

Barefoot Counselling

A manual for community workers

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Gracy Andrew



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Preface

Everyday, we find people helping one another deal with problems. Be it as a neighbour, colleague at work or more formally as a priest, family lawyer or doctor.

All of us, in our own way, counsel other people when they have problems, without really knowing what it is that we are doing. Community workers, like heads of mahila mandals or the local anganwadi worker, on establishing a rapport with the people of a village or community, often find counselling people to be major part of their work.

Being accepted as members of the community is a strength that can help them take on the role of a community counsellor. We hope this manual helps these healers gather an insight into a few simple tools and skills that could help with this.

Some details on stress-related illness and how one can help is also provided as we have found it important in our handling cases at the community level.

In 1998, both the authors were part of a study into the 'Treatment of depression' as counsellors. Dr. Vikram Patel, who headed the study, devised a simple method for counselling patients coming to general hospitals and public health centres with stress related illnesses.

The method was adapted, to suit actual ground realities, while being used by the authors. The first author, Fiona Dias put these methods to use in dealing effectively with women victims of family violence during a two-year project on family violence.

During the project period she came across lay people working in the community with the basic qualities of a counsellor, some of them, listening empathetically to victims of violence, even assisting them work out their problems. Struck by the revelation she decided to try training them through two workshops "The barefoot counselling workshops", attended by various women's group members and other people working in the community.

The simple skills that she and her team had been using in the clinic setting with victims of violence were imparted to the participants. It is these participants who called for a reference manual since they found themselves better equipped, as community counsellors, when they went back into the community.

This manual has been developed in response to this plea. It is hoped that it will help empower these healers add on to the skilful and invaluable assistance they already render society.

The manual is in three sections. The first section deals with the general nature of counselling - its characteristics as well as some essential skills of counselling.

The second section describes the cycle of depression and anxiety, its symptoms, and how one detects depression at the community level (a commonly occurring problem in the community).

The third section deals with Intervention - what the barefoot counsellor can do for a person suffering from stress-related illnesses, i.e. anxiety and depression. The common problems encountered in the community, when and how one can help, the type of advice that can help, and who to approach for help when necessary.

1. COUNSELLING

Your basic dictionary defines 'Counselling' as 'advice given by an expert'. However, the counselling that we speak of here does not mean just giving advice.

Counselling is a two way process, involving an interaction between two people - the counsellor and the counselee. The counselee being the person who turns to the counsellor for help to deal with a problem (or problems), and the counsellor who, through the process of counselling, helps the counselee deal with his self.

We, in our society, are used to asking an older or more experienced person for advice and, generally, advice is sought with the expectation of 'being told what to do'. The advisor here decides upon the best course of action, going by his own experience, and the person is expected 'do what is told'.



Giving advice

In advice giving, the advice giver neither tries to make the person understand about why the situation arose in the first place nor what the consequence will be of taking a particular course of action.

The counselling process calls for the person to stop feeling helpless. It aims at making the person become more aware of oneself, to accept one's weaknesses, and identify one's own strengths. The person is assisted to form a clearer picture of the problems facing him, to take a look at the various options open to him or her and personally decide upon the course of action to be taken to change the situation.

Counselling aims at helping people believe more in themselves and in their ability to decide upon the future course of their lives. To become individuals who can take on the responsibility of being able to bring in change in their own lives, rather than just look at situations or persons that could be blamed for their present troubles.

The main goals of counselling are to help the counselee identify:

- i) Personal strengths
- ii) What prevents the counselee from using these strengths
- iii) The kind of person the counselee wants to be
- iv) What the counselee could do to improve the situation

What a counsellor needs to be

1. A good listener

We are always 'hearing others out'. However, our listening process is selective. A woodcutter will instantly hear a dry branch break and a violinist will hear the sounds of a violin among ten other instruments in a choir.

Similarly, while listening to people, we generally hear what we want to.

Take the case of Clara, counselling Jayanthi, a 65-year-old widow. Jayanthi spoke of the loss she had to bear when the heavy rains destroyed her rice fields and went on to speak of her daughter in law who did not care for her. Clara, the counsellor reacted to the second sentiment rather than the first one which was the problem daunting Jayanthi at that moment.

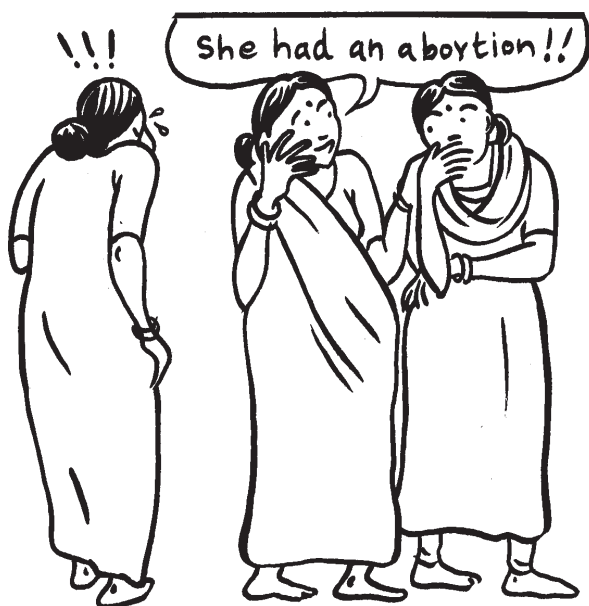
In counselling one needs to listen with ones whole self and not just with ones ears. One has to listen to the feelings being expressed by the counselee as well as to the words used to express the feelings.

2. Empathetic

It is the ability to put ones own self in the place of the counselee and feel what he or she could be feeling at the moment. The counsellor then feels the frustration, anger, indifference, and the fears of the counselee. The counselee's words are then reflected back to him/her to express the fact that he is accepted and respected. The process



Counsellor is yawning with boredom instead of listening ...



Counselee has just finished talking and the counsellor is already sharing her secret with another ...

helps the counsellor understand the counselee and his situation better. It is different from ones expressing sympathy or pity where the listener only expresses the fact that he feels bad for the counselee. It does not, in any way, make the counselee feel that he is understood.

3. Be non-judgmental

Hand in hand with empathy goes the ability to have a non-judgmental attitude. The counsellor has to accept the counselee for what he is whatever his religion, caste, creed etc. In an ideal situation, even if the counselee is a criminal the counsellor has to be able to accept him or her as a person seeking help and interact accordingly.

4. Able to Generate trust

The counsellor has to understand that the counselee has come to him/her because the counselee trusts in him/her and the counsellor should respect this trust placed upon him/her. Whatever is spoken of between the counsellor and the counselee is confidential and if there is a need to reveal anything spoken of during the counselling sessions permission of the counselee has to be sought.

5. Patient

Counselling requires a lot of patience. The counselee may take a lot of time to understand oneself and one's strengths. An impatient counsellor will often feel tempted to give advice but this does not in any way serve the purpose of counselling.

6. Be Observant

The counsellor needs to be very observant not just about what the counselee puts into words, but also the body language used. The counselee speaking with a smile on his or her face, but with fists clenched, or a lot of finger twisting going on, may indicate a build up of tension, which the counsellor needs to observe.

In counselling one does not:

- ä ask direct questions
- ä provide direct answers

Always remember that the very basis of counselling is built upon respecting the other individual, the kind of person he/she is and accepting that people are capable of making their own decisions and managing their lives in general.

General counselling skills

Getting people to themselves talk about a problem in all its dimensions, without your putting in your own views on the matter is essential to conducting effective counselling and calls for some specific skills like **Interviewing**.

1. Attending Behaviour:

A most basic, yet, a very important skill in counselling. As a counsellor it helps:

- let the counselee know that you are interested in what is being said
- the counselee to stick to the point and stop needless talk

There are four critical dimensions to the attending behaviour:

i) Eye contact:

- Maintain eye contact with the person, all the time.

ii) Attentive Body language:

- Make encouraging gestures, show an expression of interest on your face
- Sit facing the client with your arms opened out rather than folded against your chest.

iii) Vocal qualities:

- Keep your tone gentle, speak slowly and clearly

iv) Verbal Tracking:

- Keep to the topic initiated by the client.
- If the person keeps on talking without keeping to the topic at hand gently get the person to focus on the problem but do not start talking yourself.



Counsellor is attentive to the counselee



The act of counselling ...

2. Questioning Skills:

In the course of counselling one finds it necessary to employ questioning as part of getting the person to talk further. If the person is talkative you may not need to ask many questions. However, if you use questions effectively you can get a lot of relevant information.

Questioning helps you:

- begin an interview
- open new areas for discussions
- assist the counsellee in self exploration

Types of questions:

i) Open Questions:

These are very useful in getting the person to talk. They are questions that cannot be answered in a few words or sentences. They encourage the person to talk and give maximum information.

They generally begin with

- 4 How?
- 4 Why?
- 4 Could?

for e.g., "could you tell me more about that? / how did you feel when that happened?"

The first word of an open question often leads to particular results e.g.

- 'What?' questions - lead to facts
- 'How?' questions - lead to feelings and
- "Why?" questions - to reasons.

ii) Closed Questions:

Are questions that can be answered in a few words, they help focus an interview and to bring out specifics. They generally begin with is, are or do e.g., "Where do you live?"

A general framework for collecting the required information in the first part of counselling would be the following:

Who is the client? What are the key personal background factors? Who else is involved? What is the problem? What are the specific details of the situation?

When does the problem occur? What happens

immediately before or after the situation?
 Where does the problem occur, in what environment and situation?
 How does the person react? How does she or he feel about it?
 How does the problem occur?

iii) When does questioning pose a problem?

- 8 Bombardment/ grilling - Never ask too many questions it can put people on the defensive. Too many Questions can confuse a person
- 8 Questions as statements
- 8 e.g., 'don't you think it would be helpful if you found a job?' - putting your own view ahead and can put the person off.
- 8 Why Questions - avoid asking a person "Why" questions - it can cause discomfort. e.g., "Why are you feeling sad?"

3. Observation Skills:

The third most important skill is that of observation. Observation needs to focus on counselee's non verbal behaviour in three areas. These are:

i) Client eye contact patterns

➔ e.g. When a person breaks eye contact or shifts eyes in between it could mean that he is confused and you have to probe.

ii) Body language

➔ Leaning forward can mean excitement about an idea

➔ Leaning back and crossing arms would mean the person is closing off.

iii) Facial expressions like brow furrowing, lip tightening or loosening, flushing can indicate tension.

Large-scale body movements may indicate shifts in client reactions, thoughts or the topic.

4. Encouragers and Paraphrases:

These are skills used to let the counselee know that the counsellor has been listening to what he / she has been saying, has seen their point of view and feels the world to be as they experience it.

Encouragers are just words interspersed in between, like "um", "is it" "really" ah ha". These also include head nods, open palms and non-verbal gestures. Sometimes just the repetition of



Observing carefully and closely is a skill that needs practice ...



Counsellor is silently judging the counslee ...

a keyword could become an encourager. This usually leads to the person elaborating in greater detail on the meaning of that word to him or her.

These words and actions encourage the person to continue talking, while letting him or her know that he is being heard.

Paraphrases are the feedback given to the counslee by the counsellor by shortening and clarifying the client's comments. Paraphrasing is not just parroting of words. It is done by repeating some of your own words alongside some important words of the client.

Paraphrases help the process of counselling by:

- Clarifying for the client what he or she has said e.g. "You appear to be saying...", "You sound like..."
- Clarifying for the interviewer what the client has said - by feeding back what you have heard, you can check on the accuracy of your listening e.g. "Did I get you correct?", "Am I hearing you correctly?"
- Helping clients to talk in more detail about issues of concern to them.
- Helping a talkative client stop repeating the same facts or story.

5. Noting and reflecting feelings:

This is a very useful skill that helps the counslee talk and make him feel understood it helps in identifying and sorting out client's feelings.

To do this one needs to observe:

- Emotional words used by the counslee e.g. "I was so angry that I felt like hitting him"
 - 4 "You must have been really angry"
- Non-verbally expressed emotional words.
 - 4E.g. To a person biting her lips - "you seem very anxious today"

Emotions can be observed directly or drawn out through questions, ("how do you feel about that? Do you feel angry?") Then reflected back through the following steps:

- i) Begin with words such as, "you feel" or "sounds like you feel" or "could it be you feel?" Use the clients name.

- ii) Feeling words may be added (sad, happy, glad, puzzled, uncertain, confused)
- iii) The context may be added through a paraphrase or a repetition of key content ("Looks like, you feel happy about getting a job")
- iv) A present tense reflection is more powerful than a past or future tense. 'You feel happy right now' rather than 'you felt'
- v) After identifying a feeling you can check out so that the client can correct you if you are incorrect ("am I hearing you correctly?")

You can sometimes gather specific information after reflection e.g.: "you seem be angry with your Father". "Could you give me one example of a specific situation when you feel this anger?"

Case Example:

| | |
|--|--|
| <p>Madhavi: I am fed up. My husband has been beating me everyday. My in-laws are ill-treating me. I feel like running away. (Madhavi is biting her lips)</p> <p>Counsellor: You seem to be so anxious and you sound so fed up of the situation that you want to run away from home.</p> <p>Madhavi: Yes, it is really humiliating.</p> <p>Counsellor: Has your husband been beating you for a long time?</p> <p>M: No, he used to shout and use bad words earlier but now since my daughter is born he beats me everyday.</p> <p>C: Daughter?</p> <p>M: My husband's family want a son very badly. This is my third daughter and that is why they are very angry?</p> <p>C: How do you feel about the situation?</p> <p>M: Whether it is a daughter or a son I don't think that makes a difference. In fact, at times, daughters seem more supportive than sons. And giving us a son or daughter is in God's hand. But what can I do? My husband and his family blame me.</p> <p>C: It must be very upsetting that all the blame is put on you.</p> <p>M: Yes, I tried to talk to my brothers but they say I have to bear up with the beating. But why should I keep quiet. I am not going to take this beating anymore.</p> <p>C: You appear to be very upset with the beating and ill treatment meted to you by your husband and family but at the same time you don't want to keep quite and take it all you want to do something about it.</p> | <p>Reflecting feelings and observed non-verbal behaviour.</p> <p>Closed question.</p> <p>Encourager.</p> <p>Open question.</p> <p>Reflecting.</p> <p>Paraphrasing.</p> |
|--|--|

2. ANXIETY AND DEPRESSION

Anxiety and Depression are one of the most common stress related illnesses that one comes across in the community. This section will deal with these in detail i.e. how it manifests itself, the symptoms that people experience and how does the barefoot counsellor assess it's severity.

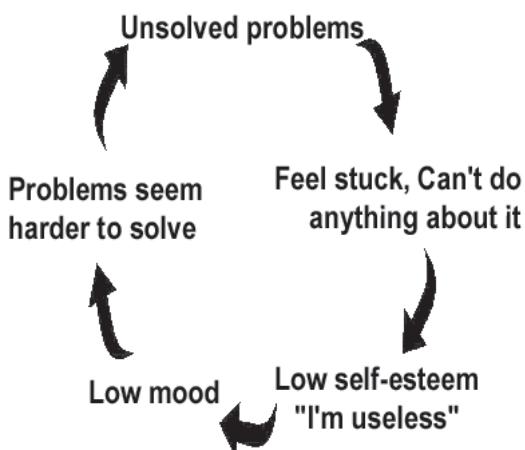
When stress becomes a more serious problem

Everyone has problems and all of us feel sad or low when faced with problems but most people manage to carry on with their lives, and sometimes solve their problems either partially or fully, or even learn to live with it (like on the death of a close relative). The feeling of sadness generally passes away for most people.

But, sometimes people are brought face to face with a situation that probably could be changed, but which has left them feeling stuck - as if it were not possible to find a way through. Feeling that the problem is unlikely to be solved, they manage to carry on with their lives but living under stress. This also makes the person feel less good about him/herself.

They, very often, start blaming themselves - thinking, "if I were a better person, I would easily cope" or "if I were more hard-working I would be able to get out of this." Doing this only makes them feel worse making it more difficult for them to deal with the problem. In this way they enter that terrible cycle of sadness

When one continues in this cycle of sadness, it affects their physical as well emotional health and they start suffering from the stress related illnesses called depression and anxiety.



Symptoms of Depression and Anxiety

I. Depression

1. Aches, Pains and Other Physical Symptoms

The person suffers from headaches, aches and pains all over the body; indigestion and "acidity", disturbed bowel function, pins and needles sensations in arms and legs (in Konkani, often described as 'mueta', or the feeling of ants on the skin) and general tiredness. Medical tests may show no physical cause.

2. Poor Sleep

The person complains of loss of sleep. Some find it difficult to fall asleep even though they are tired. The more they worry about getting off to sleep the harder it becomes. Some people wake up very early and are unable to get back to sleep. There are others who say they sleep too much.

3. Fatigue

The person feels tired most of the time and every thing he or she does feels like a huge effort even if they have worked hard and rested afterwards. The feeling tends to remain most of the time.

4. Poor Concentration

Even simple tasks like cleaning rice seems to need a lot of mental effort. This causes the person to make mistakes in her work creating a lot of frustration.

5. Loss of interest in sex

There is a loss of interest in sex, which causes difficulties in relationships, especially if the sexual partner does not understand the problem.

6. Appetite and weight changes

There is either loss of interest in food resulting in weight loss or the person may start eating too much which may lead to weight gain and may in turn make them feel unattractive.

7. Poor Self Esteem

Self-esteem is a term used to describe how well we think of ourselves. Everyone has a view of himself or herself, which is their idea of how good they are in many different respects. When the person enters the cycle of sadness he sees himself as less worthy than other people. He starts feeling useless.

II. Anxiety

Anxiety is the sensation of feeling fearful and nervous. It is ok to feel anxious when faced with certain situations, like an interview. One however comes across people who feel anxious almost all the time. These people then start complaining of the following physical problems:

- ➔ Dry mouth
- ➔ Palpitations in the chest
- ➔ Difficulty in breathing
- ➔ Butterflies in the stomach

This sometimes leads to people worrying about their physical health.

Case Example:

Muktabai is a 58-year-old lady whose husband died unexpectedly the previous year. Her children have all grown up and left the village for better employment opportunities, to Mumbai.

She had started experiencing poor sleep and loss of appetite soon after her husband died and the symptoms worsened once her children left the village after the funeral. She started experiencing headaches, backaches, stomachache and other physical discomforts, which led her to consult the local clinic. There she was told she was all right but was prescribed sleeping pills and vitamin injections (as a sort of "tonic").

She felt better immediately, particularly because her sleep improved. However, within two weeks, her sleep got worse again and she went back to the clinic. There, she was given more sleeping pills and injections. This went on for months, until she could no longer sleep without the sleeping pills.

In this case, Muktabai has a "physical" presentation of depression resulting from the death of her husband and loneliness because her children are no longer living with her. The doctor at the clinic had not bothered to ask about her emotions and used sleeping pills instead, which lead to addiction in the long run. This kind of situation is one of the commonest ways in which depression and anxiety is present in Goa.

As in the above case most people who go to the local doctors with the above stress related symptoms are prescribed vitamins and sleeping tablets. They get temporary relief from their symptoms but the symptoms do not disappear.

The key features of depression and anxiety are:

- 4A sad mood
- 4Loss of interest in life, social interactions, work etc
- 4Tiredness, and a feeling of fatigue and weakness
- 4Vague aches and pains all over the body
- 4A feeling of hopelessness about the future
- 4Difficulty in making decisions
- 4A feeling that one is not as good as others (low self-esteem)
- 4A feeling that it would be better if one was not alive
- 4Disturbed sleep (usually worse, but occasionally too much sleep)
- 4Feeling worse in the mornings
- 4Poor appetite (sometimes increased appetite)
- 4Change in weight
- 4Feeling tense all over the body
- 4Worrying too much about one's problems or one's health
- 4Feeling one's heart beating fast (palpitations), trembling, shaking all over
- 4Feeling scared of specific situations such as crowds, and sometimes avoiding such situations altogether

Stress related illnesses like depression and anxiety can vary in their severity like any other illness. The steps given in the next section will help the person get some relief from the illness. However, sometimes when it is more severe, the person continues to be sick even one week after you have been working with the person.

The GHQ scale

The GHQ scale given below is a set of questions with a score. By asking the person these simple questions the barefoot counsellor can assess the presence as well as the severity of the illness in the person.

| 'GHQ' - GENERAL HEALTH QUESTIONNAIRE | | |
|--|--|----|
| | 0 | 1 |
| 1. Been able to concentrate on whatever you are doing? | Yes | No |
| | 1 | 0 |
| 2. Lost much sleep over worry? | Yes | No |
| | 0 | 1 |
| 3. Felt that you are playing a useful part in things | Yes | No |
| | 0 | 1 |
| 4. Felt capable of making decisions about things? | Yes | No |
| | 1 | 0 |
| 5. Felt constantly under strain? | Yes | No |
| | 0 | 1 |
| 6. Felt you could overcome your difficulties? | Yes | No |
| | 0 | 1 |
| 7. Been able to enjoy your normal day-to-day activities? | Yes | No |
| | 0 | 1 |
| 8. Been able to face up to your problems? | Yes | No |
| | 1 | 0 |
| 9. Been feeling unhappy and depressed? | Yes | No |
| | 1 | 0 |
| 10. Been losing confidence in your self? | Yes | No |
| | 1 | 0 |
| 11. Been thinking of your self as a worthless person? | Yes | No |
| | 0 | 1 |
| 12. Been feeling reasonably happy all things concerned? | Yes | No |
| TOTAL SCORE | <input style="width: 100px; height: 20px;" type="text"/> | |

**A score of 5 and above indicates the presence of depression &/or anxiety*

3. INTERVENTION

This part of the manual covers the steps that the barefoot counsellor can follow when the person interviewed reveals the presence of the complaints explained on page no. 14 and when his/her score on the GHQ (Ref to pg. no. 15) confirms that he/she is suffering from anxiety and depression.

Step 1: Reassure the person

- Tell them you can provide some simple remedies for some of the complaints; like sleep complaints and feeling of tiredness.
- That while they may be suffering from physical complaints like headaches etc. (For which they may be under medication), these are not a life-threatening or dangerous illness

Step 2: Explain to the person

Explain to the person the relationship between his complaints and stress. You can tell him "when people have a lot of stress or tension in their lives it sometimes creates so much pressure that they suffer from these complaints. You too must be having some tension in your life due to which you seem to be suffering."

Step 3: Ventilation

Some people at this point will start talking about their problem. You should let them speak and this is when you use all of the counselling skills explained earlier, to make him or her feel understood. Some people may not be very open about their problems, with them you can then go on to the next step.

(Steps 1 to 3 are interchangeable. Sometimes the person starts ventilating about his or her problems right from the beginning. In such cases you let him/ her talk and at some point give him/ her the explanation)

Step 4: Advice for specific symptoms

You can say " You complain of these see if

this will help you" and then give him advice as per his complaints

a) Sleep Problems:

- Keep to regular hours for going to bed and waking, irrespective of how the previous night's sleep was
- Avoid daytime naps;
- Avoid sleeping tablets or alcohol to fall asleep
- Avoid tea or coffee after 5 p.m.
- Try relaxation exercises (refer box below) to help fall asleep
- Drink a glass of warm milk before bed
- If the patient cannot fall asleep within 20 minutes or so, they should get out of bed and try again later when feeling sleepy

b) Tiredness & Fatigue:

- Explain to the person how his/her stress is making him/her feel tired and weak and that the less he involves him/herself in activities the more tired he/she will feel. That is important for him to understand - that it is activity that will make him feel less tired and improve his ability to think and solve his problems
- Encourage the person to start with a simple pleasurable activity, of his choice, for a set amount of time every day for e.g., stitching for 15 minutes every day in the morning. The 15 minutes could then be increased to a half-hour gradually. Ask him/ her to notice the change in him/ her after he does it. Do not advise going back to a full day's activity, immediately. There should be a gradual, increase in physical activity stepped up, very slowly, according to the needs of the individual.

c) Worry about physical health:

- Let him talk about his physical complaints, if need be even look at his prescriptions and medications. Do not ignore or dismiss them.
- Emphasise that the medical doctor is dealing with some of his problems others may be related to worrying or stress problems
- Reinforce the idea, if more investigations such as X-rays and blood tests are called for. Make him realise the close connection between

physical health and stress let him know just working on his problems would reduce the intensity of the physical symptoms.

d) Worry

If it is personal problems that he is worrying about all the time you can encourage him to talk about it to help him to consider various solutions and the consequence of each solution. You can refer him/her to people, listed in the appendix, according to the kind of problem.

e) Irritability:

You can advise the patient of the following:

- Explain the link between anger and mood and the effect anger has on a person's mind and body, for example, it raises blood pressure and pulse rate and makes solving problems more difficult
- The first step in anger control is to recognise one's anger by paying attention to signs such as tensed muscles and feelings of irritability and frustration
- To try and identify the cause of the feelings of anger and then to take positive steps to resolve the problem
- To try calm down before feelings of anger exaggerate into verbal or physical aggression. A person can calm down by expressing the reasons for anger to a close friend or relative, or by relaxing alone till anger subsides. Breathing exercises may help the person calm down.

f) Suicidal Ideas:

This is a serious problem and such a person needs to be referred to a professional counsellor or psychiatrist. However you can

- Explain to the patient that many persons in such situations experience such thoughts, that these thoughts are the result of being under stress.
- That they should share their feelings with close friends or relatives, and if the person is religious, with their priest.
- They should share their feelings with their doctor or any other health professional that they consult.
- Ask the patient whether it would help, if you

talked to his close relative or his friend.

➤ See that you call on this person again within a week.

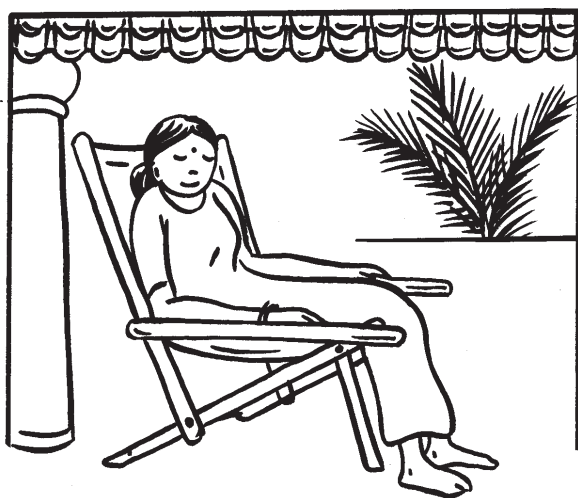
Panic Attacks

Panic attacks are attacks of severe anxiety; the person feels extremely afraid and starts breathing rapidly. You can:

- Explain to the person the relationship between his feelings of fear and the rapid breathing.
- That he/ she should recognise that when the fears begin, physical symptoms start.
- That as soon as the fearful thought starts he/ she should start controlling his/her breathing.

The best way to do this is to do the breathing exercise (in box below) reminding oneself that there is nothing to fear, till one gains control over the breath.

- Explain that you would be teaching them a practical and useful technique for relaxing the body and mind by controlling breathing. Explain that this technique is used not only in medical clinics but also in yoga and meditation.
- Demonstrate the exercise after explaining the steps outlined below - show him/her how to breathe in the manner you are recommending.
- Then, ask the patient to do the exercise. It is helpful, for the first time, to take the patient through the steps your self.
- Let the patient continue the breathing exercise in silence for about 5 minutes.
- Finally, tell the patient to do the exercise at least once (preferably twice) a day for up to 10 minutes.



Relaxing exercise ...

The steps of the exercise are as follows:

- Relax by lying down or sitting in a comfortable position, preferably in a quiet room with little noise.
- The person should close his eyes and after about 10 seconds, start concentrating on the rhythm of breathing. For patients who complain of "pulsating heads", shift the focus of attention to other parts of the body such as the toes or fingers.
- Now concentrate on taking slow, deep, regular, steady breaths through the nose, and

upon breathing out to mentally say, "relax" or its equivalent in the language one uses Konkani or Hindi or Marathi (e.g. shanti).

☞ NOTE: If a patient complains of palpitations, tingling-numbness in fingers or mouth, chest pain or any other physical discomfort during the exercise, it may mean that she/he is breathing too fast; slow down the rhythm to not more than 20 breaths per minute.

☞ Explain that if practiced daily, they will experience the benefits of relaxation in two weeks. With adequate experience, they may even be able to relax in a variety of situations, for example, even while sitting in a bus.

Common problems encountered and how to intervene

The earlier section provides information on the symptoms of stress related illnesses and as a barefoot counsellor what you could do to provide relief.

However, in the course of the above steps the person would be talking to you about their problems and counselling the person wouldn't be complete if you do not address the problems and assist the person to whatever extent you can in solving them.

Problem Solving

Problem solving is a method that tries to make the person reverse the cycle of sadness:

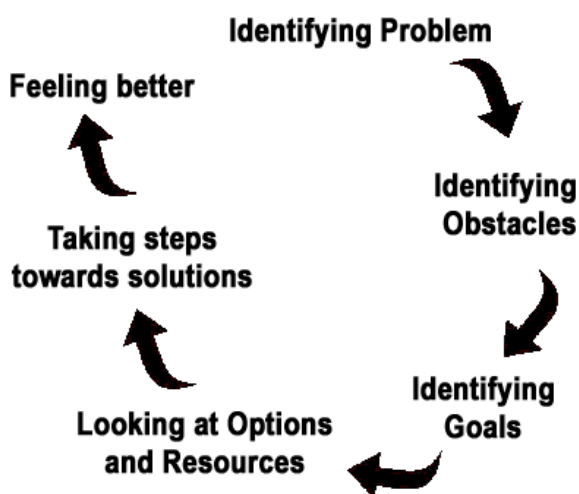
Steps that you could follow in addressing the problems of the person:

Step one: Get the person to list out various problems that are causing him to feel depressed or/ and anxious.

Step two: Assist the person to then prioritise the most daunting problem.

Step three: Assist the person in listing the various solutions that the person can think of in the circumstances. The key is to define a goal, to make it clear and explore various ways in which the goal can be reached.

Sometimes the person may be stuck for want of productive alternatives. The counsellor could



summarize the conflict for the client and use the basic listening skills to facilitate the person in his problem resolution.

Some questions that could be used are:

"Can you do some brainstorming for ideas that come up to resolve the problem?"

"What part of the problem can you solve now, if you can't solve everything right away?"

"What other alternatives can you think of?"

"Which of your ideas seem more workable to you?"

"What would be the consequences of taking that alternative?"

In systematic problem solving the counsellor and the client might together generate or brainstorm for alternatives and set up priorities for the most effective possibilities.

One often finds that the clients generate their own answers to the problem.

Some problems are very difficult to handle and the community counsellor can think of referring the same to professionals.

CASE HISTORY

Background:

Geraldine is a 43-year-old woman, having 5 children. Her husband is an alcoholic who doesn't provide for the family. She sells jaggery in the market and provides for the family. Her husband doesn't physically abuse her but when he drinks he is verbally very abusive. Whenever he comes home drunk Geraldine doesn't open the door for him. When the counsellor first sees her she is very depressed. She is finding it difficult to make ends meet. She cannot sleep, gets very anxious at times, complains of weight on the chest and is scared that she may be having a heart disease.

First encounter:

The counsellor reassures her, gives her the 'explanation' on the relation between her tension

and her health and teaches her the breathing exercise. She gives her advice for specific symptoms like sleeplessness. She asks her to go to the government hospital and get a x-ray and other investigations done to rule out a heart ailment.

Second Encounter:

After a week, Geraldine has completed all the investigations and the doctor has told her that she has no heart disease. She has been doing the breathing exercises regularly and is feeling much better. She still finds it difficult to fall asleep but once she does fall asleep she does not get up in the middle of the night as she used to before. The counsellor now moves on to problem solving.

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| <p>Counsellor: You seem to be worrying a lot so much so that it has become like a weight on your chest. What is it that worries you the most?</p> <p>Geraldine: I used to worry about my husbands drinking habit but now I don't. I just don't let him enter the house when he is drunk and my children support me. But I am finding it difficult to manage the expenses with what I earn. The two younger ones are going to school. I have put them in 'Balgram'. But I still cannot manage. Whenever I sell some extra jaggery I buy lots of foodstuff and the money gets over. My daughter wants to start working but if she works who will cook for the family and look after the other two?</p> <p>Counsellor: How much do you earn everyday on an average?</p> <p>Geraldine: Some times around Rs. 40 to 50, but some times even Rs. 200 to 300 in one day.</p> <p>Counsellor: What is your major expense?</p> <p>Geraldine: Food, clothes, you know how children are now a days. Asking for expensive biscuits.</p> <p>Counsellor: Do you think you spend a lot on such biscuits and other eats?</p> <p>Geraldine: Yes, the children keep demanding.</p> <p>Counsellor: Can you ask your daughter to write in a book all the expenses for each day for one week?</p> <p>Geraldine: How will that help?</p> <p>Counsellor: You have been worrying a lot about how to manage your finances so much so that it has made you physically sick. By writing down your expenses we can than see how you can manage your finances better so that you don't have to worry so much.</p> <p>Geraldine: Ok I will do that.</p> | <p>Exploring and prioritizing problems.</p> <p>The counselee talks about the problem that most worries her.</p> <p>Counsellor explores the problem.</p> <p>Counsellor gives the counselee home work and explains why she needs to do it.</p> |
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After two weeks, when the counselor meets Geraldine she has listed out her expenses. Geraldine has not been managing her income prudently. She never saves any money and whenever she earns extra she spends on expensive eatables. The counsellor then teaches Geraldine on how she can save, where she needs to cut down on expense.

| | |
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| <p>Counsellor: How are you Geraldine? Geraldine: Much better. I did what you told me and there is much less money-tension. Except that last week my son fell and had to be taken to the doctor, so I spend a lot of money on the medicines. Counsellor: Have you thought of sending your daughter to work? Geraldine: But than who will look after the other two? Counsellor: What about part time job in the morning when the children go to school. Geraldine: Ah I did not think of that. In fact the tailor was asking me if I can send her to help her with her work. Counsellor: Why don't you ask your daughter what she thinks about it and fix up with the tailor. Geraldine: Yes I'll do that. Thank you. I feel much better now. Counsellor: How's your health now? Geraldine: much better. I don't feel the weight on my chest any more. Counsellor: I hope you have understood now how we tend to get weighed down by our problems. We let them become like a bedsheet that we cover ourselves with in the dark and than we cannot see anything. But if we try to see in the dark after sometime we can see some light and find the candle.</p> | <p>The counsellor helps Geraldine to explore more alternatives to her problem.</p> <p>By using an analogy the counsellor explains to Geraldine the value of problem solving.</p> |
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1. Violence in the family

- Point out that every member of the family is a victim, including the perpetrator and particularly children. Thus, the violence has to be stopped.
- Find out if she has support from any other family member or spouse.
- Refer to women organizations or counselling services (address in Appendix)

2. Bereavement

- Allow the patient to bring out in to the open feelings for the lost relative or friend
- Explain that when in bereavement, it is natural to feel shock, guilt and numbness for sometime. They may feel, at times, that the dead person is still alive. It is common to go over and over in the mind events in the past involving the deceased.
- Reassure the patient that these feelings are temporary and, as time passes, the person will come to terms with the loss.
- Tell the person to consciously think of happy moments spent with the person who is no more.
- If the person indicates severe symptoms even six months after the death refer the person to (Counselling services - address in Appendix)

3. Alcohol Abuse

Generally the problem might be the alcoholism of the spouse or a close relative of the depressed person

- Talk to the relative who is alcoholic.
- Explain that the reason for drinking heavily is because alcohol is addictive and that there are ways to stop drinking and controlling the withdrawal symptoms with medicines;
- Refer to Services to Alcoholics (address in Appendix)
- Refer the person to the nearest Alcoholics Anonymous

4. Loneliness & Isolation

This is particularly a problem amongst older persons.

Some possible solutions:

- Getting the person to contact old friends, neighbours or relatives whom the person has not been in touch with
- Getting the person involved in any community activity e.g. the pulse polio campaign or the church fair etc.

5. Relationship Problems

Many patients will bring up difficulties with their partners. These may be very difficult to deal with in which case consider referring (Counselling

services - address in Appendix)

6. Legal problems

Such problem can be referred to the relevant address provided in the Appendix.

SUMMARY

Counselling within our country, till recently, has been thought of as something for the well off. This manual and the others of its kind are an attempt at change, to make it more widely available to all sections of society.

A word of caution is however called for, it is very important for a counsellor to remember that he/she is dealing with human beings each of whom is unique, special, with his or her own experiences, emotional make-up and abilities.

- ◆ It is important to treat each counselee as special
- ◆ Throughout the relationship be empathetic, patient, observant, non-judgmental and trust worthy
- ◆ Listen with your whole self - don't just hear
- ◆ Build a rapport by asking open ended questions and paraphrasing
- ◆ Make the person feel understood by reflecting his/her feelings, clarifying his thoughts to him

If he / she is depressed or anxious and complains of lack of sleep, aches and pains etc.

- ◆ Reassure him
- ◆ Explain to him the link between his tensions and his complaints
- ◆ Give him information on how to deal with the complaints
- ◆ Teach him the breathing exercise

When he feels a little better:

- ◆ Help him identify the most worrying problems
- ◆ Facilitate him in looking for goals that he can achieve
- ◆ Refer him to specialists, when required

APPENDIX

(MAHITI - Services Available)

Detoxification for alcoholics:

Alcoholics Anonymous
Contact Person- Peter D'souza
Mapuca, Bardez- Goa
Tel. 250536.

Kripa
Drug and Alcohol Rehabilitation
Dr. Rajyadeksha Hospital
Panaji-Goa
Contact Persons Ms Toshi Malik.

Ashi
Community Counselling Centre
Drug Detoxification Centre
Khorlim, Mapuca Bardez- Goa.
Contact Person: Dr. Victor D'souza.

Counselling services:

Family Counselling Centre
Old GMC Complex
Panaji Goa
Contact Person: Madhuri Rao
Tel No:

Family Service Centre
Opposite Steamer Jetty
D.B. Marg
Panaji- Goa
Tel No: 224140

Sangath Centre for Child and Family Guidance,
841/1, near Electricity dept., Alto Porvorim
Bardez, Goa

Sangath Centre for Child and Family Guidance,
South Goa - Branch
Margao, Goa
[For appointment Contact Gracy Andrew at
700307(r)]

Vocational Training & Guidance:

The Director
E.D.C. House.
Atmaram Borkar Road
Panaji- Goa.

Institute of Social Service
Fibre Unit, St Joseph's Chapel
Near Betim Jetty
Betim-Bardez, Goa
Contact Person - Sr. Julia Menezes

St Bridget's Home of Home Science
Santaxett Aldona
Bardez-Goa
Contact Person - Sr. Marie Christine Noronha.

Women's Entrepreneurs Association of Goa
Surya Kiran, M-147
Housing Board, Porvorim
Bardez Goa

Mahiti
Near the Collectorate Office
Jetty Bus Stop
Panaji Goa.
Contact Person - Perviz Andani Kamat.

Shelter Homes for Women:

Home for Destitute Women
Sisters Adores
Palacio de Deo
Quepem
Tel No: 662425

Sisters Adores
Belloy, Nuvem
Salcette- Goa

Asha Mahal
Taleigao
Tiswadi- Goa
Contact Person - Ms Lalitha Kamat
Tel No:

Women Organisations:

Bailancho Saad
501 Citicentre
Panaji -Goa
Contact Person - Adv. Albertine Almeida
Tel No: 432460

Bailancho Manch
Contact Person - Adv Caroline Collasso
Tel No: 250536

Bailancho Ekvott
Contact Person - Auda Viegas
Tel No:736589

State Commission for Women
Dr. Pramod Salgaokar
Tel No: 420180

Directorate of Women and Children
Old GMC Complex
Panaji -Goa.

