or discuss the visual or idea. At the end the whole freize can be opened up for display.

Comic Strip, Gag Cartoon, Comic Book

The comic strip and comic books are very popular among all categories of people, especially the youth. It creates interest and speaks the idiom or language of the young. Both the drawings and dialogue should be carefully prepared if they are to draw the attention of those that read or see them.

Comic strip is a row of pictures with dialogue balloons.

Gag Cartoon is a single picture, consists of one box rather than a strip.

Comic book is a collection of stories told through comic style drawings.

Blackboard

The blackboard and chalk are the most widely used and elementary low cost group media. Blackboards may be replaced with more expensive green boards or whiteboards for writing and drawing. It is an important teaching aid commonly used in classroom activity. Portable blackboards were used for adult literacy programmes in rural areas of India. Black sheets fixed with two wooden or plastic poles on top and bottom is also used for writing with chalk or chalk pencils. The advantage of the latter is that it is lighter and can be rolled up and taken from place to place without difficulty. A blackboard can be used by anyone without much training or skill. It helps to focus attention and concentration. It has immediacy and helps participation. Blackboards help illustrate ideas, clarify points and is an effective tool to enliven group discussions.

Chalk Talk

Chalk Talk is a simple and easy-to-use form of group communication. It consists in speaking the message and at the same time dramatizing it by means of simple line drawings. A blackboard or other device may be effectively used if one has skill in the use of chalk talk. The simultaneous talking and drawing by the group leader helps to maintain concentration and attention of the audience. The visuals help to understand the message and reinforce retention and memory of the theme. It is a powerful low cost medium with great potential especially among rural folks, illiterates and children. Colour chalk could be used to create greater visual effect.

Bulletin Board

Bulletin board is a display board where information can be displayed. Some of the elements of the poster like layout, colour, visual quality, can make the bulletin board a powerful means of communication. It can be used to display photographs, newspapers or magazine clippings, illustrations, samples of products, present competition themes.

Material displayed should be/must be educative and have positive benefit

It should be presented in a neat and aesthetic manner

It should be large enough for viewing

Each display should have a suitable theme

Participation of the group in preparing the display should be ensured.

Flannel graph

A stiff board is wrapped with flannel, khadi or rough clothes like blankets. Using the flannel board as a background, pictures are displayed on them. Pictures are cut out and stuck against the flannel. Small pieces of flannel, wool, khadi or sandpaper is pasted on the reverse side of the pictures, drawings or letters. When pressed against the flannel, these will stick to them since the surface is rough. Several pictures can be stuck, removed and replaced as the animator speaks. Besides the preparation of the material, considerable time should be devoted to developing the theme and the story or message that is to be conveyed.

Story Board

Storyboard is a visual aid to tell a story using images. The images may be drawings made for the purpose, photographs, pictures gathered from magazines or other sources. There should be continuity of the story and visuals. Interest must be sustained by choosing appropriate images that will enliven the story.

Drawings

Drawing and pictorial representation, it is believed, predates written alphabets. A picture speaks a thousand words, and any text with illustration, any story accompanied by pictures, can draw greater attention than mere text. Drawing is an important pastime for children. It gives creative expression to the ideas of a person. These innate skills can be purposefully channeled to present suitable themes. One can develop the art of using simple line drawings and sketches to illustrate ideas. Colours can communicate emotions and feelings. Symbols too can help convey meaning. For instance, the road and railway signs are simple

conventional signs, which one can master. There are also universally accepted symbols for peace, love, friendship and so on.

Hoardings

Our highways, city streets and even rooftops are today covered with large and colourful hoardings that advertise goods and services. They do not address only small groups, but are intended for mass audience. These hoardings are large metal, plastic or wooden boards on which various commercial companies, governments and other organizations advertise their products or services. They contain colourful backgrounds, catchy words and phrases, attractive pictures, logo or symbols of the product or the organization. The plan is evolved by professional advertising agencies and executed by skilled artists.

Wall Writings

Wall writings are very common especially in cities. They are less expensive compared to hoardings. They are also temporary. Wall space is used much during elections to make known candidates and to influence voter preference. Walls of private institutions often put up "Stick No Bills" signs, which prevent using them by the public.

Photo Language

We live in a world of images. Photo language is a powerful way of reading a photograph or picture and trying to understand and interpret the message it contains. Photos can stir emotions, kindle hope or create sorrow. Pictures can shock us, make us weep or laugh. If we can try to think of the ways pictures and images affect us, we can understand the powerful sway they hold on us.

Photo language requires photos or pictures that can convey meanings and messages. Photos may be cut out and stuck on a uniform size paper or cardboard, mounted or laminated. If particular themes or ideas are to be presented one may take photographs and develop them to a suitable size. Photos can be used to tell story, or for group discussion. The participants of a group may be given photos either in small groups or individually. They should be given time to see the photo and read the message they contain. Then they can be asked to share with one another or in groups the message or idea they derive from them. For instance a photograph of individuals suffering from AIDS in a hospital or care home may be used for sessions. The photos may stir emotions of concern, sympathy and help people to become more aware of the issue of HIV AIDS and the need to prevent it. They may also become more conscious of the need to create awareness, care for those affected, promote prevention etc.

The participants of a photo language session may be asked to give caption to a photo, or write a paragraph or two or compose poems, share a thought, create a dialogue or deliver a speech. A photo can be a starting point to help reflection.

Photos should be selected according to the theme that one wants to represent. The themes may be related to national issues, social or religious causes, health, family welfare, peace, harmony, unity etc.

Slides

Slides serve a similar purpose as the photos, but have a definite advantage over photos as slides can be projected on the screen or wall. They enjoy greater visibility and clarity. A projected image is luminous, and with the use of bright colours, can draw attention. The medium can be made alive if we add sound - music, commentary or dialogue.

A slide show or montage resembles a storyboard with the difference that the latter uses a projector and needs electricity.

It is easier to prepare slides by using glass slides and writing or drawing with china ink or wax pencil. Slides can be made with the help of glass. The glass surface should be clean and dry. Glass slides need a special magic lantern - petromax or lantern.

Cellophane slides can be made by writing or typing directly on the cellophane. Slides can be prepared by using old X-ray films. Keep them soaked in lime solution and when the film is clean, dry it and cut into the shape of slides and frame them. The slides can be used for writing or drawing messages.

Filmstrips

The filmstrips are continuous strips consisting of individual frames or pictures arranged in sequence with a unified theme. The silent filmstrips has only explanatory titles. The audience can be given a brief explanation of the pictures with the help of the printed notes. Some filmstrips have titles superimposed or below the pictures. If the viewers can read and understand them the commentary can be reduced or done away with. A filmstrip can end with a general discussion. When a synchronized sound recording accompanies the filmstrip show, we call it Sound Filmstrip. Recorded music and commentary make the filmstrip more attractive for the audience.

Filmstrips can be prepared by using long pieces of film, which may be spoiled while photographing or processing. After processing the filmstrip, drawings and writings can be made with permanent ink or overhead projector pens and they can be projected.

Newsletters

Newsletters or mimeographed paper are a good way of sharing information. They are inexpensive, deal with specific themes, have clear objectives and readers. Newsletters can vary from multi-colour pages printed on an offset machine and on glossy papers, or can be simply typeset on a computer and photocopied or printed. They may also be stenciled and cyclostyled. Besides ensuring that the matter to be included in the newsletter is written well, care should be taken to ensure that the layout and typesetting add to make it attractive. Newsletters should have a suitable name, logo. Its format should be more or less fixed, so that readers become familiar with it. Two or three columns can make the page attractive. Black ink has the highest readability and looks good even on coloured paper. Coloured ink may be used on white paper, which is white or has a lighter tint of the same colour.

Before starting a newsletter, certain important issues must be sorted out. These include: the aim and objectives of the newsletter, the content, target readers; finance, those responsible for editing and circulation, mode of printing, logo and name, periodicity, format and style.

It is better to have these ideas discussed in a group and they are put down in writing. From time to time the newsletter can be evaluated in the light of these points. There should be methods to get feedback from the readers.

In the beginning it is good to consult someone experienced in computer layout, printing and distribution. Eventually one can acquire the professional skills through experience. Those who intend to start a newsletter should also study the content and format of other newsletters.

Wallpapers

Wallpapers are single page broadsheet papers, which may be handwritten or printed and displayed on the walls or bulletin boards. The major difference between a poster and wallpaper is that the former has only a few captions and titles while the latter consist mostly of written texts. Wallpapers are low cost. They can be used for sharing ideas, news and information on a regular basis. It provides opportunity for group activities - preparation of the paper, discussion on themes or content, sharing and action plan. Wallpapers are an inexpensive and effective means to disseminate information especially in places where people gather frequently - the school, place of worship, the market place or city centre, and walls of public buildings and homes.

Check Your Progress II

1) What are the elements of a good poster ?

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2) What are Flip Charts ?

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3) Explain the usefulness of photo language.

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5.4 PERFORMING ARTS AND MUSIC

Performing arts and music are popular people's media, which have variations according to place and culture. They are informal, include narrative, dialogue, action and improvisation. The leaders play an important role. Audiences tend

to identify with the characters. Unlike in formal drama, the varieties of performing arts have a high degree of creativity and flexibility. Costumes and make-up are unimportant. We shall examine some of the important performing arts.

Music as a vehicle of communication is as old as human history itself. There are innumerable forms of music, which express human emotions and feelings, thoughts and ideas. Music is an integral part of many forms of performing arts. The popularity of music as a medium is evident from the time allotted to programmes based on music in television and radio.

Mime and Pantomime

Mime and Pantomime are powerful means to communicate ideas and express feelings. Both consist in using the body and bodily movements to express ideas and feelings. Mime, with an offstage commentary and read by a narrator, is a powerful medium. When a song or poem is mimed, the song is sung and the poem is read, as a background.

Pantomime is a performance only through bodily actions to express ideas and feelings. The emphasis is on development of an idea. Sometimes music or sound may be used to support the action or gestures. But the emphasis is on action and body movements. Some gestures are precise and smaller while others are large and difficult to understand. Pantomime involves the audience.

Role Play

Role-play is a relatively new form of communication with a lot of communication potential. In role-play, people spontaneously act out problems of human relations or things that affect the community, and analyse them with the help of participants and audience. Role playing helps a person to relive, re-enact some moments of life - its experiences, problems and challenges. Role play should help define problems, establish the situation being-played out. Actors must be serious and committed and should cast the characters effectively. Role plays should be short and should be followed by discussion and analysis of the situation. Since the role play is a means to effect some kind of change, the discussion should lead the members to adopt some specific action plans.

Ballard Forms

The method of story telling to express ideas and convey messages used by many cultures in India may be grouped under the ballard form of art. Every state has a variety of ballard forms, such as Alha (Uttar Pradesh) Burra Katha (Andhra Pradesh), Villupattu (Tamil Nadu) Jugani and Vaar (Punjab) etc. The ballard forms are being effectively used by political parties as well as business promotion agencies, governments and the non-governmental organisations.

Folk Music

India is estimated to have more than 300 folk musical styles. Folk music are not songs simply sung, but their chief characteristics include the presence of some theme or message, the participation of the community, improvisation, flexibility and participation of the audience. Action dominates many of the folk

singing. (Doha and Garba - Gujarat; Daul and Bhatiali - W. Bengal; Bihu - Assam; Kolkali Pattu - Kerala; Mand and Panihari - Rajasthan)

Folk Sayings and Riddles

The rural people and those with illiteracy or minimum literacy, have a strong memory. They express traditional wisdom and pass it on to successive generations through folk sayings and riddles. The Mahabharata and Jataka tales contain many riddles and tales. Sometimes plain speech is considered inadequate to express important or sacred notions. They adopt a kind of riddle to couch the language to make speech sophisticated.

Proverbs

Proverbs provide a window to the wisdom of the people. Proverbs are traditionally used as a means to communicate worldviews, values of a community. The word 'Proverb' comes from the Latin word 'Proverbium' meaning 'before' or 'forth to the world' and 'verbum' meaning 'word'. Proverbs are pithy sayings. Proverbs touch on every aspect of the life of people who create them.

Story

Story is a powerful and ancient form of communication. The popular perception is that stories are fictional and not factual. Every culture and community has a vibrant and strong tradition of story telling. Stories explain origins, provide role models, create and sustain cultural and religious values, encourage the spirit of adventure and romance. Stories appeal to the intellect and emotions. They arouse sympathy and anger. They kindle hope or cause frustration.

All stories need interpretation. They communicate values, help create favourable or unfavourable opinions and shape attitudes. The story genre has many types such as: autobiography, biography, myth, legend, saga, history, fiction, love-story, historical novels, comedy, fable, allegory, travel stories, narrative poems. To communicate effectively with a community, one must try to understand the important stories of that community and the significance of the story for them. Stories are not neutral. They are loaded with meaning and hence must be interpreted and analysed. One must also be aware of stories that create counter culture.

Puppetry

As we have already dealt with what puppetry is and the four different kinds of puppetry in India, in Unit III, here the students should try to focus on a practical exercise in puppetry by preparing the script, constructing the puppets and putting up the show for an audience. At the end of the programme conduct an evaluation or collect feedback to assess the result of the programme.

The theme of the puppet show should be centered on issues related to community health and HIV/AIDS.

Street Theatre

Street theatre in India is more than eighty years old. It played an important role in the freedom struggle. The Indian People's Theatre Association (IPTA) has taken pioneering steps in India in the political use of theatre. Today street

theatre is being widely used by non-governmental organisations to create mass awareness among people through social conscientization, education and empowerment. The actors in the street theatre use their body as a medium of communication. They use the popular idiom, songs, dialogue and action to drive home powerful messages. The actors try to involve the audience in a discussion and drive home the message intended by the performers. The street is a non-formal theatre, closer to life situations of people and it breaks down many barriers between the actors and the spectators. The barrier between art and life is dissolved in a street theatre performance.

5.5 MASS MEDIA

We have dealt with mass media and the various forms of mass media in the previous unit. Hence in this section the focus should be on practical exercises leading to preparing programmes for radio, television and print. We can divide mass media under the following heads:

Broadcast media

Radio is the most popular medium among the mass media in its ability to reach vast audiences. There is a lot of space in radio where individuals or organisations can present their programmes. The radio broadcasts include national and regional programmes. There are programmes to cater to the various linguistic and cultural groups. Broadly radio programmes are classified into two broad categories: spoken word programme and music programme. Newsreels present 'spot' reports, comments, interviews and extracts from speeches. Documentaries and radio features are factual information that combine the techniques of talk, drama and story telling. It may deal with the interpretation of an event, profile of a person, highlight the culture of a people etc. This format is a good slot for presenting a feature on health issues, HIV/AIDS and other related topics.

Another popular programme on radio is drama. Drama prepared for radio should be so constructed as to tell the story only through sound media, hence there should be music, dialogue with voice variations etc.

Radio can also air quizzes, talks, discussions, advertisements and music programmes that highlight the particular theme one wants to present. Radio can increase audience participation if competitions and feedback mechanisms are built into the programmes. Radio is directly under the administrative control of the government and operates primarily for national welfare. Therefore concerned individuals and organisations can use the medium for issues that relate to national or community welfare like health care and family welfare.

Telecast media

Television in India began as an educational and community service medium. Today it has grown in extent and coverage. With the mushrooming of television channels and growth of the number of TV sets in the country, one should not ignore the power of this medium to reach millions of viewers within a short time. Issues concerning health and HIV/AIDS can be presented in the form of serials, dramas, music developed on the basis of the theme. Panel discussions, talk shows, quizzes, interviews, testimony, features, advertisements and quickies can be used to create awareness among the audience.

Cinema

The potential of cinema as a popular medium is evident from the large crowds that the cinema theatres in India draw, and the popularity of film artists. The cinema theaters can be a powerful medium to reach the masses with the message of HIV/AIDS through stories, which deal with issues of health and family, HIV and AIDS. Documentaries and advertisements at intervals are also occasions to communicate ideas about health. The advantage of using this medium is that we can reach a vast number of people who are illiterate, who are otherwise difficult to reach.

Print Media

Besides the efforts of the government and non-governmental agencies to popularise the concept of health and promote education on HIV/AIDS, through newsletters, magazines, and pamphlets devoted to the theme, the national and regional newspapers and magazines can highlight the issue through its columns. Newspapers should regularly publish case studies, reports, advertisements, features, reports of medical research in HIV/AIDS etc. Special days like International AIDS awareness days could be used to issue supplements.

Multi Media

Multimedia is a means of communication to a group or an audience by a good combination of different media and techniques. Multimedia presentations, using computer, video projectors, digital camera etc. can be effective to present the theme of HIV/AIDS. The Internet is a powerful tool to gather and disseminate data on the nature of the sickness, measures for prevention, developments in medical research and above all promote awareness. Multimedia presentations call for technical skills as well as costly equipments.

Check Your Progress III

- 1) What is role-play? How can role-play help popularize HIV/AIDS education?

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- 2) What is a story? Why is it a powerful medium to educate people on health issues?

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- 3) Do you think that the broadcast medium is powerful to reach a mass audience? Mention two programmes that can be aired through radio to create awareness about HIV/AIDS.

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5.6 LET US SUM UP

Each medium, be it folk or mass, has its own advantages as well as limitations. Therefore it is unwise to rely exclusively on one medium for HIV/AIDS education. What we need is a multi-pronged approach whereby the target group becomes wider and the message becomes available to the audience in a medium they are more familiar with.

Though we have proposed many media, and described briefly how they function, it is important that the students select one or two of them and develop the content that can be communicated through them. This will help them to acquire confidence in the use of media. Though the content may have the same core elements, it must be constantly adjusted and adapted to suit the medium itself. For instance, it is not possible to transfer a play prepared for radio broadcast to a television show. Both the messages should not be developed independently of the medium.

5.7 KEY WORDS

- Code** : A term coined by Paul Freire to refer to community which is familiar but is as yet not willing to face up to its life situation.
- Collage** : Juxtaposition of pictures to convey specific themes or ideas in a poster.
- Improvisation** : In many folk art forms, the leader or main actor makes up actions or dialogue, music etc. on the spot, Improvisation requires a great deal of skill.
- Pantomime** : Action using bodily movements without the use of sound to convey message.
- Synchronisation** : The process of bringing about harmony in a performance consisting of various elements like music, dialogue, and action.

5.8 MODEL ANSWERS

Check Your Progress I

- 1) What is the role of media in HIV/AIDS education?

Media can create awareness about HIV/AIDS through providing correct information, and making people conscious of the danger the spread of HIV/AIDS can have on society. They can help fight superstitions, and disseminate positive notions on health issues.

- 2) Mention any three advantages of group media over mass media.

Group Media enjoy many distinct advantages over mass media: They are

- a) Low cost, b) Participatory c) Do not require technical skills or equipments

Check Your Progress II

- 1) What are the elements of a good poster?

A good poster must have the following elements: a good pictorial element, matching and attractive colours, a caption that can draw the attention of the readers and lead them to action, and a good layout.

- 2) What are flip charts?

Flip charts are a collection of posters, clipped together at the top. As sheet after sheet is flipped over, people concentrate on one sheet at a time without being distracted by the others.

A story or a theme can be illustrated with the help of a number of posters - using pictures, photos, words, texts or stick figures. The speaker can use the flip chart as she or he is talking.

- 3) Explain the usefulness of photo language.

Photo language is a powerful way of reading a photograph or picture and trying to understand and interpret the message it contains. Photos can stir emotions, kindle hope or create sorrow. Pictures can shock us, make us weep or laugh. Photos can be used to tell a story, or for group discussions. A photograph of individuals suffering from AIDS in a hospital or care home may be used for sessions. The photos may stir emotions of concern, sympathy and help people to become more aware of the issue of HIV AIDS and the need to prevent it. They may also become more conscious of the need to create awareness and care for those affected.

Check Your Progress III

- 1) What is role-play? How can role play popularize HIV/AIDS education?

Role-play is a relatively new form of communication with a lot of communication potential. In role-play, people spontaneously act out problems of human relations or things that affect the community, and analyse them with the help of participants and audience. Role-playing helps a person to relive, re-enact some moments of life - its experiences, problems and challenges. Role-plays should be short and should be followed by a discussion and analysis of the situation. Since the role-play is a means to effect some kind of change, the discussion should lead the members to adopt some specific action plans.

- 2) What is a story? Why is it a powerful medium to educate people on health issues?

Story is a powerful and ancient form of communication. Stories explain origins, provide role models, create and sustain cultural and religious values, encourage spirit of adventure and romance. Stories appeal to the intellect and emotions. They arouse sympathy and anger. They kindle hope or cause frustration. All stories need interpretation. They communicate values, help create favourable or unfavourable opinions and shape attitudes.

- 3). Do you think that the broadcast medium is powerful to reach a mass audience? Mention two programmes that can be aired through radio to create awareness about HIV/AIDS.

The most important broadcast medium is the radio which has a wide audience. Radio is a powerful rural medium. People who lack literacy can also benefit by it. Programmes on radio include national and regional programmes. The use of vernacular language makes it easy for people to understand programmes broadcast over radio. Education and awareness about HIV/AIDS can be promoted through documentaries where the issue is discussed. Plays or musical programmes with the theme of HIV/AIDS or other health issues can be presented on radio with great effect.

5.9 FURTHER READINGS

R. Worth, 1986, Group Media — Value Education and Leadership, LTS Publications, Calcutta

Meher R. Contractor, 1984, Creative Drama and Puppetry in Education, National Book Trust, New Delhi

Myron J. Pereira, (ed.), 1994, Development Communication Handbook, Satprakashan Sanchar Kendra, Indore.

Myron J. Pereira, 1994, Our Second Skin and other Essays on Communication and Culture Satprakashan Sanchar Kendra, Indore

James T. Appavoo, 1986, Folklore for Change, TTS Publications, Tamil Nadu Theological Seminary, Madurai.



Block

2

BASICS OF COUNSELLING

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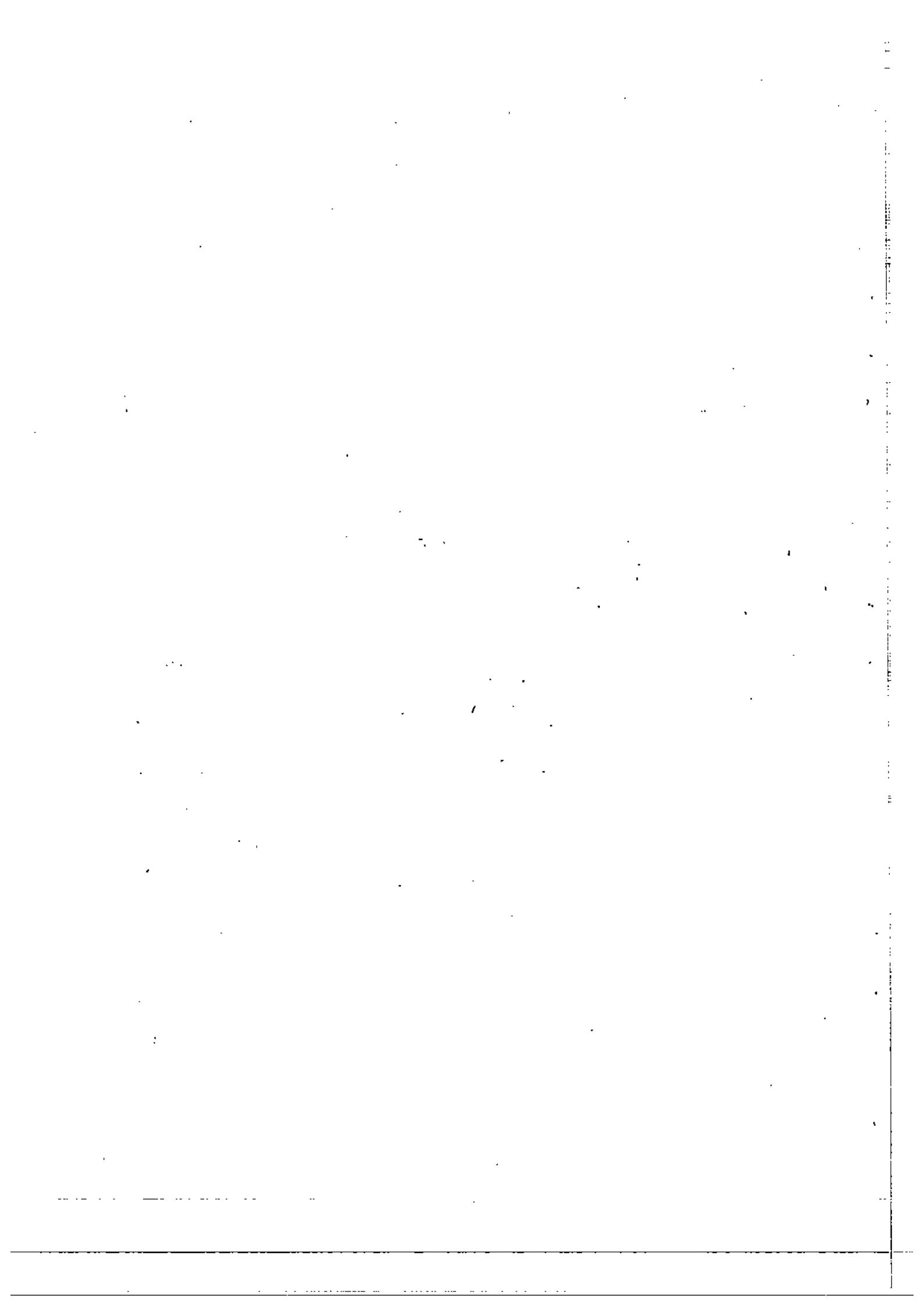
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INTRODUCTION TO BLOCK 2

'Basics of counselling' is the second block of the course on 'Communication and Counselling in HIV/AIDS'. This block comprise five units. Unit 1 is on 'Introduction to Counselling' which provides the nature of counselling, and the what, why and importance of counselling. Unit 2 deals with the process involved in counselling which has been explained through its various phases. Unit 3 provides details about the supportive and behavioural techniques in counselling with specific reference to problem-solving- rehearsal and role play. Unit 4 explains the 'Cognitive and psychoanalytical techniques in counselling'. It also describes some of the other techniques that facilitate behavioral change. Unit 5 discusses some of the 'Practical issues involved in counselling' such as handling difficult situations and problems to guard against.

Taken together, the five units presented in this block provide you with all the basic components of good counselling. The first block of this course, namely, 'Basics of Communication' and this second block will enable you to go ahead to the third block which deals with counselling in 'HIV and Family matters'.



UNIT 1 INTRODUCTION TO COUNSELLING

Contents

- 1.0 Aims and Objectives
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- 1.2 What is Counselling?
- 1.3 The Difference between Psychotherapy and Counselling
- 1.4 Not Everybody Needs Counselling
- 1.5 Common Disorders for which Counselling should not be the Primary Therapy.
- 1.6 General Characteristics of a Good Counsellor
- 1.7 Characteristics of a Good Counsellor during Therapy
- 1.8 Communication Skills of a Good Counsellor
- 1.9 Characteristics of a Good Client
- 1.10 Let Us Sum Up
- 1.11 Key Words
- 1.12 Model Answers
- 1.13 Further Readings

1.0 AIMS AND OBJECTIVES

This unit will present to you a general introduction about counselling. After completing this unit, you will be able to understand:

- The nature of counselling,
- The difference between psychotherapy and counselling,
- Indications for counselling,
- Disorders for which counselling is not the primary therapy,
- General characteristics of a good counsellor,
- Characteristics of a good counsellor during therapy,
- Communication skills that a good counsellor should possess, and
- Characteristics of a good client.

1.1, INTRODUCTION

The importance of counselling in the area of HIV/AIDS can no longer be ignored. Unlike other diseases, HIV/AIDS require special care and attention to the client. Although the concept of counselling in medical services is well known, the practice of this strategy in developing countries is almost absent. In India, efforts have been made to provide counselling services at least in some of the medical institutions. However much needs to be done so that more and more people may take up counselling as their profession and may seek required training in that field. In this unit we shall try to define the concept of counselling and other introductory characteristics pertaining to the areas of counselling. This will enable some of you who are either involved or interested in getting involved in pre-test and post test counselling of the HIV/AIDS patients and will also be able to understand the basic aspects related to counselling.

1.2 WHAT IS COUNSELLING?

Let us try to understand the concept of counselling by defining the term counselling and by examining other related components in counselling.

Definition: Counselling is an interpersonal process through which guidance and support are provided to persons with psychological problems. These problems may be personal or interpersonal in nature.

The persons in counselling: The individual who provides the support and guidance is known as the counsellor. The individual who receives the support and guidance is known as the client.

What counselling seeks to do: Counselling seeks to resolve personal and interpersonal problems through a variety of approaches, in a way that is consistent with the values and goals of society in general, and the client in particular.

Goals: Specifically stated, counselling has four important goals, namely:

- 1) To reduce the emotional distress of the client,
- 2) To reduce the dysfunctional behaviours of the client,
- 3) To promote better adaptation of the client to his environment, and to develop his potential, and
- 4) To assist the client in important personal decisions.

Counselling is a special relationship. From the preceding discussion, it should be clear that counselling is a unique, helping relationship which allows the client an opportunity to learn, feel, think, experience, and change in ways that are socially desirable.

Most clients enter the counselling relationship voluntarily. Although clients typically expect the counsellor to resolve their difficulties, the counselling relationship is actually collaborative: client and counsellor collaboratively work towards the goals of counselling, with the counsellor acting chiefly as a facilitator of behavioural change.

How the counsellor works: To facilitate the achievement of the goals of counselling, the counsellor uses his understanding of behaviour, learning and interpersonal relationships to establish conditions favourable to client change.

While much of the work in counselling may involve one-to-one interaction with the client, interaction with significant other persons in the client's life can also contribute towards the attainment of the goals of counselling.

Counselling is a very variable process: The nature, course, and techniques of counselling vary widely across categories of counselling, such as crisis counselling, career counselling, marital counselling etc.

The nature, course, and techniques of counselling vary widely across client groupings, such as is seen in individual counselling, couple counselling, group counselling etc.

The nature, course, and techniques of counselling also vary widely across categories of clients, such as children, adolescents, families, alcohol and drug addicts, etc.

Finally, the nature, course, and techniques of counselling vary widely across clients even if the client belongs to the same category and is receiving the same category of counselling. This is because each client is a unique person, different from the rest.

1.3 THE DIFFERENCE BETWEEN PSYCHOTHERAPY AND COUNSELLING

Having defined counselling, let us try to learn what is psychotherapy? Psychotherapy is the treatment of psychological disorders by psychological means, within the framework of an existent psychological theory. Psychotherapy is conducted by a psychologist, psychiatrists, or other mental health professional, who is highly trained in the field. Psychotherapy is a formal and structured process.

Differences between counselling and psychotherapy: Counselling is not the same as psychotherapy. Both normal and psychologically disordered persons can benefit from counselling (consider processes such as career counselling, premarital counselling, etc.). Counselling does not depend on psychological means alone to purvey benefits to the client. Counselling may utilize processes such as restructuring the client's environment, or recommending leisure pursuits. Counselling is not based upon any one specific psychological theory; rather, it is a commonsense approach to problems. Counselling also utilizes practical techniques derived from several different forms of psychotherapy, as appropriate to the situation.

Persons do not need extensive training to become counsellors. While a degree of training can prove extremely helpful, research has shown that, for persons with mild emotional disorders or interpersonal problems, teachers, elders and other experienced persons can produce as good results as do professional psychotherapists. Finally, counselling is far less formal and structured than psychotherapy. Counselling is also more flexible.

This discussion should not be interpreted to suggest that counselling is superior to psychotherapy because each process has its advantages and limitations. Perhaps, the best way to view counselling is to consider it as a first line of management for individuals with interpersonal problems.

Check your progress I

1) Define counselling.

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2) What does counselling seek to do?

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3) What are the specific goals of counselling?

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4) List a few differences between psychotherapy and counselling.

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1.4 NOT EVERYBODY NEEDS COUNSELLING

Nobody is in total physical health. But, this does not mean that we need to consult a doctor for every cough and cold, or for each ache and pain. Likewise, nobody is in total mental health. But, this does not mean that we need to consult a mental health professional each time we feel anxious or unhappy. Thus, while counselling may be helpful, it is not essential for everybody to live with problems. So, for whom is counselling necessary?

Indication Criteria for Counselling

After understanding the concept of counselling and psychotherapy, let us now try to see the main criteria indicating the need for counselling.

Counselling should be considered for everybody with stress-related mood disturbances and adjustment problems that additionally fulfil the following criteria:

- 1) The symptoms are related to stress, but are out of proportion to the stress in duration or severity. For example, even if there is a death in the family, after a few days or weeks we are able to pick up the pieces of our lives and carry on with our regular responsibilities. If somebody is unable to adjust after several weeks, and/or if the degree of emotional disturbance is so great that the individual is unable to attend to his or her regular work, the individual would probably benefit from counselling.
- 2) The symptoms interfere with psychological, cognitive, biological, social, personal, and/or occupational functioning. Associated physical symptoms may be present. Interference with psychological functioning means that depression, anxiety, fear, anger or other dysfunctional emotional states are present more than is characteristic of the normal state.

Interference with cognitive functioning means that attention and concentration are poor, and forgetfulness develops. Mental slowness and mind blocks may become common. The individual begins to feel that his or her intellectual capacity is becoming affected. Interference with biological functioning means that there is impairment of sleep, appetite and sexual functioning. Disturbed sleep can comprise either sleeping too little or too much. Disturbed appetite can comprise either eating too little or too much; this is often associated with weight loss or weight gain. Disturbed sexual functioning is most commonly characterized by decreased sexual drive and capacity.

Interference with social functioning means that there is an impairment in the ability and desire to interact normally in social situations. Often, the individual

may prefer to avoid company. Interference with occupational functioning means decreased work efficiency, making errors at work, avoidance of responsibilities, and/or absenteeism. Interference with personal functioning means decreased involvement in the usual recreational and leisure activities such as reading, watching television, and hobbies. Associated physical symptoms include fatigue, lethargy, aches and pains, headaches, psychosomatic problems etc.

Common Disorders that Might Benefit from Counselling

There are several disorders that might benefit from counselling. These include:

- Most forms of depression,
- Most forms of anxiety,
- Most disorders which are characterized by a failure to adjust to some recent or long-standing stress,
- Most conduct and emotional disorders of childhood and adolescence,
- Most kinds of interpersonal problems,
- Alcoholism, and drug abuse etc.

1.5 COMMON DISORDERS FOR WHICH COUNSELLING SHOULD NOT BE THE PRIMARY THERAPY

Very many mental disorders are partly or wholly biological in origin. These include:

- Dementia;
- Schizophrenia, mania, and other psychotic states;
- Obsessive-compulsive disorder;
- Certain personality disorders;
- Certain forms of depression, such as endogenous depression;
- Certain forms of anxiety; etc.

Such disorders require primary medical management, such as through the use of drugs or electroconvulsive (electric shock) therapy. Counselling may however be useful as an adjunctive intervention.

This course is deliberately non-technical because it is impossible to develop proficiency in the diagnosis and management of psychiatric disorders through distance teaching since exposure and practical training components are not included. If you are interested in gaining more information, you may refer to standard textbooks of psychiatry or join a full fledged regular course from a recognized institution.

Warning for Counsellors

The counsellor should ensure that the client who comes for counselling has first been screened for suitability for counselling by a medical professional, preferably a psychiatrist. This is because a counsellor will not have the skills to identify psychiatric states that have subtle medical origins, and which consequently require medical management.

If the counsellor does not take this warning seriously, there is a definite possibility that, by attempting to counsel a client for whom medical therapy is more appropriate, harm will result to the client.

Warning symptoms that suggest that medical intervention is necessary for the following:

Grossly abnormal behaviour (e.g. being violent, not taking care of personal hygiene);

Abnormal talk (e.g. being irrelevant and incoherent);

Presence of delusions (these are false beliefs, such as that of being persecuted, followed, talked about, poisoned, etc.);

Presence of hallucinations (e.g. hearing voices, seeing visions);

Presence of obsessions or compulsions (these are repeated thoughts and actions that are beyond the subject's control);

Severe abnormality of mood (that markedly interferes with life);

Loss of judgement; and

Loss of insight (that is, the failure to acknowledge that one is ill).

Check your progress II

1) When is counselling indicated?

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2) Which are the commonest disorders that might benefit from counselling?

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3) List important disorders for which counselling is not the primary therapy.

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1.6 GENERAL CHARACTERISTICS OF A GOOD COUNSELLOR

Everybody can offer counsel, but not everybody has the skills to be a good counsellor. This section discusses the characteristics of a good counsellor. In the process, some of you who are already involved in counselling can introspect and see to what extent you possess the characteristics of a good counsellor.

1) A good counsellor must be fluent in the language of his client in order to guess what is unsaid, and to correctly interpret nuances in communication.

2) A good counsellor must understand the culture to which the client belongs. Without such an understanding, the counsellor may misinterpret various behaviours that the client shows.

- 3) A good counsellor should have charisma and personality. He should inspire confidence and respect in his client.
- 4) A good counsellor must have much experience of life. Without such an experience, it is difficult to put the client's problems and behaviour in the correct perspective, or to provide the most appropriate guidance.
- 5) A good counsellor must be reasonably mature and intelligent to understand the client's problems, formulate an appropriate plan of management, and carry it through. A counsellor without maturity and intelligence is one who may show poor judgement when counselling clients.
- 6) During therapy, the counsellor's values inevitably percolate down to the client. Therefore, a good counsellor must have a healthy set of values.
- 7) A good counsellor should be psychologically minded; that is, he should understand the intricacies and the workings of the human mind.
- 8) A good counsellor must be knowledgeable about the range of psychological disorders that individuals experience, and the characteristics thereof. To use a parallel, consider a doctor who is not knowledgeable about malaria will not be able to diagnose and treat it competently.
- 9) A good counsellor should be knowledgeable about the client's problem field. For example, unless a counsellor knows much about children, he will find it hard to competently counsel a parent who is having difficulties with his offspring. It can help if the counsellor is also experienced, in addition to being knowledgeable, in the client's problem field. For example, a counsellor who is a parent (as compared to one who is not a parent) will be able to better understand and counsel a client with parenting problems.
- 10) A good counsellor should have few emotional problems. This is because a counsellor who is unhappy may not be able to give the client his undivided attention. Furthermore, his judgement may be clouded by his personal problems. A good counsellor must be particularly free of problems in his client's area of difficulties.
- 11) A good counsellor must be well-trained. To use a parallel, consider a doctor who is poorly trained may be competent in treating straightforward coughs, colds and fevers, but will be out of his depth with conditions such as heart disease or kidney failure.
- 12) A good counsellor should have good communication skills; he must know what to say and when; he must know how to say it, and when it should be said.
- 13) A good counsellor should be genuinely motivated to help persons in distress. He should not counsel merely out of a feeling of duty.

While counsellors can be of any age or sex, most clients tend to prefer their counsellors to be older than they are. Some clients may find it easier to confide in a counsellor of a particular gender. In India, many clients (particularly females) prefer same-gender counsellors.

1.7 CHARACTERISTICS OF A GOOD COUNSELLOR DURING THERAPY

During therapy too a counsellor demonstrates some of the good characteristics of a counsellor. These may include:

- 1) A good counsellor easily establishes rapport with the client. He readily makes the client feel comfortable with him.
- 2) A good counsellor shows empathy, that is, he understands what the client is experiencing. He is able to make his client feel understood.
- 3) A good counsellor is intuitive. He is able to read between the lines; from what has been said, he is able to understand what has been left unsaid.
- 4) A good counsellor feels warmth towards his client, and is able to make his client perceive the warmth and good wishes.
- 5) A good counsellor is able to accept his client as a good and deserving human being, irrespective of the problems under consideration. He does not feel contempt or hostility towards the client. He is able to communicate his acceptance to the client.
- 6) A good counsellor realizes that it is more important to listen than to talk.
- 7) A good counsellor is able to gain his client's confidence such that the client is willing to express the most personal details of his life to the counsellor. A good counsellor should also respect these confidences; nothing that the client reveals should be shared with anybody else without the client's permission.
- 8) A good counsellor does not criticize or sit in judgement upon the client (remember, several persons would already have criticized and judged the client before he came for counselling). A non-critical atmosphere is one in which the client becomes willing to share his innermost thoughts and feelings without fear of negative reactions.
- 9) A good counsellor does not offer advice; rather, he understands and guides. In order to do so, he discusses the subject with the client, leading up to the suggestion in such a way that, sometimes, the client may himself propose it. Tact and timing are important. Remember, plenty of persons (who did not take the trouble to understand the client) would already have offered advice to the client before he came for counselling.
- 10) A good counsellor does not impose his opinions, beliefs, and values upon his client, particularly if the client already has a valid opinion, belief, or value system.
- 11) A good counsellor is sensitive to the client's emotional state. For example, he does not probe sensitive areas until he is certain that the client is ready to disclose the desired information. Or, he does not advise until he is certain that the client is ready to receive that piece of advice. Or, he does not convey to the client an interpretation of behaviour until he is certain that the client is ready for the understanding.
- 12) A good counsellor is not a voyeur. He does not ask for information that will embarrass the client without contributing materially to the counselling process.

- 13) A good counsellor is patient. He does not expect the client to reveal everything at once. He does not expect the client to show dramatic benefits with counselling. He understands and is accepting when the client experiences 'slips' after improvement.
- 14) A good counsellor is optimistic, and is able to convey this optimism to the client.
- 15) A good counsellor has a sense of humor. This can produce transient lightening of the client's mood, and help him feel more positively about the counselling sessions.
- 16) A good counsellor focuses the session around the patient alone, and does not allow any aspect of his personal life to contaminate the session. If events in the counsellor's life have provoked irritation, impatience, sadness or any other emotion, he should avoid allowing these to become visible to the client. Although this is a controversial subject, most believe that counsellors should avoid self-disclosure. Most clients wish to believe that their counsellor is infallible, and do not want to know about problems that their counsellor is facing, or has faced.

1.8 COMMUNICATION SKILLS OF A GOOD COUNSELLOR

Counselling is an interpersonal process, and good communication skills are therefore essential if a counsellor is to be effective. Let us now examine some of the characteristics of a good counsellor.

- 1) A good counsellor is conscious of his body language and the impact that it has on the client. He makes eye contact with the client, nods to convey his interest to the client, and avoids signs of boredom (e.g. yawning) or restlessness (e.g. fidgeting).
- 2) A good counsellor listens far more than he talks. He practises reflective listening; that is, saying a few words every now and then that reflect the gist of what the client just said. He does not interrupt unless absolutely necessary.
- 3) A good counsellor is polite, courteous, and tactful. He is aware of the client's sensitivities. He does not make his client feel guilty for past mistakes. He practises good timing in conveying his insights to the client.
- 4) A good counsellor is clear and unambiguous in his communication. He sticks to the point, taking one problem (and only one) at a time. His statements are relevant and meaningful.
- 5) A good counsellor encourages, he talks positively. He makes supportive and appreciative statements to his client, and gives praise whenever due.

Some frequent statements that a counsellor may make are:

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| In enquiring: | Tell me about/tell me more..... |
| In summarizing: | So, basically, this is what you mean.... |
| In understanding: | Is this what you are trying to say? |
| In handling silences: | Take your time; there's no hurry, what are you thinking of? |

1.9 CHARACTERISTICS OF A GOOD CLIENT

Counselling can benefit everybody, irrespective of age, sex, culture, creed and other characteristics. Intelligence is also not a prejudicial issue, provided that the client is sufficiently intelligent to understand what is happening during counselling. In most cases clients approach the counsellor of one's own choice or through referral services. However, in most cases of alcohol and drug addiction, a client is motivated and sometimes forced to seek counselling.

There are certain client characteristics, however, which can increase the extent to which a client may benefit from counselling. These characteristics describe a 'good' client, and are considered in this section.

- 1) A good client is self-motivated for therapy. He is not brought unwillingly by a friend or family member.
- 2) A good client is flexible, and is willing to accept that his point of view may be incorrect. He is willing to consider alternate options that may facilitate his adjustment.
- 3) A good client is cooperative; he participates fully in the exercises suggested by the counsellor.
- 4) A good client is psychologically minded. He accepts that his behaviour may be influenced by unconscious impulses. He is able to introspect and analyze his moods and behaviour with the help of the counsellor.

Client characteristics which suggest a favourable outcome

In addition to the good client characteristics, discussed in the previous section, certain client characteristics suggest an increased likelihood that the client will respond favourably to therapy. These client characteristics are:

- Fewer past problems;
- Better previous adjustment in social and other walks of life;
- Healthy family life;
- Healthy social life;
- Good medical health;
- Ability to relax and enjoy leisure pursuits;
- Emotional maturity; and
- Good judgement;

Check your progress III

- 1) List any three general characteristics of a good counsellor.

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- 2) List any three characteristics of a good counsellor during therapy.

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- 3) Write any one of the characteristics of a good counsellor with regard to communication skills.

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1.10 LET US SUM UP

In this unit we discussed the basic concepts of counselling. Counselling is a simpler, broader, more flexible, and more informal way of helping people. In this regard, it is rather different from psychotherapy. Differences between counselling and psychotherapy were examined.

Persons require counselling only if they desire guidance, and if there is some significant disturbance of their mood or behaviour. Criteria were provided to help the counsellor identify individuals who need counselling. Common disorders that might benefit from counselling were listed, as also disorders for which counselling is not the primary therapy.

Not everybody can be a good counsellor. Various characteristics of a good counsellor were described under the headings of general characteristics, characteristics during therapy, and communication skills. Not everybody will benefit from counselling to the same extent. Characteristics of a good client were also described towards the end of this unit.

1.11 KEY WORDS

- Counselling** : An interpersonal process through which guidance and support are provided to persons with psychological problems; these problems may be personal or interpersonal in nature.
- Counsellor** : An individual who provides support and guidance during therapy.
- Client** : An individual who receives support and guidance during therapy.
- Psychotherapy** : The treatment of psychological disorders by psychological means, within the framework of an existent psychological theory.

1.12 MODEL ANSWERS

Check your progress I

- 1) Define counselling.

Counselling is an interpersonal process through which guidance and support are provided to persons with psychological problems; these problems may be personal or interpersonal in nature.

- 2) What does counselling seek to do?

Counselling seeks to resolve personal and interpersonal problems through a variety of approaches, in a way that is consistent with the values and goals of society in general, and the client in particular.

3) What are the specific goals of counselling?

The specific goals of counselling are:

- i) To reduce the emotional distress of the client.
- ii) To reduce the dysfunctional behaviours of the client.
- iii) To promote better adaptation of the client to his environment, and to develop his potential.
- iv) To assist the client in important personal decisions.

4) List a few differences between psychotherapy and counselling.

- i) Psychotherapy is based upon a specific school of psychology, while counselling is eclectic.
- ii) Psychotherapy requires extensive training, while counselling is a more commonsense approach.
- iii) Psychotherapy is relatively formal and structured, whereas counselling is less formal and more flexible.

Check your progress II

1) When is counselling indicated?

Counselling is indicated:

- when symptoms arise in the absence of stress;
- when symptoms are out of proportion to the stress in duration and severity; and
- when biological, psychological, personal, social, occupational and other functions are disturbed;

2) Which are the commonest disorders that might benefit from counselling?
Anxiety and depressive disorders, adjustment disorders, conduct disorders, alcoholism and drug addiction.

3) List important disorders for which counselling is not the primary therapy.

Organic brain disorders such as dementia, psychotic disorders such as schizophrenia, and other biological disorders such as endogenous depression.

Check your progress III

1) List any three general characteristics of a good counsellor.

During therapy, the counsellor's values inevitably percolate down to the client. Therefore, a good counsellor must have a healthy set of values.

A good counsellor should be psychologically minded; that is, he should understand the intricacies and the workings of the human mind.

A good counsellor should have good communication skills; he must know what to say and when; he must know how to say it, and when it should be said.

2) List any three characteristics of a good counsellor during therapy.

A good counsellor shows empathy; that is, he understands what the client is experiencing. He is able to make his client feel understood.

A good counsellor is intuitive. He is able to read between the lines; from what has been said, he is able to understand what has been left unsaid.

A good counsellor feels warmth towards his client, and is able to make his client perceive the warmth and good wishes.

- 3) Write any one of the characteristics of a good counsellor with regard to communication skills.

A good counsellor listens far more than he talks. He practices reflective listening; that is, saying a few words every now and then that reflect the gist of what the client just said. He does not interrupt unless absolutely necessary.

1.13 FURTHER READINGS

- 1) McLeod J. 1998. An Introduction to Counselling. Open University Press, Portland.
- 2) Trower P. 1998. Cognitive-behavioural Counselling in Action. Sage Publication, London.
- 3) Seden J. 1999. Counselling Skills in Social Work Practice. Open University Press, Portland
- 4) Geldard K, Geldard D. 1999. Counselling Adolescents. Sage Publication, London.
- 5) Tudor K. Group Counselling. Sage Publication, London.

UNIT 2 PROCESSES INVOLVED IN COUNSELLING

Contents

- 2.0 Aims and Objectives
- 2.1 Introduction
- 2.2 The Initial Interview
- 2.3 Assessment
- 2.4 The Middle Phase
- 2.5 Termination of Counselling
- 2.6 Let Us Sum Up
- 2.7 Key Words
- 2.8 Model Answers
- 2.9 Further Readings

2.0 AIMS AND OBJECTIVES

Counsellors who are new to the field often do not know how to begin counselling, or what to do with the client after the initial few sessions. Often, counsellors-in-training lose their direction during therapy. It has also been observed that counsellors do not know how to identify when the process of counselling is approaching its end.

This unit therefore presents a bird's eye view of the counselling process, from start to finish. The beginning and the end are considered in special depth because techniques for the middle phase of counselling are discussed in detail in later units of this block. After completing this unit, you will be able understand:

- The process involved in counselling;
- How a counsellor can learn to structure the course of therapy; and
- How a counsellor can locate his position and progress during the treatment process.

2.1 INTRODUCTION

As more and more people with HIV are being detected the need for counselling has become ever more increasing. Counselling can help the HIV infected to live a life of dignity and also help to prevent further spread of the infection. In fact anyone who feels that s/he has been involved in risk behaviour which can cause HIV infection needs counselling. Similarly those who have been already infected require counselling services which will enable them to plan their future course of action to live a meaningful and productive life. In the previous Unit we discussed the concept of counselling, the characteristics of a counsellor in various settings as well as about the client's characteristics which suggest a favourable outcome. In this unit, let us concentrate on the process involved in counselling while dealing with various situations that are likely to arise during counselling.

Processes in counselling comprise the following:

- The initial interview;
- The assessment phase;
- The middle phase; and
- The termination phase.

2.2 THE INITIAL INTERVIEW

The initial interview describes the first contact with the client; that is, the individual in need of counselling. It completes the intake process, which recruits the client into the formalities of counselling.

Importance of the Initial Interview: The initial interview is of much importance for several reasons:

- 1) It helps the counsellor get to know the client better, and make appropriate plans for intervention. These plans include taking up the client for counselling or referring the client to another, appropriate, treatment service.
- 2) It helps the client to get to know the counsellor better, and obtain reassurance and even crisis support, as necessary.
- 3) It allows the counsellor the opportunity to explain the nature and goals of counselling, and to make the practical arrangements for counselling.

In short, the initial interview will help the client and the counsellor to accept each other.

The initial interview proceeds along the following lines:

- 1) Statement of the problem in clear, unambiguous terms.
- 2) Systematic evaluation of the problem, its causes and its effects.
- 3) Identification of circularity.
- 4) Feedback to the client.
- 5) Evaluation of the client's motivation for counselling.
- 6) Clarification of expectations.
- 7) Setting of goals.
- 8) Establishing a contract.
- 9) Making the practical arrangements for counselling.

Let us examine each of these steps which will enable us to actually understand the process involved:

Statement of the Problem in Clear, Unambiguous Terms

Clients who come into therapy are seldom clear and concise in their communication. More frequently, their thoughts are muddled, and heavily laden with emotional content. Clients do not say, "I am anxious", or "I am depressed". Instead, they frequently commence with an account of what happened, where and when.

These details are necessary, but it is more important for the counsellor to first understand what is bothering the client. This understanding will provide the framework for an understanding of what the client subsequently describes. Therefore, the counsellor should gently but firmly encourage the client to clearly state the problem in a few words; to provide a bird's eye view, so to speak.

The counsellor might use the following analogy:

"If you were to hurt your leg in an accident, you would not greet the doctor with an account of where the accident took place, why, when and how. Instead, you would tell the doctor that your leg is painful, and you would indicate where the pain is located.

Now, in the same manner, tell me in a few words what is wrong with you; you can later go into the details of how and why it happened."

The counsellor is looking for statements such as:

"I am tense and anxious most of the time. I can't relax. I worry so much that I cannot sleep. I am losing weight."

"I am very unhappy. I cry a lot. I keep thinking about the past. I sleep very poorly at night. I have no appetite at all."

"I am depressed because my husband has a drinking problem. I want to learn how to get him to stop drinking. I want to learn how to cope."

"The doctors have told me that I have a serious disease. I am very upset. I don't know what to do with my life."

"I can't get along with my parents. They don't understand me and I don't understand them."

Systematic Evaluation of the Problem, its Causes and its Effects

Once the counsellor has obtained a clear understanding of what the problem is, he needs to learn about its background. He should ask questions such as:

When did this happen?

Why did this happen?

How did this happen?

What caused it?

What were the consequences?

How have the problems affected your emotional life?

How have the problems affected your personal life?

How have the problems affected your social life?

How have the problems affected your occupational life?

In what other ways is your functioning affected?

For how long has this been going on?

Who are the people involved?

What steps have you taken to resolve the crisis?

What makes you feel better?

What makes you feel worse? etc.

The assessment so conducted provides the counsellor with a working model of the client's problem situation. This working model is necessary because it guides the counsellor's thinking. The working model, of course, needs to be continually updated with information obtained from subsequent sessions.

It is important to ascertain the magnitude and extent of the client's problem situation, and of his dysfunctional behaviour, and to establish whether the client is appropriate for counselling or whether some other primary psychiatric intervention is called for. In this context, it may be necessary to postpone completion of the intake process until a psychiatric evaluation rules out the existence of serious disturbances which require primary medical therapy.

Identification of Circularity

Problems seldom exist in a vacuum. They are generated by certain circumstances, and they, in turn, generate other problems. Thus, a client's problems cannot be satisfactorily addressed unless all the related issues are identified and tackled.

Circularity can be restated as follows:

As a result of Problem A, Problem B develops.
 As a result of Problem B, Problem A becomes worse.
 As a result of Problem A becoming worse, Problem B gets worse. And so on.
 For example, a husband's drinking may be fuelled by his wife's nagging; and, his drinking increases her nagging. Thus, nagging leads to drinking, and drinking leads to nagging.

Family dynamics frequently contribute to circularity. Therefore, while assessing circularity the counsellor must remember to evaluate each family member's role in symptom formation and symptom maintenance in order to identify the persons essential for therapy.

Feedback to the Client

One of the reasons why persons seek counselling is that they are overwhelmed and confused by their problems. It helps to provide them with a simple, preliminary analysis of the problem. The counsellor might therefore say something like this:

"To summarize, you are facing problems of These problems are causing.... These problems have arisen because of.... These problems are being worsened by.... To resolve your problems, you need to do the following...."

Such a feedback helps the clients see their problem from a different perspective, as well as helps them better understand the issues that are involved. Feedback about circularity is particularly important because clients are often unaware of its existence. Learning about circularity thus indicates avenues for therapeutic intervention.

Evaluation of the client's willingness and motivation for counselling

It is sometimes assumed that a client, by virtue of having approached the counsellor, is ready for counselling. However, this is often not the case. In many

instances, a client comes for counselling only because he has been compelled to do so by a family member, friend, or well-wisher. Such clients are, more often than not, unlikely to cooperate whole-heartedly with counselling.

Clients sometimes have difficulties in complying with the practical arrangements for counselling; for example, they may reside too far away, or may not be able to obtain leave from work.

A greater problem, however, is that many clients are unwilling to make the personal or lifestyle changes that are necessary if they are to benefit from counselling. For example, a husband may consider that all the problems lie in his wife's behaviour; he may not be willing to accept that he is contributing to the problems, and that he needs to make certain changes in his attitudes and behaviour if the marriage is to survive.

Or, a drug addict may realize that his addiction is ruining his life. But, he may not be willing to give up the company of the friends who are encouraging his deviant habits.

It is important that the client realizes that the counsellor can only facilitate adaptation; the primary effort must be made by the client. Breaking maladaptive habits is difficult. Making lifestyle changes is difficult. The client must be willing to make the necessary efforts with the guidance of the counsellor.

It is important to assess motivation for counselling for several reasons. If the counsellor understands that the client is poorly motivated for counselling, he can provide an appropriate feedback to the client. Then, in consultation with the client, he can arrive at a pragmatic decision concerning whether or not to proceed with counselling.

If a client shows poor motivation and the counsellor decides not to go ahead with counselling, he saves for himself, and his client, a lot of time. He also saves himself a lot of heartburn; had he proceeded with therapy, and had the client shown poor progress, he would in all likelihood have blamed himself, or questioned his competence.

If a client shows poor motivation and the counsellor does decide to proceed with therapy, he would probably set far more modest goals than he would have had the client been more motivated.

It may be noted that evaluation of motivation is an ongoing process. A client may begin counselling enthusiastically but may later weaken his resolve when he realizes what behavioural changes are necessary.

Clarification of Expectations

The counsellor needs to find out what the client expects from counselling. Some clients believe that once they tell the counsellor their problems, it is the counsellor's responsibility (and not their own!) to find the solution. Some clients believe that the counsellor will magically remedy problems that have existed for years.

The counsellor should take care to guard against unreasonable expectations, such as expectations of dramatic cures, total cures, one-sided compromises, etc.

From a practical perspective, it is necessary to ascertain what the client believes will occur during counselling. Some clients believe that the counsellor will make them lie down on the couch and psychoanalyze them. Other clients believe that the counsellor will ask questions about their childhood. Doubts, misconceptions and myths should therefore be probed for and clarified.

Setting of Goals

General goals of counselling are to reduce emotional distress, to reduce dysfunctional behaviour, to promote adaptation, to develop potential, and to assist decision-making. After obtaining a general understanding of the client's problems and expectations, specific goals of therapy need to be set. The counsellor needs to guide the client in the setting of specific goals because the client is quite likely to be uncertain of what may be expected from counselling.

Such goals are best explicitly stated as specific emotional and behavioural changes that are acceptable and desirable to the client and to society. Thus, an ethical element exists.

It is important to break down the details of the goals into subcomponents which, by virtue of such identification, are more easily tackled.

For example, when engaging in marital counselling, goals may be stated as follows:

- 1) Mrs. A should feel less depressed.
- 2) Mr. & Mrs. A should improve their understanding and cooperation on the following issues:
 - a) Disciplining of their son;
 - b) Distribution of household responsibilities;
 - c) Sex;
 - d) Relationship with the in-laws (etc).

Stating goals in such a specific manner may generate a long, laundry-like list; however, there is no bar to the number of goals as long as all the goals are specific, clearly defined, reasonable, and attainable. There are many reasons why goals should be so specifically set. These are briefly discussed below.

Setting specific goals gives a direction to therapy. Setting specific goals allows focusing of attention on relevant issues, and discourages irrelevant digressions.

Setting specific goals also allows an objective evaluation of the progress of therapy. Counselling seldom concludes with perfect results; this leads to both counsellor and clients considering that the therapy has been a failure. By listing specific goals, both counsellor and clients can identify the goals that have been attained, and derive satisfaction therefrom.

The goals of therapy should be modest; ambitious goals often lead to frustration and discouragement to both clients and therapist.

Clients and counsellor should alike be aware of these explicitly stated goals. It helps to have the goals stated in writing.

Establishing a Contract

In formal psychotherapy, the therapist and client establish a contract with each other. While a formal contract is unnecessary during counselling, an informal understanding between client and counsellor is essential and should be established. The terms of this understanding are that the counsellor will do his utmost to accept, understand and help the client, while the client will cooperate to the utmost in matters such as self-revelation, truthfulness, and cooperation with the counsellor's suggestions.

Discussing the Practical Details of Counselling, and Making the Practical Arrangements

The last step during the initial interview is to discuss practical details about counselling, and to make the practical arrangements for counselling.

The counsellor needs to explain to the client what counselling does and does not do. The client particularly requires to understand that counselling provides the guidance; working towards adaptation is the responsibility of the client.

The counsellor needs to explain to the client the need for motivation to change, the need for total honesty during therapy, the importance of leaving nothing hidden, etc.

The counsellor needs to reassure the client that whatever is discussed during therapy is absolutely confidential and will not be revealed to anybody else.

Practical arrangements for counselling should be made. These include details such as the frequency, duration and timing of therapy sessions, financial aspects etc.

Duration of the Initial Interview

With a bit of experience, the initial interview can usually be concluded over a single session of about one hour in duration. Sometimes, the initial interview may spill over into a second session; a variety of reasons could be responsible, such as the non availability of a key family member, and absence of clarity of the problem situation, etc.

Provision of Initial Support

Levels of distress are highest during the initial sessions of counselling. The counsellor should therefore ensure that the first session, that of intake, is not sterile; he should provide whatever emergency succour the situation demands, or some support, encouragement and guidance to the extent possible.

2.3 ASSESSMENT

For a few sessions after the initial interview, the counsellor will need to continue to assess the client's psychological framework and his problem situation. The procedure for evaluation is the same which was followed during the initial interview; however, more detailed clarifications may be sought.

During this assessment phase, the counsellor modifies and updates his working model of the client's psychological build and the problem situation. During assessment, the counsellor continues to provide support, guidance and other elements of counselling as the situation demands.

Information in the assessment phase is obtained primarily from the client, but may also be sought from significant others in the client's life, should the counsellor deem it necessary, and should the client consent.

Information is primarily obtained through verbal channels. But, the counsellor can often glean much from the way the client dresses, speaks or otherwise communicates nonverbally.

Information should be obtained about the client's problems. Areas of enquiry include the following:

- 1) The primary problem, and its effects on the client and his environment;
- 2) Accessory problems, and their effects on the client and his environment;
- 3) Factors that generate and maintain these problems;
- 4) Factors that relieve these problems;
- 5) The client's understanding of these problems; and
- 6) The client's efforts to tackle these problems.

Information should be obtained about the client's personality and life. Areas of enquiry include the following:

- 1) The client's adjustment at home, at work, with his friends, with members of the opposite sex, and with society in general;
- 2) The client's strengths and weaknesses, good and bad habits, and likes and dislikes; and
- 3) How the client spends his time or runs his life.

Information should be obtained about the client's environment. Areas of enquiry include the following:

- 1) The family;
- 2) Friends, including members of the opposite sex;
- 3) The workplace; and
- 4) Other social, occupational and leisure areas.

The information obtained should include not just the present but also the past. Depending upon circumstances, the counsellor may request for information about the client's early childhood, emotional development, education, work record etc.

Finally, information may be obtained through the use of psychological tests; these, however, need to be administered and interpreted by an appropriately trained professional.

Check your progress I

- 1) List the important processes in counselling.

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- 2) What are the components of the initial phase of the interview?

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2.4 THE MIDDLE PHASE

The middle phase occupies the bulk of the period of counselling. It is the phase during which the counsellor analyzes the client's feelings and behaviour, provides a feedback to the client, provides support and guidance, and effects behaviour change.

Towards effecting behavioural changes, the following need to be considered:

- 1) What are the emotional factors that have to be corrected to resolve the dysfunctional behaviour?
- 2) What are the faulty ways of thinking that the client manifests, that need to be corrected for a resolution of the dysfunctional behaviour?
- 3) What are the social and environmental factors that have to be addressed to resolve the dysfunctional behaviour?

Therapeutic gains during the middle phase might include the following:

- 1) Resolution of the emotional crisis;
- 2) Resolution of the problem behaviours;
- 3) Improved self-confidence and self-esteem;
- 4) Improved self-control and frustration tolerance;
- 5) Improved reality orientation and appraisal of threats;
- 6) Improved communication and problem-solving skills; and
- 7) Improved overall adjustment, judgement, emotional stability.

These gains are obtained through the use of supportive, psychoanalytical, cognitive, problem-solving and other techniques. These techniques are discussed in detail in later units of this block.

2.5 TERMINATION OF COUNSELLING

Counselling should never be abruptly terminated; rather, it should follow a series of formal stages, letting the client down gradually, so to speak.

The stages of termination are as follows:

- 1) Evaluate readiness for termination;
- 2) Provide advance notice of termination;
- 3) Discuss readiness for termination;
- 4) Review the course of therapy;
- 5) Emphasize the clients' role in effecting change;
- 6) Warn against 'flight into health';
- 7) Give instructions for maintenance of adaptative functioning;

- 8) Discuss follow-up sessions; and
- 9) Stress 'open doors'.

Each of the above has a specific purpose or set of purposes, and is discussed in detail below; although the order specified is logically ideal, in practice, the counsellor may have to judiciously blend the components of the various stages to suit the need of the hour.

Evaluation of Readiness for Termination

Counselling is always conducted with predetermined goals, set in consultation with the client; and modified as required during the course of therapy. The counsellor also approaches each case with a specific plan in mind. Accordingly, as therapy progresses and the goals of therapy are progressively attained, the counsellor must evaluate readiness to terminate by asking the following questions:

- is the plan of therapy running its course?
- has the client grasped the principles of the therapy?
- are the goals of therapy in the process of being attained?
- will the client's morale stand up to termination? and
- is the client able to maintain functional equilibrium?

The last question is particularly important because clients enter therapy with hope, and often show greater adaptation during active therapy than their degree of internal adjustment actually warrants. Therefore, if therapy is prematurely terminated under the assumption that the client has attained functional equilibrium, dysequilibrium and decompensation may occur soon after the modifying effect of the therapy is withdrawn.

If the answer to all the above questions is 'yes', then the counsellor concludes that the therapy is approaching the termination phase.

Sometimes, therapy termination may depend not upon intra-therapy factors (such as are assessed by the above questions) but upon external influences, such as time constraints or unforeseen contingencies. Wherever possible, the counsellor would be well advised to keep such constraints in mind and plan for termination accordingly. However, even if the termination of therapy is unplanned, the steps of termination are best religiously adhered to to the extent permitted by the circumstances.

Therapy may also terminate because the client feels that he does not wish to continue; or, because of a failure to make progress towards the set goals. Provided that the termination is not abrupt as when clients drop out of therapy, the counsellor must endeavour to adhere to the steps of termination again as may be applicable under the circumstances.

Provision of Advance Notice of Termination

Many counsellors fail to realize that while they are following a specific plan during therapy, the client is merely following the counsellor's lead. The client has no concept of initial phase, middle phase and termination phase of therapy. The client does not know what further assignments the counsellor wishes him to undertake, or what further techniques in therapy the counsellor wishes to

employ. Therefore, unless the counsellor provides sufficient advance notice of termination, the fact of termination is likely to catch the client unprepared.

Adequate advance notice of termination is necessary so that the clients can psychologically orient themselves towards independence in functioning (i.e., unsupervised by the counsellor). This psychological orientation refers to not only an unconscious preparation for independence but also a conscious preparation as evidenced by seeking appropriate clarifications regarding handling of post-termination contingencies.

Adequate advance notice of termination is also necessary to give the client an opportunity to raise issues that he had hitherto left undiscussed, and to clarify doubts and misconceptions.

Failure to provide adequate notice of termination may lead to crises in functioning when the subject is discussed. The crises are a result of poor self-confidence which is in turn a result of the unconscious and conscious unpreparedness for the termination.

Crises resulting from poor self-confidence must be differentiated from temporary storminess in the course of therapy when the beginning of the termination is announced; such storminess often occurs and is a result of repressed or uncommunicated issues suddenly taking on a new dimension of importance in view of the beginning of the termination of therapy.

Discussion of Readiness to Terminate Therapy

The counsellor should always be aware that while he may consider therapy to be approaching completion, the client may yet have many internal problems to resolve. Therefore, the client's appraisal of the situation is essential before termination is formally announced.

The discussion of readiness to terminate therapy should cover, inter alia, the client's understanding of what has transpired during therapy, his doubts and misconceptions, and his confidence to handle future situations on his own.

The counsellor should usually bow to the client's judgement if he wishes to prolong therapy. This is particularly applicable when the client wishes to resolve certain additional issues that had not been previously specified. However, the counsellor must guard against dependency (on the counsellor, and the counselling process) underlying the wish to prolong therapy.

Review of the Course of Therapy

Assuming that the therapy has succeeded in establishing a functional equilibrium, it is necessary that the client understands the dynamics of the re-equilibration. Such an understanding provides the client with the tools necessary to maintain the functional equilibrium after termination.

The counsellor therefore draws to the client's attention the problems with which he had initially presented; the goals that were set up for therapy; techniques that were employed in therapy to attain these goals; assignments that were given; interpretations and insights that resulted; progresses and setbacks in therapy; and, other issues germane to the course of the therapy.

The client thus obtains a 'bird's eye view' of his therapy, or a somewhat objective perspective, much as though he were looking at himself from the outside. It hardly needs to be stressed that the counsellor should elicit the above from the client using appropriately worded questions rather than summarize the course of therapy himself.

Emphasis of the Clients' Role in Effecting Change

Clients, particularly in India, tend to glorify the counsellor in having made them functional again. This may be gratifying to the ego of the counsellor. However, it is more important for the client to understand the role that he has himself played. Change of any nature is difficult to effect. The client should hence be complimented for having made the positive effort in effecting the change.

Such a compliment should positively reinforce the client's functional (as opposed to dysfunctional) behaviour, and should give him the confidence that he can handle crises in the future without labouring under the threat of disequilibrium. The counsellor should of course explain that his role has been that of a guide to the client on his road to functional health.

Warning Against 'Flight into Health'

'Flight into health' refers to the phenomenon of dramatic recovery occasioned ostensibly by therapy but in fact by nonspecific factors such as hope, temporary benefits stimulated by the novelty of therapy, beliefs that a resolution of superficial issues has solved the entire problem, euphoria over minor or transient gains etc. Such a reaction is quite common early in therapy.

However, as few therapy courses are prolonged, there is a definite possibility that although the goals of therapy may have been attained, such may not be long-lasting; the client may relapse shortly after he has been returned to the unsupervised environment with its former stressors.

Warning the client against this 'flight into health' keeps him aware of the realities of the situation and guards against unwarranted euphoria; it most importantly serves to protect against discouragement should difficulties in adjustment resurface after therapy has concluded. Such difficulties are far more common than realized!

Giving Instructions for the Maintenance of Adaptative Functioning

Since the risk for setbacks, temporary or otherwise, after termination is high, the client should receive adequate counselling about how to handle potential troublesome situations. Such counselling should cover all levels of prevention—primary prevention, to preclude the development of crises, secondary prevention, to identify destabilization early and to defuse the crisis with the minimum of disturbance, and tertiary prevention, to minimize the damage done, if any, and to effect the necessary steps for correction.

Types of situations and how they are to be dealt with are ideally discussed in detail with specific reference to examples from the course of the therapy. As earlier, it is preferable that the counsellor elicits the examples and the solutions from the clients rather than didactically advise.

Elicitation from the lips of the clients is always best because it tests and confirms the clients' understanding of the therapy, because the clients tend to remember and accept best what they have themselves spoken of, and because the clients are more likely to select the most important client-relevant contexts in the discussions.

Discussion of Follow-up Sessions

It is never advisable to conclude therapy abruptly. However well-motivated the clients, however painstaking the counsellor and however seemingly successful the therapy, many clients run into problems after termination. This can be attributed to issues that arise de novo, or simply to issues that were for some reason or other unresolved during the actual therapy.

It is therefore necessary for the clients to continue to maintain contact with the counsellor for continuation of assistance in the maintenance of the functional equilibrium. The frequency of such follow-up sessions is decided based upon individual circumstances, and can increase or decrease depending upon the need.

Stressing of 'Open Doors'

'Open doors' refers to the continued, uncritical accessibility of the counsellor to the clients. The clients should clearly understand that they need not feel guilt in case of relapse of dysfunction - guilt that they have 'failed the counsellor'. Instead, they should consider that the counsellor is always available to them, and that he will uncritically resume therapy as needed. This gives the clients the confidence that even if they relapse, all is not lost.

When the above is completed to the satisfaction of both clients and counsellor, the therapy is terminated formally.

Check your progress II

- 1) What are some of the therapeutic gains made during the middle phase?

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- 2) What do you understand by warning against "flight into health"?

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2.6 LET US SUM UP

In this unit we discussed the process involved in counselling, from start to finish. The first session comprises the initial interview, which recruits the client into counselling. During the initial interview, the counsellor completes a number of processes, including assessment of the client's suitability for counselling, and making the practical arrangements for therapy. After the initial interview come the sessions of assessment, during which the counsellor gets to understand the

client and his problems better with a view to formulating a plan of management. The next phase is the middle phase, which is the major part of counselling, and during which the actual therapeutic interventions are conducted. The final phase is that of termination, during which the counsellor assesses and prepares the client for the termination of counselling.

2.7 KEY WORDS

- The initial interview** : The first meeting between client and counsellor, during which the counsellor assesses the client's suitability for counselling, and makes the practical arrangements for therapy.
- The assessment phase**: The sessions that follow the initial interview, during which the counsellor gets to know the client and his problem better, with a view to formulating a plan of management.
- The middle phase** : The phase of counselling which comes after assessment; this is the phase in which the bulk of the actual treatment occurs.
- The termination phase**: The phase of counselling during which the counsellor assesses the client and prepares him for the termination of counselling.
- Motivation** : Willingness of the client for therapy, and for the behavioural changes that therapy may require.
- Circularity** : Problems and circumstances in the client's life, each of which cause and perpetuate the other.
- Contract** : The terms and conditions under which counselling is flagged off.
- Flight into health** : Rapid initial improvement in mood and behaviour, which may arise from nonspecific factors such as optimism, rather than from a true and enduring adaptation to the environment.
- Open doors** : Willingness of the counsellor to see the client in future even if the client shows a worsening of his problem.

2.8 MODEL ANSWERS

Check your progress I

- 1) List the important processes in counselling.

Processes in counselling comprise the following:

The initial interview

The assessment phase

The middle phase

The termination phase

2) What are the components of the initial phase of the interview?

The initial interview proceeds along the following lines:

- 1) Statement of the problem in clear, unambiguous terms.
- 2) Systematic evaluation of the problem, its causes and its effects.
- 3) Identification of circularity.
- 4) Feedback to the client.
- 5) Evaluation of the client's motivation for counselling.
- 6) Clarification of expectations.
- 7) Setting of goals.
- 8) Establishing a contract.
- 9) Making the practical arrangements for counselling.

Check your progress II

1) What are some of the therapeutic gains made during the middle phase?

Therapeutic gains during the middle phase might include the following:

- 1) Resolution of the emotional crisis;
- 2) Resolution of the problem behaviours;
- 3) Improved self-confidence and self-esteem;
- 4) Improved self-control and frustration tolerance;
- 5) Improved reality orientation and appraisal of threats;
- 6) Improved communication and problem-solving skills; and
- 7) Improved overall adjustment, judgement, emotional stability.

2) What do you understand by warning against "flight into health"?

'Flight into health' refers to the phenomenon of dramatic recovery occasioned ostensibly by therapy but in fact by nonspecific factors such as hope, temporary benefits stimulated by the novelty of therapy, beliefs that a resolution of superficial issues has solved the entire problem, euphoria over minor or transient gains etc. Such a reaction is quite common early in therapy.

2.9 FURTHER READINGS

- 1) McLeod J. 1998. An Introduction to Counselling. Open University Press, Portland.
- 2) Trower P. 1998. Cognitive-behavioural Counselling in Action. Sage Publication, London.
- 3) Seden J. 1999. Counselling Skills in Social Work Practice. Open University Press, Portland.
- 4) Geldard K, Geldard D. 1999. Counselling Adolescents. Sage Publication, London.
- 5) Tudor K. Group counselling. Sage Publication. London.

UNIT 3 SUPPORTIVE AND BEHAVIOURAL TECHNIQUES IN COUNSELLING

Contents

- 3.0 Aims and Objectives
- 3.1 Introduction
- 3.2 Supportive Techniques
- 3.3 Behavioural Techniques
- 3.4 Let Us Sum Up
- 3.5 Key Words
- 3.6 Model Answers
- 3.7 Further Readings

3.0 AIMS AND OBJECTIVES

In the previous units we studied the concept of counselling and the process involved in counselling. Now it is appropriate that we examine the techniques involved in counselling. Therefore in this unit let us learn the important techniques that are used during the middle phase of counselling.

After completing this unit you should be able to know what are:

- the supportive techniques in counselling and the various elements thereof, and
- behavioural techniques in counselling with specific reference to problem-solving, rehearsal and role-play, and contracting.

3.1 INTRODUCTION

The counsellor needs to familiarize himself with the important techniques that are used in counselling. Although these techniques are chiefly employed during the middle phase, they can be used at all phases of counselling, from beginning to end. The appropriate use and timing of these techniques depends upon the situation, and upon the judgement of the counsellor.

The techniques that are described in this and the next unit originate in different schools of psychology and psychotherapy. No attempt is made to present a comprehensive account of these schools. Rather, the techniques described are the elements from these schools which are the most practical and the most easy to employ. Eclectic counselling is the term which is used to describe the treatment of clients using techniques obtained from different schools.

There are four overall objectives of counselling:

- 1) To reduce the emotional distress that the client may be experiencing,
- 2) To reduce the dysfunctional behaviours that the client may be manifesting,
- 3) To promote better adaptation of the client to his environment, and to develop his potential, and
- 4) To assist the client in important personal decisions.

During the initial session of counselling, these objectives are operationalized into

clearly stated and specific goals. The counsellor needs to use his intelligence, his wisdom, his interpersonal skills, and his experience of life to help the client achieve and attain the goals listed under these three objectives.

This unit describes techniques that a counsellor may employ during the course of counselling. The techniques are considered under the following headings:
Supportive techniques and
Behavioural techniques.

3.2 SUPPORTIVE TECHNIQUES

Supportive techniques are general measures that comfort and guide the client. They are directed at reducing client-distress without specifically addressing the psychological and behavioural causes. Thus, supportive procedures are nonspecific in nature.

Supportive techniques can be used at any time during therapy, but are commonly most employed during the early phases of therapy. This is because during later phases of therapy, more specific techniques may be required. There are many supportive techniques. These are briefly discussed below.

Ventilation

Ventilation means allowing the client to speak about his problems without restrictions or inhibitions. Ventilation is an important technique in therapy, particularly during the early phases. The importance of allowing the client to talk cannot be overemphasized. It is of great importance for several reasons:

- 1) It allows the counsellor an opportunity to learn about the client and his problems. This will help the counsellor understand his client better.
- 2) It allows the client an opportunity to speak. It is very likely that, before the client enters counselling, everybody lectures to him but nobody listens to his problems and his point of view. The client is able to 'get everything off his chest' during counselling.
- 3) As the client speaks, he obtains a feeling of relief because his problems are no longer his own. They are now shared with the counsellor who, by virtue of his position, will take up at least part of the responsibility for finding solutions.
- 4) As the client puts his feelings into words and communicates them to the counsellor, he sees his problems in a more objective light, thereby gaining objectivity over the problems. He therefore becomes more likely to think of solutions for the problems, or to accept the guidance that is proposed by the counsellor.

Catharsis

Catharsis refers to the tumultuous expression of emotions; a letting off of steam. This often takes the form of tears, but may include an expression of anger. Catharsis can be useful at any time during therapy, but may be more helpful during the early phases. Most persons feel better after they have had a good cry, or after they have let off steam in some appropriate way. The release of pent-up emotions can be therapeutic in itself.

Clarification

Clarification refers to the process whereby confused thoughts in the client's mind are sorted out so that s/he understands better the why and hows of his/her feelings and reactions. To some extent, clarification occurs spontaneously during ventilation. To some extent, the counsellor helps the client clarify his/her thoughts and feeling. Clarification is an ongoing process, all through therapy.

Education

Sometimes, provision of information about a subject can have a therapeutic impact upon a client. For example, a short, educative discussion about the harmful effects of alcohol and drugs on the body can have far-reaching effects on behaviour. Or, a little education about the need of adolescents to develop their own identities may reassure a parent who is anxious about her son's newly developed rebelliousness. Education can be provided at any time, as long as the client is sufficiently calm to absorb what is conveyed.

Guidance

Clients in counselling are frequently uncertain, and require to be advised lest they embark on an inadvisable course of behaviour. For example, a depressed man may contemplate resigning from his job because he believes that he is no longer competent in his work. Counsellors need to be constantly alert to situations in which their guidance may prove invaluable.

Observe that guidance is not the same as routinely advising the client on various courses of action. The client would no doubt have been advised on innumerable occasions by significant other persons in his life.

Guidance should be provided in a tactful manner, and the client should gradually be led up to the suggestion, lest the suggestion be perceived as an infringement of sovereignty.

Very often, clients desire several different forms of reassurance: that they are not mad, that their problems are not beyond remedy, that what they have done is forgivable, etc. The counsellor as a trusted and impartial confidante is in a unique position to provide such reassurance. While this does not mean that the counsellor should blindly lie, words of comfort can go a long way in lightening an unhappy heart.

Prestige Suggestion

Most clients who enter therapy suffer from a loss of confidence, and low self-esteem. Counsellors constantly need to remind these clients of their positive attributes, achievements, and capabilities. Clients are better equipped to face their problems when they understand that there is much that can be appreciated in their personality and behaviour.

Environmental Manipulation

Very often, some aspect of the client's environment may be contributing to the problem situation. Effecting changes in the environment can then be helpful. For example, a drug addict can be advised to avoid the company of persons who encourage his drinking. An alcoholic's wife can be advised to take extra care not to vex him, thereby providing him with an excuse to revert to drinking.

Quarrelling siblings can temporarily be advised to stay apart. Quarrelling spouses can be advised to go on a short holiday during which, away from daily stresses, they can rediscover each other.

Externalization of Interests

Persons who seek counselling are frequently overwhelmed by their problems. These problems, along with their dysfunctional reactions and their consequent unhappiness, dominate their lives. It can help if a client learns to take his mind off the problems, even if it is only for a while. Externalization of interests seeks to divert the client's attention through the pursuit of any activity or interest.

Externalization of interests is of special value with clients who are experiencing genuine, unremediable stresses. For example, a client who is married to a continually nagging woman can be encouraged to take up a hobby that will engage his interest and take his mind away from his domestic difficulties. A client who feels that he has no remaining reason to live can be encouraged to take up some social activity, such as helping out at a local orphanage or old age home. Other possibilities are discussed below.

The Deliberate Pursuit of Pleasure

When clients are unhappy, particularly when the stresses are genuine and unremediable, the counsellor may wish to prescribe the deliberate pursuit of pleasure. For example, he may suggest that the client visit the theatre once a week, along with a good friend. He may ask the client to think, each morning, "What can I do today to make getting out of bed worth my while?"

The deliberate pursuit of pleasure is a technique that must be pursued with much caution. The client should never engage in any activity that may be illegal, immoral or in any other way harmful. Consider, for example, that many men living below the poverty line foolishly adopt alcoholism as their only source of comfort in a cruel world.

The Utilization of Social Support

Many persons in distress can benefit from an increase in their social networks. As an example, an unhappily married woman can build up her social networking with relatives, friends, and neighbours. The increased socialization will afford her greater emotional and material support, when she needs it, as well as provide her with an outlet for her suppressed feelings.

As a special extension, alcoholics can join Alcoholics Anonymous, their wives can join Al-anon, and their children can join Ala-Teen. Clients with drug-related problems can join Narcotics Anonymous.

Physical Exercise

Physical exercise is well-known to promote physical health. What is less well-known is that vigorous physical activity can promote mental health, too. Exercise stimulates the release of beneficial chemical in the brain, and relaxes the body. Exercise in groups can carry greater benefits than exercise alone. Playing games such as volleyball, table tennis and badminton can be particularly exhilarating.

Meditation and Other Forms of Relaxation

There are several forms of relaxation that can benefit persons who are anxious or worried. Psychologists teach Jacobsen's progressive muscular relaxation, or relaxation through biofeedback. Various meditation techniques can, however, be equally relaxing. These include yoga, transcendental meditation, vipassana, etc. These procedures may also benefit mild depression.

Prayer

If the belief systems of the counsellor and client permit it, a recommendation to prayer can be of immense psychological and spiritual comfort. Religious groups can further offer much emotional and material support to clients in distress.

Medication

Even clients with minor psychological problems may sometimes require medication, such as for anxiety or depression, or perhaps just to sleep better at night. Medication to improve other aspects of health can also improve quality of life, and facilitate the progress of counselling.

Exercises to Keep Happy

By way of operationalizing the precepts of supportive therapy in the form of exercises to the client, here are a few suggestions that a counsellor may make:

Meet and talk with close friends more often;
Meet and talk with people whom you love more often;
Meet and talk with cheerful people more often; and
Meet and talk with people who make you laugh more often.

Do things that you like to do;
Do things that make you laugh;
Do things that make you happy;
Keep active;
Play games, especially those that make you sweat; and
Do exercise.

Get adequate rest;
Have leisure hours, leisure activities, entertainment and hobbies;
Each day, when you get out of bed, have something to look forward to;
Each day, do something (albeit small) to 'spoil yourself';
Do something for somebody else;
Take up religion seriously;

Live in the present; concentrate on appreciating the pleasure and happiness that arise from moment to moment rather than on the problems that exist or the sorrows that had befallen you;

Emphasize positive experiences; and

Practise smiling, laughing and telling jokes.

Check your progress I

- 1) List important supportive techniques in counselling

.....

- 2) Why is ventilation important?

.....

- 3) What is environmental manipulation?

.....

3.3 BEHAVIOURAL TECHNIQUES

Problem-Solving

Many clients enter counselling because of difficulties that they have not attempted to resolve, or difficulties that they have failed to resolve. These difficulties can be resolved into specific problems which can be addressed by conventional problem-solving methods. The steps of problem-solving are:

- 1) Listing the problems. (e.g. My wife is messy around the house. She is uninterested in sex. She is rude to my parents, etc.)
- 2) Stating each problem as sub-problems, each of which can be specifically discussed and tackled. (e.g. My wife does not keep her shoes and clothes in the proper place; she leaves them lying about the house. She does not clear the dining table after a meal; she leaves everything where it is, and the maid clears up the next morning, etc.)
- 3) Selecting a problem to be addressed. (While it may seem logical to tackle the most important problem first, it may sometimes be advisable to begin with the easiest problem. This will give the client confidence in tackling future issues.)
- 4) Listing possible approaches to solving each sub-problem.

(I ask my wife to clear up, in as polite a manner as possible. I ask her to clear up, and assist her as she does so. I clear up everything myself. I ask the children to help out. I engage a day maid to help out, etc.)

- 5) Selecting the most viable approach.
- 6) Implementing this approach.
- 7) Evaluating the results.
- 8) Returning to an earlier step if the results are unsatisfactory.

This process might seem to be a rather elaborate way to handle difficulties. However, it is very effective because it encourages clear thinking, because it leads to practical solutions, and because it goes beyond thinking into doing (implementation and evaluation). Problem-solving is a practical, sensible, 'get off your backside and see what you can do now' approach.

Rehearsal and Role Play

Clients can sometimes improve their assertiveness, self-confidence, and ability to handle difficult situations by anticipating these situations and rehearsing their responses thereto. A degree of role play between client and therapist may be called for.

An example is the teenager who is not confident of his ability to refuse to smoke in his peer group. The counsellor can play the role of a student who offers the client a cigarette. The client can rehearse his response to his satisfaction, and the satisfaction of the counsellor.

Contracting

Contracting seeks to effect behaviour change by offering incentives that are contingent on the client's compliance. There are two important kinds of contracts: good faith contracts, and quid pro quo contracts.

In a good faith contract, the client is given an incentive with the hope and expectation that he will show the desired behaviour change. For example, a father may consent to buy his son a bicycle provided that the son promises to study for at least one hour daily, henceforth.

In a quid pro quo contract, the client receives an incentive for each occasion that he shows the desired behaviour. For example, when counselling a couple with marital discord, a quid pro quo contract may link a husband's attention to his wife's emotional needs to his wife's attention to his sexual needs. If he takes her for a movie at least once a week, she cooperates with him for sex at least twice a week. Thus, a quid pro quo contract is a 'you scratch my back and I scratch your back' arrangement.

Although contracting may seem to be a very artificial way of effecting behavioural change, it serves two very useful purposes: the desired behaviour is brought about, and this behaviour may, in course of time, become spontaneous after sufficient repetition.

3.4 LET US SUM UP

We have discussed in this unit supportive and behavioural approaches that are used to effect the goals of counselling. The supportive approaches discussed included ventilation, catharsis, clarification, education, environmental manipulation, relaxation and other techniques.

The behavioural approaches discussed were problem-solving, role rehearsal and role play, and contracting. These two approaches are used for gaining the goals of counselling in a satisfactory and purposeful manner.

Check your progress II

- 1) List the steps involved in problem solving.

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3.5 KEY WORDS

- Techniques of counselling:** These are the methods that are used to bring about the goals of therapy.
- Eclectic counselling** : This term describes the counselling of clients using techniques derived from different schools.
- Supportive techniques** : These are general measures that comfort and guide the client. They are directed at reducing client-distress without specifically addressing the psychological and behavioural causes.
- Ventilation** : This is a supportive technique wherein the client is encouraged to talk. By talking, the client's emotional distress decreases, and both s/he and the counsellor obtain a clearer picture of the problem situation.
- Catharsis** : This is a supportive technique wherein the client is allowed to let his negative emotions flow freely. As a result, the negative emotions, to a certain extent, are 'drained out of the system'.
- Clarification** : This is a supportive technique wherein confused thoughts in the client's mind are sorted out so that s/he better understands the whys and hows of his feelings and reactions.
- Education** : This is a supportive technique wherein information is provided to the client on a subject of importance to his emotions and behaviour.
- Guidance** : This is a supportive technique wherein practical advice is provided to a client during therapy.
- Prestige suggestion** : This is a supportive technique wherein positive attributes and behaviours of the client are appreciated with a view to enhancing his self-confidence and self-esteem.
- Environmental manipulation** : This is a supportive technique wherein changes are made in the client's environment to help him reduce his distress levels, or to facilitate his adjustment.
- Externalization of interests** : This is a supportive technique wherein the client is encouraged to take up an activity that diverts his attention from the area of distress.
- Rehearsal** : This is a behavioural technique in counselling, wherein the client is encouraged to practice desired behaviour before the counsellor, so that he will be able to manifest this behaviour more confidently in other situations.
- Role play** : This is a behavioural technique in counselling, wherein the client and therapist act out certain

- roles with a view to help the client understand or practice certain behaviours.
- Contracting** : This is a behavioural technique in counselling wherein the client is encouraged to change his behaviour in response to an incentive.
- Good faith contract** : This is a type of contracting wherein the client is given an incentive with the hope and expectation that he will show the desired behaviour change.
- Quid pro quo contract** : This is a type of contracting wherein the client receives an incentive for each occasion that he shows the desired behaviour.

3.6 MODEL ANSWERS

Check your progress I

- 1) List important supportive techniques in counselling.

Important supportive techniques are ventilation, catharsis, clarification, guidance, environmental manipulation, externalization of interests, mobilization of social support, the deliberate pursuit of pleasure, physical exercise, relaxation, prayer, and others.

- 2) Why is ventilation important?

Ventilation is important because it allows the client to get his problems off his chest, because it allows the counsellor to learn more about the client, and because it allows the client to evaluate himself objectively.

- 3) What is environmental manipulation?

Environmental manipulation is the making of adjustments in the client's environment so as to facilitate his short- and/or long-term adjustment.

Check your progress II

- 1) List the steps involved in problem-solving.

The steps of problem-solving are:

- 1) Listing the problems. (e.g. My wife is messy around the house. She is uninterested in sex. She is rude to my parents, etc.),
- 2) Stating each problem as sub-problems, each of which can be specifically discussed and tackled. (e.g. My wife does not keep her shoes and clothes in the proper place; she leaves them lying about the house. She does not clear the dining table after a meal; she leaves everything where it is, and the maid clears up the next morning, etc.)
- 3) Selecting a problem to be addressed. (While it may seem logical to tackle the most important problem first, it may sometimes be advisable to begin with the easiest problem. This will give the client confidence in tackling future issues.)

- 4) Listing possible approaches to solving each sub-problem.
(I ask my wife to clear up, in as polite a manner as possible. I ask her to clear up, and assist her as she does so. I clear up everything myself. I ask the children to help out. I engage a day maid to help out, etc.)
- 5) Selecting the most viable approach.
- 6) Implementing this approach.
- 7) Evaluating the results.
- 8) Returning to an earlier step if the results are unsatisfactory.

3.7 FURTHER READINGS

- 1) McLeod J. 1998, An Introduction to Counselling. Open University Press, Portland.
- 2) Trower P. 1998, Cognitive-behavioural Counselling in Action. Sage Publication, London.
- 3) Seden J. 1999, Counselling Skills in Social Work Practice. Open University Press, Portland.
- 4) Geldard K, Geldard D. 1999, Counselling Adolescents. Sage Publication, London.
- 5) Tudor K. Group counselling. Sage Publication, London.

UNIT 4 COGNITIVE AND PSYCHOANALYTICAL TECHNIQUES IN COUNSELLING

Contents

- 4.0 Aims and Objectives
- 4.1 Introduction
- 4.2 Cognitive Techniques
- 4.3 Psychoanalytical Techniques
- 4.4 How else might a Counsellor Facilitate Behavioural Change?
- 4.5 Let Us Sum Up
- 4.6 Key Words
- 4.7 Model Answers
- 4.8 Further Readings

4.0 AIMS AND OBJECTIVES

We have seen in the previous chapter details regarding supportive techniques as well as behavioural techniques in counselling. Now let us try to understand the cognitive techniques and psychoanalytical techniques in counselling. These are two important techniques that are used during the middle phase of counselling. After completing this unit you will be able to know:

- The cognitive techniques in counselling, which correct faulty ways of thinking;
- The Psychoanalytical techniques in counselling, with predominant reference to ego defence mechanisms; and
- Other techniques that facilitate behavioural change.

4.1 INTRODUCTION

Many persons have faulty ways of thinking which leads them to misinterpret situations. The result is strained interpersonal relationships, poor adjustment, and mood disturbances. During therapy, the counsellor needs to identify these faulty ways of thinking, discuss these with the client, and help him correct them. The methods used in such an exercise are known as cognitive techniques, and are derived from a school of psychotherapy known as cognitive therapy, or cognitive behaviour therapy.

Many persons have emotional and behavioural disturbances that arise from unresolved conflicts in their present and past. These conflicts lie in the unconscious mind. Persons with such conflicts are aware only of the emotional and behavioural disturbances, and not of their origin. A counsellor needs to use his knowledge of human psychology to identify ways in which past and present conflicts affect the psychology of the individual and compromise his emotional and behavioural functioning. This can be followed by helping the client understand the manner in which the dysfunction arises. Ultimately, the client learns to overcome the dysfunctional psychological mechanisms that have caused his problems. The methods used in such an exercise are known as psychoanalytical techniques, and are derived from a school of psychology known as psychoanalysis.

This unit presents cognitive and psychoanalytical techniques that a counsellor is likely to use during the course of therapy. All of cognitive and psychoanalytical psychotherapies are not discussed; only those methods are considered which can be usefully applied during the course of counselling.

4.2 COGNITIVE TECHNIQUES

Everybody experiences feelings of anxiety and depression as a reaction to the stresses and strains of everyday life. These mood disturbances can sometimes become quite serious. Whatever the extent to which individuals are affected, there is a simple and practical way to improve emotional well-being.

Commonsense tells us that the way persons think can affect the way they feel. Yet, few persons really change their ways of thinking in order to experience better mental health. In fact, few even know what to change, and how to go about it. This section therefore examines the concept of healthy thinking as a means to promote emotional well-being.

The concept is best explained through the use of a parallel. Physicians emphasize the need for hygiene in the prevention of illness. Everybody is aware of the need to boil water before drinking it, of the need to wash hands before eating, and of the need to keep the environment clean in order to discourage the proliferation of pests that spread disease.

Likewise, in the field of mental health, it is now known that faulty patterns of thinking may produce stress-related emotional disturbances such as anxiety and depression. Many such 'unhygienic' thought processes and patterns have been identified. These have become the focus of a practical, commonsense and effective form of treatment called cognitive therapy.

Cognitive therapy seeks first to identify dysfunctional thought processes, and next to correct them. Important dysfunctional ways of thinking include cognitive distortions, repeated intrusive thoughts, unrealistic assumptions, and others.

Cognitive Distortions

These are maladaptive thinking patterns that distort reality in a negative way, and make persons perceive the world as being more hostile than it actually is. Arbitrary inference, selective abstraction, over-generalization, magnification, and minimization are examples of cognitive distortions.

Arbitrary inference refers to the drawing of an unjustified conclusion. For example, a businessman never takes his wife on any of his official trips. His wife is upset. She concludes that he is concealing something from her, perhaps an extramarital affair. She neglects other possible explanations, such as that her husband may not like to mix business with pleasure.

Selective abstraction is the focusing of attention on one detail without regard to the rest of the picture. For example, a young man is depressed because he does not have a motorcycle. He feels that no girl will take him seriously unless he has a 'bike'. He does not consider that he has several assets such as intelligence and a pleasing personality. To him, these are of little importance.

Over-generalization is the drawing of a general conclusion based upon a limited event. For example, a father discovers that his teenage son has been smoking. He concludes that the boy has picked up this habit from bad company. He concludes that the boy is probably taking drugs as well. He concludes that his son is untrustworthy, and requires close supervision. He neglects to take into account the possibility that his son, like many other youngsters of his age, has probably been experimenting to get experience.

Magnification is making mountains of molehills. Failing in an important examination is an unhappy event, but it is not the end of the world. A sensible student would grieve briefly, then pick up the pieces of his life and begin studying again.

Minimization is an undervaluation of positive attributes. A woman may have low self-esteem because she is not well-off. She neglects the respect that she commands for being an efficient employee, a good mother, a caring wife, a cheerful neighbour, and a loyal friend.

When persons are unhappy, it is often because they are using a multiplicity of such cognitive distortions. In order to lessen the emotional burden, the counselor needs to identify the distortions that are responsible for unhappinesses, recognize these distortions for what they are, challenge these distortions, and help the client seek alternate explanations for the events that are being distorted.

Repeated Intrusive (automatic) Thoughts

When persons are unhappy, their sadness is often sustained by repeated, intrusive thoughts. These push themselves into consciousness and preoccupy or even dominate the mind. The most important harmful attribute of such thoughts is that they go round and round through the mind, leaving little opportunity for the experience of happier thoughts. There are several categories of such automatic thoughts.

Low Self-Regard

These are thoughts that express lack of self-confidence. Examples are:

"I can't do it."

"I'm not as pretty as my friends."

"No girl is ever going to look at me."

"I'm going to be a failure in life."

"I don't deserve to live."

Excessive Self-Depreciation

These are thoughts that criticize the self to an extent more than is justified.

Examples are:

"I should have been more careful."

"I shouldn't have said that."

"I shouldn't have done that."

Excessive Self-Blame

These are thoughts that assume more blame than is justified. Examples are: "I've been a bad mother."

"I've wasted my life."

"It's all my fault."

Scapegoating

These are thoughts that blame others more than is justified. Examples are:
"If it hadn't been for my family, I could have had a successful career."
"If it hadn't been for my father, I would have been twice as rich today."

Ideas of Deprivation

These are thoughts that focus on liabilities rather than on assets. Examples are:
"We're so poor."
"My friends have been to Europe. I haven't even been to Agra."
"My friends have better equipped kitchens than I do."
"Why do I have such a rotten life?"

Irrational Injunctions

These are thoughts that insist upon assuming more responsibilities or difficulties than are warranted. Examples are:
"I should do more for my children."
"I ought to work harder and earn more money."

Many clients have repeated, intrusive thoughts that make them miserable. Counsellors need to identify such thoughts, and help the clients realize their irrationality and switch over to more positive topics.

Unrealistic Assumptions

Unrealistic assumptions are responsible for more unhappiness in this world than people realize. These assumptions describe attributes or goals that **MUST** be attained; a failure to attain these goals leads to ideas of decreased self-worth. Examples of unrealistic assumptions are:

"I must be perfect."
"I should never fail in anything that I do."
"I cannot be happy if anybody criticizes me."
"Everybody **MUST** like me."
"I **MUST** stand first in the examination."
"I cannot be happy unless I have a washing machine."
"I cannot be happy unless I have a lot of money."
"I cannot be happy unless I see Europe."

Unrealistic assumptions make clients unhappy, and can wreck the peace and tranquility in the family as well! It is important that clients learn to accept themselves, and their imperfections.

Cognitive Triads

Research has found that certain faulty thought processes frequently run together. Depressed persons tend to have:

a negative view of themselves,
a negative view of their current experience, and
a negative view of the future.

Depressed persons tend to feel hopeless:

"What's the use of living?"
"I don't have anything to look forward to."

"I'm past it."

"Nobody cares, nobody loves me."

Depressed persons tend to feel helpless:

"What's the use? Nothing that I do makes the slightest difference."

"Nobody is going to pay any attention to me."

"Things have gone out of control."

"I'm no longer in charge of my life."

Depressed persons tend to feel worthless:

"I'm not as good as the others in my class."

"I'm a failure, a good-for-nothing person." "I'm not worthy of my family."

"I do not deserve to live."

These cognitive triads develop as a result of the cognitive distortions, the repeated, intrusive thoughts, the unrealistic assumptions and other faulty cognitions that were described earlier.

Other Faulty Ways of Thinking

When persons are sad, they tend to focus on unhappy memories. Their thought content is predominantly negative. They do not draw upon positive thoughts and dwell upon them.

When positive events do transpire, depressed persons might fail to derive significant satisfaction therefrom. They might discount or belittle positive events.

Persons may lapse into sadness because of polarization of thought. This is also referred to as dichotomous thinking, which means that issues are perceived as either black or white, never gray. Since in real life matters are rarely so clear cut, when persons polarize events they find it hard to reconcile reality with their mental framework. This makes them unhappy and insecure.

As an example of polarized thought, parents, schoolteachers, and persons in authority may be perceived as being 'good'. When these authority figures fail to live up to expectations, disillusionment follows and they become 'bad'. The disillusionment generates depressive feelings.

Individuals may become unhappy if they personalize events. Occurrences, particularly negative ones, in everyday life tend to take on a personal significance. Here is an example:

"I missed my bus. Why did it have to happen to me? Everything goes wrong for me."

Sometimes, the illogical thought is carried to absurd extremes. Here is an example:

"The illness which struck my child is God's way of punishing me for my sins."

Depressed persons assume failure before they start. Here are a few examples:

"I'll never complete my assignment on time."

"Everybody will laugh at me."

"I can't study...I'll never pass my exams."

"I can't do it...I'm not good enough."

Depressed persons overappraise risks. Here are a few examples:
"That's too difficult; it's not worth taking a chance."
"I won't do it; if I try and fail, I will lose my job."

Depressed persons are plagued by fears of loss of control. They fear that they are no longer in control of their day to day affairs; that they are no longer in control of their thoughts and emotions; that they are no longer in charge of their destiny.

Depressed persons experience repeated negative images. This includes, for example, re-living the sight of a traffic accident and imagining a spouse or child under the wheels of the truck.

Depressed persons play 'what if' games with themselves. Here are a few examples:

- "What if everybody starts laughing at me?"
- "What if I fail in the examination?"
- "What if I lose my job?"
- "What if my husband were to die?"

Circularity

The greatest tragedy is the circularity of thought processes. Thinking in unhealthy ways leads to unhappiness, and being unhappy fosters unhealthy ways of thinking. The more depressed clients are, the more depressive is their thought content and their manner of thinking. The more depressive their thought content and the manner of thinking, the more depressed they become. A vicious circle develops, which produces and maintains a depressive syndrome across months or years.

Thinking Right

So, how can a counsellor promote emotional well-being? First comes the identification of unhealthy thought processes that predispose to feelings of depression. These thought processes include the cognitive distortions, the repeated intrusive thoughts, the unrealistic assumptions, the cognitive triads, and others.

Next comes the challenging process wherein the counsellor assists the client in an examination of the evidence for and against the erroneous beliefs.

Then, the counsellor helps the client examine the connection between dysfunctional thoughts, mood, and behaviour. During these steps, the client learns to become aware of his faulty logical processes; he learns to seek alternative explanations.

When negative thoughts enter the mind, distractor activities are helpful. These distractor activities can be ad hoc, such as concentrating on sounds in the environment, focusing on an object in the vicinity, or performing a repetitive activity. Distractor activities can also be planned, such as taking up a hobby or engaging oneself in an absorbing task. Structuring one's day also helps.

Listing positive thoughts, positive experiences, positive memories, intellectual assets, emotional assets, material assets, interpersonal assets etc. also helps. This list can be frequently reviewed to provide emotional support.

Check your progress I

1) List some of the cognitive distortions.

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2) Give some examples of unrealistic assumptions.

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3) What is circularity in the context of faulty ways of thinking?

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4.3 PSYCHOANALYTICAL TECHNIQUES

A complete discussion on psychoanalysis and the techniques used therein is out of the scope of a course on counselling. However, a knowledge of certain aspects of psychoanalysis can be helpful in counselling. Ego defence mechanisms comprise one such aspect.

Ego defence mechanisms are unconscious processes which the mind uses to handle conflicts or stress. Everybody uses such defence mechanisms. Some ego defence mechanisms are termed mature; they promote adaptation. Other defence mechanisms are dysfunctional. They predispose to psychological or interpersonal maladjustment. While many ego defence mechanisms have been listed in various categories, only a few important ones are discussed in this section.

Mature Defence Mechanisms

We feel guilty and unhappy when we see persons who are poor, or those who are suffering. We lessen our guilt and unhappiness by doing good whenever we can. This is known as altruism. Thus, according to psychoanalysis, such noble behaviour has an unconscious origin in a selfish goal!

We reduce our insecurity by anticipation; that is, taking appropriate precautions against accidents, burglary, financial difficulties, or other adverse future possibilities.

We use humor to laugh at possibilities that frighten us, or to laugh at ourselves when we make mistakes. By using humor, we reduce the seriousness and the impact of the stressful event.

Sublimation is the process whereby we dispel disturbing emotions, and even unacceptable urges, in socially acceptable manners. For example, we may depict the misery of poverty or the horrors of war through poetry or art. Or, a young man with aggressive instincts may channellize his aggression into boxing, adventure sports, competitive athletics, or even the police profession.

If there is something that is troubling us, we deliberately avoid thinking about it so that we do not feel depressed all the time. This is known as suppression.

Clients undergoing counselling can learn to deliberately cultivate the use of such defence mechanisms although their use will then no longer be unconscious, while the benefits may remain. For example, a bereaved person can write a poem, essay or story about his bereavement; a depressed person can take up social work in an orphanage or old age home; a businessman experiencing occupational stress can learn to suppress thoughts of financial doom when he is away from office, etc.

Dysfunctional Defence Mechanisms

Projection is when we ascribe to others thoughts, feelings and impulses that arise in ourselves. For example, persons who are untrustworthy tend to think that others are likewise untrustworthy. A person who is sexually liberal and predatory tends to perceive innocuous behaviour (in members of the opposite sex) as seductive.

Denial is the refusal to accept the reality of a conflict or stress, perhaps because the issue is too threatening to be acknowledged. A classical example is the alcoholic who refuses to admit that he is dependent on liquor; although everybody knows that he cannot stop drinking, he insists that he can give up the habit anytime.

Acting out is the immature expression of emotions because of a failure to keep them under adequate check. A classical example is the adolescent who shouts at the drop of a hat, slams doors, easily dissolves into tears, or is otherwise highly emotionally demonstrative.

Passive aggressive behaviour is the display of resentment in subtle forms. A woman who is angry with her husband may prepare dishes that he does not like. Forgetting, coming late, failing to comply with instructions etc. are other ways of showing resentment in non-obvious and non-aggressive ways. Passive aggressive behaviour is shown by persons who, by virtue of their personality or their position, are unable to openly show their resentment. Such behaviour is commonly seen in children, students, married women, henpecked men, junior office staff and others who work under authoritarian supervisors.

Regression is the exhibition of childishness, helplessness, or immature behaviour. It serves to avoid responsibility, obtain favours, or invite comforting.

Identification is the manifestation of behavioural patterns that unconsciously imitate those of a significant other. For example, an aggressive, violent-tempered young man may have unconsciously absorbed the behavioural characteristics of his punitive father.

Displacement is when we vent our feelings and frustrations not in the situation in which they arose, but in other situations. The classical example is 'boss reprimands man, man shouts at wife, wife punishes son, son kicks dog, dog bites cat'. Each individual cannot show his anger and frustration to the person who caused it, and so takes out the anger on another. The feelings are thus 'displaced'. Displacement is very common in everyday life.

Rationalization is the making of excuses for errors, failures or other frustrations and conflicts. The fox who said 'the grapes are sour' was rationalizing to lessen the impact of his failure to reach the grapes. Rationalization can be quite useful

to deal with stresses that are a reality. For example, a rational way of dealing with a bereavement is to think, "She was old and ill; she had to die some time; thank heavens she did not suffer..." Rationalization is dysfunctional when it leads to the repeated making of excuses for failures instead of taking corrective measures.

The counsellor must be alert to the possible role of various dysfunctional defence mechanisms in the client's problems. He must help the client understand and correct these maladaptive responses to stress.

Interpretation Versus Confrontation

Clients are often unaware of the extent to which their thoughts, feelings and behaviour are at variance with reality, and with the goals of therapy. Likewise, clients are unaware of the unconscious motives that underlie their behaviour. Usually, the counsellor tries to resolve the client's ignorance by asking the client a variety of relevant questions in an attempt to elicit an insightful response. This process may take weeks of counselling!

Sometimes, it becomes necessary for the counsellor to directly suggest an explanation. This is known as an interpretation. Interpretation should be appropriately timed. If the client is insufficiently prepared, he is likely to reject the counsellor's interpretation.

Occasionally, the client's behaviour may show such variance with the desired behaviour that the counsellor may directly (but tactfully, and again with correct timing) challenge or confront him. It may be noted that challenging of faulty ways of thinking is an important component of cognitive techniques in therapy. These we already discussed in an earlier section in this unit.

4.4 HOW ELSE MIGHT A COUNSELLOR FACILITATE BEHAVIOURAL CHANGE?

There are several other techniques which a counsellor might employ to help the client change his behaviour. The one issue which should never be forgotten involves circularity.

The Identification and Interruption of Circularity

Problems seldom exist in a vacuum. Too often, a problem is a result of another problem, and the reaction to the problem exacerbates the original trigger. Thus, dysfunction goes round in a circle with each problem generating and maintaining another. An example is a woman with depression. Her depression compromises her competence. Her lessened competence exacerbates her depression. Another example is a parent who harshly disciplines his son for bad behaviour. The son is upset with his father's reaction, and withdraws from his father or becomes more rebellious. This makes the father more angry and harsh. In these manners, problems frequently go 'round and round'. This is known as circularity.

It is important for a counsellor to identify circularity and help his client recognize the dysfunctional behavioural patterns that are responsible. Breaking circularity is important if adaptation is to occur.

4.5 LET US SUM UP

In this unit we discussed cognitive, psychoanalytical and other techniques that are useful for effecting emotional and behavioural changes in clients who come for counselling.

Cognitive techniques seek to identify and correct faulty ways of thinking. Faulty ways of thinking include concepts such as cognitive distortions, repeated intrusive thoughts, irrational injunctions, cognitive triads, dichotomous thinking, overappraisal of risk, assumptions of failure, and others. There is often circularity present: faulty ways of thinking lead to disturbed emotions and behaviour, and these disturbances of emotions and behaviour strengthen the faulty ways of thinking. Using cognitive techniques, faulty thought patterns are identified and challenged, and alternate, healthier, thought patterns are fostered.

Psychoanalytic techniques chiefly seek to identify and correct maladaptive ego defence mechanisms. These are unconsciously driven unhealthy ways of handling the emotional disturbances that arise out of stress and unresolved conflicts. Examples of such unhealthy defence mechanisms include denial, displacement, acting out, passive aggressive behaviour, and others. Examples of healthy defence mechanisms include suppression, sublimation, altruism, humor, anticipation, and others. During counselling, unhealthy defence mechanisms are identified. Using appropriate build-up and timing, the counsellor helps the client identify his unhealthy coping processes. Appropriate correctional measures are suggested.

Finally, counsellors seek to break circularity: that is, the situation in which one problem in the client's life generates and maintains another, and vice versa.

Check your progress II

- 1) What do you understand by sublimation?

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- 2) Define identification as a defense mechanism.

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4.6 KEY WORDS

Cognitive therapy	: This is a school of psychotherapy which elicits changes in mood and behaviour by identifying and altering faulty ways of thinking.
Psychoanalytic psychotherapy	: This is a school of psychotherapy, based on classical psychoanalysis, which corrects dysfunctional moods and behaviours through an analysis and correction of faulty ways of dealing with conflicts.

- Unconscious mind** : This is the part of the mind which, despite efforts, cannot be accessed by the consciousness
- Cognitive distortions** : These are maladaptive thinking patterns that distort reality in a negative way, and make persons perceive the world as being more hostile than it actually is.
- Arbitrary inference** : This refers to the drawing of an unjustified conclusion.
- Selective abstraction** : This is the focusing of attention on one detail without regard to the rest of the picture.
- Over-generalization** : This is the drawing of a general conclusion based upon a limited event.
- Magnification** : This refers to making mountains of molehills.
- Minimization** : This refers to the undervaluation of positive attributes.
- Repeated, intrusive (automatic) thoughts** : These are negative thoughts that dominate the conscious mind.
- Low self-regard** : These are thoughts that express an unjustified lack of self-confidence.
- Excessive self-depreciation** : These are thoughts that criticize the self to an extent more than is justified.
- Excessive self-blame** : These are thoughts that assume more blame than is justified.
- Scapegoating** : These are thoughts that blame others more than is justified.
- Ideas of deprivation** : These are thoughts that focus on liabilities rather than on assets.
- Irrational injunctions** : These are thoughts that insist upon assuming more responsibilities or difficulties than are warranted.
- Unrealistic assumptions** : These are attributes or goals that must be attained; a failure to attain these goals leads to ideas of decreased self-worth.
- Cognitive triads** : These are sets of three negative thoughts that commonly occur together; for example, ideas of helplessness, hopelessness, and worthlessness.

- Polarization of thought (dichotomous thinking)** : This is the unconscious classification of issues as one of only two choices; for example, right or wrong, or good or bad.
- Ego defence mechanisms** : These are unconscious processes which help the mind deal with unresolved conflicts.
- Altruism** : This is an ego defence mechanism whereby feelings of unhappiness and guilt are reduced by doing good to others.
- Anticipation** : This is an ego defence mechanism whereby anxiety is reduced by taking appropriate precautions for the future.
- Humor** : This is an ego defence mechanism whereby unhappiness is reduced by laughing at issues related to the source of the stress.
- Suppression** : This is an ego defence mechanism whereby unhappiness is reduced by the deliberate blocking of thoughts about the source of the stress.
- Sublimation** : This is an ego defence mechanism whereby unacceptable impulses are allowed expression through socially accepted channels.
- Projection** : This is an ego defence mechanism whereby we ascribe to others thoughts, feelings and impulses that arise in ourselves.
- Denial** : This is an ego defence mechanism whereby we minimize stress by unconsciously pretending that the stress does not exist.
- Acting out** : This is an ego defence mechanism whereby tensions are dissipated by freely expressing anger and other emotions arising from conflicts.
- Passive aggressive behaviour** : This is an ego defence mechanism whereby resentment is expressed in subtle and indirect ways.
- Regression** : This is an ego defence mechanism whereby conflicts are handled through childish behaviour and helplessness.
- Identification** : This is an ego defence mechanism characterized by the unconscious imitation of the behaviour of others.

- Displacement** : This is an ego defence mechanism whereby feelings and frustrations are expressed upon uninvolved individuals rather than upon the individuals who evoked the frustrations.
- Rationalization** : This is an ego defence mechanism whereby excuses are made for errors, failures or other frustrations and conflicts.
- Circularity** : This is the situation in which one problem in the client's life generates and maintains another, and vice versa.

4.7 MODEL ANSWERS

Check your progress I

- 1) List some of the cognitive distortions.
Selective abstraction
Over-generalization
Maximization
Minimization
Arbitrary inference
- 2) Give some examples of unrealistic assumptions.
I must be the best in everything that I do.
I must have a washing machine in order to be happy.
Everybody must love me.
I should never fail.
- 3) What is circularity in the context of faulty ways of thinking?

Faulty ways of thinking lead to unhappy life experiences, and these unhappy life experiences strengthen the faulty ways of thinking. A vicious circle develops.

Check your progress II

- 1) What do you understand by sublimation?
Sublimation is the process whereby we dispel disturbing emotions, and even unacceptable urges, in socially acceptable manners. For example, we may depict the misery of poverty or the horrors of war through poetry or art. Or, a young man with aggressive instincts may channellize his aggression into boxing, adventure sports, competitive athletics, or even the police profession.
2. Define identification as a defense mechanism.
Identification is the manifestation of behavioural patterns that unconsciously imitate those of a significant other. For example, an aggressive, violent-tempered young man may have unconsciously absorbed the behavioural characteristics of his punitive father.

4.8 FURTHER READINGS

- 1) McLeod J. 1998, *An Introduction to Counselling*. Open University Press, Portland.
- 2) Trower P. 1998, *Cognitive-behavioural Counselling in Action*. Sage Publication, London.
- 3) Seden J. 1999, *Counselling Skills in Social Work Practice*. Open University Press, Portland.
- 4) Geldard K, Geldard D. 1999, *Counselling Adolescents*. Sage Publication, London.
- 5) Tudor K. *Group Counselling*. Sage Publication, London.

UNIT 5 PRACTICAL ISSUES INVOLVED IN COUNSELLING

Contents

- 5.0 Aims and Objectives
- 5.1 Introduction
- 5.2 Practical Arrangements for Counselling
- 5.3 Handling Difficult Situations
- 5.4 Problems to Guard Against
- 5.5 Miscellaneous Practical Issues
- 5.6 Let Us Sum Up
- 5.7 Key Words
- 5.8 Model Answers
- 5.9 Further Readings

5.0 AIMS AND OBJECTIVES

The purpose of this block is to help you to understand the basics of counselling. In order to do justice towards that end, we began our discussion by defining the concept of counselling and moved on to the techniques and process involved in counselling. In the last unit of this block let us try to discuss the practical matters that are associated with counselling. After completing this Unit you will be able to know:

- The Practical arrangements required for counselling;
- How to handle difficult situations;
- What are the problems to guard against; and
- Other miscellaneous practical issues connected with counselling.

5.1 INTRODUCTION

Counselling is a professional service. Therefore counselling requires professionally trained personnel. Although the concept of counselling has existed for a long time, each society and community has their own vision and methods of dealing with crisis situations. In developed nations where specialized services are in plenty, one can come across numerous professionally qualified counsellors. However, given the Indian situation, the picture is different. The opportunities for training professional counsellors are certainly inadequate. Nevertheless, the growing demand for counselling, particularly to deal with issues arising out of emerging and re-emerging disease is something which requires immediate attention.

In this course on communication and counselling an attempt is made to provide certain basic information about the "what, why and how of counselling". In the above stated objectives, it is clearly stated that the aim of this unit is to introduce you to the practical aspects involved in counselling which may help you to be more informed about the same.

5.2 PRACTICAL ARRANGEMENTS FOR COUNSELLING

Who Should be the Client?

Counselling is the provision of guidance and support to those with psychological problems that are personal or interpersonal in nature. When problems are personal, the individual is the focus of counselling. However, the group to which the individual belongs can also profitably be included. For example, when counselling an alcoholic, it is important to counsel his family also.

When problems are interpersonal, the group is the focus of counselling. However, individuals in the group may also benefit from independent counselling. For example, during marital counselling, it often helps to have special sessions for each spouse.

Very often, individuals are resistant to be included in or singled out for counselling. For example, an alcoholic's wife may indignantly refuse to consider that any aspect of her behaviour is contributing to her husband's alcoholism. Or, a father may believe that he does not require counselling because the problem with his delinquent son lies entirely in the bad company that the boy frequents. In such situations, much tact and firmness are required to enlist the involvement and cooperation of the concerned persons.

Where Should Counselling be Conducted?

Counselling is a moderately formal process (although not as formal as psychotherapy) and should ideally be conducted in a formal setting, such as a counselling centre, hospital, or some other appropriately designated place.

Unless the circumstances are extraordinary, counselling should never take place in domestic premises or any public place for this may detract from the seriousness of the process. Counselling should never take place in any situation in which frequent interruptions or disturbances disrupt the continuity of the session.

Finally, counselling should never occur in a situation in which privacy is violated. A client, for example, will not feel comfortable if others person are sharing the room in which the session is proceeding, even if the other persons are involved with their own work.

How Should the Seats be Arranged During the Session?

Counsellor and client should always face each other. Some counsellors and clients feel more comfortable if they are seated across a desk while some others prefer to sit with nothing in between. The most important issue is that both should be comfortably seated, neither too close nor too far apart.

Should Clients Pay for Counselling?

This is an administrative matter that depends upon the situation in which the counselling takes place. Many non-governmental organizations, for example, are committed to the provision of free counselling services. The advantage of free counselling is that everybody can avail of the services, including those who cannot afford to pay.

The disadvantage of free counselling is that clients take services less seriously when they do not have to pay for them. In such situations, paradoxically, utilizing free services harms rather than benefits the client.

How Long should each Counselling Session Last?

Counselling sessions are commonly 40-50 minutes in duration. Sessions that are much shorter may not be adequately therapeutic. Sessions that are much longer may be tiring to both client and counsellor. In crisis situations, extended sessions may be helpful. At follow-up sessions, one may go for shorter duration sessions.

How Frequently should Counselling Sessions be Scheduled?

This depends on the seriousness of the problem. In crisis situations, daily sessions may be required for as long as the crisis remains alive. In problems that have been existent for months or years, once a week sessions may be sufficient.

It is sometimes helpful to conduct sessions more frequently initially (e.g. 2-3 times a week) and less frequently, subsequently (e.g., once a week). Once the goals of counselling have been met, follow-up sessions should be scheduled. These can vary from once a fortnight to once a month.

How Many Sessions will a Client Need?

For a very few clients, a single session will be sufficient. For some clients, counselling may need to continue over several months. The majority of clients will require counselling for periods that lie in between. The number of sessions and duration of therapy thus depend upon the nature of the problem and the progress that the client makes in therapy.

5.3 HANDLING DIFFICULT SITUATIONS

What should a counsellor do if a client finds it hard to 'open up' in therapy? The counsellor should convey an air of kindness, patience and understanding. S/he should accustom his/her client to talking about neutral issues, such as education, likes and dislikes, friends etc. Next, s/he should approach problem areas, such as family or love life, with tact. As the client begins to feel more comfortable, the counsellor can target the more specific issues.

What should the counsellor do if there are silences during counselling sessions? Silences may mean one or more of several things such as:

- The client may have finished what he had to say;
- S/he may be thinking of what to say next;
- S/he may be reluctant to discuss the issue further;
- S/he may be overcome by feelings;
- S/he may be experiencing a mental block;
- S/he may be considering some important thought which has just occurred to him/her or which the counsellor has suggested;
- S/he may want some reassurance from the counsellor concerning an issue which has just been discussed; and
- S/he may be feeling hostile towards therapy or the counsellor.

In such situations, the counsellor should decide which one of these possibilities is the most likely. A clue that can assist his decision is a consideration of what triggered the silence. In some situations, the client may need to be given the opportunity to think his/her way out. In other situations, the counsellor may need to break the silence, guide the client, or shift to other topics and return to the critical area later. A useful tip is to gently probe with questions such as, "What are you thinking of?"

What should the counsellor do if the client begins to cry?

Many counsellors feel uncomfortable if a client begins to cry during a session. Their instinctive reaction is to reassure the client with a "there, there, don't cry, it's not so bad" sort of response.

Such a response is entirely inappropriate. A client's tears should not embarrass the counsellor. The tears are a manifestation of the client's trust, that he can reveal his innermost feelings to the counsellor.

The proper response of the counsellor is to allow the client to express his emotions, and to allow the tears to dry up on their own. The counsellor should not wait until the client has stopped crying. This will draw pointed attention to the client's reaction, and make the client embarrassed for crying. Rather, the counsellor should continue with the discussion, perhaps using a kindlier tone. If he considers it necessary, the counsellor may add a sympathetic remark, "This has upset you very much, hasn't it?"

What should the counsellor do if the client shows an excessive and inappropriate emotional reaction?

Sometimes, a client may weep with inadequate provocation, or show anger or other emotions to an extent that is greater than the situation warrants. It is usually best to allow the client to run out of steam on his own. Thereafter, the counsellor can gently but firmly examine the reasons for the outburst, and help the client understand the inappropriateness of the reaction. Sometimes, however, the counsellor may wish to abort the expression of emotion. This may be necessary when the emotions appear histrionic, or when the emotions appear to be getting out of control, or when repeated expressions of emotions interfere with the progress of the sessions.

What should the counsellor do if he does not know what to do?

This may sound ridiculous, but counsellors sometimes face a situation in which they are stuck for ideas. They do not know what to say or ask, or how to proceed with the counselling session. Here are a few questions that a counsellor may ask to obtain information about the client's problem situation as well as to carry some insightful benefit.

Tell me about yourself

What are you NOT allowed to want?

What are you NOT allowed to need?

What are you NOT allowed to feel?

Tell me about a funny side to your problems.

- Tell me about a funny incident.
- What do you like about yourself?
- How do you know when you need to take care of yourself?
- How do you take care of yourself?
- Who are the people in whom you confide?
- How do people around you help you?
- How do you allow people around you to help you?
- What makes you happy?
- What do you do to make yourself happy?
- What do you do each day to make you want to get up in the morning?
- How do you indulge/spoil yourself?
- Whom do you love?
- Who loves you?
- What can you do about the situation?

5.4 PROBLEMS TO GUARD AGAINST

There are several problems that a good therapist must learn to guard against. These are briefly discussed in this section.

Flight into Health

The novelty of the counselling experience, the optimism exuded by the counsellor, and other factors often lead clients to experience much relief during the initial sessions of counselling. This flight into health is transient. Clients and counsellors should alike understand (but not reject!) the phenomenon, and not feel dejected when ground realities re-establish the fact that the problems have not yet been solved.

Transference

Clients sometimes develop attitudes towards the counsellor that they hold or held towards some significant other in their lives. For example, a client may perceive the counsellor's concern and support as that arising from a surrogate parent. Another client may perceive the counsellor's tactful guidance as reproof, reminiscent of a critical spouse.

Counsellors should be aware that clients may unconsciously assign such roles to them. Transference may become apparent from a change in the client's personal attitudes towards the counsellor.

Transference may be positive, when the client perceives the counsellor as benevolent, or negative, when the client perceives the counsellor as hostile.

Transference, in general, should be discouraged because it can interfere with therapy, or make the client dependent on the counsellor. The client's attitudes towards the therapist can directly be discussed, if necessary.

Dependence

Dependence is a special form of transference that often develops during therapy. It is usually transient and self-limiting, and is most evident during the early phases when distress levels are the highest. Dependence needs to be addressed when it becomes too strong, when it appears to have become enduring, and when it interferes with the client's ability to adjust independent of the counsellor.

Counter-transference

Sometimes, counsellors develop attitudes towards their clients that they hold or held towards some significant other in their lives. For example, a counsellor may perceive a client to resemble his son, or his spouse.

Counter-transference can interfere with therapy because it has the potential to introduce biases into the counsellor's judgement. A counsellor can identify counter-transference when he perceives that his attitudes towards the client have inexplicably changed.

Counter-transference may be positive, when the counsellor experiences benevolent feelings towards the client, or negative, when the counsellor experiences hostility.

Counsellors should make all possible efforts to prevent the development of counter-transference. Counsellors should ideally feel warmth towards their clients but, otherwise, only emotional detachment.

It is always beneficial for the counsellor to sit back towards the end of the day and analyse the day's events or do a personal introspection. This will enable the counsellor to be on the safe side.

Resistance

Resistance is the phenomenon wherein the client unconsciously and indirectly fights against the progress of therapy. Resistance occurs because the client finds it hard to make the desired behavioural changes, or because he finds that the issues being examined awake deep and frightening emotions.

Resistance manifests itself in many ways. These include missing sessions, coming late for sessions, showing restlessness during sessions, being inattentive during sessions, making superficial responses rather than examining issues with the thoroughness that the counsellor requests, entering prolonged silences during sessions, etc. Resistance is best tackled by directly examining the manifest behaviours, and seeking out the unconscious underlying motives.

External Interference:

External interference from various sources can hinder the course of counselling. For example, significant others in the client's life may offer contradictory counsel, or may stress the client in ways that undermine the course of therapy. The counsellor must be aware of such interfering influences, and must handle the situation as appropriate to the context.

Omniscience and Omnipotence

Counsellors sometimes develop ideas of omniscience and omnipotence. These take the form of thoughts such as:

I have completely understood the client and his problems.

This is an open and shut case.

The problem is a straightforward one, and the solution is simple.

I know what is best for the client.

Such thoughts could not be more wrong. Clients' problems are never simple; had they truly been so, the need for counselling would never have arisen. By underestimating the problem or by failing to consider its complexity, the counsellor minimizes his therapeutic potential.

Check your progress I

1. What is "flight into health"?

.....
.....

2. How long should counselling sessions last?

.....
.....

3. What is transference?

.....
.....

5.5 MISCELLANEOUS PRACTICAL ISSUES

Is there any structure to each session?

In general, it is a good idea to conduct each session in the following manner:

1. Summarize what transpired in the previous session.
2. Discuss behavioural outcome of the previous session.
3. Discuss the assignments given during the previous session.
4. Review the previous session, if necessary.
5. Set the agenda for the current session.
6. Proceed with the current agenda.
7. Summarize the current session.
8. Set assignments for the inter-session interval.
9. Set a tentative agenda for the next session.

As far as possible, the client should be responsible for summarizing the sessions, setting the agenda, etc. Thus, the client and not the counsellor does the bulk of the talking.

What are Assignments?

Assignments are practical exercises which the counsellor sets, which have to be executed by the client in the interval between sessions.

Assignments can be introspective exercises. For example, a counsellor may instruct the client to think of all possible explanations for his inability to control his anger when talking to his parents. Such assignments can be delivered orally or in writing. The latter is preferable as, when thoughts have to be recorded on paper, the client is forced to think more clearly.

Assignments can be behavioural exercises. For example, a counsellor may instruct the client to go out of his way to involve his spouse in friendly but

neutral conversation, in an attempt to reduce marital discord.

Assignments are important because they yield information, because they force the client to introspect or implement behaviour change, and because they continue the process of therapy in between the counselling sessions.

How should the Contents of the Session be Recorded?

With the permission of the clients, the counsellor should make very brief notes (as the client speaks) during the session; however, on no account should this interrupt the fluidity of discussion.

At the end of the session, the counsellor should make more detailed notes that summarize the contents of the session. A brief plan for the next session should also be outlined.

The purpose of these notes is to record the progress of therapy, to facilitate the recall of the case material, and to facilitate the structuring of the next session.

Why do Dropouts Occur?

Sometimes, clients stop coming for therapy. Such treatment dropouts occur for one or more of several reasons:

1. The client is unwilling to undertake the changes suggested during counselling.
2. The client finds counselling unhelpful or inconvenient.
3. The client no longer finds counselling necessary because the problem has been solved.

How Many Clients can a Counsellor have at Any Given Point in Time?

A counsellor should, ideally, not see more than 3-5 clients per day in sessions of standard duration (40 minutes or longer). This is because seeing more clients is stressful, and can decrease professional efficiency as well as predispose to burn-out (this is discussed later).

Having too many clients in ongoing therapy can be confusing: the counsellor may mix up details across clients. The counsellor's commitment to individual clients may also be compromised by too heavy a case load.

How should Counselling be Supervised?

Counsellors should always discuss their cases with a colleague, preferably on a session to session basis. In some centres, it may be feasible to have group discussions of case material.

Such discussions provide the counsellor with ideas for conducting future sessions, help him see the case from a different perspective, and help him feel less responsible and guilty should the client fail to benefit.

Can Counselling be Harmful to the Client?

Yes. Counselling may raise issues that had earlier been quietly buried and forgotten. The moral is, a counsellor should never take up or rake up any matter unless he is confident that he and his client can handle it.

Can Counselling be Harmful to the Counsellor?

Yes. Taking any vocation too seriously can interfere with personal and family functioning. Furthermore, there is one specific problem which can affect counsellors, namely, the burn-out syndrome.

The burn-out syndrome is a stress-induced emotional state which interferes with emotional, personal, interpersonal and occupational functioning.

Impaired emotional functioning may be characterized by loss of enthusiasm and motivation, anxiety, depression, boredom, pessimism and cynicism.

Impaired personal functioning may be characterized by fatigue, laziness, sloppiness, loss of originality and creativity, vulnerability to alcoholism and psychosomatic disorders, etc.

Impaired interpersonal functioning may be characterized by irritability, decreased concern and caring, family disharmony, withdrawal etc.

Impaired occupational functioning may be characterized by decreased efficiency, absenteeism, procrastination, working to rule, the desire to quit etc.

How can a Counsellor Guard Against Experiencing Burn-out?

Here are a few do's and don'ts that counsellors can practice to help guard against burn-out:

1. See fewer rather than more clients.
2. Take breaks between each session.
3. Discuss your cases with a colleague so that the responsibility is shared.
4. Stay emotionally detached from the lives of your clients.
5. Do not take counselling failures personally; remember, if a client does not improve with counselling, it need not necessarily reflect upon your competence.
6. Lead a healthy social and family life. Never carry your case load home!
7. Lead a healthy leisure life.
8. Utilize other avenues to relax.

5.6 LET US SUM UP

In this unit we discussed diverse practical issues related to counselling. Counselling should ideally involve the client and important others in the family who are significantly involved in his problems. Counselling should be conducted in a formal environment with both counsellor and client comfortably seated. Sessions are commonly 30-60 minutes in duration, perhaps longer early during therapy, and shorter during follow-up. The frequency and number of sessions need to be tailored to individual need.

Counsellors need to become adept in handling situations such as those in which the client has difficulty in talking, in which silences occur, in which the client begins to cry or otherwise expresses emotions.

Counsellors need to guard against situations such as a flight into health, transference, dependence, and counter transference. Counsellors should stay alert to the possibility of external interference with therapy. Counsellors should never fall into the trap of seeming omniscient and omnipotent.

Counselling should always be carefully recorded and supervised, even if the counsellor is experienced. Care should be taken to ensure that the client does not suffer harm from therapy. The counsellor should take appropriate precautions to prevent himself from burning out.

Check your progress II

1. How should the contents of the counselling session be recorded?

.....

2. Can counselling be harmful to the client?

.....

5.7 KEY WORDS

Silence	:	This is a situation in which the client stops talking for a prolonged spell during a session.
Flight into health	:	This is a situation in which the client shows dramatic improvement despite an absence of material changes in the problem situation.
Transference	:	This is the situation in which the client experiences feelings towards the therapist that he feels or felt towards some other significant person in his/her life.
Dependence	:	This is the situation in which the client becomes emotionally dependent upon the counsellor.
Counter-transference	:	This is the situation in which the counsellor develops an emotional reaction towards the client.
Resistance	:	This is the phenomenon wherein the client indirectly and unconsciously fights against the progress of therapy.
Assignments	:	These are 'homework' exercises that a counsellor gives his client to ensure that therapeutic work continues even in between sessions.
The burn-out syndrome	:	This is a stress-induced emotional state which interferes with emotional, personal, interpersonal and occupational functioning.

5.8 MODEL ANSWERS

Check your progress I

1. What is flight into health?

Flight into health is when the client feels much better even though no major changes in his internal or external environments have occurred during therapy. Flight into health is due to nonspecific factors, such as expectations from therapy, and do not reflect true improvement. Client and counsellor should therefore guard against complacency.

2. How long should counselling sessions last?

Ideally, sessions should last 40-50 mins each. Early during therapy, longer sessions may be necessary. Later in therapy or during follow-up, shorter sessions may be sufficient.

3. What is transference?

Transference is when the client's attitude towards his therapist resembles the attitude that he held towards some significant other in his life. Transference can be positive or negative, and can facilitate or interfere with therapy. Transference should be recognized if and when it occurs.

Check your progress II

1. How should the contents of the counselling sessions be recorded?

With the permission of the client, the counsellor should make very brief notes (as the client speaks) during the session; however, on no account should this interrupt the fluidity of discussion.

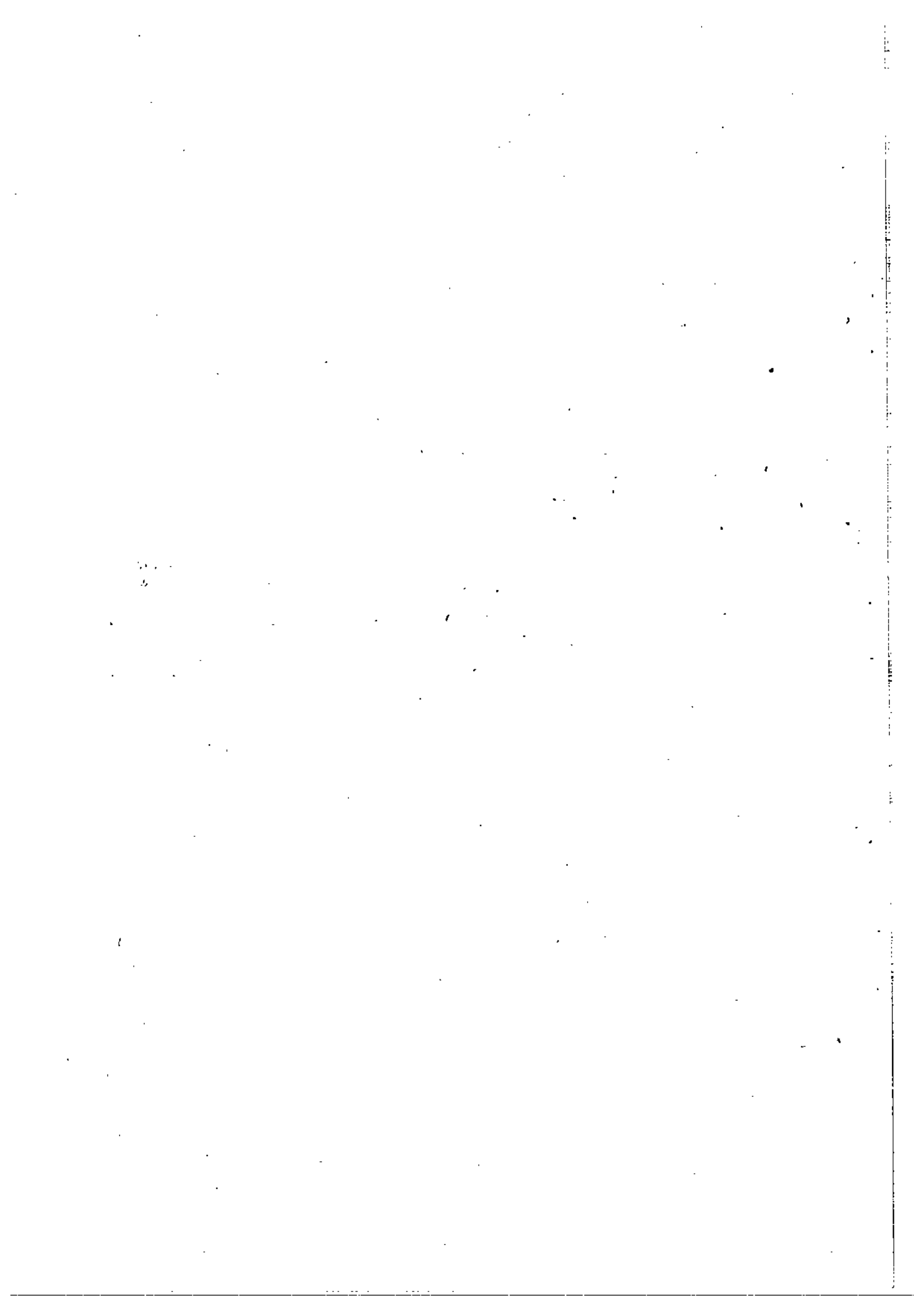
At the end of the session, the counsellor should make more detailed notes that summarize the contents of the session. A brief plan for the next session should also be outlined.

2. Can counselling be harmful to the client?

Yes. Counselling may raise issues that had earlier been quietly buried and forgotten. The moral is, a counsellor should never take up or rake up any matter unless he is confident that he and his client can handle it.

5.9 FURTHER READINGS

1. McLeod J. 1998, *An Introduction to Counselling*. Open University Press, Portland.
2. Trower P. 1998, *Cognitive-behavioural Counselling in Action*. Sage Publication, London.
3. Seden J. 1999, *Counselling Skills in Social Work Practice*. Open University Press, Portland.
4. Geldard K, Geldard D. 1999, *Counselling Adolescents*. Sage Publication, London.
5. Tudor K. *Group Counselling*. Sage Publication, London





Block

3

COUNSELLING ON HIV AND FAMILY MATTERS

UNIT 1

STD and HIV/AIDS Counselling 05

UNIT 2

Family and Premarital Counselling 23

UNIT 3

Counselling on Sexuality and Sensitive Issues 38

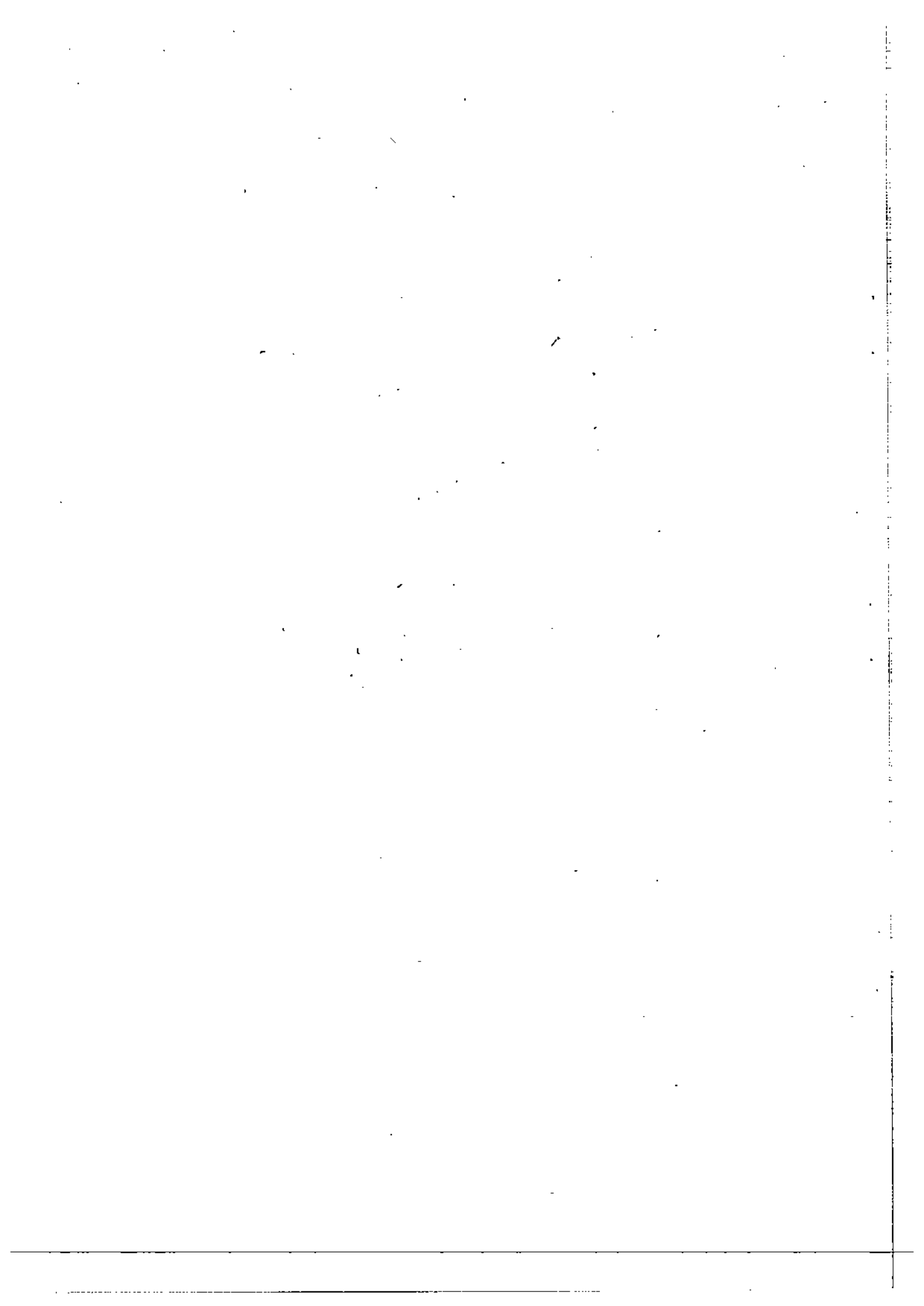
UNIT 4

Existing Trends in Counselling Services in India 53

INTRODUCTION TO BLOCK 3

You are now in Block 3 of the course on Communication and Counselling in HIV/AIDS. This block provides an interesting reading through the four units on various issues relating to HIV and family matters. Unit 1 describes 'STD and HIV/AIDS counselling'. Unit 2 describes 'Family and pre-marital counselling' which is of great importance to school teachers, family counsellors and parents of adolescents. Unit 3 explains various aspects of 'Counselling on sexuality and sensitive issues'. This unit is highly useful for people involved in family counselling. Unit 4 is on 'Existing trends in counselling services in India'. Although everybody speaks about importance of counselling services, this part of service is still in its infancy in India. Therefore this unit makes an attempt to unfold the existing trends in India with regard to counselling services in general.

This block and the previous two blocks of this course on 'Communication and Counselling in HIV/AIDS' have been prepared to help the learner to acquire knowledge on certain important concepts and processes involved in counselling services. Many people involved in social work or social service are called upon to provide counselling to their clients. Some of them may have training in Communication and Counselling while several others may have hardly any formal training. It is presumed that this course will be highly useful to the learners who intend to enter into the field of counselling services.



UNIT 1. STD AND HIV/AIDS COUNSELLING

Contents

- 1.0 Aims and Objectives
- 1.1 Introduction
- 1.2 STD Counselling — Main Features
- 1.3 HIV/AIDS Counselling — Its Nature and Purpose
- 1.4 Types of HIV Related Counselling
- 1.5 Ethical Issues in HIV/AIDS Counselling
- 1.6 Let Us Sum Up
- 1.7 Key Words
- 1.8 Model Answers
- 1.9 Further Readings

1.0 AIMS AND OBJECTIVES

The purpose of this unit is to provide you with a basic understanding about STD and HIV/AIDS counselling. It is aimed at orienting you to the issues involved in counselling someone vulnerable to STD/HIV infection or already having an STD and/ or HIV/AIDS. After reading this unit you should be able to

- understand the main features of STD counselling
- understand the purpose of HIV/AIDS counselling and the different types of HIV related counselling
- get oriented to the ethical issues involved in HIV/AIDS counselling, and
- develop an understanding of the qualities required of an STD and HIV/AIDS counsellor.

1.1 INTRODUCTION

STDs and HIV/AIDS have emerged as major public health problems in India. It is estimated that there are 40 million new cases of STDs in the country every year (NACO 1998). The prevalence rates are upto 10 per cent in urban areas and 7 per cent in rural areas (NACO 1998). India also has the largest number of HIV infected persons in the world. The epidemic is no longer confined to groups with high-risk behaviour but has moved well into the community. It is also becoming increasingly visible in rural India. As the number of persons living with HIV/AIDS increases rapidly the acute and complex psycho-social and economic burden of the disease on the individual, family and the community is becoming evident.

Relationship between STDs and HIV

The predominant mode of transmission of both STDs and HIV is through sexual intercourse. The same risk behaviours for a STD also puts the person at risk for HIV/AIDS. STDs promote the transmission of HIV, especially, ulcerative STDs and discharges. Studies have shown that in persons with HIV infection, STDs may be more severe and resistant to treatment. With longer lasting symptoms the facilitation of STDs and HIV infection is much easier, furthering the already rapid spread of the AIDS epidemic. Thus, the control and

management has become a major component of the National AIDS Control Programme. Counselling has been recognized by the programme as having to play a very important role in the prevention of STDs and HIV besides providing psycho-social support to those already affected, especially by HIV/AIDS.

1.2 STD COUNSELLING — MAIN FEATURES

STDs are not discussed openly because of the shame and stigma associated with them. They are in fact referred to by some people as "private" or "secret" diseases. It is wrongly believed that STDs happen to "bad" people or women in prostitution. Due to these reasons persons with STDs do not seek treatment. However, STDs can not only cause much pain and discomfort but have many damaging consequences. Counsellors need to be sensitive to these perceptions. They need to demonstrate acceptance and a non judgemental attitude to clients. Every attempt should be made by them to safeguard the privacy and confidentiality of their clients.

When counselling someone with an STD the following points should be covered:

- What are STDs and how are they contracted
- The common symptoms and signs of STDs in men and women. Counsellors need to emphasize that there may not always be symptoms or they may be so slight that they do not bother the patient. Women, especially, often do not have any symptoms at all. However, without treatment the patient is and will remain infectious and can unknowingly pass on the disease.
- Myths about STDs (myths regarding the mode of spread and cure)
- Consequences of not treating an STD, especially to women who are pregnant.
- The relationship between STDs and HIV
- Where a person can go for further information and tests - Primary health centres, STD departments in government hospitals, dermatologists (specialists in skin and sexually transmitted diseases), gynaecologists, family physician (who may treat and/or refer) etc.
- Diagnosis and treatment. The importance of early treatment and compliance needs to be stressed to ensure complete cure. STD patients should be counselled to take all medication as prescribed even if the symptoms disappear or the person feels better.

How STDs including HIV can be Prevented:

The following guidelines can be provided to clients:

If You are Unmarried :

It is best to abstain from sex. By indulging in sex with anyone other than one's own spouse, you will be involving in risk behaviour which may even endanger your life. HIV/AIDS is also an STD and there is no known cure for it till today. Even the use of condoms does not guarantee full protection and safety. Therefore have sex only with one faithful sexual partner who never indulges in sex with anyone else and does not have an STD.

If You are Married:

Keep safe by staying with one faithful sexual partner. If you have sex with many partners, there is a great risk that one of them might harbour an STD and can infect you. Therefore, stick to one faithful partner, i.e. your-spouse.

Partner Notification

Counsellors need to encourage the clients to inform the person/s that s/he has had sexual contact with about the risk of STD infection. The sexual partner/s could have the STD too, even if there are no symptoms. If clients find it difficult to tell the sexual partner/s then the counsellor could provide the necessary support to do so. This issue has to be very sensitively handled so as not to cause any irreparable damage.

Partner notification should always be done with the permission of the client, except in the case of a client infected with HIV who has not informed the sexual partner of his/her status and continues to have unprotected sex. Under such circumstances the counsellor may inform the partner responsibly.

1.3 HIV/AIDS COUNSELLING — ITS NATURE AND PURPOSE

HIV/AIDS counselling has two general objectives:

1. To provide psychosocial support to those already affected; and
2. To prevent HIV infection by changing life style / behaviour.

In order to achieve these objectives, counselling seeks to enhance self-determination, boost self-confidence, and improve family and community relationships and quality of life. HIV/AIDS counselling therefore also means providing support to families and loved ones, so that they, in turn, can help to encourage and care for people with HIV infection.

For whom is HIV/AIDS counselling for? In context of HIV/AIDS, counselling is recommended for the following :

- Persons already identified as having AIDS or being infected with HIV, and their families
- Those being tested for HIV (pre-and post-testing)
- Those seeking help because of past or current risk behaviour and planning their future, and
- Those not seeking help but who practice high-risk behaviour

With these priorities in mind, the types of situations in which counselling is of value, and people seek care, might include :

- People with AIDS or other disease related to their HIV infection;
- People experiencing difficulties with employment, housing, finances, family, etc. as a result of HIV infection;
- People considering being tested for HIV;
- People who have been tested for HIV (whether or not they are infected);
- The family and friends of people who are infected with HIV;

- Health workers and other professionals who come into regular contact with people infected with HIV;
- People who choose not to be tested despite past or present risk behaviour; and
- People who are unaware of the risk of HIV infection involved in specific behaviours they have, or are, engaged in.

Where can It be Provided?

HIV/AIDS counselling can take place in any setting where there is, or could be, a discussion about HIV/AIDS. Such settings include wards in hospitals, centres for sexually transmitted diseases, antenatal and postpartum clinics, family planning clinics, blood donation centres and sites, drug de-addiction centres, prisons, community health centres, schools, places of worship, outpatient clinics, and all health outreach or community-based programmes. There will inevitably be other types of settings that should be considered for this purpose.

However, the counsellor should pay attention to the specific setting in which the client or family is seen. Each of these settings will call for different responses from the counsellor. Each will influence responses from those being interviewed. A supportive, helpful relationship cannot develop if the counsellor does not acknowledge both the gravity of the problem and the context within which discussions about it take place. For example, trying to ask questions about sensitive personal topics in a crowded clinic waiting room obviously calls for an approach quite different from asking the same questions in a private place. Attention to context is important in any form of counselling, but is particularly important in counselling with relation to HIV infection because of the severe stress and stigma associated with the condition.

Who Should Provide It?

In addition to doctors, nurses, psychologists, psychotherapists and social workers, other people can readily be encouraged and trained to provide counselling support. Counsellors need not be professional health-care providers. Teachers, health educators, laboratory personnel, religious and community leaders, youth group workers, traditional healers, and members of self-help groups can undertake both preventive and supportive counselling.

Why is It Necessary?

Being diagnosed as having, recognizing the possibility of, or suspecting the existence of HIV infection or AIDS all have profound emotional, social, behavioural, and medical consequences. The type of personal and social adjustment required in the context of HIV infection often has implications for family life, for sexual and social relations, for work and education, for spiritual needs, for legal status, and for civil rights. Adjustment to HIV infection involves constant stress management and adaptation. It is a dynamic, evolutionary, and lifelong process that makes new and changing demands on individuals, their families and the communities in which they live.

During the course of HIV infection, a broad range of physical needs and problems are likely to be experienced. These are not necessarily constant, and

will progressively become more serious and difficult to handle. They call for increased and different resource, both for those who are HIV-infected and for the people looking after them.

Check Your Progress 1

1. What are the main issues to be covered in counselling someone with an STD?

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1.4 TYPES OF HIV RELATED COUNSELLING

i) Preventive Counselling

Preventive counselling is very important for (a) those seeking help because of past or current risk behaviour and planning their future, (b) those not seeking help but who practise high-risk behaviour, (c) those not involved in any risk behaviour currently so that they may be aware of HIV/AIDS. Further, in some places facilities for testing are not readily available. Where this is so, every effort should be made to emphasize preventive counselling, especially, the need for behavioural change where there has been high-risk activity, and the maintaining of low-risk behaviour where change has been practised. Preventive counselling would include risk assessment, risk reduction counselling and information on HIV/AIDS. Counsellors function more as health educators who provide clear and simple information, clarify misinformation and assist in decision-making and implementation of behavioural changes.

The goals of preventive counselling are to help the client :

Personalize his or her risk of HIV infection by recognizing that it is a personal threat; and

Assess his or her current and past risk of HIV infection.

At the beginning of the counselling session, it is important to:

- Discuss the importance of assessing the risk of getting HIV so that the disease can be prevented.
- Explain that in order to do this explicit sexual behaviour and substance use, including behaviours which may be culturally considered taboo subjects must be discussed.
- Explain that the purpose is not to make assumptions about or judge a person's behaviour but rather to prevent the person from becoming sick or transmitting HIV to others.
- Explain the necessity of reviewing all forms of risk behaviour with each individual.
- Explain the specific area for HIV risk assessment.

- Assess the client's knowledge of how HIV is transmitted and clarify any misinformation.
- Ask the client to assess his or her current and / or past high-risk behaviours.
- Ask the client to assess his or her risk of HIV infection. Discuss any concerns and clarify misconceptions.
- Summarize the discussion about the client's risk of HIV infection, leading to discussion about risk reduction.
- Acknowledge the discomfort and embarrassment the client may feel in discussing explicit sexual behaviour and substance use openly. Reassure them that these are normal reactions.
- Explain that the client will be asked to reveal very personal and explicit information that is not normally discussed with others, and that confidentiality will be maintained.

The chief points to cover while talking about risk reduction:

- Recognize that HIV transmission is avoidable.
- Identify behaviour changes that will reduce the client's level of risk of contracting or transmitting HIV.
- Plan behaviour changes. Changing sexual and drug use behaviours is difficult. These are step-by-step changes which take time, effort and commitment.
- Develop strategies to overcome potential obstacles in implementing and sustaining new behaviours.
- Evaluate the success and reinforce positive changes. If the client is available for follow up, it is worthwhile to see how much change has occurred and encourage the positive action that has taken place.

ii) Pre-test Counselling

The Aim of Pre-test Counselling

Counselling before the test should provide individuals who are considering being tested with the information on the technical aspects of screening and on the possible personal, medical, social, psychological, and legal implications of being found either HIV-positive or HIV-negative. The information should be given in a manner that is easy to understand and should be up-to-date. Testing should be seen as a positive act that is linked to changes in risk behaviour.

The decision to be tested should be an informed decision. Informed consent implies awareness of the possible implications of a test result. In some countries, the law requires explicit informed consent before testing take place; in others, implicit consent is assumed whenever people seek health care. There must be a clear understanding of the policy on consent in every instance, and anyone considering being tested should understand the limits and potential consequences of testing.

Testing for HIV infection should be organized in such a way that minimizes the possibility of information disclosure or of discrimination. In screening, the rights of the individual must also be recognized and respected. Counselling should

actively endorse and encourage those rights, both for those being tested and for those with access to records and results. Confidentiality should be ensured in every instance.

Issues in Pre-test Counselling

Pre-test counselling should be centred on two main topics: first, the person's personal history and risk of being or having been exposed to HIV (box # 1); secondly, the client's understanding of HIV/AIDS and previous experience in dealing with crisis situation (box # 2).

In assessing the likelihood that the person has been exposed to HIV, the following aspects of his or her life should be taken into account :

BOX # 1 : Assessment of Risk

- Frequency and type of sexual behaviour and specific sexual practices; in particular, high risk practices, such as vaginal and anal intercourse without using condoms, unprotected sexual relations with commercial sex workers, and drug infection.
- Being part of a group with known high HIV prevalence or with known high-risk life-styles, e.g. injecting drug users, male and female commercial sex workers and their clients, prisoners, and homosexual and bisexual men.
- History of blood transfusion, organ transplant, or administration of blood or body products.
- Exposure to possible non-sterile invasive procedure, such as tattooing and scarification.

BOX # 2 : Assessment of Psychosocial Factors and Knowledge

- Why is the test being requested?
- What particular behaviours or symptoms are of concern to the client?
- What does the client know about the test and its uses?
- Has the client considered what to do or how he/she would react if the result was positive, or if it was negative?
- What are the client's beliefs and knowledge about HIV transmission and its relationship to risk behaviour?
- Who could provide (and is currently providing) emotional and social support (family, friends, others)?
- Has the client sought testing before and, if so, when, from whom, for what reason, and with what result?

This initial assessment should make it possible to discuss the likelihood of the client's understanding:

- a) The meaning and potential consequences of a positive or negative result:
and
- b) How change in behaviour can reduce the risk of infection or transmission to others.

Pre-test counselling should include a careful consideration of the person's ability to cope with a diagnosis and the changes that may need to be made in response to it. It should also encourage the person being counselled to consider why he or she wishes to be tested and what purpose the test will serve. When the counsellor enquires about personal history, it is important to remember that the client:

- may be too anxious to fully absorb what the counsellor says;
- may have unrealistic expectations about the test;
- may not realize why questions are being asked about private matters and therefore be reluctant to answer; and
- may not be willing to change behaviour irrespective of the result.

During pre-test counselling, it is also important that the client be told that current testing procedures are not infallible. Both false-positive and false-negative results occasionally occur, although supplemental (confirmatory) tests are very reliable if an initial test is positive. These facts must be clearly explained, together with information about the "window period" during which the test may be unable to assess the true infection status of the person.

In summary, pre-test counselling should:

- determine what that person understands about HIV and AIDS;
- provide factual information as needed;
- discuss potential implications of a positive and negative test result;
- explain and obtain informed consent;
- review the test procedure;
- assess the person's ability to cope with a positive result; and
- establish a relationship as a basis for post-test counselling.

iii) Post-test counselling

Post-test counselling is very important especially if the test result is positive. However, a negative test result does not mean that the need for post-test counselling is less important. HIV testing can have three possible outcomes:

1. A negative result;
2. A positive result; or
3. An equivocal result.

Counselling after a Negative Result

It is very important to carefully discuss the meaning of a negative result (whether this was expected or not). The news that the result was negative is likely to produce a feeling of relief or euphoria, but the following points must be emphasized:

1. Following possible exposure to HIV, the "window period" must have elapsed before test results can be considered reliable. This means that, in most cases, a minimum of at least three months must have elapsed from the time of possible exposure before a negative test can be considered to mean that infection did not occur. A negative test result carries greatest certainty if at least six months have elapsed since the last possible exposure.

2. Further exposure to HIV infection can be prevented only by avoiding high-risk behaviours. Safer sex and avoidance of needle sharing must be fully explained in a way that is understood and permits appropriate choices to be made.
3. Other information on control and avoidance of HIV infection, including the development of positive health behaviours, must be provided. It may be necessary to repeat such explanations and for the counsellor and the person being counselled to practice together methods of negotiating these with others, in order to assist the client in introducing and maintaining the new behaviours.

Counselling after a Positive Result

People diagnosed as having HIV infection or disease should be told as soon as possible. The first discussion should be held in private and under conditions of confidentiality, and the clients should be given time to absorb the news. After a period of preliminary adjustment, the client should be given a clear, factual explanation of what this news means. This is not a time for speculation about prognosis or estimates for time left to live, but for acknowledging the shock of the diagnosis and for offering and providing support. It is also a time for encouraging hope - hope that achievable solutions can be found to the resulting personal and practical problems. Where resources are available, it may also be justifiable to talk about possible treatments for some symptoms of HIV infection and about the efficacy of new antiviral drugs. Important practical information for people with HIV infection must be provided.

After a positive result, the counselling relationship may enter a new phase. Crisis counselling will always be necessary, and usually problem-solving counselling also. The pre-test assessment can be used to determine the best way to tell the client about the test result. How the news is accepted will depend on the person's personality, psychosocial circumstances, previous knowledge of HIV, and cultural attitudes towards AIDS. The clients must be told how to contact the counsellor during periods of severe stress. There should be some discussion of what may happen if employers or others learn that the person is HIV-infected. All the information previously given about safer sex, prevention of transmission, and maintaining health must be repeated. Follow-up visits must be arranged, often on a routine basis.

Counsellors must always stress the individual's responsibility for changing behaviour to avoid infection or to limit, if not eliminate, the risk of transmission, and the life-long nature of the infection and of the risk of infecting others.

How the news of HIV infection is accepted often depends on the following:

1. The person's physical health at the time. People who are ill may have a delayed reaction. Their response may appear only when they have grown physically stronger.
2. How well prepared the person was for the news. People who are completely unprepared may react very differently from those who were prepared and perhaps expecting the result. However, even those who are well prepared may experience the reactions described in this unit.

3. How well supported the person is in the community and how easily he/she can call on friends. Factors such as job satisfaction, family life and cohesion, and opportunities for recreation and sexual contact may all make a difference in the way a person responds. The reaction of the news of HIV infection may be much worse in people who are socially isolated and have little money, poor work prospects, little family support, and inadequate housing.
4. The person's pre-testing personality and psychological condition. Where psychological distress existed before the test result was known, the reactions may be either more or less complicated and require different management strategies than those found in persons without such difficulties. Post-result management should take account of the person's psychological and / or psychiatric history, particularly as the stress of living with HIV may act as a catalyst for the re-appearance of earlier disturbances.

In some cases, news of HIV infection can bring out previously unresolved fears and problems. These can often complicate the process of acceptance and adjustment and will need to be handled sensitively, carefully, and as soon as possible.

5. The cultural and spiritual values attached to AIDS, illness, and death. In some communities with a strong belief in life after death, or with a fatalistic attitude towards life, personal knowledge of HIV infection may be received more calmly than in others. On the other hand, there may be communities in which AIDS is seen as evidence of antisocial or blasphemous behaviour and is thus associated with feelings of guilt and rejection.

Counselling and support are most needed when reactions to the news of HIV infection or disease appear. Some reactions may initially be very intense. It is important to remember that such responses are usually normal reactions to life-threatening news and as such should be anticipated.

The following are some common shock reactions to diagnosis or infection:

- Numbness/"stunned" silence/disbelief;
- Confusion /distractibility/uncertainty about present and future circumstances;
- Denial ("It can't be true"/ Don't worry/ things will be fine");
- Despair ("Oh my God, everything is ruined");
- Anger towards health staff, loved ones etc., over the impact on life and circumstances;
- Fear of pain, death, disability, loss of bodily / mental functioning, loss of confidentiality / privacy;
- Guilt over the association of infection or illness with sexual activity, or with being gay or a drug user;
- Acute and severe anxiety;
- Emotional instability (moving quickly and unpredictably from tears to laughter and vice versa);
- Sadness and morbid concern about the future, work, lover/spouse, family, health;
- Suspicion about the actions and behaviour of staff/loved ones/helpers; and/or
- Relief at knowing what causes the recent illness.

In conjunction with these, there are a number of behavioural reactions to shock:

- Crying - episodic and often unpredictable;
- Anger and irritability - towards anybody, often "sparked off" by trivial and unimportant events, (may be physical and / or verbal)
- Withdrawal - distancing from present issues and circumstances, reluctance to become involved in conversation, activities or plans for treatment;
- Self-denigration - description of the self as "deserving this plague", "worthless", "unclean and dirty";
- Checking the body for signs of further infection or physical deterioration;
- Questioning - for reassurance and/or further information.

The following points need to be repeatedly emphasized :

1. HIV infection is not AIDS. Prognosis vary, but every infected person should be encouraged to live a normal and social and economic life unless AIDS-related symptoms do not permit this. Since normal living requires the support of others, those concerned may need regular counselling to anticipate and cope with new needs.
2. A person who is HIV positive should take care of his /her general health. The presence of other infections, such as other sexually transmitted diseases or any illness will affect the immune response and may hasten the development of AIDS. The counsellor must stress the need to avoid exposure to illness as a measure to prolong life. The counsellor must explain how the risk of infections can be avoided through general home hygiene and the prevention of other sexually transmitted diseases, emphasizing the need to practice abstinence or to remain faithful to one's own spouse.
3. Spouses and partners will need support. Telling them that HIV infection has been found is difficult, and considerable support for this may be needed from the counsellor. Bringing spouses or partners in for counselling to prevent transmission and, where indicated, referring them for testing is a frequent counselling goal.
4. Spouses and partners must be protected against infection. The use of condoms may not be acceptable in some cultures and religions. Objections to them, and the positive and negative consequences of using them, need to be discussed.
5. A person who is HIV positive should be advised not share his syringes, needles, or other skin-piercing instruments.
6. He must be told not to donate blood, plasma, body organs, or other tissues.
7. Avoid pregnancy. HIV-infected women who are pregnant should know about the great health risk to their unborn children and the potential health hazard to themselves, and be provided with counselling services. HIV-infected men should discuss the hazard of pregnancy with their partners. Given the present situation where provision for adequate care and treatment of HIV infection does not exist, an HIV infected woman should be discouraged to opt for pregnancy.

8. The issue of breastfeeding needs to be discussed with mothers. Counsellors need to keep themselves abreast with the latest information on this topic

In summary after a positive test result, post-test counselling should :

- Ensure that the person understands what a positive HIV test result means;
- Discuss how they feel about being infected;
- Provide support to help the person deal with these feelings;
- Discuss their plans for the immediate future;
- Establish a relationship with the person as a basis of future counselling;
- Schedule appointments for medical evaluation and follow-up counselling;
- Counsel partner(s) if possible; and
- Refer the person to local community services if possible.

Counselling after an Equivocal Test Result

A test result may be equivocal for a number of reasons: for instance, there may have been insufficient time for full seroconversion to take place since the possible exposure to HIV occurred (the "window period" previously mentioned). In such circumstances, there are two main issues for the counsellor to consider :

1. The test used to determine whether the person is infected with HIV. The first test most commonly used is ELISA, which is 100 per cent sensitive with specificity approaching 99.5 per cent, so that a negative result can be regarded as a definite indicator that the person is not infected, except for tests carried out during the "window period". Correspondingly, a positive result suggests the possibility of HIV infection. The usual procedure then is to retest, again using ELISA with specificity of 100 per cent. The results of such supplemental testing can either be positive, strongly indicating HIV infection or negative, indicating no infection. In situations where the presence of HIV infection, is to be confirmed a third ELISA with a specificity of 100 per cent may be carried out on seropositive with the first two ELISA tests. If it is positive, it strongly indicates HIV infection. If it is negative, it is indeterminate. The reasons may be as follows :
 - The person has developed non-clinical signs of HIV infection more quickly than might normally be expected;
 - A related HIV virus is present ;
 - A cross-reaction is occurring with a non-viral protein and the reaction is simulating that associated with the HIV core protein.

The following options are then available :

- To use alternative methods with the aim of obtaining a reliable result, e.g. by using combinations of techniques so as to exclude false-positive results.
- Not to carry out further testing. Where the result is indeterminate and either the results of further testing are being awaited or further testing is not possible, it is not possible to say with any degree of assurance that the person is HIV-infected. The counsellor should then advise the person to present himself again after three months for repeat testing. It is important to remember that, in areas with low levels of HIV infection, the risk of finding a false-positive result is greater than in those where background

rates of HIV infection are high. Thus, where there are many people with AIDS in the community, it is more likely that a positive ELISA result is accurate. For more information, you may read unit 4 of Block II of the Basic Course on HIV/AIDS.

2. Prevention and support while waiting for an unequivocal result. The period of uncertainty following equivocal or indeterminate test result may be three months or longer after the last instance of potentially high-risk exposure or the previous test for HIV infection. It is then important for counsellors to emphasize essential prevention messages regarding sexual and drug-use activity, body fluid and tissue donation, and breast-feeding. The person will need to undertake the precautions recommended for HIV positive persons until proven otherwise. Just as importantly, however, the uncertainties associated with this period may lead to acute and severe psychosocial difficulties, and the counsellor must be prepared to assess and manage such issues or to make appropriate referrals, if necessary, in every case.

Ongoing counselling for sero positive and terminal persons:

- Keep in touch with development in all spheres of client's life.
- Acknowledge information shared earlier.
- Deal with issues of sudden disruption in normal life.
- Provide support where client feels loss of control over life.
- Help client face situations where HIV positive status has to be disclosed for example when visiting the dentist.
- Help client overcome hostility, indifference and prejudice of others.
- Re-establish coping skills and feelings of self-worth.
- Teach client how to take care of self, as much as possible, as well as protect others.
- Pay regular home-visits if a client is agreeable and maintain confidentiality.
- Build up a relationship with the client's family
- Always stress on hope and positive living.
- Stress on improving quality of life.
- Change client's perception of HIV infection and forms a terminal illness to a chronic disease, which may go on for years.
- Teach the client how to relax, e.g. meditation techniques.
- Encourage client to participate in giving support to others and in preventive work. Also encourage social activities with others, as well as individual hobbies.
- Support the process of anticipatory grief.
- Involve the client in planning of the future.
- Encourage participation in a self-help group.
- Help the client to accept death.
- Encourage client to think over past achievements rather than failures.
- Encourage belief in spiritual approach of coping.

Check Your Progress II

1. What are the issues that must be dealt with in counselling a person with a negative test result?

1.5 ETHICAL ISSUES IN HIV/AIDS COUNSELLING

When someone seeking to be tested gives no history of high-risk behaviour, the counsellor should enquire into the reasons why testing is sought, and offer preventive and supportive counselling. The counsellor may discourage people who do not want to know the test result from taking it, but should make it quite clear to them that they must behave as if they were seropositive in order to prevent infection of themselves or transmission to others.

Mandatory Testing

Mandatory testing may be carried out only for certain medical purposes and not for identifying the infected individuals for ulterior motives. This risk must be weighed against the cost to and consequence for social order and the civil rights of compulsory testing. Counselling should encourage motivation and voluntary action to bring about behaviour change. Mandatory testing should extend only to blood and blood products, organs, breast milk, and other tissues in order to avoid the risks of HIV transmission to the recipients of these products.

Informed consent is another difficult issue. Where health care workers usually behave in any authoritarian manner, it may be tempting to "order" a person to be tested. Counsellors know, however, that people are more likely to respond positively to information and counselling if they themselves take part in decision-making. As far as possible, therefore, counsellors should ensure that, before any test, the client understands the procedures, their limits and the possible psycho-social consequences of being tested. Whether they are likely to be seropositive or only want to be reassured, clients must be told what the test involves, to whom the result may be communicated and the possible repercussions on themselves.

In some places, the counsellor may be required to ensure that a client gives written informed consent for certain medical procedures. The counsellor should therefore make the following points very clearly :

- No test can tell whether someone has, or will, develop AIDS;
- The tests available detect antibodies to HIV in the blood;
- The presence of HIV antibodies (except for passive maternal antibodies in the case of uninfected infants of HIV-infected mothers) is proof only of HIV infection; it does not prove that the person is suffering, or will suffer, from HIV-related diseases;
- It is impossible to tell from a positive HIV test when the person was infected or for how long. This point is important and needs to be discussed with clients so as to make sure that they understand that HIV infection may have occurred before an existing relationship began and does not necessarily imply that the current partner has been unfaithful. It could also be other risk behaviour or exposure.

- Whether the test is positive or negative, behaviour must often be changed, either to remain negative or to protect others against HIV infection;
- A negative result does not rule out infection; if there has been risk behaviour, the test should be repeated three months after exposure has occurred, to allow for the "window effect";
- Some kind of behaviour and practices are dangerous to the HIV-infected person, because they lead to exposure to other infections, including sexually transmitted diseases.

Trust in terms of confidentiality is one of the most important factors in the relationship between the counsellor and the person being counselled. It enhances that relationship and improves the chances that the person (or even the group) will act decisively on the information provided. Given the possibility of discrimination, ostracism, and personal recrimination when an individual is diagnosed as having HIV infection, it is all the more important that confidentiality be guaranteed. The counselling relationship must be based on the understanding that whatever is discussed will remain confidential until and unless the client decides to share that information with someone else. A breach of confidentiality is unethical.

Sometimes, in a hospital, the counsellor may not be in position to guarantee confidentiality before a test, for example, and must tell the client about this and discuss the implications. Protecting confidentiality may be very difficult in clinics or health services where there is little privacy, or where offices are kept open for ventilation purposes.

There may be some instances where the counsellors or other health workers feel that confidentiality may need to be broken, e.g. a decision made to notify the sex partner of an infected person even when the client has refused them permission to do so. The most common conflict for counsellors is that between observing complete confidentiality and informing the family or other intimates, in their own or the public's interests. Also, what is the counsellor to do when a HIV carrier or AIDS patient continues to put other people at risk? The counsellor must be aware of, and consider these difficult issues and be familiar with the legal and ethical rules which guide them.

Confidentiality is valued differently in different places. In some cultures, for example, a person may have a relationship with someone else who has a culturally assigned role as a caregiver or confidant. Anyone who fails to reveal something to this person violates an important cultural norm.

Counsellors must be aware of the limits of medical confidentiality in a particular culture. The ideal is total confidentiality of test result and respect for privacy. Where the rights of individuals are highly valued, it is easy for counsellors to explain the need for confidentiality. In community or group-oriented cultures, counsellors will have to adapt their concept of confidentiality to cultural expectations and traditional norms.

In such and similar situations, the health care provider will be required to make a decision consistent with medical ethics and the relevant law of the country. In general, where confidentiality is preventing the adoption of appropriate individual measures of avoiding the spread of HIV, it may be necessary to reconsider whether it should be maintained.

Partner Notification

This issue is linked with confidentiality and has also been discussed in the section on STD counselling. There may be some instances where the counsellor or other health care workers feel that confidentiality needs to be broken, for example, to notify the sex-partner of an infected person when the client refuses to do so and continues to involve have in high risk activity. Counsellor will be required to make a decision consistent with medical ethics and relevant legislation.

Check Your Progress III

1. What are some of the major points which the counsellor should inform the client about before giving consent for carrying out medical procedures?

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1.6 LET US SUM UP

In this unit on STD and HIV/AIDS counselling we have discussed the main features of STD counselling, its nature and purpose, types of HIV related counselling, and the ethical issues involved in HIV/ AIDS counselling. The aim of this unit is only to help you to understand the purpose of HIV/AIDS/STD counselling and to know some of the desirable qualities for an STD and HIV/AIDS counsellor.

1.7 KEY WORDS

- Acceptance** : Receiving a client, unconditionally without reservation or judgement but with warmth, genuineness and positive regard.
- Counselling** : Involves two people, who meet to resolve a crises, solve a problem or make decisions involving personal, intimate matters and behaviours.
- High risk behaviours**: Behaviours which make people more vulnerable involving personal, intimate matters and behaviours.
- Infected** : Refers to the person who has the HIV virus within his/her body.
- Negative Test** : No antibodies against HIV is found in the patient's blood.
- Positive test** : Patient is HIV positive i.e. his/her blood contains the antibodies produced by the presence of HIV.
- Sexual Abstinence** : Not having sex with anyone.
- STD** : Stands for Sexually Transmitted Disease. Diseases that can be transmitted during sexual contact, for e.g. syphilis, herpes etc.

Check Your Progress I

1. What are the main issues to be covered in counselling someone with an STD?
 - Myths about STDs (myths regarding the mode of spread and cure)
 - Consequences of not treating a STD, especially to women who are pregnant.
 - The relationship between STDs and HIV
 - Where can a person go for further information and tests? — Primary health centres, STD departments in government hospitals, dermatologists (specialists in skin and sexually transmitted diseases), gynaecologists, family physician (who may treat and/or refer) etc.
 - Diagnosis and treatment. The importance of early treatment and compliance needs to be stressed to ensure complete cure. STD patients should be counselled to take all medication as prescribed even if the symptoms disappear or the person feels better.

Check Your Progress II

1. What are the issues that must be dealt with in counselling a person with a negative result?

Following possible exposure to HIV, the "window period" must have elapsed before test results can be considered reliable. This means that, in most cases, a minimum of at least three months must have elapsed from the time of possible exposure before a negative test can be considered to mean that infection did not occur. A negative test result carries greatest certainty if at least six months have elapsed since the last possible exposure.

1. Further exposure to HIV infection can be prevented only by avoiding high-risk behaviours. Safer sex and avoidance of needle sharing must be fully explained in a way that is understood and permits appropriate choices to be made.
2. Other information on control and avoidance of HIV infection, including the development of positive health behaviours, must be provided. It may be necessary to repeat such explanations and for the counsellor and the person being counselled to practice together methods of negotiating these with others, in order to assist the client in introducing and maintaining the new behaviours.

Check Your Progress III

What are some of the major points which the counsellor should inform about the client before giving consent for carrying out medical procedures?

- No test can tell whether someone has, or will, develop AIDS;
- The tests available detect antibodies to HIV in the blood;
- The presence of HIV antibodies (except for passive maternal antibodies in the case of uninfected infants of HIV-infected mothers) is proof only of HIV infection; it does not prove that the person is suffering, or will suffer, from HIV-related diseases;

It is impossible to tell from a positive HIV test when the person was infected or for how long. This point is important and needs to be discussed with clients so as to make sure that they understand that HIV infection may have occurred before an existing relationship began and does not necessarily imply that the current partner has been unfaithful. It could also be other risk behaviour or exposure.

1.9 FURTHER READINGS

TISS(1994). HIV/AIDS Prevention and Counselling : Manual for Grassroots Level Workers, Cell for AIDS Research Action and Training, Department of Medical and Psychiatric Social Work, Tata Institute of Social Sciences.

WHO (1994). An Orientation to HIV/AIDS Counselling, A Guide for Trainers, World Health Organisation, Regional Office for South-East Asia, New Delhi.

NACO (1994). HIV/AIDS/STD Counselling Training Manual, National AIDS Control Organisation (Ministry of Health and Family Welfare) Government of India, New Delhi.

Thomas Gracious (1997). Prevention of AIDS: In Search of Answers, Shipra Publication, New Delhi.

UNIT 2 FAMILY AND PREMARITAL COUNSELLING

Contents

- 2.0 Aims and Objectives
- 2.1 Introduction
- 2.2 Selection of Marriage Partners
- 2.3 Why Does One Marry?
- 2.4 Sex in Marriage
- 2.5 Counselling on Family Planning
- 2.6 Rights and Responsibilities
- 2.7 Let Us Sum Up.
- 2.8 Model Answers
- 2.9 Further Readings

2.0 AIMS AND OBJECTIVES

The purpose of this unit is to provide you with an understanding of the importance and different aspects of pre-marital and family planning counselling. At the end of this unit you would be able to :

- Understand pre-marital counselling and its significance;
- Get oriented to the various issues related to pre-marital counselling;
- Understand family planning and its significance; and
- Be sensitized to the larger context in which family planning decisions are made.

2.1 INTRODUCTION

Traditionally, in India, a wedding is a big event. Everybody looks forward to it. Young boys and girls are anxious to get married. Their parents are anxious to get them married and the relatives and friends look forward to the celebrations. The time, efforts and money spent on wedding preparation is amazing. There are negotiations between the two marriage parties about dowries, gifts, and wedding expenses. There are discussions about the auspicious time and date of the wedding, the number of guests to be invited and the various customs and rituals to be followed. It is a busy and important time for the whole family. At a wedding, a family shows off its guests, shows off its wealth, and shows off the bride and the groom. The status of the family is based on the display at the wedding.

While all these preparations are made for the wedding and its celebrations, comparatively little or nothing is done to prepare the bride and the groom for living their lives as married partners. The would-be-bride and groom are expected to pick up messages about their roles and responsibilities from some verbal and nonverbal communications casually given by parents, relatives and friends. There is no information given on sexuality and the little that the groom and bride-to-be may receive is inadequate and inaccurate. No guidelines are given on building up a relationship, forming a compatible partnership, how to cope with conflicts, whom to talk to for help. Parents and educational institutions, both neglect the most practical aspect of education i.e. guidance and instructions for living a happy and harmonious life.

A marriage even at the best of times experiences many challenges. Today with rapid social and economic changes it faces even greater pressures. More and more marriages are experiencing strife and the number of separation and divorce cases are on the increase. The pain and anguish caused by divorce and marital strife are terribly costly to society in both human and financial terms. In this context, pre marital counselling, has a very important role to play.

2.2 SELECTION OF MARRIAGE PARTNERS

By Arrangement

In traditional Indian families the parents or relatives arrange's marriage and the bride may meet the groom for the first time on the wedding day. The partners are total strangers and start their lives together on the wedding night.

Many Indian families especially in urban settings will let the boy and the girl meet in the presence of adults. The atmosphere is often tense for the young people. They are made to dress attractively and given instructions to make a good impression. Both the boy and the girl know that they are on display. The parents and / or the prospective marriage partner will decide if the match is suitable. If they all agree, then the match is made and wedding preparations begin. If the match is not approved then the parents will arrange more meetings till a match is found. If the search for the marriage partner goes on for a long time by a party that is being continuously rejected, it has a very negative effect on the marriageable person.

These types of marriages are arranged :

- By parents, relatives, friends,
- By professional matchmakers,
- Through matchmaking bureaus, and
- Through advertisements.

In most cases astrologers are consulted and horoscopes of the would-be-bride and groom are matched as per religious norms.

By Choice

Some families will permit the boy and girl approved by the families to meet and get acquainted. During this period of getting to know each other, the young people decide whether or not they want to get married. With more opportunities available for boys and girls to meet outside their homes, they get attracted to each other and fall in love. The individuals then decide to get married and may or may not take the consent of their parents.

What do parents look for in a good match?

- i) The external appearance of the boy or girl, that is height, skin color, physique, attractive face, long hair, etc., takes a high priority in the choice. Physical disability, however minor, lisps in speech, squints eye, or sometimes even, wearing spectacles, often becomes the cause for rejecting the boy or the girl.
- ii) Economic status of the family is an important aspect: dowry settlements from the girl's parents, family income of the boy, property and business of either family are considered vital.

- iii) Education and job security of the boy and, in our current context, also of the girl are considered seriously in middle and high income group families.
- iv) Health of both;
- v) Home-making skills of the girl; and
- vi) Matching of horoscopes are other considerations. In poor and less literate families in villages and slum communities, these criteria hardly have any importance. Religion, caste and social status certainly carry weight.

What do young people look for in a good match?

The most attractive thing for both boys and girls of marriageable age is the physical appearance of the partner. Talking to young people in an Indian city revealed that: the things boys find attractive in girls are: long hair, good complexion, a tall and slim body, a fair skin, attractive eyes, full breasts, a pleasing smile, a sweet giggle, being easy to talk to etc.

The things girls find attractive in boys are: height, a good physique, broad shoulders, physical strength, good looks, a sense of humor, good dress sense etc.

Basically, young people from rural or urban areas are attracted to physical traits and outward behaviour in people of the opposite sex. They often look for the heroes and heroines they admire in films. Basing one's choice of a life partner on any of the above factors alone does not guarantee a happy married life.

What should one look for in a good marriage partner?

The maturity and health of a partner are very important in a successful marriage. Similarities between partners can help a marriage start on a firm foundation. These similarities can be divided into four groups.

- i) Basic orientation of life with regard to values, views on religion, goals, and convictions;
- ii) Ideas about marriage in relation to fidelity, sex, children, and in-laws;
- iii) Personal factors such as age, education, social and economic status; and
- iv) General factors which include cultural, social, and political background.

More details on this subject are given in the basic and elective courses on family education.

Courtship

The period of courtship is the most romantic time in a person's life. This is the time between the agreement to get married and the marriage. The courting couple looks forward to their meetings. They dress with great care and try to please each other. They are on their best behaviour and strive to make an impression on each other. This behaviour takes time and priority over all else hence the essential issues which two people should talk about before marriage are often left out.

The time of courtship should be used by a couple to find out attitudes, values, similarities and differences about each other. The issues that could be discussed during courting are:

- i) Expectations of each partner — about their roles vis-a-vis each other. How does the couple propose to divide/share their professional responsibilities? Does the couple or any one of the partners subscribe to traditional role definitions? How will this influence expectations?
- ii) Religion - especially in case of mixed marriages (inter - caste, inter-cultural and inter-religious marriages). Couples in these cases need to discuss issues of family support, feelings and coping in the absence of support, religion the children will follow in the case of inter-religious marriages, etc. Very often these issues are left for after the couple gets married which can lead to a lot of conflict.
- iii) Housing of the young couple - where the couple will stay, advantages/disadvantages of living in a joint or nuclear family, financial resources to buy a house.
- iv) Relatives (in-laws) - expectations of in-laws regarding the daughter-in-law e.g continuation of job; when to have the first child, etc.
- v) Dependants (parents, siblings) - whom will the couple handle responsibility of dependants, especially the wife's responsibility towards her own parents.
- vi) Interests and hobbies - Flexibility of both partners to pursue interests jointly and separately. No matter how intimately bonded the couple is, each partner should have the freedom and space to pursue her/his interests individually. The couple should not be so enmeshed that each partner loses her/his individual identity. It would not be healthy for the marriage.
- vii) Economics - the couple's current and future financial status. Is there sufficient income to support the marriage? From what sources? If support from either the bride's or groom's family is involved; the question of how this affects such relationships must be posed. Who will have primary responsibility for the household accounts? If not already covered in previous discussion, how was the decision made as to who would manage the household finances and how comfortable are both parties with that decision.
- viii) Household chores and division of work - especially if the wife is going to continue with her job.
- ix) Number of children and when to have them - depends on age of the couple, financial resources, support available, access to services such as creche facilities, etc
- x) Family planning - how the couple will share family planning responsibilities, choice of family methods, religious beliefs about family planning, etc.
- xi) Friends (if from different social backgrounds) - respect for each other's friends, freedom to pursue friendships, how you would relate to your spouse's friend whom you may not particularly like.
- xii) Career of the woman (if she is working or plans to work after marriage).
- xiii) Decision making and conflict resolution. (Discussed below in detail)

The entire relationship developed during the courting period should be based on honesty and trust. Withholding information or deceiving one's partner may make the aggrieved partner sour and disappointed.

Readiness for Marriage or Maturity

The legal age for marriage is 18 years for girls and 21 years for boys. Despite this law, many young boys and girls are married before reaching puberty. In rural areas this practice is still prevalent although the tradition is gradually changing.

Boys and girls have to be biologically, emotionally and socially mature in order to take on the responsibilities of marriage. Biologically a boy may be capable of fathering a child by the age of 14 to 16 while a girl can bear a child by the age of 12 to 14. However, they are not yet emotionally and physically ready, especially girls, to become parents.

Check Your Progress I

1. What should one look for in a good marriage partner?

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2.3 WHY DOES ONE MARRY?

There are some questions that should be considered by young people who are contemplating marriage because this entails a lifelong commitment. The answers will differ from individual to individual.

1. Do I wish to marry because I need a spouse to further my career or to fulfil my ambitions?
2. Do I wish to marry in order to have a dowry or in order to support me financially?
3. Do I wish to marry in order to have someone to look after my house, my parents, or me?
4. Is my desire to get married due to my need for a child who will bear my name?
5. Do I wish to marry in order to get away from an unhappy home or to cure my loneliness?
6. Am I prepared to share a sexual relationship with another person?
7. Will I marry only if I am deeply in love with the person?
8. Do I wish to marry because my parents want me to marry?
9. Do I wish to marry because my younger sister or brother is already married?
10. Do I wish to marry for companionship?

Some Considerations and Anxieties

1. What do I want out of life for myself?
2. Can I handle a marriage and a job? Do I have time and energy for both?

3. Do I expect my spouse to make my life happy?
4. Will I prove that I am a man or a woman by getting married?
5. Do I want to give my spouse the love he or she needs? Is loving easy for me?
6. Can I afford to support a spouse?
7. How would a spouse interfere with my growth and development?
8. In case of a second marriage - Have I dealt sufficiently with the pain of death or divorce?
9. Am I ready to have a child? Do I want to have children at all?

The expectations that the couple bring with them into their marriage differ and this is likely to affect their relationship with each other. Unless they can come to some agreement on the major issues, serious conflicts can occur and threaten their life together. For this, the couple needs to be able to communicate effectively. The couple should be able to communicate feelings, ideas, goals or images for the future. The importance of the quality of communication should be impressed upon the couple. Communication is a learned skill and should not be taken for granted.

Working Towards a Happy and Harmonious Marriage

Some points that can help an individual to keep marriage fresh and beautiful are:

- Knowing your partner.
- Accepting rather than trying to change the partner.
- Changing with time. Both partners change as they go through life and both have to keep adjusting to this change in each other.
- Dealing promptly with minor problems; solutions have to be worked out rather than putting the blame on each other and bearing grudges.
- Giving each other room to develop by not invading the others privacy and not being possessive or jealous.
- Planning the future together.
- Acknowledging the marriage commitment.
- Accepting the in-laws from both sides.

In order to bring fun into a marriage some of the following points will help:

- Drop your inhibitions.
- Be spontaneous
- Be playful
- Surprise each other by doing something unexpected and pleasant.
- Laugh together
- Bring joy to your sex life
- Be loving throughout your married life

Fun is important. Marriage needs an atmosphere of lightheartedness.

Resolving Quarrels and Conflicts

Quarrels and conflicts are natural to any healthy relationship. A life in which a marriage spent in denial of this basic issue of conflict resolution is bound to result in repression or internalization of feelings, denial, unresolved hostility, ulcers and in quite a real sense the death of the marriage. In the marital relationship these may arise due to:

- Different perceptions about things
- Lack of trust
- Jealousy - of partner's achievements, popularity
- In-laws
- Sexual disharmony due to lack of information, unrealistic expectations about performance, inhibitions, insensitivity, sexual role stereotypes, etc
- Differing background viz., religion, financial status, social standing
- Conflicting values systems; and
- Dowry demands.

Minor Adjustments of day-to-day Living

Different psychological facets are present in individuals. Couples need to understand how they characterize themselves in terms of being essentially dominant or submissive? Are there instances in the experience of one another in which one pattern prevails while at other times, on other issues, the opposite may be the case. Another set of categories which may be helpful to evaluate is whether they see themselves as primarily rational, intuitive, sensing or feeling types of persons. There are no right or wrong answers to this. These insights can be used to help the couple understand each other better so that they are able to relate effectively and meaningfully.

A couple should seek to ensure that the minor adjustments of day-to-day living do not become serious on-going battles. This could be achieved through the use of 'fair-fight' rules.

- i) Keep to one topic and don't bring up past grievances.
- ii) Get the fight over as soon as possible.
- iii) Don't battle in public.
- iv) Don't say hurtful things to each other. Words once spoken cannot be taken back.
- v) Never hit each other.
- vi) In case the situation gets volatile then take a break. Cool down, pick up threads and resolve the issue as soon as possible.
- vii) Don't threaten to end the relationship.

The major issues may not be so easy to settle unless:

- a) both compromise,
- b) both learn to change, and
- c) both seek help of other family members or friends, or of a counsellor.

If the problems go unresolved, then both partners live in a unhappy marriage. In extreme cases this may result in mental and physical ill health, escapist measures like alcohol, extra-marital relations, separation, divorce, or even suicidal attempts.

Remember

You get out of marriage what you put into it. Marriage is a partnership not an ownership. It is a two-way street of respect based on trust, time, talk, and

touch. The biggest risk and chance one takes in life is in marriage. A good marriage is a union of heart, mind, soul, and body.

Adjustment in Marriage

Adjustment in marriage is a lifelong process. The type and extent of adjustment changes from stage to stage. The early stages of adjustment are more dramatic for the woman than man. She has to adjust to and cope with several things.

The woman has to adjust with :

The fact of leaving her parental home and moving into a new and often a strange home.

Interacting with new members of the family (husband and in-laws)

The routines of her new home

Her new role as a wife, daughter-in-law and sister-in-law

The expectations of her husband and of her in-laws

The new experience of physical intimacy

Developing an adult image; she has to drop the carefree ways of her parents' home and has to be restrained, dutiful and obedient

Handling both home life and work, if she is working outside the house.

The man's adjustments are comparatively few.

He has to adjust to:

- Sharing his life with his spouse
- Sharing physical intimacy with his spouse.
- The fact that his spouse may hold a job outside the house.

If his wife has a job outside the house, it could mean that she spends more time outside the home than in it. She earns a substantial salary, which gives her greater independence and status in society.

She interacts with people whom he may not know. She is confident and self-assured.

If the husband has poor self-esteem his ego and pride could be threatened by all this, especially if the wife is insensitive or makes him feel incompetent. However, as more and more women are joining jobs outside the home, men are learning to adjust. This often leads to a more democratic relationship between the sexes.

Check Your Progress II

1. What are some of the adjustments a woman has to make in her husband's home ?

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Sex is an essential ingredient of marriage. The satisfaction or dissatisfaction of sex can contribute to the attitudes and behaviour of both partners towards each other. The earlier beliefs that men are more sexual and have more urges than a woman is no longer true. Scientific research has shown that both men and women have strong sexual urges and it is the responsibility of both to satisfy each other's needs and respect each other's moods and feelings.

Sexual activities are not only meant for procreation. They contribute to pleasure, entertainment, sharing of love and remain in intimate relationship. They are also a means of intimate communication and expressing love for each other. Both partners, therefore, should :

- Be comfortable with each other.
- Understand and respect each other's needs.
- Talk about the feelings of pleasure and pain that the sexual activity causes.
- Let their sexual activities be private and undisturbed.

Preparation for Sexual Relationship - The Wedding Night

The couple needs to be prepared for a happy and satisfying sexual relationship. It has been observed that at times there is no consummation of marriage because of lack of knowledge about the facts of life, anxiety, fear, or romantic ideas about the wedding night, leading to disappointment and frustration. The first wedding night experience can be very traumatic and may have a long-term impact.

The "wedding night" or what is popularly known as "first night" for most Indian couples are very important. In most cases this is the first night together for most couples who are inexperienced in heterosexual relationship. For all practical purposes, this is the first night in world they offer each other themselves both in mind and body. It is the beginning of the long journey of marital and family life, the primary unit of any society.

What is usually happening to married couple on their wedding night? In most cases they are both tired. They are ignorant, have inadequate information, or have misconceptions about the sexual experience. Both are strangers to each other. Both feel they have to live up the wedding night fantasy as depicted in the movies. Individually, both the man and the woman may have their own fears and anxieties. Previous history of sexual abuse in either partner can have its influence as well.

Women

There is emotional tension of leaving the parental home.

There is fear of pain and bleeding at the first intercourse.

There is anxiety of pregnancy and childbirth.

There is apprehension about her in-laws.

There are clashes between the in-laws on dowry issues, gifts, etc. and this causes tension especially in the young bride. There can be inhibitions about sexuality.

Man

There is anxiety about sexual performance.

Consequences and Effects

If the groom is aggressive or inconsiderate, then he may force a sexual intercourse on the wife, which may prove to be a traumatic experience for her. If the groom is unable to perform at the expected level, or if there is failure, then he himself gets disappointed and loses confidence in himself. This may affect his future sex life specially if his wife is not cooperative and understanding enough. She may question his virility, which may further damage his self-confidence. It is possible that due to ignorance about proper sexual postures or due to fear of pain and bleeding, despite the effort to have sexual intercourse, the marriage does not get consummated.

To ensure a more relaxed and less anxious beginning of sexual relationship, the married couple should:

Have premarital counselling.

Develop mutual understanding.

Avoid the experience on the wedding night. There is nothing wrong if the couple decides on their own to postpone their first sexual intercourse after marriage till both of them are physically and emotionally relaxed instead of rushing in to fulfil the common expectation of the wedding night. This can only occur if a proper dialogue is established. They must find the time and privacy to talk about this issue. The parents should ensure that the couple get opportunity for proper orientation on all these small but very important aspects in marital life.

Pre-marital Counselling

An important thing to consider in pre-marital counselling is whether any of the partners has experienced any sexual trauma in her / his history such as rape, molestation, incestuous advances etc. It needs to be recognized that past sexual trauma can easily constitute a physical and psychological impediment to marriage if not resolved. If the response is affirmative, the counsellor must help the partner to sort out their feelings or refer them to someone who is skilled in this area. Also important to explore is whether either partner has resolved issues about sexual identity i.e. whether s/he is attracted to a person of the same sex, opposite sex or both. If these issues are unresolved they can have serious implications for the marriage. A person who is inclined to or in a homosexual relationship may not be in a position to exercise her/his right to be in a same sex relationship for various reasons and so may enter into marriage as a cover up. If the person has maintained a sustained physical or deep psychological or emotional attachment to a person of the same sex, then specific counselling is imperative to determine the possibility of commitment to an exclusively heterosexual marital -love relationship.

Check Your Progress III

1. What usually happens to married couple on their wedding night?

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2.5 COUNSELLING ON FAMILY PLANNING

Family planning means planning how to improve the quality of family life. It includes:

- Taking decisions on regulating and spacing child births
- Choosing suitable methods of contraception
- Helping childless couple to have children
- Counselling of both parents and would-be parents, and
- Developing parenting skills, social skills and family budgeting skills.

Thus family planning is much wider than is normally thought. It does not merely mean avoiding having children, that is, taking decision about the practice of contraception. Planning a family aims at improving the quality of life by regulating family size so that each child comes when it is wanted, and gets the love, care, security, and nurturing needed for her / his total development, especially in the context of developing self-worth.

If a couple would like to raise a family and yet maintain a reasonable standard of living, a small family is the best way to do this. A small family means that parents are able to devote more time, energy and resource on each child, thus giving each offspring a better chance to develop his / her potential than would be possible in a large family.

Having a small family would also mean having enough time to devote to each other, and to be able to enjoy the process of family life without always having to worrying about making ends meet.

To practice family planning is a very serious decision which needs to be taken by both partners. The need for family planning can be understood in terms of the family life cycle and family needs and resources. Couples who have decided to delay having a first child or to space their children need to choose a method of contraception, which is best suited to their needs.

Choice of method may be influenced by:

- Knowledge about different methods, availability and accessibility of family planning services.
- Experience of a particular contraceptive method - For instance if use of Copper T causes excessive bleeding, infections or comes in the way during sexual intercourse the woman may discontinue its use.
- Number of children they wish to have. For instance, permanent sterilization is the method of choice if the couple wishes to have no more children.
- Health of both partners. For instance, a woman who suffers from high blood pressure or diabetes should not use the oral pill. If either of the partners has a sexually transmitted disease, the use of a condom is advised or wait for cure.
- Religious sanctions - Whether the religion the couple belong to permits the use of certain contraceptive methods.

Such a decision, however, can be made properly if only both partners have proper knowledge of how the different methods work, their advantages, and their disadvantages.

Contraceptive methods fall into the following categories viz. Natural methods, spacing methods, and permanent or surgical methods.

1. Natural family planning methods

Abstinence (i.e. refraining from sexual intercourse)

Coitus interruptus

Rhythm method

2. Spacing methods

Barrier methods

Condom (for males and now available for females)

Diaphragm

Chemical spermicide to be used locally in the vagina.

Hormonal devices (IUD)

Oral pill

Injectables

Implants

Intrauterine devices (IUD)

3. Permanent or surgical methods

Vasectomy for the male.

Tubal ligation for the female (A thread, wire, fillet or the like, tied tightly around the fallopian tubes to constrict them, thereby obstructing the passage of the ovum).

Tubectomy for the female.

Abortion is not a family planning method but is available on demand if a contraceptive fails.

Remember, every contraceptive method has a failure rate which increases with incorrect method of use. The failure rate of the natural methods is the highest, whereas that of the surgical and hormonal methods is the least. Details about various family planning methods and policies are given in Block 2 of the Elective course on Family Education.

Check Your Progress IV

1. What are some of the common aspects influencing couple in choosing any of the family planning methods?

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2.6 RIGHTS AND RESPONSIBILITIES

At the International Conference on Population in Mexico City, held in August 1984, the following recommendation on family planning was adopted and this was accepted by 157 governments of the world:

All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Couples and individuals in the exercise of their rights should take into account the needs of their living and future children and their responsibilities towards the community.

Hence, every family planning client has the right to information about:

- The benefits and availability of family planning
- The correct use of family planning methods and how each works
- The advantages and disadvantages of different family planning methods
- The immediate side effects of family planning methods, and
- The long-term consequences of family planning methods.
- The availability of medical guidance.

Counselling services should facilitate the client in several ways such as:

- Access** : To obtain services regardless of sex, creed, colour, marital status or location
- Choice** : To decide freely whether to practise family planning and which method to use based on the available information
- Safety** : To be able to practise safe and effective family planning
- Privacy** : To have a private environment during counselling or services
- Confidentiality** : To be assured that any personal information will remain confidential
- Dignity** : To be treated with courtesy, consideration and attentiveness
- Comfort** : To feel comfortable when receiving services
- Continuity** : To receive contraceptive services and supplies for as long as one needs them
- Opinion** : To feel free to express views on the services offered.

Conversely, all family planning clients also have the responsibility to:

- Be honest about their medical history.
- Follow instructions carefully on how to use the family planning method selected.
- Ask if they do not understand.
- Go back to the family planning clinic if they have any side-effects or for supplies when needed.
- Keep appointments.
- Tell the clinic staff of any complaints or suggestions they have about the clinic services.

Family planning choices of couples do not occur in a vacuum. A number of larger contextual factors such as socio - cultural practices (e.g. son preference), religious beliefs, gender power, dynamics, economics, etc have a major bearing on such decisions. Though a woman bears the responsibility of contraceptive use and the burden of repeated pregnancies, family planning decisions are controlled to a large extent by her husband and family. Their involvement in family planning counselling is, therefore, vital. Family planning counselling in order to be effective needs to go beyond contraceptive use, spacing and limiting of births to addressing issues of decision making, sexuality, intimacy, violence between couples and responsible male involvement. It needs to address the issue of equitable gender relations.

2.7 LET US SUM UP

In this unit on Family and Pre-marital Counselling, we have discussed on a wide range of topics such as selection of marriage partners: by arrangement or by choice; readiness for marriage or maturity, why does one marry; adjustments in marital life; sex in marriage; pre-marital counselling; counselling of family planning; and the rights and responsibilities involved in a marital life recommended at the International Conference on Population in Mexico City in 1984.

2.8 MODEL ANSWERS

Check Your Progress I

1. What should one look for in a good marriage partner?

The maturity and health of a partner are very important in a successful marriage. Similarities between partners can help a marriage start on a firm foundation. These similarities can be divided into four groups.

- i) Basic orientation of life with regard to values, views on religion, goals, and convictions.
- ii) Ideas about marriage in relation to fidelity, sex, children, and in-laws.
- iii) Personal factors such as age, education, social and economic status.
- iv) General factors which include cultural, social, and political background.

Check your progress II

1. What are some of the adjustments a woman has to make in her husband's home?

The fact of leaving her parental home and moving into a new and often a strange home.

Interacting with new members of the family (husband and in-laws).

The routines of her new home.

Her new role as a wife, daughter-in-law and sister-in-law.

The expectations of her husband and of her in-laws.

The new experience of physical intimacy.

Developing an adult image; she has to drop the carefree ways of her parents' home and has to be restrained, dutiful and obedient.

Handling both home life and work, if she is working outside the house.

Check Your Progress III

1. What usually happens to married couple on their wedding night?

They are both tired. They are ignorant, have inadequate information, or have misconceptions about the sexual experience. Both are strangers to each other. Both feel they have to live up the wedding night fantasy as depicted in the movies. Individually, both the man and the woman may have their own fears and anxieties.

Check Your Progress IV

1. What are some of the common aspects influencing couple in choosing any of the family planning methods?
 - Knowledge about different methods, availability and accessibility of family planning services.
 - Experience of a particular contraceptive method - For instance if use of Copper T causes excessive bleeding, infections or comes in the way during sexual intercourse the woman may discontinue its use
 - Number of children they wish to have. For instance, permanent sterilization is the method of choice if the couple wishes to have no more children.
 - Health of both partners. For instance, a woman who suffers from high blood pressure or diabetes should not use the oral pill. If either of the partners has a sexually transmitted disease, the use of a condom is advised or wait for cure.
 - Religious sanctions - Whether the religion the couple belongs to permits the use of certain contraceptive methods.

Check Your Progress V

1. What are the responsibilities of a client in family planning counselling situation?
 - Be honest about their medical history.
 - Follow instructions carefully on how to use the family planning method selected.
 - Ask if they do not understand.
 - Go back to the family planning clinic if they have any side-effects or for supplies when needed.
 - Keep appointments.
 - Tell the clinic staff of any complaints or suggestions they have about the clinic services.

2.9 FURTHER READINGS

TISS(1994). HIV/AIDS Prevention and Counselling : A Manual for Grassroots Level Workers, Cell for AIDS Research Action and Training, Department of Medical and Psychiatric Social Work, Tata Institute of Social Sciences.

WHO (1994). An Orientation to HIV/AIDS Counselling, A Guide for Trainers, World Health Organisation, Regional Office for South-East Asia, New Delhi.

NACO (1994). HIV/AIDS/STD Counselling Training Manual, National AIDS Control Organisation (Ministry of Health and Family Welfare) Government of India, New Delhi.

Thomas Gracious (1997). Prevention of AIDS: In Search of Answers, Shipra Publication, New Delhi.

UNIT 3 COUNSELLING ON SEXUALITY AND SENSITIVE ISSUES

Contents

- 3.0 Aims and Objectives
- 3.1 Introduction
- 3.2 What is Sexuality?
- 3.3 Guidelines for Talking about Sensitive Topics
- 3.4 Sexual Myths and Misconceptions
- 3.5 Sexual Coercion and Violence
- 3.6 Sexual Problems
- 3.7 Let Us Sum Up
- 3.8 Key Words
- 3.9 Model Answers
- 3.10 Further Readings

3.0 AIMS AND OBJECTIVES

The aim of this unit is to sensitize you to the complex issues involved in counselling a client on sexuality and other sensitive matters and the appropriate attitudes that need to be developed by counsellors working in this area. At the end of the unit we hope you will :

- Understand the concept of sexuality;
- Get sensitized to issues of normality and abnormality in sexuality;
- Get oriented to different kinds of sexual behaviours and their risk in terms of STDs and HIV/AIDS;
- Develop a basic understanding of issues related to sexual orientation;
- Understand some sexual myths and misconceptions;
- Get a basic orientation to issues of sexual coercion and violence;
- Develop some level of comfort in discussing sensitive issues; and
- Begin exploring your own views and values on sexuality and develop appropriate attitudes.

3.1 INTRODUCTION

It is essential to be able to discuss sex and sexuality openly and comfortably when working in the field of HIV/AIDS since almost nine out of ten persons in India are infected through sex. It is impossible to talk about AIDS without talking about sex. Some of the myths, misconceptions and incomplete information about sex and sexuality influence our ability to effectively prevent HIV transmission. Unfortunately, many counsellors find it difficult to get over being shy, embarrassed and put off dealing with the sexual issue; at other times, they are judgmental and label a sexual behaviour as not normal. Counsellors will need the essential 4 C's - compassion, care, communication and counselling - to be effective. It is also important to have basic knowledge of sexuality and the range of sexual behaviours that people practice in order to be able to counsel effectively.

3.2 WHAT IS SEXUALITY?

Sexuality refers to gender — male or female — but has been relegated to imply “doing” something, such as intercourse/orgasm, or to the vagina, penis — the genitals. Sexuality is a more complex phenomenon which is difficult to define but perhaps easy to understand. Sexuality refers to the total sexual makeup of an individual. Self esteem, body image, social roles and relationships are just few of the determinants of our sexuality. It includes sex, sexual behaviour and sexual intercourse. It is expressed in many physical ways. It is not confined to sexual intercourse but includes touching, talking, embracing, fantasizing, kissing, caressing or just holding hands. In addition to covering the physical aspects, sexuality also encompasses feelings, attitudes, values and preferences. It involves a lot of caring and sharing. The World Health Organization (WHO) define sexual health as the integration of physical, emotional, intellectual and social aspects of sexuality in a way that positively enriches and promotes personality, communication and love. Understanding sexuality is important for healthy sexual behaviour.

What Exactly is Normal?

Today it is recognised that there are many variations of sexual behaviour. No two people behave exactly the same way sexually. On the other hand, we all like to think that how we act and how we think about sex is “normal”. In reality, culture, tradition, society and our own emotions and experiences have conditioned our thinking. The example may be given of homosexuality. A range of responses are expressed by different people about this: “they are unnatural”; “should not be tolerated”, “it is abnormal”; if found in a workplace “they should be ostracized or sacked”, “it is alternative sexual behaviour and homosexuals are as good as heterosexuals”.

Whatever may be the beliefs or personal views, counsellors must be non-judgmental in viewing the client as a person requiring compassion, care and help to practice healthy sex.

Certain criteria to evaluate what is “healthy” in a relationship could be:

Consent between the husband and wife to enact what gives them mutual satisfaction;

Any sexual activity that does not cause physical or mental harm;

It should be a private affair - not public;

The activity should not be exclusive (while keeping in mind that penile - vaginal insertion is the usual and necessary one for procreating), e.g. one partner insisting that only masturbation should be done.

Spectrum of Sexual Behaviours

The spectrum of sexual behaviours between two individuals is wide. Although our society has given sanction for sex only between husband and wife, it is a known fact that people do involve in pre-marital and extra marital sex. Any sex outside marriage is ‘immoral’. Further there is no set pattern as far as the type of sexual activities in which one involves. Counsellors need to have knowledge about them and their probable risk in terms of STDs and HIV/AIDS infection. Some activities are mentioned below:

Abstinence — Keeping away from sex. Culturally, in India and in other parts of the region, the general masses and a good number of young people believe that sexual intercourse should only be done after marriage. Virginity is still prized. Those wishing to practise abstinence should be encouraged. Definitely, they should be made aware of the positive aspects and the great values enshrined in abstinence and confining to sex within marriage.

Masturbation — Means stimulating one's own genitals to reach orgasm. Most males masturbate with their hands, while some rub their penis against the surface of the bed, or use some object. Females also masturbate in the same way. Masturbation is still a taboo topic. Masturbation has been considered as one of the satisfactory and harmless ways to achieve sexual satisfaction. One of the harms it does is the 'guilt feelings' it may produce in those who are riddled with many misconceptions regarding masturbation. Many may reject the myths, the taboo and the "don'ts" about masturbation but still feel anxious, uncomfortable or guilty about it. It is important that while attempting to change a client's behaviour, he/she must be made to understand the views of the two schools of thought on the subject:

- a) The School of Ethical Thought argues that masturbation is a selfish sexual activity through which one looks for personal satisfaction, pleasure, release of tension etc. It is argued that the primary purpose of sex is procreation and for expressing love between a husband and a wife. The husband has the right over the body of his wife and the wife has the right over the body of her husband. If individuals look for sexual satisfaction through self-masturbation, then the primary duty of providing sexual satisfaction to the spouse gets diminished. This will ultimately lead to avoiding sexual intercourse or limiting the same which will have far reaching consequences on the 'husband-wife relationship'. In course of time values such as concern for the spouse, his/her satisfaction, love for one another, self-giving, loving kindness, thoughtfulness, attraction towards him/her etc. will get diminished. This will almost defeat the very purpose of marriage, family life and sex in one's life.
- b) School of Safe-Sex thought argue that masturbation is a harmless activity and may be practised as a "safe" or "safer sex" activity instead of indulging in high risk behaviour like pre-marital and extra-marital sex. They argue that the only harm it does is development of "guilt feelings". The proponents of safe-sex practices say that masturbation can help in avoiding pregnancy and infection with HIV/AIDS/STDs. This practice has been recommended as one of the 'safe sex' practices by several people and institutions (including governments) who are involved in the prevention and control of HIV/AIDS all over the world. It is for the individual to choose what is best for him/her for a satisfactory life.

Kissing — It is the pleasurable touching of one's lips against another's. Deep kissing is pressing the mouths together with the lips parted which allows for one's tongue to play in the other's mouth. Although, theoretically, deep kissing carries a slight risk of transmission because HIV can be found in saliva, the chances of transmitting the virus are virtually nonexistent even if blisters or cuts are present in the mouth of either partner. Partners also derive pleasure as well as satisfaction and intimacy through kissing on other parts of the body.

Oral Sex — It is the stimulation of the genitals with the mouth. Transmission is possible through oral sex because of the chance of coming in contact with vaginal fluid or semen. Fellatio is when a man's penis is stimulated through the mouth of another man or a woman. Cunnilingus is when a woman's clitoris and vaginal area are stimulated through the mouth of another woman or man. Oral sex is practised by several people involved in both same sex and heterosexual activities.

Anal Sex — It is the insertion of the penis into the rectum of a woman or the man. This is risky in terms of HIV transmission for the recipient, because the lining of the rectum is thin and can tear exposing white blood cells directly to the semen. Even without tearing HIV can pass through the mucus membrane lining the rectum. Anal sex is practiced by men who have sex with men or heterosexual partners.

Vaginal Penetration — It is the insertion of the penis (or other object) into the vagina. With penetration by the penis, this can be a high risk activity because HIV-infected semen can pass through the mucus membrane lining the vagina and enter the white blood cells of the woman. Conversely, if a woman is infected the HIV in her vaginal secretions can enter the man via the mucus membrane of the head of the penis. Withdrawal of the penis before ejaculation does not reduce the risk of HIV transmission. However, sexual intercourse between a mutually faithful couple is certainly a 'safe sex' practice which needs to be encouraged.

Sexual Orientation

A person's sexual orientation, that is, whether a person is emotionally and sexually attracted to a person of the same sex, opposite sex or both is a fundamental part of the person's over all identity. It also plays a large part in determining a person's intimate relationships. In the context of HIV/AIDS, an understanding of a client's sexual orientation is important for purposes of assessment of sexual behaviours and risk perception to self and partners.

Heterosexuality — People who are emotionally attracted to and chose to share their bodies sexually with persons of the opposite gender, are called heterosexuals (i.e. man - woman relationships). Generally speaking these male-female relationships are more common among people. In the context of HIV/AIDS in India, the spread of HIV infection is highest among the heterosexual group who involve in sex outside marriage.

Homosexuality: Persons who choose to share their bodies sexually with persons of the same gender are called homosexuals. In a male-male relationship, the person may be termed gay. In a female-female relationship the person is known as a lesbian. Why homosexual behaviour is preferred by some is still debated. The term "alternative sexuality" is becoming a more acceptable term. It is stated by some people that attitudes towards homosexuality are changing although there is still a great deal of antagonism, contempt, anger and misunderstanding among people. Health professionals are now coming to accept homosexuality more as a sexual variation than as an illness. Sometimes, homosexual experiences may be situational if it occurs in prisons, some boarding schools, colleges and hostels. The person may participate voluntarily or be forced even when he or she usually prefers to avoid indulging in any sexual

activity. Homosexual behaviour is dangerous when penetrative anal sex and oral sex occurs. Fine injuries or ruptures around the anus and mouth help the meeting of HIV infected blood or semen with the blood of the uninfected partner. Oral sex, which is a popular sexual activity among the homosexuals, can be unsafe if a partner has mouth, vaginal or penile lesions. Often behaviour like "cruising", where a person goes out to find an unknown partner or stranger in a train, exhibition etc. is very unsafe behaviour and the dangers should always be explained to the client. Sex between lesbians can be unsafe in terms of HIV/AIDS risk if there is an exchange of body fluids or sharing of sex objects (used for penetration) with more than one partner without washing.

Bisexuals — Bisexuals are persons who frequently indulge in both homosexual and heterosexual activities. They are persons who are sexually attracted to or have intercourse or other sexual activities with both men and women. A number of homosexuals are unable to stand up to societal disapproval or family pressure for marriage and may, thus enter into a bisexual role. Studies also suggest that homosexuals in India sometimes maintain a bisexual existence, in that the heterosexual side being their public side so as to ensure social acceptance. There are also men who perceive themselves to be heterosexuals but occasionally have sex with other men which they consider to be "masi". Often such practices are not viewed as risky in terms of HIV infection. This can be dangerous not only for themselves but also for their sexual partners.

On Counsellors and Sexuality

A few words for counsellors on sexuality is essential which will help them during the process of counselling:

- They should be comfortable and familiar with the terminology of human anatomy, physiology and sexual behaviour;
- They should understand the basic underlying processes of reproductive and sexual physiology;
- They need to appreciate the range and variety of sexual expression in the human culture;
- They must recognize the social implications of human sexual behaviour and the relative nature of these implications in different societies; and
- They have to work at being able to deal candidly with their own sexuality in relation to oneself and others, and reflect on the related moral and ethical dilemmas.

Check Your Progress I

1. Briefly highlight the argument of school of ethical thought on masturbation.

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3.3 GUIDELINES FOR TALKING ABOUT SENSITIVE TOPICS

It is necessary for counsellors to obtain an understanding, or history of the behaviour which may have exposed the client to HIV infection or AIDS. This means that counsellors must be able to gather and interpret information about very private - and sometimes illegal or socially condemned - behaviour. There is no simple formula for getting people to talk about topics such as their own sexual activities, drug injecting or responses to infection from blood transfusions. Effective discussion of sensitive topics will depend in large part upon the ability of the counsellor to:

- Gear his / her communication to the emotional and intellectual level of the client;
- Make the client feel safe, secure and accepted by establishing a supportive relationship; and
- Demonstrate his /her own ease in talking about topics usually avoided in ordinary social life or in medical consultations.

Whatever approaches a counsellor uses, it will require skill, tact and sensitivity towards the client. With some clients, counselling can be a process, which develops gradually and may need to be eased into slowly. Early on, a rapport will need to be established, together with an overall atmosphere that helps the client to develop a feeling of safety and trust, without which the counselling process will not be completely successful. The counsellor's style must therefore be reassuring, confident and direct, but considerate of the client's feeling and fears and acknowledging the client's difficulty.

Guidelines

The following specific guidelines on talking about sensitive topics will be useful to counsellors:

- Ask direct questions so as to be clear about what is worrying the client, and what s/he wants and expects from the counsellor.

Example: What do you want from me (this clinic, hospital, etc.) right now? What made you decide to come here now?

- Anticipate a certain degree of embarrassment at discussing sex; point out that you realize that people do not usually discuss it in such depth.

Example: We do not usually talk very openly about sex in our country. But, now, since you believe you may have been at risk of infection, you and I must determine the degree of risk. To do that, I have to ask some very specific questions. Most people feel a bit embarrassed by these questions, and you too may feel the same. For example, I need to know how many sexual partners you have had over the past six months.

- Explain clearly why you must inquire into sexual practices and drug injection - that it is in order to determine precisely what the client needs to do to prevent becoming infected or passing the injection on to others.

Example: HIV is transmitted in a number of quite specific ways. You know that sharing needles is dangerous for you and for others. What can you do to keep yourself free of infection, or to protect other people?

- In such interviewing, the counsellor should use formal expression first (e.g. vaginal intercourse). If it is not understood, the slang expression should be used and the client should be asked which one s/he prefers. The client must not feel that the counsellor is making any moral judgment on any sexual behaviour or other risk behaviour.

The counsellor should check frequently to make sure that the client understands what is being said for instance, by asking the client to repeat in his / her own words what the counsellor has been saying.

- Cultural factors influencing sexual behaviour

It is important to note that, in some cultures, the absence of penetrative sex is the same as not having had sex at all - suggestions for safer sexual practices may therefore not be well received in many cultural and religious settings. In these cases, it must be reiterated that the only complete safe behaviour is a monogamous long-lasting relationship in which neither partner is infected with HIV. In our society this monogamous relationship is only between the husband and the wife.

The counsellor should anticipate that some of this information may be met with embarrassment, laughter, turning away, or even anger depending on the cultural context. On religious grounds, for example, a person might become angry with a counsellor who mentions masturbation and perhaps safe-sex. As always, the counsellor should respect the client's beliefs, but point out that everyone is entitled to complete information, whether or not a decision is made to act on it.

3.4 SEXUAL MYTHS AND MISCONCEPTIONS

Some of the common myths and misconceptions that counsellors may encounter are mentioned below:

- Nocturnal emissions make boys weak: Loss of semen through a "wet dream" or nocturnal emissions (involuntary ejaculation during sleep) is perfectly normal, and harmless thing. It does not make one weak. A male client may suffer from guilt, shame or anxiety when such dreams occur. Counsellors must make their clients understand that nocturnal emissions are perfectly normal.
- The size of penis is equivalent to masculinity or virility: The size of the penis either when it is flaccid or erect is no indication of a man's masculinity or ability. It is a myth, that a long penis is necessary for adequate sexual pleasure. Primarily, it is the labia, the clitoris and the outer one-third of the vagina that are sensitive to sexual touch; the penis size is not an important factor.
- A drop of semen is equal to 20 drops of blood: Semen has no relationship to blood and its loss causes no weakness to the body. Semen is meant to be released from the body. Dissipation of semen does not devitalize a man, promote ageing or lead to seminal bankruptcy.

- **Masturbation is harmful:** It is a common sexual activity practised by both males and females. It does not affect sexual functioning. Masturbation does not lead to acne, insanity, impotence, homosexuality, mental retardation, diminishing size of the penis or changes in the angle of the penis as may be commonly believed.

- **Using a Copper "T" or having undergone a tubectomy or vasectomy for birth control also protects from HIV.** This is not true. Use of Copper "T" may actually increase the rate of transmission as well as in case of infection of the reproductive tract.

Condoms are the only form of birth control and safety measure to protect from HIV transmission.

This is not true. There are other methods of family planning. Similarly, condoms do not provide full safety. Either HIV transmission or getting pregnant.

- **STDs can be cured if the infected man has sex with a virgin:** STDs require medical treatment. Sex with a virgin will only pass on the infection to that innocent girl, very often a girl child.

A girl cannot get pregnant if a boy doesn't ejaculate or "come" inside her. Even if a boy does not ejaculate inside a girl's vagina, it is still possible that the pre-seminal fluids which contain sperm, can cause pregnancy. If the boy is infected with HIV the girl will be at risk because the fluids will contain the virus.

Coitus should be avoided during pregnancy: Coitus during pregnancy is alright unless the doctor advises other wise for medical reasons. However, the sexual activity should not be uncomfortable for the pregnant woman. In case of pain, vaginal bleeding or a past history of abortion, coitus has to be avoided. It is necessary to consider the wishes of the pregnant woman Particularly during certain periods of pregnancy which can affect the safety of the child.

Check Your Progress II

1. Write briefly about any three guidelines on talking about sensitive topics which will be useful to counsellors.

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3.5 SEXUAL COERCION AND VIOLENCE

Many sexual behaviours, particularly rape, incest, and abuse of children, are universally prohibited. Yet they occur with some frequency and often leave the survivor severely traumatized. Every form of violence is a manifestation of power and threatens the individual with physical or psychological violation and limits his or her ability to make life choices. They can have debilitating mental (depression, low self esteem, anxiety, suicide, etc) and physical health consequences (physical injury, STDs, HIV and in some cases death). Many types of sexual behaviour are punishable by law since they infringe on another

person's right to safety and security. The law, however, may not deal adequately with the degree to which sexual abuse violates the individual's (usually a woman's or a child's) personhood, mental or physical integrity, or freedom of movement.

Rape

Rape refers to forced sexual relations often with actual or threatened violence. Often the rapist's motivation is not to enjoy sexual pleasure but to express anger, hostility, power, or aggression, either towards the victim personally or towards a class of people whom the victim represents.

There are many myths in society regarding rape that helps to romanticize it, especially in films. The truth is that rape is a forced sexual act. It can affect a person of any age, of any sex, and at any place. Most rape victims are women.

According to section 375 of the Indian Penal Code (IPC) a man is said to commit 'rape' who has sexual intercourse with a woman under any of the following six circumstances:

- First — Against her will.
- Secondly — Without her consent.
- Thirdly — With her consent, when her consent has been obtained by putting her or any person in whom she is interested in fear of death or hurt.
- Fourthly — With her consent, when the man knows that he is not her husband, and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.
- Fifthly — With her consent, when, at the time of giving such consent, by reason of unsoundness of mind or intoxication of the administration by him personally or through another person.
- Sixthly — With or without her consent when she is under sixteen years of age.

The IPC considers rape only when inflicted on a woman by a man. It does not cover the rape of a man. While the very idea seems unbelievable, it is true that a male can be coerced into having sexual relations.

Unfortunately forced sexual intercourse between a husband and a wife is not considered to be rape, according to the IPC, unless the wife is under sixteen years of age.

Statutory rape is a special category of offence in which the law considers rape to have occurred, even though the abused individual may have consented, because the latter was younger than a legally defined 'age of consent'. Here, the 'consent' is invalidated by the fact that the survivor of the rape is not old enough to make sexual decision properly. Under the IPC this age bar is set at 16 years of age. Such a law is meant to protect minors.

If a woman has been raped the important thing is to get help. The initial response would be to go home, take a bath (to wash off the acute sense of violation she feels) and just try to forget the whole sordid event. But in this case one's instincts are not necessarily right.

The best place to go, even if there are no obvious injuries, is a hospital emergency room. For emotional support and comfort she could call a trusted friend, someone who will not blame her for getting raped but would be very supportive.

Despite a strong desire to wash herself, she should avoid doing so until after the medical procedures are completed. This is in case she decides to take legal action later against the perpetrator.

The medical procedures consist of:

- A pelvic examination or a rectal examination.
- Examination and treatment of any external injuries.
- Later a VDRL test will help diagnose the presence of a STD. Prophylactic treatment by antibiotics for the prevention of sexually transmitted diseases can then be taken.

A woman who has been raped must also accept that the rape will affect her both physically and psychologically. The immediate responses can range from numbness and disbelief to extreme anxiety, fear and disorganization. The woman will probably feel physical pain, depression, anger, fear, and humiliation as well. She may feel guilty, repulsive and defiled since her body has been violated. She may feel impure and ashamed through no fault of hers. She may feel that she is not worthy of her husband or that she has brought disgrace to her family.

The victim's pain or emotional scars should not be treated lightly. S/he should be reassured that with support and professional help, s/he can look forward to recovery and resuming her or his life. The victim's family, especially the husband (if married) will also require lot of support and professional help to deal with this crisis.

Incest : This is a sexual abuse where the perpetrator who is most often a male is a close family relative of the victim (most cases a female, though in some cases the victim can be a male) or a member of the extended family. The abuse generally involves sexual intercourse. Incest is more common than people like to believe. It occurs with shocking frequency and yet these cases are not reported. The affected family can be from any race, religion, social, economic, or educational background.

The incest victim, be it a male or a female will suffer guilt, pain and intense fear of continued abuse. In Indian homes, little support is given to the victim. The most close relatives will find the news outrageous and therefore will not believe the victim. If they do believe the victim then they will maintain silence and let the victim suffer rather than make public the family scandal. Hence, the vulnerable victim has no way out but to suffer in silence.

Incest is a crime: While legal help is very important, physically removing the victim from the exploitative environment should be the first priority. The victim should have access to professional counselling to deal with feelings of guilt and fear and to rebuild her/his life. There are self-help groups for incest survivors where they could also be referred.

Child sexual abuse: Child sexual abuse occurs much more frequently than is likely to be believed. The abuser may inappropriately kiss, fondle or touch

sexual bodily parts. In some instances, the abuse could include sexual intercourse. Most sexual contacts are with relatives or friends. Studies show that the abuser is often the father or male relative in case of females. In the case of boys the abuser is often an older adolescent, a male acquaintance, relative (father, uncle, sibling) or neighbour. A small proportion of sexual offences against children are committed by people who are strangers, (men) and in rare cases women who habitually molest children.

A child is almost always severely scarred emotionally by the abuse, especially if it has been extensive and/or violence was involved. The child may withdraw; have eating , sleeping and school problems; be depressed; afraid of strangers and may have a number of physical and psychological symptoms. Many also suffer long-range effects. Their social, psychological, and sexual adjustment could be impaired well into adulthood. The child who has been deeply hurt will need the concerted help of her or his family and of a professional therapist.

3.6 SEXUAL PROBLEMS

It is not uncommon for clients to raise anxieties and fears about sexual functioning during counselling. Counsellors, therefore, need to be aware of the common sexual problems that clients face and where to refer them for appropriate help.

Sexual problems may be the result of medical, biological, relationship, personal and related concerns and affect desire as well as satisfaction. Most adults with sexual problems do not seek help. Some may consult their gynaecologists, family physicians or psychiatrists while others approach quacks with disastrous consequences. There are very few health professionals in India who are trained in sex therapy. Counsellors need to refer clients to professionals who are trained to handle these issues or who at least have the sensitivity and correct knowledge to discuss things with clients for in most cases this is inadequate.

Problems in sexual desire: Sexual desire is a problem when the level of interest is persistently low or absent. In this case the person wants sexual relations so rarely that it causes the partner considerable strain and dissatisfaction. Problems in sexual desire could be a symptom of other difficulties. What appears as low sexual desire may be hormonal, due to depression, relationship conflict, stress, or any combination of these. Still other underlying concerns might include sexual inhibition, the inability to recognize or deal with one's own sexual arousal, or subtle but disabling negative sexual signals from one's partner. Couples need to see a counsellor or a physician for help.

Problems in arousal: Arousal problems manifest themselves in men quite dramatically. Despite foreplay and sexual interest, the penis does not erect or seem firm enough for intercourse. At other times the penis becomes erect but does not stay hard long enough for intermission.

Difficulty in arousal is less obvious in women but is nevertheless critical. The vagina does not expand and lubricate. Unlike the man with an erectile problem the women with an unlubricated vagina may still have intercourse if she wishes. She may use a lubricant to enable the penis to be admitted and intercourse to take place.

Arousal problems are common in both sexes, although they may be temporary or only occur once in a while. Such momentary difficulties are not likely to necessitate treatment, but if arousal is persistently problematic professional help should be considered.

Orgasm and Ejaculation Problems

- a) Delayed ejaculation: Orgasm / ejaculation problems in both sexes often centre about time. A woman or a man may require a good bit of sexual stimulation, perhaps an hour or so, before climax. The women may then be diagnosed as having delayed orgasm and the man as exhibiting delayed (or retarded) ejaculation.
- b) Rapid ejaculation: Premature ejaculation / orgasm and seminal emission may occur so rapidly that it frustrates one or both partners.

Genital Pain

Most men and women occasionally feel some discomfort during intercourse. Often, a pause in sexual activity- a little rest, talk, and tenderness- is very helpful. But relaxing and starting foreplay again may not correct the problem. Pain in the genital area, dyspareunia, may be serious and persistent.

A related problem can occur in the vagina, which usually opens to facilitate intercourse. The vagina may also close quite tightly. In vaginismus the muscles associated with the vagina go into spasm. They contract and close the organ so effectively that even inserting a small lubricated finger may be difficult or uncomfortable. Typically the vaginal spasm occurs as foreplay intensifies, but it may happen at any time. The vaginal spasm may be a reflex like response to dyspareunia or emotional distress. The organ is guarding itself from intercourse and pain.

Treatment of sexual problems consists of counselling, teaching of certain sex techniques, behaviour therapy and in some cases medical treatment.

3.7 LET US SUM UP

Human sexuality is a very important aspect of people's lives and needs to be well understood by counsellors when doing HIV prevention and supportive counselling. It refers not only to sexual intercourse but also to feelings, attitudes and values. What is considered as normal by one person in one society may be considered as abnormal by someone else in another social environment. It is important for counsellors to be non-judgmental about client's sexual preferences and orientations. Some of the sexual behaviours that need special attention in connection with STDs and HIV are: abstinence, masturbation, nocturnal emissions, oral sex and homosexuality.

To obtain an understanding of the client which led to or places him / her at risk of HIV infection, the counsellor must be able to obtain information as such sensitive topics as sexual practices and drug injecting. This can be done only through informed questioning. Questions must also be used to ensure that all clients understand the basic information on HIV infection and its prevention. Clients must be given advice on healthy safer sexual practices. They should be told that the only completely safe behaviour is sexual abstinence or a

monogamous long-lasting relationship. The latter is particularly important in cultures in which advice on non-penetrative or safer sexual practices is not well received. In discussing levels of risk, counsellors will again have to talk to clients about sensitive topics, and will themselves need to decide how ready they are to talk about them. The importance of not sharing needles and syringes and other injection equipment should be emphasized and the use of bleach to sterilize injecting equipment should be explained.

Check Your Progress III

1. According to section 375 of IPC, what are the six circumstances under which a man is said to have committed a rape?

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3.8 KEY WORDS

Arousal (sexual)	: heightened state of sexual excitement.
Clitoris	: a small sensitive organ located in front of the vaginal opening; it is a centre of sexual pleasure
Coitus	: sexual intercourse
Ejaculation	: the discharge or expulsion of semen, usually at the climax (orgasm) of the sexual act.
Erection	: the stiffening and enlargement of the penis, usually as a result of stimulation and sexual excitement.
Foreplay	: the preliminary stage of sexual intercourse, in which the partner usually stimulate each other by kissing, touching and caressing.
Labia	: refers to the labia majora and labia minora. Labia majora -the outer lips of the vulva. Labia minora - inner lips of the vulva located inside the labia majora
Monogamous relationship	: relationship where two people confine their sexual activity exclusively to that relationship.
Penis	: the male genital organ .
Semen	: a cream-coloured viscid fluid composed of secretions from the male reproductive organs; ejaculated from the penis at orgasm; contains sperm cell (if the male is fertile) and seminal fluid; about a teaspoonful is usually expelled as a result of ejaculation.
Sexual intercourse	: physical union associated with sexual stimulation; usually, but not exclusively, involves penetration of or by the sexual organs; in vaginal intercourse, the male penis enters the female vagina.

Sperms	: male reproductive cells found in the semen.
Therapy	: the treatment of a disease or disorder by various methods.
Tubectomy	: female sterilization performed by severing off the fallopian tubes.
Vagina	: the canal in the female, extending from the vulva to the cervix; passageway that receives the penis during coitus and through which infant passes at birth, also the passage through which the uterus sheds blood and tissue during menstruation.
Vasectomy	: male sterilization performed by cutting a tube in the scrotum that transports sperm to the urethra. It is a reliable birth control technique.
Withdrawal	: The practice of withdrawing the penis from the vagina just before ejaculation; premature withdrawal.

3.9 MODEL ANSWERS

Check Your Progress I

1. Briefly highlight the argument of school of ethical thought on masturbation?

The School of Ethical thought argues that masturbation is a selfish sexual activity through which one looks for personal satisfaction, pleasure, release of tension etc. It is argued that the primary purpose of sex is procreation and for expressing the love between husband and wife. The husband has the right over the body of this wife and the wife has the right over the body of her husband. If individuals look for sexual satisfaction through self masturbation, then the primary duty of providing sexual satisfaction to the spouse gets diminished. This will ultimately lead to avoiding sexual intercourse or limiting the same which will have far reaching consequences on the 'husband-wife relationship'. In course of time values such as concern for the spouse, his/her satisfaction, love for one another, self-giving, loving kindness, thoughtfulness, attraction towards him/her etc. will get diminished. This will almost defeat the very purpose of marriage, family life and sex in one's life.

Check Your Progress II

1. Write briefly about any three guidelines on talking about sensitive topics which will be useful to counsellors.

The following specific guidelines on talking about sensitive topics will be useful to counsellors:

Ask direct questions so as to be clear about what is worrying the client, and what S/he wants and expects from the counsellor.

Example: What do you want from me (this clinic, hospital, etc.) right now?
What made you decide to come here now?

Anticipate a certain degree of embarrassment at discussing sex; point out that you realize that people do not usually discuss it in such depth.

Example: we do not usually talk very openly about sex in our country. But, now, since you believe you may have been at risk of infection, you and I must determine the degree of risk. To do that, I have to ask some very specific questions. Most people feel a bit embarrassed by these questions, and you too may feel the same. For example, I need to know how many sexual partners you have had over the past six months.

Explain clearly why you must inquire into sexual practices and drug injection - that it is in order to determine precisely what the client needs to do to prevent becoming infected or passing the injection on to others.

Example: HIV is transmitted in a number of quite specific ways. You know that sharing needles is dangerous for you and for others. What can you do to keep yourself free of infection, or to protect other people?

Check Your Progress III

1. According to section 375 of IPC, what are the six circumstances under which a man is said to have committed a rape?

According to section 375 of the Indian Penal Code (IPC) a man is said to commit 'rape' who has sexual intercourse with a woman under any of the following six circumstances:

First — Against her will.

Secondly — Without her consent.

Thirdly — With her consent, when her consent has been obtained by putting her or any person in whom she is interested in fear of death or hurt.

Fourthly — With her consent, when the man knows that he is not her husband, and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.

Fifthly — With her consent, when, at the time of giving such consent, by reason of unsoundness of mind or intoxication of the administration by him personally or through a notional person.

Sixthly — with or without her consent when she is under sixteen years of age.

3.10 FURTHER READINGS

TISS(1994). HIV/AIDS Prevention and Counselling a Manual for Grassroots Level Workers, Cell for AIDS Research Action and Training, Department of Medical and Psychiatric Social Work, Tata Institute of Social Sciences:

WHO (1994). An Orientation to HIV/AIDS Counselling, A Guide for Trainers, World Health Organisation, Regional Office for South-East Asia, New Delhi.

NACO (1994). HIV/AIDS/STD Counselling Training Manual, National AIDS Control Organisation (Ministry of Health and Family Welfare) Government of India, New Delhi.

Thomas Gracious (1997). Prevention of AIDS: In Search of Answers, Shipra Publication, New Delhi.

UNIT 4 - EXISTING TRENDS IN COUNSELLING SERVICES IN INDIA

Contents

- 4.0 Aims and Objectives
- 4.1 Introduction
- 4.2 Who are the Mental Health Professionals?
- 4.3 Training Facilities
- 4.4 Places of Work
- 4.5 Scope for Lay Counsellors
- 4.6 Scope of Social Work Counsellors
- 4.7 Let Us Sum Up
- 4.8 Key Words
- 4.9 Model Answers
- 4.10 Further Readings

4.0 AIMS AND OBJECTIVES

This unit introduces you to the various professionals who cater to the emotional (mental health) needs of the public. A description is given of the qualifications and areas of expertise of each of these professionals. Information is provided about places at which psychologists, psychologists and social workers (mental health professionals) are trained, as well as places at which they work. The scope for lay counsellors is also discussed. The contents of this unit lay special emphasis on the situation in India. After studying this unit you should be able to:

- Describe who the mental health professionals are;
- Explain the training facilities and place where such professionals work; and
- Explain the scope of trained social workers and lay counsellors in India in the field of HIV/AIDS.

4.1 INTRODUCTION

As on date, India has the largest number of HIV infected people in the world. All of them require social and emotional support. There are several target groups who require this much-needed support. Since HIV has spread to the general population including people living in rural areas, the need and scope of counselling services has increased. Thus, along with the youth, people in the work place, hospitals etc. specific target population like the sex workers, prison inmates, homosexuals, lesbians, blood donors, drug addicts and others involved in risk behaviour require counselling services. Today these services are limited in India as we have very few professionally trained psychiatrists, psychoanalysts, psychologists, social workers, nursing personnel, lay counsellors traditional faith healers, elders teachers, and other well-wishers.

With the advent of HIV, there is an urgent need to provide in-service training to the existing professionals as well as fresh trainers. This unit will try to look

at the availability of mental health professionals including trained social workers who could provide the much needed social and emotional support to the HIV-infected person.

4.2 WHO ARE THE MENTAL HEALTH PROFESSIONALS?

There are many professionals who, in various ways and to various extents, treat or assist individuals with emotional and other problems related to mental health. These professionals are:

- Psychiatrists
- Psychologists
- Psychoanalysts
- Social workers
- Nursing personnel
- Lay counsellors
- Traditional faith healers
- Elders, teachers, and other well-wishers

Each of these categories has its own sphere of competence, and its own role to play. A brief discussion on each of these professionals is given below.

Psychiatrists

A psychiatrist is a mental health professional who holds an allopathic medical degree. The basic qualification is an MBBS, and is followed by postgraduation in psychiatry (also known as psychological medicine, in some universities). The postgraduate degree may be a diploma (DPM), a master's degree (MD) or an equivalent of a master's degree (MNAMS or DNB).

The psychiatrist is the most important of all the mental health professionals, and is ideally the first person to be consulted by anybody with problems related to mental health. This is because of the following reasons:

- i) Many mental illnesses are fundamentally medical illnesses because they are biological in origin; that is, they arise out of disturbances in the functioning of the brain. For example, schizophrenia and endogenous depression are disorders which are associated with chemical, electrophysiological, neurohormonal and even structural brain abnormalities. Therefore, only a person with a valid medical degree is qualified to diagnose and treat such disorders.
- ii) Many mental illnesses may be complications of primary medical illnesses. For example, depression may arise from the hormonal changes that characterize hypothyroidism. Or, schizophrenia-like symptoms may develop consequent upon a brain tumour. Therefore, only a person with a valid medical degree is qualified to evaluate and manage such disorders.
- iii) Many mental illnesses may require medical treatments, such as drug therapy or electroconvulsive therapy, as the primary line of management. Even disorders for which counselling is appropriate may benefit from the use of psychotropic drugs. Therefore, only a person with a valid medical degree is qualified to determine the treatment of such disorders.

Once a psychiatrist has seen a patient and has defined the future plan of management, other mental health professionals can validly be involved in the treatment team.

Psychologists

A psychologist is a professional who studies behaviour. There are many different kinds of psychologists. These include industrial psychologists, social psychologists, developmental psychologists etc. For the field of mental health, the individual of importance is the clinical psychologist.

Psychologists complete their bachelor's and master's degree in arts with psychology as the main subject. During the master's course, a degree of specialization occurs. Proper training in mental health disciplines, however, is provided during a master's in philosophy (M.Phil) course. The person who so qualifies is known as a clinical psychologist. A subsequent doctorate is an additional, optional qualification.

Clinical psychologists are uniquely trained to conduct psychological tests, and to treat through psychotherapy. Psychological tests may be useful in certain kinds of disorders, to determine the nature, extent and severity of dysfunction. Psychotherapy is an interpersonal process which seeks to heal through psychological means, within the framework of a defined psychological theory.

Psychiatrists and psychologists often work in teams, complementing each other's skills and areas of competence.

Psychoanalysts

A century ago, and up to the 1950's or so, psychoanalysis was a much respected field. Today, there are very few psychoanalysts left, and the profession has a negligible role to play in the care of the mentally ill.

One tenet of psychoanalysis is that all behaviour develops from past experiences which lie in the conscious, subconscious or unconscious mind. Psychoanalysis is an entirely theoretical field and cannot be subjected to experimental validation. Nobody can become an analyst unless he/she undergoes analysis himself/herself. Analysis takes years, and only some individuals can do analysis. The process is time-consuming, expensive, and comes with no guarantees of benefits. Obviously, it cannot help persons for whom medication is a primary requisite.

Psychiatric Social Workers

A psychiatric social worker is an individual who has completed a bachelor's degree in arts, a master's degree in social work, and a master's in philosophy (M.Phil) degree in psychiatric social work. His/her primary area of competence lies in providing counselling, support, and rehabilitation services to mentally ill persons and their caregivers. We will discuss the role of professional social workers more elaborately later in this chapter.

Psychiatric Nurses

A psychiatric nurse is one who is specially trained in handling the nursing needs of mentally ill persons who are admitted to hospitals. Such an individual would

have completed her/his bachelor's degree in nursing, and a master's degree in psychiatric nursing. Since very, very few centres in the country offer a postgraduate degree in psychiatric nursing, most of the professional psychiatric nurses are those who have only a bachelor's degree, and practical experience in the care of the mentally ill.

Lay Counsellors

Lay counsellors are fast becoming the backbone of mental health services in the country. As will be indicated in a later section, the primary trained professionals in the country, comprising psychiatrists and psychologists, are too few in numbers to effectively handle the mental health needs of the population. So, lay counsellors may be the first, and often the only personnel available and accessible to persons in distress.

Lay counsellors are usually trained in nongovernmental organizations by motivated mental health professionals. A few professional organizations also offer training programmes. These programmes are mostly certificate courses in counselling, and last for a couple of weeks to months. The training provided is very basic, and covers the rudiments of recognition of psychiatric disorders, and their management through counselling.

Christian organizations provide counselling services of a somewhat different nature. Individuals in religious orders are exposed to courses in counselling to varying extents, depending on the nature and purpose of the course. These individuals devote their lives to the service of the underprivileged, and those in distress. During the course of their services, they provide material and emotional assistance. Although there may be moral overtones in their counselling, their secularity, high motivation and deep commitment cannot be doubted.

In rural areas, most villages boast of traditional healers from nonchristian denominations. These may heal through herbal and other means, but often provide counselling. A limitation of such individuals is that many are guided by erroneous ideas governing mental health, ideas that are steeped in superstition. As a result, many rely on black magic, exorcism and processes that may physically and mentally cause actual harm to the patient. Even today, one comes across reports of mentally ill patients being branded with fire, beaten or otherwise abused for the crime of harbouring evil spirits, or for being practitioners of black magic.

Attempts are being made by mental health professionals who work in community settings to educate such traditional faith healers to provide more rational care, and to recognize and refer patients with severe forms of mental illness.

Elders, Teachers, and Other Well-Wishers

Studies have shown that motivated teachers and college professors are equally effective in counselling their wards as trained psychologists and psychotherapists. This indicates that nonspecific factors operate during counselling. The most important criteria required are commonsense, experience, and concern.

To this extent, elders in the family or in the village, teachers, neighbours and other well-wishers can often provide good counselling provided that they do not have vested interests that bias their guidance. In India, such sources of guidance are often much respected.

The Situation in India

There are only 3500-4000 psychiatrists in the entire country. Most of these psychiatrists are concentrated in cities, particularly Bangalore, Mumbai, Delhi, Chennai and Kolkatta. Kerala is the only state in which there are psychiatrists in every district. In Kerala the Government has appointed professionally trained social workers in district hospitals for counselling HIV/AIDS/STD patients.

The implication of this situation is that the bulk of persons with mental health problems are seen by medical professionals who are not psychiatrists, and who are consequently ill-equipped to diagnose and treat the problem to the best extent possible. Worse still, patients with mental health problems are seen by non-medical mental health professionals, who may fail to recognize a primary medical disorder, and who may attempt to treat such a disorder by counselling. Either way, the patient suffers.

There is therefore a pressing need for the availability of primary resource personnel who can identify persons with mental health problems, offer basic services to resolve an immediate crisis, refer the patient to an appropriate medical professional, and undertake later counselling as may be considered indicated. To this extent, the availability of psychologists, psychiatric social workers, psychiatric nurses, lay counsellors, and other professionals is invaluable.

A point may also be made that if the services of a medical professional, particularly a psychiatrist, are unavailable, then whatever help is available is better than nothing. This means that a lay counsellor has an important role to play even in those psychiatric disorders which are medical in origin, if no psychiatrist is available. This is a sorry state of affairs, but this is certainly a fact of life in a developing country such as India.

Happily, the bulk of mental health problems are situational rather than biological in origin, and relate to difficulties in adjustment. Thus, marital discord, adolescent turmoil, and many forms of anxiety and depression can usefully be primarily managed by lay counsellors.

There is therefore a great need for lay counselling services that are voluntary or professional in nature, and for training programmes that produce such counsellors.

Check Your Progress I

1. Who is a psychiatrist?

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2. Who is a psychologist?

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3. Why are lay counsellors much needed in India?

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4.3 TRAINING FACILITIES

Postgraduate degrees in psychiatry are offered by most medical universities in the country. A diploma course is of 2 years in duration, while a master's degree course lasts 3 years. A central board offers the DNB degree for persons who work in psychiatric facilities in recognized hospitals, but who haven't received admission to a university course.

Bachelor's and master's degrees in psychology are offered by several universities. Certain universities offer the further facility of a master of philosophy (M.Phil) in clinical psychology, and/or a doctorate (Ph.D) in the discipline. Likewise, certain universities offer the facility of master of philosophy (M.Phil) in psychiatric social work, and/or a doctorate (Ph.D) in the discipline.

The National Institute of Mental Health and Neurosciences at Bangalore has one of the most extensive training programmes in the country. It offers diploma and master's courses in psychiatry, master in philosophy (M.Phil) courses in clinical psychology and in psychiatric social work, master in science courses in psychiatric nursing, and certificate courses of diverse natures.

Training programmes in lay counselling are available from various nongovernmental organizations all over the country. Almost all such organizations are located and function in urban settings.

The importance of formal training :

Formal training in mental health and in counselling is necessary for several reasons:

- i) Without a sound understanding of the causes, symptoms and treatment of diverse mental illnesses, it is difficult to offer competent counselling services.
- ii) Without a sound understanding of the processes involved in counselling, it is difficult to competently counsel a client.
- iii) Without proper supervision of the course of counselling during their initial cases, trainee counsellors are almost certain to run into difficulties due to inexperience.

By completing this course on "Communication and Counselling in HIV" one does not become qualified for becoming a psychiatrist, psychologist, social worker or for that matter a professional counsellor.

4.4 PLACES OF WORK

Mental health professionals work in the following locations:

- Government-run psychiatric hospitals or asylums
- Private psychiatric hospitals and nursing homes
- Departments of psychiatry in general hospitals
- Child guidance clinics
- Alcohol and deaddiction clinics
- Marital and family therapy clinics
- Mental retardation clinics
- Rehabilitation centres
- Day care centres
- Vocational training centres
- Half-way homes
- Long-stay centres for patients with chronic illness

Mental health professionals may also practise privately in clinics, or work in schools, colleges, factories, and other organizations.

Lay counsellors can work as assistants in most of these locales.

4.5 SCOPE FOR LAY COUNSELLORS

The case load on psychiatrists is usually so heavy that few or none have the time to counsel patients. This is unfortunate, because persons with mental health disturbances, and their families as well, are almost always in grievous need of counselling. Thus, lay counsellors can fill a void.

Lay counsellors are invaluable in the management of the following situations:

- i) **Depression:** To help the individual adjust to the stresses in his life/her, to build up his/her confidence and self-esteem, to remove faulty ways of thinking that predispose to depression, to help him/her find a niche in society, to develop avenues for social support, to help him/her develop a life plan that gives him/her a reason to live, etc.
- ii) **Anxiety:** Besides coping with depression, they can also help the patient to identify ways and means of relaxation.
- iii) **Alcoholism:** To help the alcoholic recognize that he/she has a drinking problem, to motivate him/her to seek psychiatric help, to help him/her persist with the psychiatrist's management programme, to help him/her resolve the problems that drove him/her to drink, to help him/her deal with the problems that resulted from his/her drinking, to help him/her to reintegrate himself/herself into his/her family and society, etc.
- iv) **Drug addiction:** Besides helping one to cope with alcoholism, they can also help the patient withstand peer group and other pressures that

compromise adjustment. Drug addiction is commonly a problem of youth, while alcoholism is a problem of middle-aged persons.

- v) **Rehabilitation:** Patients with a variety of psychiatric disorders require to be reintegrated into their family and into society. Towards this goal, they may require social skills training, training in self-help skills, vocational training, day care, or managed care in a half-way home before they are returned to their family. While mental health professionals require to oversee these services, lay counsellors can usefully assist in such situations.
- vi) **Other situations:** Likewise, lay counsellors can assist in the management of problems of childhood and adolescence, in dealing with marital discord, and even with providing crisis support and round the clock help lines to persons who are suicidal. Many cities have such facilities run entirely by highly motivated lay counsellors.

Check Your Progress II

1. Briefly explain any one situation in which lay counsellors can provide their services.

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4.6 SCOPE OF SOCIAL WORK COUNSELLORS

Role of a Medical Social Worker

The role of a medical social worker in a medical team is as important as that of a physician. While the medical practitioner's role is limited to treatment of a patient, the social worker deals with the social, physical and psychological aspects of the patient who is under treatment. In fact it is the primary task of the social worker to supervise the arrangements for the treatment of the patient. To the patient and his/her family, the social worker is a friend, philosopher and guide.

Social workers in health care are called upon to address myriad issues that challenge one's mystery of the fundamental elements of professional practice. As clinicians, social workers walk right into the heart of the pain as a primary focus, unlike any other on the health care team. Social workers are challenged to work in a setting where their presence is admittedly needed, often beyond what their colleagues can understand and accept. Social workers have to advocate for their patients on many fronts with many outside agencies for entitlements and resources, with community groups for education and with the health care institution itself for sensitivity to the psychosocial perspective.

The role of social workers in the health care system in India has become all the more important with the unabated spread of the killer disease AIDS and unchecked involvement of young people in substance abuse. This is one area which is very much neglected by the policy makers while formulating the health care policies in our country.

It is high time for the medical experts, academics, policy makers, social and medical researchers and the NGOs realise that providing medical aid is not a one man business but a team effort which should include physicians, nurses, para-medicals and social workers. Having about 1000 million people in the country does not mean that some of them can be used as 'guinea-pigs' in the medical laboratory.

Social work in medical set up is based on the assumption of individual's dignity. A patient in need of treatment is faced with several problems which may have direct or indirect impact upon the illness of individuals. These problems may be broadly categorised under physical, psychological, economic, social and environmental aspects of the patient.

Social and Physical Discomfort

The fact that a patient requiring medical care alone confirm the reality that he/she is facing some sort of physical discomfort. Any physical discomfort has its own impact on the mind of the individual who becomes emotionally and psychologically disturbed. These mental disturbances can be more torturing depending upon the economic, social and environmental aspects of the patient. In a country like India, where a substantial percentage of people live below the poverty line alone speaks volumes about the economic hardship faced by the patient. More often than not most of our people have to travel miles and miles before they can find a reasonably satisfying nursing home or a hospital. The top down approach of the policy makers has made it more unaffordable for the majority to get proper medication in a system, where over 80 per cent of medical facilities are available only in urban areas, catering to the need of about 25 per cent of our people. Hardly 20 per cent of the medical facilities in the country are available for the 75 per cent who live in rural areas. Apart from this, we are also fully aware of the socio-economic condition of most of our people who do not have access to proper food, shelter and clothing.

Assistance to the Physician

An individual living in poverty, with disrupted social relations and poor social environment is doubly vulnerable to many types of diseases. The social worker is the right person who is professionally trained to understand all these aspects of a patient who needs care and treatment. In the process of treatment, the social worker studies the individual in relation to his/her family, social living conditions and the financial viability. This is very important in the treatment process. The social worker conveys relevant information to the medical practitioner who takes into consideration all these aspects while treating the patient.

Coordinating Medical Team

The social worker helps in coordinating the work of the entire medical team. He/she prepares the patient to accept the treatment prescribed by the physician. In certain instances, particularly cases like STDs/HIV/AIDS, the social worker explains to the client the need for undergoing laboratory tests. The very decision to go for an AIDS test requires counselling by a social worker. In several cases, the social worker may have to receive the result of the test and convey it to the client. Given the present situation, when no cure is available

for AIDS patients, a positive test result is a death sentence. The client, his/her family and relatives need to be psychologically prepared for receiving the test results. It is in fact a stupendous task for a social worker in India to handle AIDS cases because of the taboos attached to some of the routes of transmission such as sex and drugs. Although HIV can be transmitted through other means like blood transfusion or use of a contaminated needle used for injecting an AIDS patient, the kind of mass awareness programmes going on in our country have failed to provide accurate and complete information to the public. The result is that most people believe that AIDS is spread only through sex.

The existing social structure in our country has hardly any other option about the care and rehabilitation of an AIDS patient than one's own family. However, most of the HIV/AIDS carriers report that disclosing their HIV status brought about only despise and contempt from every quarters. In such situations, it is only a social worker from the health care team or an NGO who can come to the rescue of the HIV/AIDS patients.

The HIV infected individuals need care and emotional support. A social worker with his/her professional background is able to organise HIV/AIDS support groups. Through the method of social group work, the social worker enables the HIV clients, share anxieties, find emotional support, and engage in meaningful creative, education and recreational activities.

Social Work Methods

The social work activities are classified into six methods: (a) Social case work (b) Social group work (c) Community organisation (d) Social action (e) Social work research, and (f) Social welfare administration.

The first two categories, social case work and social group work are largely being used in providing assistance to meet the needs of the HIV/AIDS patients. These two methods consist of programmes which have direct contact with the individuals faced with problems. However, the other methods such as community organisation, social action, social work research and social welfare administration are being used in order to establish, maintain and operate social agencies which provide social case work and group work services.

Let us look at the definitions of these methods and briefly discuss how practical they are in the process of preventing and controlling the spread of HIV/AIDS in our country and how best these methods can be used for helping individuals, groups and communities faced with the problem of HIV/AIDS.

a) Case Work

"Social case work may be defined as the art of doing different things for, and with different people by cooperating with them to achieve at one and the same time their own and society's betterment" (Richmond). According to Gordon Hamilton "The objective of case work is to administer practical services and offer counselling in such a way as to arouse and conserve the psychological energies of the client-activity to involve him in the use of the services toward the solution of his dilemma." In the words of Friedlander "Social case work is a method which helps by counselling the individual client to effect better social

relationships and social adjustment that makes it possible for him to lead a satisfying and useful life”.

A professionally trained social worker is able to go deep into the pains of an HIV infected person and enable the client to face up to the problem by using the method of social case work counselling. This method of social work still remains in its infancy as far as, India is concerned. The number of clients requiring social case work counselling is too high and the number of problems are very many. However, we have very limited number of trained social workers in the country and most of them are employed in non-medical sectors. In fact every hospital with indoor patients should have trained social workers. There should be a social worker for every ten hospital beds. But the actual situation in the country is far from reality. Even in the most prestigious medical institutes in the country, one cannot find social workers in their various departments. One of the major reasons for this is the fact that the curriculum content in medical colleges does not have adequate amount of subject matter from behavioural sciences. This is adversely affecting the medical service system in the country where most of the medical practitioners fail to show human concern, attitude and approach in delivering their services.

b) Group Work

Professor Treckers defines group work as “a method through which individuals in groups in social agency settings are helped by a worker who guides their interaction in programme activities so that they may relate themselves to others and experience growth opportunities in accordance with their needs and capacities to the end of individual, group and community development”. Group work is an activity, “which helps people to participate in the activities of a group for their intellectual, emotional and physical growth, and for the attainment of desirable goals of the group” (Friedlander). Human beings do not live alone. They need a reciprocal give-and-take relationship. This is very much required especially in times of need. In the present context, the HIV infected individuals are much in need of group help. The HIV support groups in Europe, USA and African countries are doing wonderful work in sharing the anxieties of one another.

In an HIV support group, group work focusses on the HIV infected individual in the group. The group itself is a platform where the HIV/AIDS clients are able to freely express themselves and share their problems and help one another. The social worker who is instrumental in organising the HIV support group guides the group work process. HIV support groups function in the setting of a social agency, a hospital setting or in any other institutional or informal group setting. In India there are very few HIV support groups. Mutual acceptance is the basis of social group work. It is easier to help an HIV infected person to change his attitude for the rest of his life in a group setting than to change it through social case work counselling. Social case work prepares an HIV infected client to join the HIV support group for meaningful living with HIV in the given situation.

c) Community Organisation

Childred Barry says, “Community organisation in social work is the process of creating and maintaining a progressively more effective adjustment between

community resources and community welfare needs. The adjustment is achieved through the help of the professional social worker and through the participation of individuals and groups in the community. It involves the articulation of solutions and the foundation and conduct of a plan of action". According to Friedlander, "Community Organisation is the process of planning and developing social services in order to meet the health and welfare needs of a community or larger unit". In order to organise a community for any meaningful development effort, the first step should be the psychological preparation of the community.

When we talk in terms of community organisation for HIV/AIDS and de-addiction services, an essential component of the process should be to create awareness among the people in the community about the impending disaster that AIDS can bring upon their community. There is already a massive programme of awareness campaign going on in the country. But there is also a widespread feeling among people that HIV/AIDS is not a disease that can infect them. The social worker who is experienced in dealing with the individuals and groups through the case work and group work process can very well bring together the people of a particular community for necessary action to prevent and control the spread of AIDS. The very programme of awareness campaign can be meaningfully executed by a social worker, who knows the language and pulse of the people in a given community.

The community organiser guides the formation of action groups in the community using the discontent generated among the people in the community. The social worker is well aware of the religious beliefs, social taboos, cultural ethos, negative family attitudes and lack of appropriate communication tools available within the community which are the principal obstacles to educate people in rural settings about AIDS. In order to overcome these obstacles, AIDS education programmes must be specifically targetted on a community by community basis. Recruiting community "leaders" from among local residents is an important strategy, and can result in the development of unique and innovative programmes. Social workers are the best persons to successfully implement result oriented awareness campaigns in a given community.

d) Social Work Administration

Social welfare administration is the process of planning, organising, and directing the activities of a social welfare agency. It is the process by which we apply professional competence to achieve desired goals and transform social policy into social action. In providing services to the HIV/AIDS patients the social agencies have to shoulder a very major responsibility. Since HIV/AIDS/STDs and substance abuse issues are very sensitive, the social agencies handling any programme related to these areas should have professionally trained social workers to man the service delivery system.

e) Social Work Research

Social Work Research is a systematic, critical and careful investigation of a social problem with an effort to find relevant information around the issue. The findings of social work research will enable the social worker, the agency and the policy makers for effectively planning programmes based on the need of a particular community.

For the effective implementation of any HIV/AIDS related programme initiative, the role of social work research is as important as any other scientific and medical research. The issues surrounding HIV/AIDS are very sensitive to individuals, groups and communities. A social worker is the most ideal person to assess these social issues, the type of people most affected or vulnerable, and suggest the most appropriate action plan which is effective and acceptable to the community.

f) Social Action

Social action is an organised effort to solve mass social problems. It always involves public pressure in one form or the other. It is a legally permitted activity to mobilise public opinion and public pressure to bring about socially acceptable changes or modification in the social and economic institution, which do not function properly and effectively. According to Helen Witmer "the term social action refers to organised and legally permitted activities designed to mobilise public opinion, legislation and public administration in favour of objectives believed to be socially desirable".

Since HIV infection is transmitted mostly through behaviour patterns that are intimate, the health authorities often find it difficult to make their services reach such high risk behaviour groups. This gap can be bridged, if there are effective working relations between Government and Non-Government Organisations (NGOs) through their Professionally Trained Social Workers(PTSWs).

With the unchecked, and the steady growth of HIV-infection among people from every walk of life, counselling and guidance in HIV has become an essential aspect in dealing with the problems of AIDS. Unlike in the West, there is a taboo attached to the very idea of seeking counselling and guidance among most people in our country. This is again due to lack of proper knowledge and mis-information. Many people in India, associate the very idea of consulting a psychologist or psychiatrist to problems linked to insanity.

They say it is better late than never. Perhaps we need to initiate a new beginning where professionally trained social workers can involve in a big way by addressing issues pertaining to HIV/AIDS in our country

4.7 LET US SUM UP

There are several different categories of professionals who work with persons with mental illness. Among them the psychiatrist is the most important professional because he/she has a medical degree, and can diagnose and treat disorders which have a medical basis. The psychologist is next in importance, because most disorders require counselling to varying degrees. Other professionals, too, contribute to varying extents. The professional social workers can render the best of services especially by providing social and emotional support.

These professionals are trained in universities, hospitals and nongovernmental organizations and work in clinics, nursing homes, hospitals, welfare institutions, educational and professional institutions, and other private and governmental setups.

Lay counsellors are much needed in India because mental health professionals are too few in number to cater to the needs of the population. Lay counsellors can therefore work as the first line of defence for crisis management and referral, can assist mental health professionals in various settings, and can function independently in the context of disorders for which counselling or rehabilitation comprises the primary necessity.

Check Your Progress III

1. Define social case work.

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4.8 KEY WORDS

- Psychiatrist** : An allopathic doctor with a postgraduate degree in psychiatry.
- Psychologist** : A person who specializes in the study of behaviour.
- Clinical psychologist** : A psychologist who specializes in the testing and counselling of individuals with mental illnesses.
- Rehabilitation** : The process whereby persons with mental disturbances are assisted to reintegrate themselves into their family and society.
- Social Worker** : A social worker is a professionally trained person who can help people to help themselves.

4.9 MODEL ANSWERS

Check Your Progress I

1. Who is a psychiatrist?
A psychiatrist is a mental health professional who has a basic allopathic medical degree, and a postgraduate degree in psychiatry.
2. Who is a psychologist?
A psychologist is a person who studies the science of behaviour. A clinical psychologist is a psychologist who specializes in the testing and counselling of persons with mental illness.
3. Why are lay counsellors much needed in India?
Lay counsellors are much needed in India because there are too few psychiatrists, psychologists and other mental health professionals in the country to take care of the mental health needs of the population. Lay counsellors can function as the first line of defence in the care of the mentally ill, and can refer cases to mental health professionals as appropriate. Lay counsellors can also assist mental health professionals in their work. Finally, lay counsellors can handle the bulk of minor cases for whom counselling is the primary necessity.

Check Your Progress II

1. Briefly explain any one situation in which lay counsellors can provide their services.

Rehabilitation: Patients with a variety of psychiatric disorders require to be reintegrated into their family and into society. Towards this goal, they may require social skills training, training in self-help skills, vocational training, day care, or managed care in a half-way home before they are returned to their family. While mental health professionals require to oversee these services, lay counsellors can usefully assist in such situations.

Check Your Progress III

1. Define social case work.

“Social case work may be defined as the art of doing different things for, and with different people by cooperating with them to achieve at one and the same time their own and society’s betterment (Richmond). According to Gordon Hamilton “The objective of case work is to administer practical services and offer counselling in such a way as to arouse and conserve the psychological energies of the client-activity to involve him in the use of the services towards the solution of his dilemma.” In the words of Friedlander “social case work is a method which helps by counselling the individual client to effect better social relationships and social adjustment that makes it possible for him to lead a satisfying and useful life”.

4.10 FURTHER READINGS

Walter A. Feiedlander (5th Edition, 1982). Introduction to social welfare, Prentice Hall of India Private Limited, New Delhi.

Pincus Allen and Anne Minne Minaham (1973). Social Work Practice : Model and Method, Illinois : F.E. Peacock Publishers Inc.

Gracious Thomas (1997). Prevention of AIDS: In Search of Answers, Shipra Publications, New Delhi.

